FACTORS PROMOTING MULTICULTURAL DIALOGUES IN CLINICAL SUPERVISION: A DYADIC STUDY

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DEDICATION

For my supervisors, past and present, who have shaped and empowered me to evolve into the proud clinician and supervisor I am today.

To my beloved partner, Madeline, whose unwavering support and infectious self-reflective mind inspire and challenge me.

I am eternally grateful for your gifts you have shared with me.

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ABSTRACT

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Given the continued prioritization of multicultural competence in psychology, the need for supervisors to address multicultural variables impacting the supervisory triad is imperative. Engagement in multicultural dialogues has been linked with myriad positive outcomes, yet supervisors sparsely initiate them. The researcher of this study explored what factors were associated with attention to multicultural variables in supervision. A total of 48 participants, 30 of whom comprised 15 supervisory dyads, completed a survey featuring author-generated demographics and supervision questionnaires, the Multicultural Awareness, Knowledge, and Skills Survey (D'Andrea, Daniels, & Heck, 1991), Supervisory Working Alliance Inventory (Efstation, Patton, & Kardash, 1990), Supervisory Satisfaction Questionnaire (Ladany, Hill, Corbett, & Nutt, 1996), Supervisee Levels Questionnaire—Revised (McNeill, Stoltenberg, & Romans, 1992), White Racial Identity Attitude Scale (Helms, 2002a, 2002b; Helms & Carter, 1990a), and People of Color Racial Identity Attitude Scale (Helms, 1995a, 1995b; Helms & Carter, 1990b). Power was limited given the study's sample size, which likely impacted findings. There were no significant differences between supervisors' and supervisees' perceptions of

cultural similarities within the supervisory dyad; frequencies of initiating multicultural dialogues; or frequency of discussions about visible and less visible identities in supervision. The investigator found a positive, non-significant association between supervisees' developmental level and frequency of engagement in multicultural dialogues (as perceived by supervisors) but a negative, non-significant relationship between variables for supervisees; a positive, non-significant relationship between each members' self-reported multicultural competence and perceived strength of the supervisory working alliance; a positive, non-significant relationship between supervisor multicultural competence and supervisees' satisfaction with supervision; and a positive, non-significant relationship between supervisees' levels of racial identity development and supervisor multicultural competence, but negative, non-significant relationships between supervisees' racial identity development and satisfaction with supervision and supervisory working alliance. Supervisors' racial identity development did not partially mediate the relationship between supervisors' and supervisees' multicultural competence. Effect sizes provided support for future replication studies among larger samples. Given that extant literature has focused primarily on the perspectives of either supervisors or supervisees, the findings of the current study foster support for continued examination of factors promoting multicultural dialogues among multiple members within the supervisory triad.

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CHAPTER I

INTRODUCTION

Over time, the United States (US) continues to become increasingly culturally diverse (U.S. Census Bureau, 2018), such that the population is more racially, ethnically, and culturally diverse than ever. Alongside these shifting societal demographics, a broader movement towards multicultural competence has emerged in the field of psychology over the last several decades (Sue, Arredondo, & McDavis, 1992; Sue et al., 1982). The cultural diversification within the US has dovetailed with more diverse and international students pursuing graduate degrees and entering psychology and other helping professions (Akkurt, Ng, & Kolbert, 2018; Allen, 2007; Lee, 2017; Planty et al., 2009).

Psychotherapy clients hold numerous cultural identities that intersect with their counselors' and their respective supervisors' who compose the supervisory triad (the client, the therapist, and the supervisor; Falender, Shafranske, & Ofek, 2014; Nilsson & Duan, 2007; Ober, Granello, & Henfield, 2009; Sue & Sue, 1999; Tohidian & Quek, 2017). Psychologists have encouraged the integration of multicultural discussions in supervision in adherence with the American Psychological Association's (APA) *Multicultural Guidelines* (APA, 2017), although many supervisees report that the impact

of cultural identities within the supervisory triad often remains unexplored (Millán, 2010).

Discussing multicultural topics in supervision is associated with stronger supervisory working alliances, higher supervisee satisfaction with supervision, and increased supervisee multicultural competence (Ancis & Marshall, 2010; Borders, 2014; Crockett & Hays, 2015; Gatmon et al., 2001; Inman, 2006). However, evidence abounds that these conversations tend to occur infrequently in supervision and are often initiated by the supervisee rather than the supervisor (Green & Dekkers, 2010; Inman, 2006; Nelson et al., 2006; Tummala-Narra, 2004).

Because multicultural training is a relatively recent required curricular component in graduate psychology programs, supervisors frequently report having received little formal multicultural training (Pope-Davis, Liu, Nevitt, & Toporek, 2000) such that supervisees may enter practica with more formal training in this domain (APA, 2015a; Hird, Cavalieri, Dulko, Felice, & Ho, 2001; Ladany, 2014). Historically, supervisors were not required to receive the same level of multicultural training that current clinicians in training typically do. For instance, two decades ago, Constantine (1997) found that 70% of supervisors had not received formal training in multicultural counseling. Supervisors have historically tended to overreport their self-perceived cultural competency compared to their supervisees' perceptions of their strengths (Bhat & Davis, 2007; Duan & Roehlke, 2001). Supervisors have also tended to perceive that they address

their own lack of cultural knowledge, power differentials in supervision, and differences in learning styles more readily than their supervisees endorse (Duan & Roehlke, 2001).

Supervisors hold an important role as gatekeepers to the profession and, accordingly, might be reasonably expected to have attained a greater degree of multicultural competence than their supervisees (APA, 2015a; Borders, 2014; Falender et al., 2014; Inman & DeBoer Kreider, 2013). Additionally, supervisors play a crucial role in protecting the welfare of clients treated by their supervisees (APA, 2015a; Borders, 2014; Falender et al., 2014; Phillips, Parent, Dozier, & Jackson, 2017; Tohidian & Quek, 2017), signifying the need for supervisors to maintain appropriate levels of professional and multicultural competence. As Constantine, Warren, and Miville (2005) noted, supervisors who are minimally trained in multicultural issues may inadvertently harm both supervisees and clients.

Numerous factors may be associated with the lack of multicultural exploration in supervision, including supervisors' perceived lack of competency or awareness regarding multiculturalism, developmental level of the supervisee, formerly unsuccessful attempts to process cultural similarities and differences, lack of diversity emphasis in supervisors' training programs, and underestimated saliency of intersecting cultural identities in the supervisory dyad (Arczynski & Morrow, 2017; Gatmon et al., 2001; Magyar-Moe et al., 2005; Nelson et al., 2006). Researchers have explored whether cultural matching in supervisory dyads is favorable, particularly as it pertains to the likelihood that

multicultural dialogues will arise in supervision (Ladany, Inman, Constantine, & Hofheinz, 1997).

Levels of racial identity development between supervisor and supervisee better account for the likelihood that multicultural conversations will arise in supervision than racial matching (Ladany et al., 1997). Four types of supervisory dyads may occur (Bhat & Davis, 2007). In progressive supervisory dyads, the supervisor maintains higher multicultural competence than the supervisee. In parallel-high supervisory relationships, the supervisor and supervisee share a similarly high level of multicultural competence. In parallel-low supervisory relationships, both the supervisor and supervisee assert a low level of multicultural competence. Lastly, in regressive supervisory dyads, supervisors hold less multicultural competence than their supervisees. Progressive and parallel-high supervisory dyads foster the highest level of perceived multicultural competence among supervisees (Bhat & Davis, 2007; Cook, 1994), while regressive and parallel-low relationships are least likely to bolster multicultural development (Helms & Cook, 1999).

To date, most researchers investigating the prevalence of multicultural dialogues in supervision have focused on race and ethnicity (Estrada, Frame, & William, 2004; Soheilian, Inman, Klinger, Isenberg, & Kulp, 2014; Toporek, Ortega-Villalobos, & Pope-Davis 2004), omitting the role that other important visible and invisible cultural identities such as gender, age, nationality, sexual orientation, class, religion, and ability status have upon the supervisory triad of client, therapist, and supervisor (Estrada et al., 2004; Lappin & Hardy, 1997; Mori, Inman, & Caskie, 2009; Ober et al., 2009; O'Byrne & Rosenberg,

1998; Reimers & Stabb, 2015; Tohidian & Quek, 2017). Of note, when supervisors do initiate multicultural dialogues, they tend to focus on cultural differences, with little attention paid to the impact of discussing cultural similarities in supervision (Duch, 2017; Kissil, Davey, & Davey, 2015; Nelson et al., 2006; Toporek et al., 2004; Woo, Jang, & Henfield, 2015). Falicov (2014) referred to the similarities shared by members of the supervisory relationship as cultural borderlands, highlighting that the exploration of shared diversity variables may bridge deeper connections in the supervisory working alliance. This, in turn, may engender safety to explore personal cultural biases and values, a necessary prerequisite to attaining multicultural competence (Ancis & Marshall, 2010; Arczynski & Morrow, 2017; Borders, 2014; Fu, 2015; Gutierrez, 2018; Hook et al., 2016; Schen & Greenlee, 2018; Sue & Sue, 1999; Tohidian & Quek, 2017).

Researchers have primarily focused on supervisees' perspectives (APA, 2015a; Bhat & Davis, 2007), leaving a dearth of information about supervisors' viewpoints regarding perceived multicultural competence, strength of the supervisory working alliance, and satisfaction with supervision (Dressel, Consoli, Kim, & Atkinson, 2007; Toporek et al., 2004). Though self-report measures may provide biased responses regarding perceived multicultural competence, the researcher gathered information from supervisors regarding how they evaluate their multicultural competence to allow for a comparison between their own ratings and those of supervisees. It is further fruitful to the profession, supervisors, and burgeoning clinicians in training to better understand what supervisor factors accurately foster multicultural competence.

Given that supervisors' multicultural competence is crucial to promoting the development of future counselors and effectively gatekeeping the profession (Borders, 2014; Woo et al., 2015), the researcher expanded upon existing literature by exploring specific factors within the supervisory dyad that contribute to increased multicultural competence. Further, supervisor factors associated with increased engagement in multicultural dialogues with supervisees were analyzed.

Definitions of Key Terms

Clinical supervision: an evaluative relationship between supervisor and supervisee intended to promote the professional development of the supervisee (Bernard & Goodyear, 1998) and ensure client welfare (Borders, 2014; Falender et al., 2014).

Cultural humility: an other-centered approach to openly exploring cultural identities important to one's clients and trainees (Owen, 2013).

Culture: a pattern of assumptions that shapes each individual's worldview (Pederson, 1994) regarding identity variables such as race, ethnicity, nationality, gender, socioeconomic status, age, religious or spiritual orientation, sexual orientation, and ability status (Peters, 2017; Tohidian & Quek, 2017).

Intersectionality: the process through which an individual may simultaneously experience privilege and oppression based upon the unique combination of their cultural identities (Fu, 2015).

Multicultural counseling competence: "the determination, facilitation, evaluation, and sustaining of positive therapeutic outcomes" (Ridley, Mollen, & Kelly, 2011, p. 835)

through demonstrating awareness of one's cultural assumptions, beliefs, and biases; understanding the worldviews of culturally diverse clients; and developing skills to work effectively with culturally diverse clientele (Ancis & Marshall, 2010; Sue & Sue, 1999); a "way of doing" or demonstrating mastery of the content knowledge of cultural systems (Gutierrez, 2018; Hook et al., 2016).

Multicultural orientation: a "way of being" or engaging with clients and trainees (Hook et al., 2016, p. 151); a "framework [that] articulates a 'way of being' in session for therapists (e.g., cultural humility), a way of identifying and responding to therapeutic cultural markers in sessions (e.g., cultural opportunities), and a way of understanding the self in these moments (e.g., cultural comfort)" (Davis et al., 2018, p. 90).

Multicultural supervision: the process of integrating and processing cultural dynamics within the supervisory triad (Gutierrez, 2018; Peters, 2017), suggesting appropriate use of culturally sensitive interventions and assessment methods and evaluating the cultural sensitivity and awareness of supervisees (Soheilian et al., 2014; Tohidian & Quek, 2017).

Supervisory triad: the relationships and interconnection among the supervisor, supervisee, and the client (Bernard & Goodyear, 2014).

Supervisory working alliance: an alliance created between the supervisor and supervisee that fosters agreement on goals, tasks required to achieve said goals, and the formation of a relational bond (Bernard & Goodyear, 2014; Bordin, 1983).

CHAPTER II

LITERATURE REVIEW

Increasing Cultural Diversity in the US and Professional Psychology

With the growing diversification of the US, there has been a concomitant increase of clients from a variety of cultural backgrounds who pursue mental health services (Tohidian & Quek, 2017). Similarly, there has also been an increase in cultural diversity in graduate training programs leading to degrees in professional psychology and other mental health fields. According to the *Demographics of the U.S. Psychology Workforce* report (APA, 2018), practicing psychologists are younger and more racially diverse than in years prior. Women comprise 65% of the psychology workforce, an increase from 57% in 2007 (APA, 2018). Perhaps most notably, the number of psychologists who identify as people of color, though still a distinct minority, has almost doubled since 2007, increasing from 9% to 16% of the psychology workforce (APA, 2018).

Graduate students in the helping fields are also becoming more racially and culturally diverse. The 2015 Council for Accreditation of Counseling and Related Educational Programs (CACREP) Annual Report indicated that graduate students identify as 60.22% White, 18.63% Black, 8.39% Latinx, 2.09% Asian, 2.06% Multiracial, 0.90% Nonresident Status, .61% Native American or Alaskan, .14% Hawaiian, and 6.96% Other or Undisclosed. Students are predominantly female (82.25%;

CACREP, 2016a). Faculty members are predominantly White (74.33%) and female (61.17%; CACREP, 2016a).

Emergence of the Multicultural Competence Movement

Within psychology, an emphasis upon multiculturalism as a central tenant of professional practice has emerged over time. Multicultural competence became the dominant paradigm in the 1990s (Sue et al., 1992; Sue & Sue, 1999), such that clinicians were expected to demonstrate expertise and content knowledge of a range of diverse cultural backgrounds to account for the growing diversity within the US and buffer the effects of marginalization of particular client populations (Ridley et al., 2011). While the literature on multicultural competence has grown in the field of counseling psychology over the past several decades, its application to clinical supervision developed more slowly (Bernard & Luke, 2015; Peters, 2017) but has begun to flourish within the last decade (Borders, 2014; Tohidian & Quek, 2017).

Over the last few years, the paradigm of multicultural competence has shifted to multicultural orientation and cultural humility (Hook et al., 2016; Owen, 2013). While multicultural competence entails demonstrating mastery of various cultural backgrounds, a multicultural orientation involves approaching others with a stance of cultural humility, which Owen (2013) described as an other-centered approach to exploring openly cultural identities important to one's clients and trainees. Falender and Shafranske (2007) emphasized the importance of developing meta-competence, which they defined as "the ability to assess what one knows and what one does not know" (p. 232), in order to

demonstrate cultural humility and continually strive towards increasing multicultural competence.

Supervision and Multicultural Supervision

Bernard and Goodyear (1998) defined supervision as an evaluative relationship between supervisor and supervisee intended to promote the professional development of the supervisee. The supervisor is considered a senior member of the dyad whose responsibility is to nurture and direct the growth of the supervisee's personal and professional identities (Estrada et al., 2004). Additionally, supervisors uphold the responsibility of ensuring the well-being of their supervisees' clients through closely monitoring and appropriately coaching clinicians in training (Falender et al., 2014). While multiculturally competent supervision sometimes occurs in a triadic or group context (Lassiter, Napolitano, Culbreth, & Kok-Mun, 2008), the researcher of this study investigated supervision that occurs dyadically.

While some models of psychotherapy have been generalized to the realm of supervision, such as psychodynamic, systemic, and developmental approaches (Stoltenberg & McNeill, 2010), supervision differs from therapy in three distinct ways. It is typically required, didactic in nature, and evaluative (Ladany, 2014). Voluntary clients in psychotherapy may leave treatment at any time, expect to receive empathic support and typically minimal directives, and are not formally evaluated on their progress. Tummala-Narra (2004) noted that people of color are less likely to utilize mental health services and terminate counseling after an initial session more than 50% of the time.

Supervisees do not typically retain the same level of autonomy to terminate a relationship with a supervisor, which may be especially problematic for supervisees of color paired with culturally insensitive supervisors (Garrett et al., 2001), given that they are required to receive supervision throughout the duration of their training and considering that supervisors are most typically assigned rather than chosen.

Feminist theorists highlight the impact of power upon therapeutic and supervisory dyads (Borders, 2014; Fu, 2015; Gutierrez, 2018; Kissil et al., 2015; Nelson et al., 2006). Supervisees may be more inclined to defer to supervisors given their evaluative role, which compounds the power differential in the supervisory dyad (Ladany, 2014). Multicultural approaches to supervision and therapy bolster feminist theories, which historically prioritized the experiences of oppression for White women, ignoring the influence of race and other cultural variables on individuals (Nelson et al., 2006). Gutierrez (2018) and Peters (2017) highlighted that effective multicultural supervision requires supervisors to adopt an intersectional lens in order to understand how the unique cultural identities held by supervisees and clients intersect and inform their experiences of privilege and oppression. Supervision is one of the primary contexts for multicultural training and counselor development (Gloria, Hird, & Tao, 2008; Gutierrez, 2018; Hanks & Hill, 2015; Ivers, Rogers, Borders, & Turner, 2017; Peters, 2017; Phillips et al., 2017; Tohidian & Quek, 2017); however, many trainees report a desire for more conversations related to multicultural issues in supervision (Millán, 2010; Nelson et al., 2006; Peters,

2017). Trainees from marginalized groups have reported that silence around multicultural issues is more painful than the acknowledgment of differences (Nelson et al., 2006).

Multicultural supervision entails the examination of cultural issues relevant to diverse clients and the supervisory relationship (Ancis & Marshall, 2010). Porter and Vasquez (1997) further highlighted characteristics of effective feminist multicultural supervision, including collaboration, mutuality, and reflexivity. However, these authors noted that feminist multicultural supervision is not inherently egalitarian given the interplay between supervisors' and supervisees' cultural identities and the power differential that exists in the supervisory dyad. Thus, for productive dialogues regarding power dynamics and multiculturalism to occur in supervision, it is vital for supervisors to create safe and supportive environments in which such discussions can take place (Arczynski & Morrow, 2017; Borders, 2014; Fu, 2015). Supervisor multicultural competence encompasses the supervisor's ability to initiate and guide cultural discussions in supervision, promote the integration of multicultural conceptualizations and interventions with clients, and evaluate supervisees' cultural competencies (Soheilian et al., 2014).

Applicable Multicultural Guidelines

The *Guidelines for Clinical Supervision in Health Service Psychology* (APA, 2015a) were created to foster quality supervision utilizing a competency framework to enhance supervisee development and ensure the well-being of clients and the public. The guidelines highlighted that supervisor competence may be wrongly assumed, diminishing

the perceived need for training in supervision administration. Clinical supervision has thus emerged as its own domain of professional competency (Fouad et al., 2009; Phillips et al., 2017; Tohidian & Quek, 2017), encompassing the attitudes, knowledge, and skills related to the practice of supervision. Supervisors are expected to demonstrate adherence to evidence-based practice, the values of multiculturalism and diversity, legal and ethical practice, and management of supervisee performance (APA, 2015a). Further, supervisors demonstrate commitment to clinically competent practice, in adherence with the *APA Ethical Principles of Psychologists and Code of Conduct* (2010), applicable state and federal laws, and relevant APA general practice guidelines for specific populations, such as girls and women; lesbian, gay, bisexual, transgender, and queer (LGBTQ) clients; people with disabilities; and older adults (APA, 2004, 2007, 2011a, 2011b, 2015a, 2015b). Consistent with the *Multicultural Guidelines* (APA, 2017) and the American Counseling Association's (ACA) *Code of Ethics* (2014), supervisors are expected to demonstrate a commitment to multicultural competence and attention to the intersecting cultural variables present in the supervisory triad (Phillips et al., 2017). Lack of attention to multicultural variables in the supervisory triad conveys negligence and unethical behavior on the part of the supervisor (APA, 2015a). Supervisors also ought to develop self-awareness and challenge personal biases continually through appropriate self-reflection and continued education (APA, 2015a).

Supervisors must comply with education and training guidelines proposed by the APA Commission on Accreditation (APA CoA, 2009), which delineate that educators in

graduate training programs must promote clinically and multiculturally competent practice through appropriate coursework and overall training environment. CACREP (2016b) additionally requires that accredited programs comply with multicultural guidelines by providing adequate coursework and training in cultural diversity. The American Association for Marriage and Family Therapy *Code of Ethics* (2015) also promoted the need for a multicultural approach to supervision (American Association for Marriage and Family Therapists, 2013; Gutierrez, 2018).

Outcomes of Multicultural Supervision

The inclusion of multicultural dialogues in supervision is associated with a myriad of positive outcomes, including stronger supervisory working alliances, greater supervisee satisfaction with supervision, increased clinical self-efficacy, and increased multicultural competence (Ancis & Marshall, 2010; APA, 2015a; Crockett & Hays, 2015; Gatmon et al., 2001; Inman, 2006; Ivers et al., 2017; Kissil et al., 2015; Phillips et al., 2017). Conversely, supervisees report weaker supervisory working alliances and lower satisfaction with supervision when cultural dialogues do not occur with supervisors (Constantine, 1997). Walker, Ladany, and Pate-Carolan (2007) indicated that lower supervisor multicultural competence was associated with a weaker supervisory alliance, lower trainee self-efficacy, and less frequent instances of trainee self-disclosure in supervision.

Infrequency of Multicultural Dialogues in Supervision

Despite the established benefits of exploring diversity variables in supervision, such conversations typically occur sparsely and are often initiated by the supervisee as opposed to the supervisor (Green & Dekkers, 2010). This finding is notable given that supervisors wield more power given their evaluative role over supervisees (APA, 2015a; Borders, 2014; Falender et al., 2014; Fu, 2015; Gutierrez, 2018; Hird et al., 2001; Kissil et al., 2015; Phillips et al., 2017), which may cause trainees to feel hesitant or fearful to bring up multicultural dialogues in the first place. Supervisees may defer to their supervisors' authority for many reasons, including their current stage of development, awareness of supervisors' evaluative power, or personal attitudes and values. For instance, international students and students of color from collectivist cultures often emphasize the importance of social hierarchy and filial piety, the obedience to authority figures (Akkurt et al., 2018; Lee, 2017; Quek & Storm, 2012).

Supervisees have less power than supervisors, which carries direct implications for supervision, such that supervisors uphold the responsibility of initiating cultural dialogues in supervision and facilitating supervisees' multicultural competence (Akkurt et al., 2018; APA, 2015a; Borders, 2014; Constantine, Fuertes, Roysircar, & Kindaichi, 2008; Fu, 2015; Garrett et al., 2001; Gatmon et al., 2001; Gutierrez, 2018; Inman, 2006; Nelson et al., 2006; Schen & Greenlee, 2018; Tohidian & Quek, 2017; Tummala-Narra, 2004). Hird et al. (2001) and Tohidian and Quek (2017) asserted that cultural conversations are most effective when supervisors initiate and revisit them throughout the

supervisory process. Additionally, when counseling educators initiate cultural discussions in supervision or the classroom, an isomorphic process occurs such that counseling trainees may develop a model of how to introduce similar dialogues in therapy with clients (Allen, 2007; Ancis & Marshall, 2010; Gutierrez, 2018; Haskins & Singh, 2015; Schen & Greenlee, 2018; Tohidian & Quek, 2017). Congruent with the parallel process model, Tracey, Bludworth, and Glidden-Tracy (2012) posited the clinician adopts an interaction pattern modeled to them in supervision and integrates it into the therapist-client relationship, often engendering positive client outcomes.

Due to historical trends in training, sometimes supervisees attain more multicultural training than their supervisors by the time they begin practica (Hird et al., 2001; Ladany, 2014). Initially, many seasoned supervisors reported exposure to little or no diversity training in their graduate programs (Constantine, 1997; Pope-Davis et al., 2000), particularly given trends in accreditation guidelines that previously had not required multiculturalism be addressed in training (APA CoA, 2009). Prior to the implementation of these standards and the expanse of literature on multicultural competence less than two decades ago, Bradley and Fiorini (1999) found that multicultural training was not required by approximately 70% of graduate programs before beginning practicum. In spite of the previous lack of training, supervisors appear to overestimate their multicultural competence despite awareness that they have received less formal training in this domain (Bhat & Davis, 2007; Duan & Roehlke, 2001). The onus is upon supervisors to attain appropriate competence in multiculturalism,

particularly given their role as gatekeepers to the profession and their ethical obligation to promote beneficence of clients (Borders, 2014; Falender et al., 2014; Inman & DeBoer Kreider, 2013; Tohidian & Quek, 2017).

Factors Underlying Dearth of Multicultural Supervision

Researchers have examined possible explanations for the low initiation of multicultural discussions by supervisors despite the myriad of support and positive implications found for integrating such dialogues into supervision. Magyar-Moe et al. (2005) noted that training programs differentially emphasize the importance of multiculturalism, which likely impacts the importance supervisors place on multicultural training with supervisees. Although graduate training programs are now required to implement coursework and facilitate clinical training that incorporates an emphasis upon multiculturalism (APA CoA, 2009), some supervisees—particularly those with marginalized identities—perceive that their supervisors lack adequate awareness, knowledge, and skills to promote their multicultural development (Peters, 2017; Seward, 2014). Burkard et al. (2006) argued that cultural responsiveness exists on a continuum, such that supervisees may receive different levels of cultural responsiveness across time with the same supervisor or from multiple supervisors.

Impact of Developmental Level on Multicultural Discussions

Developmental models of supervision also provide some explanation for supervisors' willingness or hesitancy to initiate dialogues about cultural variables in supervision. Bernard and Goodyear (2014) found that supervisors utilized more of a

directive style in a teaching role with supervisees at beginning levels of development, a counselor role with a supportive style with supervisees at an intermediate level, and a collegial or consultative role with the most advanced supervisees. Supervisors may assume that supervisees in their initial levels of development are acquiring basic counseling skills and are not prepared for discussions about cultural factors affecting their clients or their personal and professional development. Supervisors may associate personal and cultural development with level of clinical development, when supervisees uniquely vary in terms of their location on each of these developmental spectra (Arczynski & Morrow, 2017). Borders (2014) argued that supervisors must take a flexible approach to supervision, given that supervision is inherently developmental and may require shifts in the level of structure, support, and direction provided to the supervisee within and across sessions. Conversely, supervisors might assume that counseling trainees at advanced developmental stages have already acquired multicultural training and thus do not have to be as heavily focused on multiculturalism in supervision. The researcher of this study aimed to understand what impact the supervisee's developmental level has upon supervisors' decisions to initiate multicultural dialogues in supervision.

Impact of Race and Ethnicity on Multicultural Discussions

Some supervisors may adopt a so-called color-blind perspective, such that discussions about racial and ethnic diversity are intentionally or covertly avoided (Fu, 2015; Haskins & Singh, 2015; Schen & Greenlee, 2018) due to the supervisor's belief

that race and ethnicity are not salient factors that differentially impact clients' presenting issues. Researchers have analyzed whether matching supervisory dyads on particular cultural variables plays a role in increasing the likelihood of multicultural supervision. Ladany et al. (1997) found that racial matching did not significantly predict whether multicultural discussions were integrated into supervision. Ladany and Inman (2012) argued that examining processes related to cultural identities within the supervisory dyad is more important than exploring cultural differences themselves. However, many supervisors self-report initiating more multicultural discussions when cultural differences, as opposed to similarities, are present (APA, 2015a; Gutierrez, 2018; Nelson et al., 2006; Toporek et al., 2004; Woo et al., 2015). Along similar lines, Dressel et al. (2007) defined multicultural supervision as "a supervisory situation in which the individuals in the supervisory dyad differed in their ethnicity" (p. 51). For the purpose of this study, multicultural supervision is defined as a supervisory context in which cultural intersections within the dyad are inherently present and intentionally explored, with both cultural similarities and differences between supervisor and supervisee likely to exist (APA, 2015a; Gutierrez, 2018; Peters, 2017; Ridley et al., 2011; Schen & Greenlee, 2018; Tohidian & Quek, 2017).

Impact of Perceived Multicultural Competence on Cultural Discussions

Supervisors may experience shame if their supervisees appear to have more multicultural training and awareness or if they uncover their own unexplored biases through dialogues in supervision (Nelson et al., 2006; Schen & Greenlee, 2018). Further,

supervisors who have personally experienced oppression or discrimination may feel apprehensive about initiating multicultural conversations in supervision due to fear of how supervisees will respond. The researcher aimed to determine what role supervisors' personal experiences of oppression and discrimination have upon their decisions to engage in multicultural dialogues in supervision.

Racial Identity Development

Racial identity development encompasses the stages through which an individual progresses as they navigate their feelings toward their own and others' racial membership. Levels of racial identity development between supervisor and supervisee better account for the likelihood that multicultural conversations will arise in supervision than racial matching (Ladany et al., 1997). Helms (1990, 1995a, 1995b) developed the racial identity development model, which highlights one's attitudes towards their racial identity and sense of belongingness to dominant or non-dominant cultures. The stages range from least to most mature in terms of racial identity development. Lower stages of cognitively complex development constitute Phase I, while more advanced statuses reflect Phase II of racial identity development. For instance, people of color in Phase II have abandoned internalized racial schemas and developed a more positive racial identity, while White individuals have developed an awareness of White privilege and engaged in efforts to empower oppressed racial groups (Ladany et al., 1997). Additional models have been developed, including the White racial identity model (Helms, 1990) and the People of Color racial identity model (Helms, 1995b). For White individuals,

racial identity development begins with recognizing a false sense of racial superiority and ultimately developing a nonracist identity, while racial identity development for people of color consists of shifting from passive acceptance of racial oppression to overcoming internalized racism and adopting self-affirming racial attitudes (Constantine et al., 2005).

As Helms (1990) proposed, the White racial identity model stages consist of Contact (asserted color blindness to race or denial that race exists), Disintegration (guilt or ambivalence about being White), Reintegration (positive attitudes towards racial ingroup and negative attitudes towards people of color), Pseudo-Independence (commitment to White racial group and tolerance of people of color), Immersion/Emersion (personal reflection upon the meanings associated with White identity and racism), and Autonomy (commitment to social advocacy for and accurate knowledge of racial diversity). Ladany et al. (1997) found that White supervisees at the level of pseudo-independence tended to have more supervision experience, counseling experience, and had seen more clients than White supervisees at lower stages of racial identity development. Helms (1995b) posited that the People of Color racial identity model statuses include Conformity (internalized racism and valuing of White privilege), Dissonance (ambivalence and confusion related to one's racial group identification), Immersion/Resistance (alignment with one's racial group and denigration of White individuals), and Internalization (positive association with one's racial identity).

Cook (1994) applied the racial identity developmental model to the supervisory dyad, indicating that supervisors and supervisees in Phase I of the model are more likely

to avoid or ignore the presence and impact of race within the supervisory triad. Progressive supervisory relationships, in which the supervisor has achieved a greater level of racial identity development than the supervisee, and parallel-high supervisory dyads, marked by high levels of racial identity development for both supervisor and supervisee, engender the greatest likelihood that dialogues regarding racial issues will ensue (Bhat & Davis, 2007; Cook, 1994). Higher racial identity development for White counselors has been previously associated with prior multicultural training experiences and self-reported cultural competence (Constantine et al., 2005). When supervisors exhibit a lower (regressive) or low but equal (parallel-low) level of racial identity development compared to their supervisees, they are more likely to avoid racial dialogues or perceive them as irrelevant (Helms & Cook, 1999). Of note, supervisory working alliances have been found to be strongest within parallel-high supervisory dyads and lowest within parallel-low supervisory relationships (Bhat & Davis, 2007; Ladany et al., 1997).

According to Inman and DeBoer Kreider (2013), "individuals progress through fluid phases of identity development...based on their own conceptualization of the different aspects that make up their identity" (p. 348). Ancis and Ladany (2010) referred to the movement through stages of identity development as an individual's Means of Interpersonal Functioning, which typically consist of four stages: adaptation, incongruence, exploration, and integration. Through each stage, individuals convey varying degrees of awareness of cultural differences and oppressive factors, cognitive

complexity, and commitment to multicultural competence (Ancis & Ladany, 2010). In turn, these foster the four types of multicultural identity interactions: progressive, parallel-advanced, parallel-delayed, and regressive.

Impact of Intersecting Identities upon the Supervisory Triad

Gutierrez (2018) asserted that one's intersection of cultural identities shapes their relational interactions through interlocking mechanisms of social power and oppression. Much existing literature exploring the frequency of multicultural dialogues in supervision has focused on race and ethnicity (Estrada et al., 2004; Soheilian et al., 2014; Toporek et al., 2004), minimizing or ignoring the role that other salient identities such as gender, age, nationality, sexual orientation, class, religion, and ability status have on the client, therapist, and supervisor (Estrada et al., 2004; Lappin & Hardy, 1997; Mori et al., 2009; Ober et al., 2009; O'Byrne & Rosenberg, 1998; Reimers & Stabb, 2015). Soheilian et al. (2014) interviewed supervisees and discovered that the most commonly focused upon cultural identity in supervision was race, followed by gender, ethnicity, and spirituality.

Although training programs and clientele are becoming more diverse, only 16% of licensed psychologists identify as people of color (APA, 2018). Racial microaggressions impact trainees of color and negatively impact the supervisory dyad (Dressel et al., 2007). For instance, while many supervisees of color experience limited opportunities to discuss issues related to race or ethnicity in their training, they may simultaneously face expectations to educate their colleagues and mentors about their experiences of oppression or be assumed to be an expert representing an entire racial or

ethnic group (Haskins & Singh, 2015; Millán, 2010; Schen & Greenlee, 2018; Tummala-Narra, 2004).

Supervisors of color may also be assumed as experts on cultural and racial diversity and challenged by supervisees to prove themselves (Murphy-Shigematsu, 2010; Reynaga-Abiko, 2010; Toporek et al., 2004). Supervisors of color may feel pressured to work with all or as many trainees of color as possible (Reynaga-Abiko, 2010; Schen & Greenlee, 2018). Conversely, supervisors of any race may hold assumptions about their supervisees' racial identities that are congruent or incongruent with those held by their supervisees, which undoubtedly impacts the supervisory working alliance (Murphy-Shigematsu, 2010). At the same time, Murphy-Shigematsu (2010) asserted that individuals "hold powerful assumptions that true authenticity is racial" (p. 17), assuming that race is the most important cultural variable when other or additional identities may be as or more salient to the individual. Pope-Davis et al. (2000) posited that a focus on issues related to race and ethnicity may serve as a prerequisite to exploring other cultural identities.

Bertsch et al. (2014) explored the frequency of gender-related critical events in supervision, indicating that discussions related to the intersection of the supervisor's and supervisee's gender identities in the supervisory relationship are uncommon but warranted. Granello (2003) also indicated that gender affects the supervisory dyad, such that supervisees are more likely to accept or bolster suggestions from female supervisors and elicit direct opinions of male supervisors; female supervisors were also found to offer

more support while male supervisors were more prone to offering techniques and suggestions to supervisees. In one study, 26% of 111 female supervisees endorsed experiences of gender-related stereotyping perpetrated by their supervisors (Walker et al., 2007). Supervisees self-report engaging in few conversations regarding religion or spirituality (Gilliam & Armstrong, 2012; Inman et al., 2014), social class (Ladany, Friedlander, & Nelson, 2005), nationality (Mori et al., 2009), ability status (Andrews et al., 2013), or sexual orientation (Harbin, Leach, & Eells, 2008) in supervision.

However, a few researchers have analyzed intersecting cultural variables and their impact upon supervision outcomes. Phillips et al. (2017), for example, found that trainees of color and gay, lesbian, and bisexual trainees perceived increased depth of discussion of their respective cultural identities compared to White and heterosexual trainees; no differences emerged between male and female trainees regarding depth of gender identity exploration. Phillips et al. (2017) also discovered that perceived depth of cultural discussions was positively related to strength of the supervisory working alliance, multicultural intervention self-efficacy, and general counseling self-efficacy and negatively related to role ambiguity and role conflict.

Gatmon et al. (2001) explored the occurrence of dialogues in supervision regarding race/ethnicity, gender, and sexual orientation and found that discussions about racial similarities and differences fostered stronger supervisory working alliances, while discussions surrounding gender and sexual orientation similarities and differences led to greater perceived satisfaction with supervision according to supervisees. Such discussions

only arose in supervision between 12.5% to 37.9% of the time, with discussions about sexual orientation occurring the least frequently—and initiated by the supervisee 55% of the time (Gatmon et al., 2001).

Singh and Chun (2010) proposed the queer People of Color resilience-based model of supervision to acknowledge the impact that the intersection of racial and sexuality-based oppression has upon the supervisory dyad, with a specific focus upon both supervisee and supervisor multicultural competence and identity development. Singh and Chun (2010) further advocated for a resiliency lens to provide a balanced approach to viewing queer supervisees of color holistically. Other researchers have acknowledged that those supervisees with the least amount of sociocultural privilege experience the most negative effects in supervision when cultural discussions do not occur (Hird et al., 2001; Toporek et al., 2004).

Finally, cultural norms vary within and across groups (Fu, 2015; Garrett et al., 2001). For example, Western cultures emphasize efficiency and a rigid time schedule, while collectivistic cultures tend to focus on the fluidity of time and the quality of the relationship—in Latinx cultures, for instance, this is often referred to as *personalismo* (Reynaga-Abiko, 2010). Cultural values related to eye contact, boundaries of space, and touch also vary widely (Garrett et al., 2001). Additionally, one's cultural identities, such as age, socioeconomic status, or spirituality, may be fluid across time (Garrett et al., 2001; Gutierrez, 2018). The researcher aimed to integrate various cultural variables into the current investigation to understand better how cultural similarities or differences

between supervisees and supervisors in terms of these understudied variables influences the likelihood of engagement in multicultural dialogues in supervision.

Emphasis on Cultural Differences in Supervisory Dyad

Findings of much of the current multicultural supervision literature indicate that supervisors are more likely to bridge discussions about cultural differences than cultural similarities in supervision (Garrett et al., 2001; Gatmon et al., 2001; Schen & Greenlee, 2018). According to Gatmon et al. (2001), no significant differences emerged in ratings of the supervisory alliance or supervision satisfaction between supervisory dyads who matched on cultural variables of race, gender, and sexual orientation and those who did not. This supports Ladany and Inman's (2012) findings that attention to the process of intersecting cultural dynamics in supervision is likely more important than matching across identity variables in the supervisory dyad.

Characteristics of Multiculturally Competent Supervisors

Drawing on a sample of university counseling center psychologists and pre-doctoral interns, researchers found that self-reported multicultural competence is higher among White women, training directors (compared to staff psychologists), and those who have supervised a greater number of interns (Gloria et al., 2008). Although limitations emerge when relying upon self-report measures to generate an accurate understanding of multicultural competence, the following points are noteworthy. Female staff demonstrate more multicultural knowledge, engage in more dialogues about culture, and promote the importance of diversity training more frequently than male staff (Constantine & Gloria,

1999; Gloria et al., 2008; Pope-Davis, Reynolds, Dings, & Ottavi, 1994). Women may also demonstrate stronger cultural self-awareness given their self-reflection upon their own experiences of gender discrimination and oppression (Gloria et al., 2008). Training directors may engage in more opportunities for continued education and diversity training than staff psychologists given their prominent didactic and leadership role (Gloria et al., 2008). Pope-Davis et al. (1994) further indicated that younger psychologists and those who more recently completed their training programs report greater perceived multicultural competence.

Characteristics of Culturally Sensitive Supervision

Factors that promote culturally sensitive supervision include supervisor self-awareness, self-disclosure, and openness to engaging in multicultural dialogues (Borders, 2014; Fu, 2015; Soheilian et al., 2014; Tohidian & Quek, 2017). Of note, supervisors' self-disclosures about developmental struggles have been cited as more impactful than disclosures about their successes (Ladany, 2014), as these engender more safety in the supervisory alliance. Incorporation of multicultural dialogues is often associated with supervisee growth and self-efficacy (Gatmon et al., 2001), increased supervisee self-awareness (Sue & Sue, 2012), and greater perceived competence of the supervisor (Inman, 2006; Mori et al., 2009). Ancis and Ladany (2010) identified six domains related to supervisor cultural competence, including facilitating personal awareness of attitudes and biases, encouraging supervisees' awareness of attitudes and biases, promoting multicultural client conceptualizations, directing supervisees to incorporate culturally

sensitive interventions with clients, exploring how cultural identities intersect in the supervisory relationship, and intentionally evaluating supervisees' multicultural competencies.

Ancis and Marshall (2010) highlighted that supervisors can enhance their personal development by acknowledging their strengths and limitations regarding cultural competence; intentionally introducing multicultural dialogues in supervision; self-disclosing about cultural experiences, values, and biases; and demonstrating awareness of the impact of oppression upon each member of the supervisory triad. Such an emphasis on personal development may inform the supervisee's own process of multicultural competence development (Borders, 2014; Tohidian & Quek, 2017). For instance, supervisors can help facilitate discussions with supervisees about their own cultural backgrounds, attitudes, and biases and heighten multicultural awareness through encouraging that trainees gain exposure to different cultures in their work with clients and outside of supervision (Ancis & Marshall, 2010; Fu, 2015).

Supervisor Multicultural Competence

Supervisor multicultural competence entails a supervisor's awareness, knowledge, and skills related to their work with supervisees and clients (Crockett & Hays, 2015), spanning across five dimensions: supervisor and supervisee personal development, case conceptualization, interventions, process, and evaluation. Although there is scant research on multicultural competence of supervisors from supervisors' own perspectives, Dressel et al. (2007) surveyed supervisors' perceived behaviors that contribute to successful and

unsuccessful multicultural supervision. Supervisors identified that creating a safe environment was the most important factor for fostering cultural dialogues, followed by cultivating personal self-awareness about biases, and conveying respect and acceptance of supervisees' cultural identities and worldviews.

Conversely, lacking cultural self-awareness, overlooking or demonstrating defensiveness around cultural issues in supervision, failing to create a safe supervisory alliance, and ignoring power differentials in supervision were the most prominent factors contributing to unsuccessful supervision (Dressel et al., 2007). Supervisors may lack the necessary training to engage in cultural discussions or may fear the possibility of unsuccessful dialogues and their impact on the supervisee or the supervisory working alliance (Schen & Greenlee, 2018). Constantine (1997) found that supervisors reported wanting more ethnically diverse clients for their supervisees, to engage in more processing of racial differences in the supervisory relationship, and to incorporate more readings on multicultural issues for both supervisee and supervisor. However, close to half of the supervisees surveyed in the same study indicated a perceived reluctance on the part of their supervisors to bring up multicultural issues in supervision.

Delsignore et al. (2010) proposed a Person(al)-As-Profession(al) transtheoretical model to encapsulate how personal aspects (i.e., years in the profession and cultural identities), multicultural counseling competency, interpersonal schemata, and racial identity development all interact and inform one's personal and professional identity as a clinician. Counselors identified that their professional worldviews were influenced most

prominently by informal experiences with culturally diverse individuals. For instance, exposure to anecdotes of racial discrimination or cultural oppression from members of a cultural group different than that of the clinician allowed counselors to expand their multicultural knowledge and schemas (Fu, 2015). This finding is consistent with Allport's (1979) contact hypothesis, through which direct contact and positive experiences with outgroup members are necessary for change to occur regarding negative affective attitudes. Strikingly, but consistent with existing literature, only 6% of clinicians reported that they sought formal consultation, supervision, or resources that influenced their professional worldviews or bolstered their multicultural competence (Delsignore et al., 2010).

Supervisee Multicultural Competence

Mixed support exists for the notion that courses or didactic information dispersed about multicultural issues engenders increased cultural competency among trainees (Dickson, Argus-Calvo, & Garcia Tafoya, 2010). Ridley et al. (2011) highlighted the difficulty of ascertaining the effect of graduate training on the professional competence of counseling trainees, given that there is a lack of clear consensus on what constitutes competent practice. Growth in knowledge and skills acquisition tends to occur through multicultural training more frequently than increased self-awareness (Suthakaran, 2011). For instance, Constantine (2002) did not find support for a relationship between multicultural training and decreased prejudicial racial attitudes. However, Castillo, Brossart, Reyes, Conoley, and Phoummarath (2007) found support for an association

between multicultural training and decreased implicit racial bias. As prejudice encompasses cognitive, affective, and behavioral components (Weiten, 2001), researchers have encouraged the incorporation of experiential and self-reflective exercises in didactic trainings (Dickson et al., 2010; Fu, 2015; Ivers et al., 2017). Tohidian and Quek (2017) conducted a meta-analysis on beneficial aspects of multicultural supervision and revealed that 30% of studies reviewed highlighted the positive impact of supervisors intentionally introducing multicultural activities or cultural interventions in supervision, which related to supervisees endorsing more satisfaction with supervision and higher perceived supervisor multicultural competence.

Ivers et al. (2017) highlighted that interpersonal process recall can be utilized as a tool to bolster multicultural awareness and competence. Interpersonal process recall allows for clinicians to develop a greater understanding of their own and their clients' thoughts, feelings, and reactions (Ivers et al., 2017) by reflecting upon prior interactions with clients. One way to achieve this is through reviewing a supervisee's recorded counseling session and pausing routinely to prompt the supervisee to reflect upon what reactions arose in the moment. Such a technique is intended to be exploratory and non-judgmental on the supervisor's part, allowing for the supervisee to develop an understanding of how their values, biases, and personal worldviews may be influencing their work with clients with relatively little evaluative analysis (Ivers et al., 2017). When interpersonal process recall is conducted on the basis of a strong supervisory working

alliance, supervisees are likely to feel safe to explore previously subconscious or personal biases and develop greater multicultural awareness.

Coleman (2006) found that White trainees evaluated experiential components of training, such as exposure to diverse racial and cultural populations and participatory activities like roleplaying, as most beneficial to their multicultural development, while trainees of color perceived a combination of didactic and experiential training as most effective in fostering their multicultural competence. Dickson et al. (2010) found that among a Hispanic sample of trainees, participation in a multicultural course led to more positive cognitive racial attitudes but no significant change in affective racial attitudes, despite the inclusion of experiential components of the class. However, participants reported concerns of limited exposure to diverse populations, which has been established as a critical component of multicultural competence development (Fu, 2015; Vereen, Hill, & McNeal, 2008).

Although counselor educators have integrated discussions about privilege, racism, and other forms of oppression into training programs in adherence with professional guidelines, White students tend to report that these discussions help enhance their self-awareness and awareness of systemic issues, while students of color indicate that course content often ignores or minimizes their perspectives—causing them to feel alienated and potentially unprepared to provide culturally competent care to clients (Haskins & Singh, 2015). Training that only highlights White and other privileged identities leads to the continued silencing of marginalized groups (Peters, 2017).

Bell's (1995) critical race theory addressed racism in the legal system and was later applied to the field of education in order for educators to address and reform White hegemonic discourses and assessment methods in curricula (Haskins & Singh, 2015). Critical race theory allows educators to empower marginalized individuals to have a voice through access to sharing their worldviews and experiences of oppression openly (Haskins & Singh, 2015). Additionally, members from dominant cultural groups are challenged to examine the effects of ethnocentrism and privilege with increased exposure to culturally sensitive course content and the perspectives of their oppressed peers (Haskins & Singh, 2015). When marginalized students and supervisees are given an opportunity to share feedback with instructors and supervisors about the content covered in the classroom or supervision, counseling educators can utilize this information to improve their training curricula (Haskins & Singh, 2015).

The introduction of cultural stories, metaphors, or analogies may be fruitful in exposing trainees to different cultures, particularly when access to diverse populations is limited (Ivers et al., 2017; Schnitzer, 1996; Sommer et al., 2009; Suthakaran, 2011). Such exposure can facilitate trainees' awareness that multiple perspectives and meanings can be derived from a single story, just as myriad worldviews exist across cultures. In Dickson et al.'s (2010) study, participants evaluated self-reflective assignments as most conducive to their multicultural development, and the authors suggested that cognitive shifts in cultural awareness and biases may precede affective attitudinal changes. Because counseling trainees come from diverse cultural backgrounds and have unique lived

experiences, supervisory and didactic trainings ought to incorporate a combination of self-reflective, experiential, and didactic strategies to foster multicultural competence (Fu, 2015).

Pope-Davis et al. (1994) found that supervisees who had received supervision for a multicultural counseling issue, attended more cultural workshops, or took more multicultural courses endorsed higher perceived levels of multicultural competence than supervisees who had fewer or none of these training experiences. Vereen et al. (2008) found that receiving multicultural supervision and counseling more clients of color were associated with higher levels of supervisees' perceived cultural competence. Although many graduate programs have implemented at least one multicultural course in adherence with the APA CoA (2009) and CACREP (2016b) training standards, a variety of didactic, clinical, and self-reflective experiences are needed for trainees to develop multicultural competence (Fu, 2015; Vereen et al., 2008).

Navigating Power in the Supervisory Relationship

Creating safety in supervision is necessary for fostering supervisees' multicultural competence (Estrada et al., 2004; Fu, 2015; Tohidian & Quek, 2017). Supervisors can establish such an environment through intentionally discussing differences in cultural and evaluative power between themselves and their supervisees (Gutierrez, 2018). Additionally, supervisees should be provided space to make mistakes, explore personal biases, and openly discuss fears and failures in supervision (Estrada et al., 2004; Fu, 2015; Tohidian & Quek, 2017). Supervisors can also engender safety through shifting

away from an authoritative stance, marked by assuming an expert role and identifying deficits of their trainees, to a position of cultural humility, whereby they express comfort with not knowing and openness to learning about multicultural perspectives (Owen, 2013) and a strengths-based focus. While it is important for supervisors to model cultural humility and openness to learning about their clients' and supervisees' unique cultural worldviews, it is problematic to expect racially diverse populations to educate them by divulging experiences of cultural oppression given the undue burden this places upon already disempowered individuals (Estrada et al., 2004; Schen & Greenlee, 2018).

Supervisors who convey a state of omniscience may inhibit their supervisees from feeling safe to ask questions (Tohidian & Quek, 2017; Tummala-Narra, 2004). Employing an expert role in supervision may intensify supervisees' perceptions that they must also present as all-knowing, and one's experiences as a supervisee likely influence how they will supervise (Singh & Chun, 2010). Hook et al. (2016) posited that cultural humility fosters supervisor multicultural competence for several reasons: it provides the foundation for a strong supervisory working alliance and safety surrounding discussions of cultural similarities and differences, supervisors cannot effectively prompt trainees to explore cultural biases and values without first demonstrating openness to understanding their own, and supervisors who demonstrate cultural humility can instill this value in their trainees, which has implications for supervisees' work with clients.

The Supervisory Alliance

The supervisory alliance is a critical component of effective supervision (Bernard & Goodyear, 2014; Borders, 2014; Falender et al., 2014; Ivers et al., 2017; Ladany, Mori, & Mehr, 2013; Pearce, Beinart, Clohessy, & Cooper, 2013), often laying the foundation for the possibility of multicultural dialogues to emerge safely. Bordin (1983) adapted the concept of the therapeutic working alliance to supervision, emphasizing three core aspects of every working alliance relationship: agreement on goals, tasks required to achieve said goals, and the formation of a relational bond. Supervisors who are warm, empathic, accepting of cultural differences in supervisory and therapeutic relationships, and aware of power differentials present in supervision tend to develop stronger supervisory alliances (Ancis & Marshall, 2010; Falender et al., 2014; Fu, 2015).

Gatmon et al. (2001) found that supervisees endorsed stronger supervisory working alliances and greater satisfaction in supervision when their supervisors initiated or were open to holding dialogues about multicultural topics. Strong supervisory working alliances are associated with increased self-efficacy of the supervisee, marked by greater autonomy, confidence in abilities, and ability to incorporate positive and constructive feedback into practice (Ladany et al., 2013). Further, supervisees who perceive a strong supervisory working alliance are more likely to disclose sensitive information to supervisors (Falender et al., 2014; Walker et al., 2007) and experience their supervisors as responding sensitively and appropriately to such disclosures (Falender et al., 2014).

Wood (2005) suggested supervisors incorporate Bordin's (1983) supervisory working alliance model to explore the cultural similarities and differences existing within the supervisory dyad collaboratively so that each member has a more holistic understanding of one another. Building the supervisory working alliance entails collaboration in terms of identifying goals, tasks, and the bond within the supervisory dyad, which serves in fostering the multicultural competence of the supervisee and the cultural responsiveness of the supervisor. Important to note, though, is that most psychologists and supervisors identify as White (APA, 2018), wielding these therapists with additional power in the supervisory relationship. It is therefore essential for supervisors with racial or intersecting identities of privilege to initiate discussions about cultural differences with supervisees who are oppressed regarding one or more of their cultural identities (Gloria et al., 2008; Phillips et al., 2017).

Some supervisors may refrain from initiating cultural dialogues with supervisees due to fear of creating ruptures in the supervisory alliance (Gatmon et al., 2001; Nelson et al., 2006; Schen & Greenlee, 2018), but support has been found for the notion that repairing such ruptures by attending to multicultural issues actually serves to strengthen the supervisory relationship rather than diminish it (Burkard et al., 2006; Falender et al., 2014; Schen & Greenlee, 2018). In fact, ignoring the impact of cultural variables within the supervisory dyad upon the supervisory working relationship can generate conflict in supervision (Akkurt et al., 2018; Gatmon et al., 2001; Gutierrez, 2018; Tohidian & Quek, 2017), while generating dialogues about diversity can enrich the supervision experience

(Garrett et al., 2001; Schen & Greenlee, 2018). Avoiding discussions related to culture may result in numerous deleterious consequences, including perceived miscommunication, misunderstandings, harmful assumptions or stereotyping, and disconnection within the supervisory relationship (Fu, 2015; Hird et al., 2001; Tohidian & Quek, 2017). Schen and Greenlee (2018) asserted that silence around racial and cultural intersections in the supervisory dyad conveys complicity with oppression.

Supervision Satisfaction

Inman (2006) discovered that the supervisory working alliance partially mediated the relationship between supervisor multicultural competence and trainee satisfaction with supervision, but not the relationship between supervisor and supervisee multicultural competence. Although a strong supervisory working alliance likely fosters safety to explore cultural variables in supervision (Borders, 2014), it appears other factors more readily predict supervisee multicultural competence. For supervisors, satisfaction with supervision has been empirically related to supervisee's "openness, willingness, and commitment to learning" (Toporek et al., 2004, p. 69), with some supervisors attributing supervision satisfaction to discussions about multicultural topics (Duan & Roehlke, 2001). Supervisees whose self-reported developmental levels were congruent with those reported by their supervisors indicated higher levels of supervision satisfaction (Bernard & Goodyear, 2014; Krause & Allen, 1988). Supervisees' satisfaction with supervision has been associated with supervisors initiating discussions about multicultural topics and expressing interest in supervisees' cultural backgrounds and identities (Schen &

Greenlee, 2018), as well as supervisees feeling respected, receiving support from supervisors, and benefitting from their expertise (Duan & Roehlke, 2001).

Cultural Variables Affecting the Supervisory Triad

Race

All members of the supervisory triad hold unique intersecting cultural identities. Each member's racial identity may impact their willingness to engage in cultural dialogues. For instance, Burkard et al. (2006) found that White supervisees who reported experiencing reduced fear about having cultural dialogues in supervision and therapy also experienced increased confidence. Conversely, the authors found that supervisees of color experienced some discomfort when navigating cultural dialogues with their supervisors, particularly if the supervisee felt challenged or misunderstood in supervision (Burkard et al., 2006). Particularly if supervisees of color have experienced racism and discrimination routinely in their daily lives, cultural mistrust of privileged authority figures (including supervisors) may develop (Nilsson & Duan, 2007; Schen & Greenlee, 2018). For instance, Nilsson and Duan (2007) highlighted that Black supervisees are less likely to expect empathy and positive regard from supervisors. Additionally, Black, Latinx, and Native American supervisees endorsed feeling less liked by their supervisors than Asian American trainees (Nilsson & Duan, 2007). Native American supervisees also reported higher levels of discomfort in cross-cultural supervisory dyads (Helms & Cook, 1999; Toporek et al., 2004). When supervisors appeared open to cultural dialogues with

supervisees of color, trainees reported a sense of validation and support (Burkard et al., 2006).

Prior to experiences of cultural unresponsiveness, marked by either the intentional dismissal or unintentional omission of culturally relevant dialogues in supervision, White supervisees generally report a good working relationship with supervisors, while supervisees of color report a tenuous relationship (Burkard et al., 2006). White supervisees indicated that supervisors of color tended to avoid discussing cultural issues in supervision, while supervisees of color more frequently endorsed that White supervisors dismissed or criticized their cultural concerns (Burkard et al., 2006; Schen & Greenlee, 2018). In these instances, White supervisees reported experiencing feelings such as disappointment and anger toward their supervisors and a weaker supervisory working alliance, while supervisees of color additionally expressed fear, mistrust, resentment, and discomfort related to the supervisory relationship (Burkard et al., 2006; Schen & Greenlee, 2018). Supervisees of color reported hiding their feelings from their supervisors and seeking support from peers or colleagues following culturally unresponsive events (Burkard et al., 2006).

Additionally, in a small study of trainees, while White supervisees experienced lower perceived strength of the supervisory relationship, supervisees of color were more prone to report complete dissatisfaction with supervision as a result of enduring cultural unresponsiveness from their supervisors (Burkard et al., 2006). Further, supervisees of color, but not White supervisees, reported that culturally unresponsive supervision

negatively affected trainees' client treatment (Burkard et al., 2006), causing supervisees of color to seek out additional consultation due to perceiving that their own and their clients' needs were not being adequately addressed by the trainee's supervisor. Of note, 8 out of 13 White supervisees identified a culturally unresponsive event in supervision, while all 13 supervisees of color in this study reported experiencing at least one such event—and many endorsed multiple instances of cultural unresponsiveness (Burkard et al., 2006).

Supervisors' racial identities can also play a role in their orientation to initiating multicultural dialogues in supervision. Butler-Byrd (2010) posited that Black women and other women of color often face intense pressures to appear multiculturally competent and serve as mentors for as many trainees of color as possible. This can lead to high levels of stress, reduced self-care, and eventual burnout. White supervisors are less likely to discuss multicultural issues with White supervisees than supervisees of color (Gloria et al., 2008), and White supervisors reportedly engage in fewer multicultural dialogues in general with supervisees when compared to supervisors of color (Phillips et al., 2017). Privileged identities may be discussed in less depth in supervision due to the supervisor perceiving that a particular privileged identity is normative or unremarkable (Hernández & McDowell, 2010; Phillips et al., 2017). However, Kissil et al. (2015) highlighted that supervisees of color are more likely to be aware of cultural differences in racially diverse supervisory dyads. Researchers have asserted the importance of introducing multicultural dialogues with all supervisees regarding each of their unique cultural identities,

regardless of whether their identities grant them privilege or oppression (Ancis & Ladany, 2010; Falender et al., 2014; Hernández & McDowell, 2010; Phillips et al., 2017). Supervisors have an ethical obligation not only to facilitate their supervisees' multicultural development, but also to train clinicians to work effectively with historically marginalized populations (Peters, 2017). The researcher of this study aimed to ascertain whether or not members of the supervisory dyad report focusing more on oppressed than privileged identities when multicultural dialogues do occur in supervision.

Nationality

Current supervision models tend to emphasize Eurocentric values, such as hierarchy, evaluation, and rigid boundary-setting (Lee, 2017; Woo et al., 2015). Immigrants comprise approximately 12.4% of the U.S. population, and with their demographic growth a concurrent increase of international students has emerged in psychology graduate programs (Kissil et al., 2015). Although the number of international students has risen steadily in recent decades due to university recruitment efforts, faculty members may lack training about or personal familiarity with the unique challenges faced by international students (Akkurt et al., 2018). While international students frequently report appreciation for unique training experiences and training staff often emphasize the valuable cultural perspectives with which international students can provide their colleagues, it is crucial not to tokenize and disempower international students by focusing on unique challenges faced by this population (Lee, 2017).

Among international students, supervisors may misperceive that individuals with lower levels of acculturation are not open to discussions about multiculturalism. Mori et al. (2009) found that international students with low acculturation status actually endorsed high satisfaction with supervision when their supervisors engaged in more cultural dialogues with them. Kissil et al. (2015) discovered that level of acculturation was not associated with clinical self-efficacy for international students, while perceived prejudice was negatively related to self-efficacy and supervisors' multicultural competence was positively related to international therapists' self-efficacy. Supervisors ought to thus assess not only international students' levels of acculturation, but also how welcomed and understood international therapists feel in a novel culture.

Even less research has focused upon the experiences of international supervisors (Woo et al., 2015). Ng (2006) indicated that at least one international student is enrolled in more than half of graduate counseling programs, signifying a growing trend that supervisory dyads are increasingly likely to consist of an international supervisor or supervisee (Lee, 2017). International supervisors have reported feeling underestimated in terms of their multicultural competence due to differences in primary languages spoken, different relational and cultural norms, and their own experiences of discrimination (Ng & Smith, 2009), despite having advanced cultural and supervisory training. Lee (2017) highlighted that learning a second language involves not only language proficiency, but also understanding of cultural nuances and slang—which can foster feelings of insecurity in international students. As with many cultural identities of oppression, a deficits model

appears to be employed such that concerns that arise in supervision and therapy are often misattributed to cultural characteristics of the individual, such as a lack of language proficiency or cultural assimilation (APA, 2015a; Hird et al., 2001; Woo et al., 2015).

While much of the research on international counseling trainees portrays these trainees as passive recipients of help from mentors and faculty (Ng & Smith, 2009), many international students actively seek out resources for support, including fostering relationships with fellow international students, seeking mentors from their countries of origin, and devoting additional time to examining cultural research or exposing themselves to new cultural environments (Lee, 2017; Woo et al., 2015). Kissil et al. (2015) highlighted that the process of acculturation entails both assimilation to a new culture and retention of one's host culture. However, many international trainees are pressured to assimilate to the dominant culture and Eurocentric models of supervision (Lee, 2017), which differentially emphasize how to balance power and set boundaries with supervisees (Woo et al., 2015). Woo et al. (2015) implored faculty and supervisors to examine their own assumptions and biases regarding nationality in order to better facilitate the growth and development of international trainees, who are also expected to navigate this process of cultural self-reflection. Lee (2017) argued that supervisors ought to contextualize the adjustment process that international students face both in pursuing international training and in returning to their countries of origin following completion of their graduate education.

Gender

Gender is often a salient visible identity; its stimulus value can impact all members of the supervisory triad. Female trainees are less frequently reinforced than male supervisees for expressing ideas (Healey & Hays, 2012; Heru, Strong, Price, & Recupero, 2006; Nelson & Holloway, 1990). Male supervisors have demonstrated a tendency to be more task-oriented and provide direct advice, while female supervisors may exhibit more collaboration and a desire to facilitate the voice of the supervisee (Duch, 2017). Beginning clinicians often prefer expressive, warm supervisors, while developmentally advanced trainees endorse a preference for supervisors who are more instrumental and autonomous, characteristics that are deemed feminine and masculine, respectively (Heru et al., 2006). In one study, female supervisors demonstrated more rigid personal and professional boundaries than male supervisors (Heru et al., 2006). The authors attributed men's more lenient boundaries to gender role spillover theory, as men are socially sanctioned to be competitive and collegial, while women are more likely to have been recipients of boundary violations and may thus set more rigid boundaries with trainees. However, gender performance varies across all supervisors and supervisory dyads, and conversations about assumptions trainees may have about clients or supervisors based on their own and another person's gender identity can help foster greater self-awareness.

Sexual Orientation

Chui, McGann, Ziemer, Hoffman, and Stahl (2018) found that supervisees benefitted from discussing client concerns about sexual orientation in supervision, regardless of whether their supervisors shared their sexual identity with them. The authors highlighted the need for affirmative supervision, whereby supervisees feel safe to explore their own sexual identities and those of their clients. Affirmative supervision requires that supervisors engage in their own personal self-reflection regarding biases and attitudes towards LGBTQ individuals. As Chui et al. (2018) noted, positive client outcomes are possible when supervisees initially harbor homophobic attitudes but supervisors do not, as supervisors can help trainees explore their biases. Conversely, when supervisors hold homophobic and/or heterosexist attitudes and supervisees do not, trainees may feel unsafe to bring up client concerns related to sexual orientation. Harbin et al. (2008) also found that higher levels of supervisor homonegativism were associated with lower supervisee satisfaction, regardless of the trainee's sexual orientation. Across training settings, LGBTQ supervisees have identified several deleterious experiences, including exposure to pathologizing attitudes regarding their sexual orientation, derogatory comments, undue emphasis upon their sexual identities, public disclosure of their sexual orientation, and harmful encouragement of pursuing conversion therapy (Chui et al., 2018).

LGBTQ individuals seek therapy at relatively high rates (Alessi, 2013; Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000; Murphy, Rawlings, & Howe, 2002),

signifying the need for clinicians to demonstrate competency in the domain of sexual orientation. However, some researchers have asserted that therapists and supervisors receive an inadequate level of training regarding sexuality unless they actively seek out such opportunities (Phillips et al., 2017; Pope, Keith-Spiegel, & Tabachnik, 2006). Chui et al. (2018) found that supervisees who regarded their supervisors as having competence in the domain of sexual orientation were more willing to explore their countertransference, biases, and decisions of whether to share their sexual identities with clients; however, this sample also indicated that while their supervisors fostered space for trainee self-reflection, they did not often initiate these conversations with supervisees.

Class

Social class is an understudied multicultural variable in psychology and within the context of supervision (Lavell, 2014; Reimers & Stabb, 2015; Smith, 2009; Thompson, Cole, & Nitzarim, 2012). Indeed, Reimers and Stabb (2015) found that between 1996 and 2011, merely 1–2% of literature in *The Counseling Psychologist* and the *Journal of Counseling Psychology* included class as a studied variable alone or in combination with either gender or race. Approximately 39% of studies included all three variables, but class was studied at the primary level 13% of the time, compared to race (42%) and gender (38%; Reimers & Stabb, 2015). Statistically, 12.7% of U.S. citizens (40.6 million people) were living in poverty in 2016; while the rate of children living in poverty reportedly declined from 19.7% to 18% between 2015 and 2016, poverty rates increased for adults ages 65 and older (U.S. Census Bureau, 2016). While many U.S. citizens

reportedly believe in the existence of a large middle class, sandwiched between much smaller wealthy and poor subsets of the population (Lavell, 2014), Zweig (2012) found that middle-class people comprise 35% of the U.S. workforce while working-class individuals make up 63% of the labor force. Further, although poverty cuts across all racial demographics, many individuals equate poverty with people of color and class privilege with Whiteness; however, reflective of the higher percentage of White people compared to people of color in the population, the majority of poor people in the U.S. are White (Lavell, 2014).

Cook and Lawson (2016) posited that society and clinicians alike may hold biased attitudes about individuals from poor or working-class backgrounds. Specifically, individuals living in poverty are often stereotyped as lazy, irresponsible, unmannerly, loud in public, and uneducated (Lavell, 2014; Schnitzer, 1996) as well as blamed for not pulling themselves up by their bootstraps despite unequal access to education, employment, healthcare, and safety (Reimers & Stabb, 2015). Western society typically emphasizes meritocracy, such that people anticipate receiving systemic benefits and advantages based on individual merit and work ethic (Knowles & Lowery, 2012), leading to the shaming of poor and working-class individuals who are infrequently afforded the same educational and work opportunities as people with greater class privilege. Additionally, individuals from poorer class backgrounds often have less access to middle-class social networks and may experience others as regarding them with “charitable distance” rather than genuine engagement (Lavell, 2014).

While clients come from a variety of social class backgrounds, therapists are more likely to hold middle class status or higher (Cook & Lawson, 2016; Lavell, 2014). It is therefore crucial for therapists to examine how their own class privilege and values may impact their work with clients and the therapist-client relationship. Cook and Lawson (2016) interviewed licensed professional counselors and discovered that most misused or oversimplified the terms *social class* and *socioeconomic status*, and many held assumptions or stereotypes about clients from poor or working-class backgrounds. Therapists may misattribute poor session attendance of their lower income clients to internalized stereotypes, overlooking the larger systemic forces preventing their clients from attending counseling (i.e., lack of transportation or childcare, physical health problems, and chronic poverty-related stress; Reimers & Stabb, 2015; Schnitzer, 1996; Thompson et al., 2012). Therapists who ignore these factors or cannot empathize with low-income clients' class-related oppression are less likely to develop strong therapeutic alliances (Lavell, 2014; Thompson et al., 2012). Low-income clients evaluated therapists more positively when they perceived clinicians as adequately addressing class differences and class as a salient variable in therapy, as well as when they provided advocacy on behalf of clients outside the traditional therapy hour (Thompson et al., 2012). Addressing immediate and practical needs in therapy was also prioritized over long-term goal setting by low-income clients (Lavell, 2014). When class differences go unaddressed in therapy, clients may feel misunderstood, isolated, dismissed, and angry (Cook & Lawson, 2016;

Thompson et al., 2012). Smith (2009) indicated that leaving social class issues unacknowledged conveys implicit acceptance of oppression.

Researchers have demonstrated a link between low socioeconomic status and increased anxiety, depression, chronic stress, and substance use—yet low-income individuals are less likely to seek or attain adequate mental health services (Lavell, 2014; Thompson et al., 2012). Schnitzer (1996) asserted that therapists and supervisors ought to ensure that clients with lower socioeconomic status have access to services that are worthwhile to them, given that many of these individuals' energy levels are depleted from constantly striving to meet their basic safety and emotional needs. Additionally, many low-income clients develop distrust for mental health and other professionals if they have experienced stigmatization from people in positions of authority in the past (Lavell, 2014). One suggestion Lavell (2014) offered was for members of the supervisory dyad to reach out to local low-income community members to survey the specific needs or that population. Smith (2009) suggested that supervisors provide supplemental readings to supervisees regarding issues of class, space to process supervisees' class privilege and reactions to working with low income clients, training in case conceptualization, and flexible approaches to therapy.

Spirituality

While CACREP-accredited institutions often demonstrate inclusion of religion and spirituality in their training programs (Hage, Hopson, Siegel, Payton, & DeFanti, 2006), current licensed psychologists may not have been expected to attain the same

competency requirements (Shafranske, 2016). Sahker (2016) highlighted that a lack of training is consistently highlighted in the religious and spiritual literature. Much of the psychological research on religion has focused on Christianity, the dominant religion in U.S. culture (Moore & Leach, 2016), omitting the experiences of individuals who identify as Jewish, Muslim, Buddhist, Hindu, spiritual, non-spiritual, agnostic, and atheist. When conversations about religion and spirituality do occur in supervision, male supervisees reported that they perceived male supervisors as engaging in more discussions about spirituality than female supervisors, while female supervisees indicated that female supervisors held these discussions with them more frequently than male supervisors (Miller & Ivey, 2006).

Reynaga-Abiko (2010) mentioned that non-spiritual supervisees rarely bring up issues of spirituality or religion in supervision or therapy. Conversely, individuals with intersecting racial or sexual identities, for example, may find it validating and useful to explore the meaning of spirituality in their own and their clients' lives. Spirituality has also been identified as a positive mental health outcome predictor in clients who endorse a strong connection to their faith (Miller & Thoresen, 2003). It is thus crucial for clinicians in training to validate clients' spiritual values in therapy as applicable.

While religious affiliation has historically been associated with a multitude of positive mental health outcomes, including higher subjective well-being and life satisfaction, lower depressive symptoms, and less drug abuse, aggression, and suicidality (Moore & Leach, 2016), the mechanisms that contribute to these relationships are not

well understood. Secular individuals, those who are nonreligious or indifferent to religion, are often excluded as comparison groups in religious studies (Moore & Leach, 2016). Further, some secular individuals may lack access to social support networks that are often emphasized within religious communities, and many may experience discrimination or oppression for outwardly identifying as atheist (i.e., a person who does not believe in the existence or concept of God) or agnostic (i.e., a person who is unsure of the existence of God or who believes it is beyond the scope of human comprehension to determine the existence of God) in a predominantly Christian society (Moore & Leach, 2016). A lack of social support and the experience of oppression for one's non-religious identity could contribute to negative mental health outcomes, but secularity has also been found to correlate with fewer depressive symptoms, higher degrees of self-actualization, and positive psychological adjustment (Moore & Leach, 2016).

Galen and Kloet (2011) proposed a curvilinear model to explain the relationship between religious identity and mental health outcomes, such that higher degrees of existential dogmatism (or the degree of certainty that God exists or not) were related to the highest levels of emotional stability and life satisfaction, while lower certainty regarding whether God exists or does not exist was related to lower levels of mental health outcomes. Moore and Leach (2016) also found support for a curvilinear relationship in a sample of agnostic, atheist, Buddhist, Christian, Jewish, and nonreligious participants, although agnostic identity was not associated with poorer mental health outcomes despite its operationalization as uncertainty regarding the existence of God

(and thus a lower level of existential dogmatism). Further, theistically and atheistically certain participants did not significantly differ on mental health variables of life satisfaction, hope, positive affect, or negative affect, although theistically certain participants endorsed higher levels of gratitude than atheistically certain participants (Moore & Leach, 2016). Based on these findings, it may thus be the case that poorer mental health outcomes are better predicted by uncertainty related to one's religious or non-religious identity than one's religious identity itself.

It is estimated that 16 to 23% of U.S. adults identify as nonreligious (Sahker, 2016), and the number of nonreligious U.S. citizens continues to increase. Psychologists also tend to identify as nonreligious at greater rates than the general population and other academic disciplines, with estimates ranging from 50 to 70% (Sahker, 2016). While it might thus be assumed that psychologists who identify as nonreligious might be well-equipped to address clients' irreligiosity in therapy, conversations about spirituality occur infrequently (Sahker, 2016). Individuals who undergo the process of religious deconversion, or disaffiliation from the religion of their family of origin, are at risk of experiencing rejection from their families, romantic partners, and community members (Sahker, 2016). Many nonreligious people, particularly atheists, experience overt discrimination, including exposure to stereotypes that they are untrustworthy or immoral (Gervais, 2013; Sahker, 2016). Some individuals who undergo religious deconversion may choose to continue practicing customs from their religious backgrounds, while others may want to explore recommitting to the religion of their family; it is the duty of

clinicians to provide a safe environment for exploration of all religious and nonreligious identities and to understand how personal spiritual beliefs may impact their work with clients (Sahker, 2016).

Ability Status

Despite a shift towards the inclusion of multiculturalism in counseling psychology, disability is rarely emphasized as an element of cultural diversity (Andrews et al., 2013). Over the past decade, approximately 7% to 8% of the Association of Psychology Post-doctoral and Internship Centers (2011) pre-doctoral internship applicants endorsed having one or more disabilities (Association of Psychology Post-doctoral and Internship Centers, 2011), while about 10% of adults in the US report having a disability (U.S. Census Bureau, 2010). In 2016, 5% of licensed psychologists endorsed having one or more disabilities (APA, 2018).

Since supervisors are expected to initiate dialogues regarding multicultural issues in supervision, the onus falls upon supervisors to inquire about providing suitable accommodations and an accessible environment to all trainees, regardless of apparent ability status (Olkin, 2009). Disability disclosure may occur naturally in supervision if the supervisee chooses to share this information, but supervisors are urged not to wait for supervisees to initiate these discussions (Andrews et al., 2013). Choosing not to discuss ability status with a supervisee who has a visible disability, has disclosed an invisible disability, or is currently working with a client with disabilities reinforces the silence surrounding dialogues about ability status. Further, supervisees with disabilities may feel

less inclined to disclose their disability status given the evaluative role and power wielded by supervisors, particularly if a supervisor identifies as able-bodied (Andrews et al., 2013). Additionally, trainees with disabilities may navigate their development without ever encountering a psychologist or supervisor with apparent or disclosed disabilities (Andrews et al., 2013), reifying the need for supervisors to initiate dialogues about ability status with all trainees.

Neal-Boylan et al. (2012) posited that some practitioners with disabilities may be particularly reluctant to seek and accept accommodations given their desire to be perceived as competent and capable. Many psychologists report minimal or no training in supervising and counseling people with disabilities (Artman & Daniels, 2010). For instance, most counselors and supervisors are not fluent in sign language or familiar with Deaf culture, making them ill prepared to work with Deaf and hearing-impaired people; approximately 2% of deaf individuals are estimated to receive adequate mental health services despite evidence of a higher incidence of mental health concerns than hearing individuals (Hanks & Hill, 2015). Hearing supervisors who work with deaf trainees can provide culturally sensitive supervision by utilizing a consistent sign language interpreter, seeking out additional information about Deaf culture as needed, and creating an environment of safety and transparently addressing role expectations for all three members of supervision (Hanks & Hill, 2015).

Of concern, supervisors often attribute errors of competence to trainees' disabilities (APA, 2015a; Andrews et al., 2013). Attitudes regarding ability status often

fall on a catastrophize-sensationalize continuum, such that individuals with disabilities are regarded as either incapable or inspirational (Gill, 2001) which tends to result in the dehumanization of people with disabilities. The Americans with Disabilities Act (1990) prohibits potential employers, including supervisors, staff psychologists, and training directors, from discriminating against individuals with disabilities. However, many people with disabilities report being asked inappropriate questions regarding the origins of their disability, experiencing discriminatory attitudes from colleagues and supervisors, and exposure to patronizing beliefs that they are inspirational or brave (Andrews et al., 2013). Additionally, expectations for supervisees with disabilities are often skewed, such that the supervisor either sets low expectations for trainees or praises a supervisee with disabilities as exceptional and courageous (Andrews et al., 2013). Researchers advise that supervisors rely on more objective forms of evaluation, such as developmental level of the supervisee and video recordings of their work with clients, to determine trainees' skill level (Andrews et al., 2013; APA, 2015a; Borders, 2014).

People-first terminology (i.e., person with a disability) has been employed in recent years in an effort to indicate that the person is separate from his or her disability, but some disability pride activists have argued that such language further stigmatized the presence of disability (Artman & Daniels, 2010), given that society does not often refer to other cultural identities utilizing people-first language, such as people who are female or people who are Asian American (Brown, 2012). Supervisors are thus encouraged to inquire about self-referential language preferences of supervisees with disabilities

(Andrews et al., 2013), which can also promote trainees' attendance to clients' preferences regarding language. Additionally, strengths-based perspectives ought to be considered in evaluating supervisees with disabilities. For instance, Noonan et al. (2004) found that women with disabilities who endorse high levels of achievement report integrating their disabilities into their identities, self-confidence, and determination. The medical model asserts that disability itself is something to overcome, as opposed to focusing on the barriers individuals with disabilities may face and overcome (Andrews et al., 2013).

Gaps in the Literature

Researchers often survey supervisees to elicit their perceptions about the prevalence of multiculturally competent supervision (Bhat & Davis, 2007), omitting supervisors' perspectives regarding perceived multicultural competence, strength of the supervisory working alliance, and satisfaction with supervision (Dressel et al., 2007; Toporek et al., 2004). Further, much of the current literature omits the experiences of supervisors of color, as most psychologists identify as White (APA, 2018; Reynaga-Abiko, 2010). Such omission is unfortunate, given that some researchers have found evidence to support that supervisors in congruent non-White dyads report being viewed more holistically by their supervisees (Reynaga-Abiko, 2010). The researcher aimed to understand what role cultural matching plays upon the development of supervisee multicultural competence.

Supervisors tend to rate themselves as more multiculturally competent than their supervisees rate them (Falender et al., 2014). Thus, the researcher analyzed these variables from the perspectives of supervisors and supervisees to generate a fuller picture of the incidence of multicultural dialogues and cultural competence in supervision. Surveying the perspectives of both members of the supervisory relationship reflects the recommendations proposed by previous researchers (Duan & Roehlke, 2001; Toporek et al., 2004), as earlier research on supervision relied exclusively on either the perspectives of supervisees or supervisors (APA, 2015a). The inclusion of multiple perspectives adds to existing literature by allowing for comparison between the perspectives of supervisors and supervisees. In particular, researchers have proposed analyzing perceived and actual similarities and differences among members of dyads in order to determine differences between self-reported and actual competencies (Hargittai & Shafer, 2006).

Hypotheses

Based on the extant literature, the following hypotheses were proposed: Among a dyadic sample of supervisors and supervisees:

1. Supervisors will perceive more cultural similarities between themselves and their supervisees than supervisees perceive.
2. Both supervisors and supervisees will self-report that they initiate multicultural dialogues more often than their dyad counterpart.
3. Supervisors and supervisees will most frequently report discussing visible identities such as race or gender as prominent multicultural variables in

supervision compared to less visible identities such as sexual orientation, faith, ability status, and social class.

4. Supervisors and supervisees will report more processing of cultural differences than similarities in supervision.
5. Supervisors will endorse more multicultural conversations in supervision when they rate the developmental level of supervisees as high.
6. Supervisees will endorse engaging in multicultural discussions more frequently in supervision when they rate their perceived developmental level as high.
7. For both supervisor and supervisee, there will be a positive relationship between personal multicultural competence and the supervisory working alliance.
8. There will be a positive relationship between supervisor multicultural competence and supervisees' satisfaction with supervision.
9. Among supervisees, higher levels of racial identity development will be related to higher satisfaction with supervision, higher supervisor multicultural competence, and stronger supervisory working alliances.
10. Supervisors' level of racial identity development will partially mediate the relationship between supervisors' multicultural competence and supervisees' multicultural competence.

a. Supervisors' multicultural competence will be positively related to supervisees' multicultural competence.
b. Supervisors' multicultural competence will be positively related to supervisors' level of racial identity development.
c. Supervisors' level of racial identity development will be positively related to supervisees' multicultural competence.
d. The indirect relationship between supervisors' and supervisees' multicultural competence will be significant when accounting for supervisors' level of racial identity development.

Exploratory Analysis

The researcher of this study also aimed to determine which of the following variables significantly predict supervisees' multicultural competence: supervisors' and supervisees' racial identity development, supervisees' perceived strength of the supervisory working alliance, supervisees' satisfaction with supervision, supervisees' developmental level, cultural matching/differences in the supervisory dyad, number of multicultural courses taken by the supervisee, number of multicultural workshops or trainings attended by the supervisee, and supervisors' years of supervisory and clinical experience.

CHAPTER III

METHOD

Participants

Initially, the researcher determined that 116 dyads would be needed to conduct the analyses. The sample size was determined by the parameters outlined by Fritz and MacKinnon (2007), given that the mediation analysis required the greatest number of participants for the current study. The current sample size is smaller than initially proposed, and as a result, power is limited. Participants were recruited through email listservs, online via social media forums, and a professional conference for psychologists and graduate students in any mental health related field. Participants who were currently or recently (within the last year) in a supervisory dyad for clinical supervision either as a supervisor or supervisee completed the study. If currently in supervision, participants needed to have met with their respective supervisees or supervisors at least four times to have established a supervisory working alliance.

Participants were recruited as dyadic pairs, such that both members of the supervisory dyad completed the survey. While 92 participants expressed initial interest in completing the study, 44 were ineligible due to not meeting inclusion criteria (i.e., not currently or formerly in a supervisory dyad (n = 1), had not met with their supervisory

counterpart at least four times (n = 3), or were not at least 18 years of age (n = 1) or discontinuing the survey immediately after providing consent (n = 39). Additionally, some participants discontinued the survey during the personal demographics questionnaire (n = 4), after completing the personal questionnaire but before reporting on their supervisory counterpart's demographics (n = 4), prior to reporting on frequency of initiating dialogues about various identity variables (n = 1), prior to completing the Multicultural Awareness Knowledge and Skills Survey (MAKSS; n = 1), prior to completing the Supervisory Working Alliance Inventory (SWAI; n = 1), or prior to completing the White Racial Identity Attitude Scale (WRIAS; n = 2). However, they were retained in the study due to providing at least some valuable data. Chi-square analyses revealed that only participants' nationality was associated with likelihood of completing the survey, such that U.S. citizens were significantly more likely to complete the survey than non-U.S. citizens [$X^2(1, N = 47) = 3.14, p < .05$]. For participant demographic data, see Table 1.

Table 1

Demographics Data

	Supervisors		Supervisees	
	N	%	*N*	%
Race				
White	19	79.2	10	71.4
Black	3	12.5	2	14.3
Latina	0	0.0	0	0.0
Asian/Asian American	2	8.3	0	0.0
Multiracial	0	0.0	1	7.1
Other	0	0.0	1	7.1
Nationality				

United States	22	91.7	14	100.0
Other	2	8.3	0	0.0
Gender				
Male	5	20.8	2	14.3
Female	19	79.2	11	78.6
Other	0	0.0	1	7.1
Education				
Bachelor's degree	1	4.3	1	7.1
Some graduate school	0	0.0	2	14.3
Master's degree	5	20.8	10	71.4
Doctoral degree	17	70.8	1	7.1
Income				
< $24,999	1	4.2	3	21.4
$25,000 to $49,999	1	4.2	6	42.9
$50,000 to $99,999	9	37.5	5	35.7
≥ $100,000	11	45.8	0	0.0
Ability Status				
Able-bodied	23	95.8	13	92.9
Disabled	1	4.2	0	0.0
Unsure	0	0.0	1	7.1
Number of Supervision Sessions				
4 to 8	6	25.0	2	14.3
9 to 12	1	4.2	4	28.6
> 12	17	70.8	8	57.1
Field of Practice				
Clinical	9	37.5	5	35.7
Counseling	12	50.0	9	64.3
Other	3	12.5	0	0.0
Total Sample	24		14	

Half of the sample consisted of supervisors (50%; *n* = 24), 29.2% consisted of supervisees (*n* = 14), and 20.8% did not identify which member of the supervisory relationship they were (*n* = 10), but because they provided useful data, their data were retained for the analysis. While 48 participants total completed the survey, a subset of 30 completed the survey dyadically, yielding 15 dyads. One dyad was missing complete

demographic data, leaving 14 dyads in which identity variables could be analyzed for actual similarities and differences. In terms of supervisory pairings, dyads matched or differed, respectively, across identities of race (n = 7, n = 7), nationality (n = 13, n = 1), age (n = 0, n = 14), gender (n = 9, n = 5), ability status (n = 13, n = 1), educational level (n = 4, n = 10), and annual income (n = 4, n = 9). Supervisees reported having completed between 1 and 14 semesters of practicum (M = 5.36, SD = 3.08). Supervisors reported having conducted between 0 and 30 years of clinical supervision (M = 6.16, SD = 5.85) and 0 to 29 years of practice as a licensed clinician (M = 6.17, SD = 6.04). Supervisors and supervisees reported completing between 1 and 6 multicultural courses in their graduate training programs (M = 2.14, SD = 1.42) and attending between 0 and 30 multicultural workshops or trainings in the past (M = 6.31, SD = 6.79).

Procedure

The researcher contacted training directors at university counseling centers in the US via phone and email and shared the study via email listservs and relevant social media forums to invite supervisors and their respective supervisees to participate in the study. Given the added challenges of dyadic recruitment, the investigator spoke personally over the phone or left voicemails for approximately 50 training directors at university counseling centers across the US, detailing the purpose of the study and inviting them to share the survey at their respective centers among supervisors and trainees. She also sent follow-up emails to thank prospective participants for their consideration and provide access to the survey. The investigator additionally created recruitment flyers with the

intention of distributing them at two annual professional psychology conferences; due to a global pandemic, efforts to recruit were disrupted, and flyers could only be distributed at one conference.

While the investigator initially intended to recruit psychologists and graduate students in clinical or counseling psychology, in an effort to expand participation, she changed recruitment criteria to attempt to reach a broader sample by opening up the study to those in related mental health professions; she obtained Institutional Review Board (IRB) approval for the changes to participant recruitment before proceeding. Supervisors were asked to complete the survey initially and then provide a web link to their supervisee so their data could be recorded dyadically. Once completed, supervisors were instructed to forward the survey link to one supervisee with whom they had worked most recently for at least four sessions, whether currently or within the last 12 months. At the conclusion of the survey, supervisors were issued a respondent identification number, which they provided to their selected supervisees, who in turn entered this number when they began their survey to link the data dyadically. Participants completed an online survey at PsychData.com after providing informed consent (see Appendix A) regarding eligibility criteria, potential risks of participation in the study, and confidentiality. PsychData.com is a secure website that protects participants' anonymity by assigning a number, rather than a name, to their recorded data. Participants were screened for eligibility for the study by answering the following questions: "Are you currently or have you recently (in the past 12 months) been in a dyadic supervisory relationship for the

purpose of individual clinical supervision?"; "Have you attended at least four sessions of dyadic supervision?"; and " Are you at least 18 years of age?" Responses of "yes" to all questions routed participants to the survey. Instruments were provided in the order mentioned below.

The researcher set the maximum time since participating in supervision at 12 months to prevent potential constraints of time lag and inability to recall the experience of being in supervision accurately. Individuals who completed the study had the option of entering a drawing for the chance to win one of 20 Amazon gift cards (gift cards were awarded to both members of the supervisor dyad). Participants were supplied with electronic resources in the event that they wished to seek support following completion of the study.

Measures

Demographics and Personal Information Questionnaire

Participants self-reported their race/ethnicity, nationality, gender, age, income, educational background, and ability status. Due to investigator error, sexual orientation and faith identity were omitted from the demographics form. Supervisees were also asked to report what semester of practicum they were currently completing or had most recently completed. Supervisors were asked to identify how many years of supervisory and clinical experience they had. Both supervisees and supervisors were asked to report how many multicultural courses they completed and how many multicultural workshops or trainings they attended (see Appendix B).

Supervision Questionnaire

Each member of the supervisory dyad completed an author-generated Supervision Questionnaire (see Appendix C), given that an existing measure does not exist that assesses the following variables. To assess for perceived similarities and differences, participants were asked to self-report the perceived race/ethnicity, nationality, gender, age, ability status, education level, and estimated income of their supervisory counterpart. Responses were compared to the actual demographic characteristics self-reported by the supervisory counterpart in order to determine perceived cultural similarities and differences within the supervisory dyad. The researcher coded each cultural variable in terms of perceived similarities and differences (i.e., 0 for *different* and 1 for *same*). For example, if a supervisor perceived that their supervisee identifies as White and the supervisor self-reported their racial identity as White, a score of 1 was assigned. If the supervisor reported perceiving their supervisee as White but the supervisor identified as Latinx, a score of 0 was assigned. Scores were combined, with higher scores indicating greater perceived cultural similarities within the supervisory dyad, for both supervisors (M = 3.59, SD = .96) and supervisees (M = 3.21, SD = 1.12). The investigator then coded actual similarity composite scores among supervisory dyads (M = 3.54, SD = 1.30).

To assess for the frequency of multicultural dialogues, both members of each supervisory dyad were asked to identify how frequently they discussed each cultural

variable in supervision. Using a 7-point Likert scale, with responses ranging from 1 (*Never*) to 7 (*Almost Always*), participants were asked to report how frequently they engaged in discussions about race/ethnicity (M = 4.30, SD = 1.62), nationality (M = 2.90, SD = 1.50), gender (M = 4.68, SD = 1.37), age (M = 3.43, SD = 1.24), sexual orientation (M = 3.55, SD = 1.43), faith (M = 2.90, SD = 1.15), ability status (M = 2.44, SD = 1.07), and social class (M = 3.33, SD = 1.16) with their supervisory counterpart. A standardized composite score was additionally calculated to provide an overall average of how frequently members of each dyad engaged in multicultural dialogues (M = .00, SD = .71).

Supervisors and supervisees were asked to self-report how often they perceived themselves and their supervisory counterpart initiating multicultural dialogues in the Supervision Questionnaire (see Appendix C). Utilizing a 7-point Likert scale, with responses ranging from 1 (*Not at all likely*) to 7 (*Extremely likely*), participants were asked how likely both they and their supervisory counterpart were to initiate conversations about each of the aforementioned cultural variables. Thus, composite scores were calculated for how often supervisors endorsed initiating multicultural dialogues (M = 4.93, SD = 1.02) and perceived their supervisees initiated dialogues (M = 4.61, SD = 1.02), as well as for how often supervisees endorsed initiating multicultural dialogues (M = 4.80, SD = .79) and perceived their supervisors initiated dialogues (M = 4.73, SD = .88).

Multicultural Competence

The MAKSS (D'Andrea et al., 1991; see Appendix D) was utilized to assess overall multicultural competence of supervisees and supervisors, as well as components of multicultural competence (awareness, knowledge, and skills) initially outlined by Sue and Sue (1999). The MAKSS is a 60-item self-report measure that uses a 4-point Likert scale, with options ranging from 1 (*strongly disagree/very limited*) to 4 (*strongly agree/very good*). Responses were summed, with higher overall scores indicating greater perceived levels of multicultural competence. Scores from the current sample ranged from 65 to 143 (M = 173.93, SD = 15.88), and internal reliability was strong for the current sample (α = .91). Subscale scores were determined by summing responses to the respective 20 items for each subscale and dividing by 20 to generate mean subscale scores. Internal reliability for this sample varied for the subscales of Awareness (α = .69), Knowledge (α = .74), and Skills (α = .92). Notably, the Awareness subscale had some low item-total correlations. Although internal consistency on the Awareness subscale is lower than the other two subscales, D'Andrea et al. (1991) found evidence of content validity between the Awareness subscales on the MAKSS and Multicultural Counseling Awareness Scale and noted that multicultural awareness may be more of an abstract concept to operationalize and measure compared to multicultural knowledge or skills.

Supervisory Working Alliance

The SWAI (Efstation et al., 1990; see Appendix E) was used to measure both supervisees' and supervisors' perceptions of the strength of the supervisory working

alliance. The SWAI consists of a form for supervisors with three subscales demonstrating adequate internal reliability overall in the current sample, Client Focus (α = .77), Rapport (α = .64), and Identification (α = .34). The Identification subscale demonstrated low item-total correlations and thus considerably lower internal reliability compared to the Identification subscale for the original sample on which the SWAI was normed (α = .77; Efstation et al., 1990). The trainee form consists of two subscales that demonstrated strong internal consistency in this sample: Rapport (α = .92) and Client Focus (α = .93). The SWAI supervisor form consists of 23 items, and the SWAI trainee form consists of 19 items. Each form utilizes a 7-point Likert scale to rate the frequency with which each item seems characteristic of the supervisory relationship, ranging from 1 (*almost never*) to 7 (*almost always*). Scores on the SWAI-Supervisor form ranged from 111 to 155 (M = 128.27, SD = 10.34), and scores on the SWAI-Trainee form ranged from 88 to 133 (M = 120.69, SD = 13.14). Higher subscale and overall scores were indicative of more effective supervisory alliances. Both the SWAI-Supervisor form and the SWAI-Trainee form demonstrated high internal consistency in the current sample (α = .77 and .96, respectively). The SWAI demonstrates evidence of convergent and divergent validity with scales from the Supervisory Styles Inventory (Friedlander & Ward, 1984). Additionally, predictive validity was found between subscale scores from the SWAI trainee form and scores on the Self-Efficacy Inventory (Friedlander & Snyder, 1983).

Supervisee Satisfaction

The Supervisory Satisfaction Questionnaire (SSQ; Ladany et al., 1996; see Appendix F) was used to measure supervisees' level of satisfaction with supervision. Bernard and Goodyear (2014) list the SSQ in their supervisor toolbox as a recommended measure to assess outcomes of the supervisory relationship. It was developed by adapting the Client Satisfaction Questionnaire (Larsen et al., 1979), altering the terms *counseling* and *services* to *supervision*. The SSQ is an 8-item assessment that utilizes a 4-point Likert scale, with two items that are reverse scored. Possible scores range from 8 to 32, with higher scores indicating increased supervisee satisfaction with supervision. Scores from the current study ranged from 22 to 32 (M = 30.00, SD = 3.41). Ladany et al. (1996) reported high internal consistency for the SSQ (α = .96), and strong internal consistency was also found in the current sample (α = .94).

Developmental Level

The Supervisee Levels Questionnaire—Revised (SLQ—R; McNeill et al., 1992; see Appendix G) was utilized to measure supervisees' developmental level. The SLQ—R is a 30-item assessment that uses a 7-point Likert scale, with responses ranging from 1 (*Never*) to 7 (*Always*). Internal reliability was demonstrated in this sample for the subscales of Self and Other Awareness, Motivation, and Dependency—Autonomy, as well as for the overall scale (α = .82, .73, .51, and .87, respectively). Though internal reliability was low for the Dependency—Autonomy subscale in the current sample, this subscale also had the lowest internal reliability among the subscales in the SLQ—R

norming sample (α = .64; McNeill et al., 1992), while the reliability of the overall scale in the current sample was nearly identical to that of the normed sample (α = .88; McNeill et al., 1992). Possible scores range from 30 to 210, with higher scores reflecting higher levels of development as proposed by the model put forth by Stoltenberg and Delworth (1987). In the current sample, scores ranged from 114 to 174 (M = 154.50, SD = 14.70). Total scores served as a marker of level of development—at Level 1 (score range of 30 to 75), Level 2 (76 to 120), Level 3 (121-165), or Level 3i (Integrated; 166-210)—as outlined by the integrated developmental model (Stoltenberg & McNeil, 2010).

Racial Identity Development

The WRIAS (Helms, 2002a, 2002b; Helms & Carter, 1990a; see Appendix H) and the People of Color Racial Identity Attitude Scale (PRIAS; Helms, 1995a, 1995b; Helms & Carter, 1990b; see Appendix I) were used to assess the racial identity development levels of both supervisors and supervisees. Participants who self-identified as White completed the WRIAS, a 50-item measure that assesses five of the six White racial identity attitude statuses: Contact (i.e., "I would rather socialize with Whites only"), Disintegration ("I am becoming aware of the strengths and limitations of my White culture"), Reintegration ("I believe that I receive special privileges because I am White"), Pseudo-Independence ("I feel as comfortable around Blacks as I do around Whites"), and Autonomy ("I am making a special effort to understand the significance of being White"). The researcher modified the WRIAS by replacing the term Blacks with people of color to measure attitudes towards members of all racial identities and reflect

preferred terminology in the field. The researcher also used the term White people instead of Whites on the WRIAS and PRIAS. On the PRIAS, the researcher replaced the term minority/ies with people of color to reflect oppression experienced due to race specifically.

In the current sample, internal reliability was mixed for the subscales: Contact (α = .75), Disintegration (α = .50; low item-total correlations), Reintegration (α = .78), Pseudo-Independence (α = .67), and Autonomy (α = .71). Notably, Helms and Carter (1990a) reported a range of reliabilities for the five subscales as follows based on three independent samples of college students: Contact (α = .55 to .67), Disintegration (α = .75 to .77), Reintegration (α = .75 to .82), Pseudo-Independence (α = .65 to .77), and Autonomy (α = .65 to .74). Although some of the subscales demonstrate low reliability, the authors argued that alphas above .54 exceed median reliabilities for personality instruments (Helms & Carter, 1990a). Lemon and Waehler (1996) found evidence for reliability at one-month follow-up, revealing test-retest coefficients of .64, .80, .86, .69, and .74 for the Contact, Disintegration, Reintegration, Pseudo-Independence, and Autonomy subscales, respectively. While some of the subscales have high intercorrelations, such as Pseudo-Independence and Autonomy (r = .63) and Disintegration and Reintegration (r = .72), Helms (1995b) stated the correlations do not suggest redundancy but rather reflect the non-linear path through which individuals likely navigate the statuses within the model. The WRIAS utilizes a 5-point Likert scale with responses ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Scores on the first

three statuses (Contact, Disintegration, and Reintegration) were combined to form Phase I WRIAS scores, while scores on the latter two statuses (Pseudo-Independence, and Autonomy) were combined to form Phase II WRIAS scores.

In the current sample, Phase 1 WRIAS scores ranged from 48 to 108 (M = 62.35, SD = 11.80) and Phase 2 WRIAS scores ranged from 53 to 95 (M = 75.60, SD = 7.78) Given that 3 subscales comprised Phase I scores while 2 subscales comprised Phase II scores, composite scores for each phase were divided by the number of respective subscales for comparison. Participants of color completed the PRIAS, a 50-item measure which assesses four racial identity statuses: Conformity (i.e., "I'm not sure how I feel about myself"), Dissonance ("I feel anxious about some of the things I feel about people of my race"), Immersion/Emersion ("I reject all White values"), and Internalization ("I am comfortable being the race I am"). Internal reliabilities for the current sample were moderate to acceptable: Conformity (α = .65), Dissonance (α = .77), Immersion/Emersion (α = .75), and Internalization (α = .70). Helms and Carter (1990b) found reliability alphas ranging from .74 to .82 and construct validity ranging from .72 to .82 for the subscales. The PRIAS utilizes a 5-point Likert scale with responses ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Scores on the first two statuses (Conformity and Dissonance) were combined to form Phase I PRIAS scores, while scores on the latter two statuses (Immersion/Emersion and Internalization) were combined to form Phase II scores. For the current sample, scores on the PRIAS in Phase I ranged from 36 to 57, (M = 47.00, SD = 7.95) and scores for Phase II ranged from 84 to 107 (M =

95.71, *SD* = 9.09). For descriptive statistics and correlations between the measures in this study, see Table 2.

Table 2

Descriptive Statistics and Correlations

	M (SD)	1	2	3	4	5	6	7	8	9
1. MAKSS	173.93 (15.88)	-								
2. SWAI-T	120.69 (13.14)	.34	-							
3. SWAI-S	128.27 (10.34)	.16	[c]	-						
4. SSQ	30.00 (3.41)	.14	.85**	[c]	-					
5. SLQ-R	154.50 (14.70)	-.38[~]	-.27	-.19	-.25	-				
6. WRIAS I	62.35 (11.80)	.40	.53	-.48	.39	-.11	-			
7. WRIAS II	75.60 (7.78)	.68**	-.41	.23	-.44	-.17	.43*	-		
8. PRIAS I	47.00 (7.95)	-.65	.99	-.75	.37	.37	[c]	[c]	-	
9. PRIAS II	95.71 (9.09)	.86*	[c]	.23	-.67	-.67	[c]	[c]	-.78[~]	-

Note. MAKSS = Multicultural Awareness Knowledge and Skills Survey; SWAI-T = Supervisory Working Alliance—Trainee Form; SWAI-S = Supervisory Working Alliance Inventory—Supervisor Form; SSQ = Supervisory Satisfaction Questionnaire; SLQ-R = Supervisee Levels Questionnaire—Revised; WRIAS I = White Racial Identity Attitude Scale Phase I; WRIAS II = White Racial Identity Attitude Scale Phase II; PRIAS I = Person of Color Racial Identity Attitude Scale Phase I; PRIAS II = Person of Color Racial Identity Attitude Scale Phase II; * $p < .05$; ** $p < .01$; [~] = approaching significance; [c] = cannot be computed because at least one of the variables is constant

CHAPTER IV

RESULTS

Given the low sample size of the current study, the following results should be interpreted with caution. While several effects were non-significant, low power in the current sample likely played a role in the study's results. The investigator cited effect sizes for all analyses as an additional way to add meaning to the findings, though they were largely non-significant.

T-test Analyses Findings

Hypotheses 1 and 2 were tested using independent groups *t*-tests. For each of the following *t*-test analyses, the researcher examined if assumptions of normality, independent observations, and absence of outliers were met. Hypothesis 1 predicted that supervisors would perceive more cultural similarities between themselves and their supervisees than supervisees perceived. Independent groups *t*-tests were conducted to determine whether composite scores for perceived similarities for each member of the dyad significantly differed. The researcher anticipated that there would be a significant difference in composite scores of perceived similarities between supervisors and supervisees, such that supervisors self-reported more perceived similarities than supervisees did. However, there was not a significant difference between mean perceived

cultural similarity composite scores among supervisors (M = 3.59, SD = .96) and supervisees (M = 3.21, SD = 1.12, $t(34) = 1.08$, p = .29, d = 0.37). Group membership accounted for 3% of the variance in the mean perceived cultural similarity composite scores (eta^2 = .03).

Hypothesis 2 predicted that both supervisors and supervisees would self-report that they initiated multicultural dialogues more often than their dyadic counterpart. Independent-samples *t*-tests were conducted to determine if there were significant mean differences between the frequencies with which supervisors and supervisees endorsed initiating multicultural dialogues in supervision. Support was not found for Hypothesis 2; there was no significant difference between the frequencies with which supervisors and supervisees self-reported initiating multicultural dialogues in supervision, ($t(35) = .45$, p = .66, d = 0.13). Group membership accounted for 1% of the variance in the frequency with which multicultural dialogues were initiated (eta^2 = .01).

ANOVA Analysis Findings

Hypothesis 3 was tested using an ANOVA analysis. Hypothesis 3 predicted that supervisors and supervisees would most frequently report discussing visible identities as prominent multicultural variables in supervision compared to less visible identities. A repeated measures analysis of variance (ANOVA) was conducted to determine if there were significant differences between standardized mean frequencies with which discussions were held about each cultural variable in supervision. The researcher also confirmed assumptions of normality and sphericity were met. The researcher anticipated that visible identities (i.e., race and gender) would be discussed more frequently than

invisible or less visible identities (i.e., sexual orientation, faith, ability status, and social class). Hypothesis 3 was not supported. A one-way repeated ANOVA indicated there was not a significant difference between standardized frequencies of discussions across identity variables for race (M = .04, SD = 1.00), nationality (M = -.02, SD = 1.01), gender (M = .01, SD = 1.02), age (M = -.05, SD = 1.00), sexual orientation (M = .00, SD = 1.02), faith (M = .00, SD = 1.03), ability status (M = -.01, SD = 1.01), and social class (M = .01, SD = 1.02), (Wilks' lambda = .99, $F(7, 31) = .05$, p = 1.00). Since the ANOVA model was not significant, a Tukey post-hoc analysis was not conducted to determine which groups differed significantly from one another in terms of frequency of discussion in supervision. An exploratory paired-samples t-test revealed there was not a significant difference between mean composite scores of reported discussions about visible (i.e., race or gender) and less visible (i.e., nationality, age, sexual orientation, faith, ability status, and social class) identities in supervision ($t(37) = .34$, p = .74, d = 0.05).

Correlational Analyses Findings

For Hypotheses 4 through 9, the researcher utilized correlational analyses and confirmed that assumptions of normality, absence of outliers, linearity, and homoscedasticity were met. Hypothesis 4 predicted that supervisors and supervisees would report more processing of cultural differences than similarities in supervision. Pearson correlation coefficients were calculated between composite scores for actual similarities and composite scores for the overall average frequency with which multicultural variables were discussed in supervision. The researcher anticipated that there would be a negative relationship between actual similarity composite scores and

average frequency of multicultural dialogues scores, such that the presence of more actual cultural differences in the supervisory dyad (and thus a lower composite score) was associated with an increased overall frequency of engagement in multicultural dialogues. While a negative relationship was found between composite scores for actual similarities and composite scores for the overall average frequency with which multicultural variables were discussed in supervision, the relationship was not significant, ($r(24) = -.30$, $p = .15$). Actual similarities accounted for 9% of the variance in mean frequency with which multicultural dialogues were held ($R^2 = .09$).

Hypothesis 5 predicted that supervisors would endorse more multicultural conversations in supervision when they rated the developmental level of supervisees as high. Pearson correlation coefficients were conducted to determine the relationship between overall mean frequencies of engagement in multicultural dialogues and developmental level of the supervisee as reported by the supervisor. The researcher anticipated there would be a positive relationship between supervisors' self-reported frequency of engagement of multicultural dialogues and perceived developmental level of the supervisee. Hypothesis 5 was not supported. Though there was a positive relationship between supervisors' self-reported frequency of engagement of multicultural dialogues and perceived developmental level of the supervisee, the relationship was non-significant, ($r(19) = .04$, $p = .86$). Perceived developmental level of the supervisee accounted for .16% of the variance in mean frequency with which multicultural dialogues were held ($R^2 = .0016$).

Hypothesis 6 predicted that supervisees would endorse engaging in multicultural discussions more frequently in supervision when they rated their perceived developmental level as high. Pearson correlation coefficients were conducted to determine the relationship between mean frequencies of overall engagement in multicultural dialogues and developmental level of the supervisee as reported by the supervisee. The researcher anticipated there would be a positive relationship between supervisees' self-reported frequency of engagement of multicultural dialogues and self-reported developmental level. This prediction was not supported by the data. There was a negative, non-significant relationship between supervisees' self-reported perceived developmental level and frequency of engagement in multicultural dialogues, ($r(11) = -.40$, $p = .17$). Supervisees' perceived developmental level accounted for 16% of the variance in frequency of engagement in multicultural dialogues ($R^2 = .16$), with lower developmental levels being associated with increased engagement in multicultural dialogues.

Hypothesis 7 predicted that, for both supervisor and supervisee, there would be a positive relationship between personal multicultural competence and the supervisory working alliance. A Pearson correlation coefficient was conducted to determine the relationship between self-reported multicultural competence and perceived strength of the supervisory alliance for each member of the supervisory dyad. A positive but non-significant relationship was found between self-reported multicultural competence and strength of the supervisory working alliance for both supervisors, ($r(20) = .16$, $p = .52$), and supervisees, ($r(11) = .34$, $p = .34$). Perceived multicultural competence accounted for

3% and 12% of the variance in perceived strength of the supervisory working alliance for supervisors (R^2 = .03) and supervisees (R^2 = .12), respectively.

Hypothesis 8 predicted there would be a positive relationship between supervisor multicultural competence and supervisees' satisfaction with supervision. A Pearson correlation coefficient was computed to determine the relationship between supervisors' self-reported multicultural competence and supervisees' self-reported satisfaction with supervision. Contrary to Hypothesis 8, a significant positive relationship was not found between supervisor multicultural competence and supervisees' satisfaction with supervision, (r(10) = .04, p = .90). Supervisors' multicultural competence accounted for .16% of the variance in supervisees' perceived strength of the supervisory working alliance (R^2 = .0016).

Hypothesis 9 predicted that, among supervisees, higher levels of racial identity development would be related to greater satisfaction with supervision, higher supervisor multicultural competence, and stronger supervisory working alliances. Pearson correlation coefficients were conducted to determine the relationships between racial identity development scores and supervisee satisfaction, multicultural competence, and perceived strength of the supervisory working alliance. Support was not found for Hypothesis 9. Higher levels of supervisee racial identity development on the WRIAS were associated with higher supervisor multicultural competence, (r(7) = .58, p = .13, R^2 = .34), but the relationship was not significant (correlations could not be calculated between PRIAS Phase 2 scores and other variables due to a low number of participants [n = 2]). Of note, lower racial identity development was also associated with higher

supervisor multicultural competence on the WRIAS, ($r(7) = .57$, $p = .14$), and PRIAS ($r(1) = .91$, $p = .27$), albeit non-significantly. Contrary to Hypothesis 9, higher levels of racial identity development on the WRIAS were negatively associated with satisfaction with supervision, ($r(7) = -.44$, $p = .28$) and strength of the supervisory working alliance, ($r(7) = -.41$, $p = .32$). Additionally contrary to this hypothesis, lower racial identity development scores were positively associated with satisfaction with supervision (WRIAS: $r(7) = .39$, $p = .34$; PRIAS: $r(1) = 1.00$, $p < .01$) and strength of the supervisory working alliance (WRIAS: $r(7) = .53$, $p = .14$; PRIAS: $r(1) = .99$, $p = .11$). As indicated by the low degrees of freedom across findings for this hypothesis, results should be interpreted with caution.

Mediation Analysis Findings

To test Hypothesis 10, that supervisors' level of racial identity development would partially mediate the relationship between supervisors' multicultural competence and supervisees' multicultural competence, Baron and Kenny's (1986) procedure with bootstrapping was utilized. The researcher conducted three linear regression analyses to analyze the mediating effect of supervisors' level of racial identity development on the relationship between supervisors' multicultural competence and supervisees' multicultural competence. Supervisors' level of racial identity development was measured using Phase II scores from the White Racial Identity Attitude Scale (Helms, 2002a, 2002b; Helms & Carter, 1990a), given the low number of participants who completed the People of Color Racial Identity Attitude Scale ($n = 2$; Helms, 1995a, 1995b; Helms & Carter, 1990b). Supervisees' and supervisors' level of multicultural

competence were both measured using overall scores from the Multicultural Awareness, Knowledge, and Skills Survey (D'Andrea et al., 1991). The researcher confirmed assumptions of linearity, normality, collinearity, and homoscedasticity were met for each sub-hypothesis.

Hypothesis 10a predicted that supervisors' multicultural competence would relate positively to supervisees' multicultural competence (see Figure 1, path c). An initial regression analysis was conducted to assess the relationship between supervisors' and supervisees' multicultural competence. The initial step for identifying partial mediation was not met; supervisors' multicultural competence did not significantly predict the outcome variable, supervisees' multicultural competence, $\beta = .11$, $t = .15$, $p = .89$. Supervisors' multicultural competence accounted for 8% of the variance in supervisees' multicultural competence, $R^2 = .08$.

Hypothesis 10b predicted that supervisors' multicultural competence would be positively related to supervisors' level of racial identity development (see Figure 1, path a). The second regression analysis was conducted to determine the relationship between supervisors' multicultural competence and level of racial identity development. The second condition for mediation was not satisfied but trended towards significance; supervisors' multicultural competence positively predicted the mediating variable, supervisors' racial identity development, $\beta = .74$, $t = 2.45$, $p = .06$. Supervisors' multicultural competence accounted for 54% of the variance in supervisors' racial identity development, $R^2 = .54$.

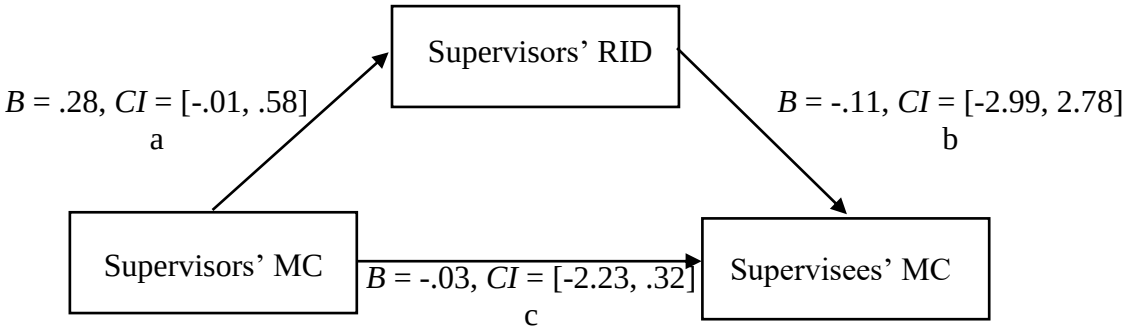
Hypothesis 10c predicted that supervisors' level of racial identity development would be positively related to supervisees' multicultural competence (see Figure 1, path b). A regression model was conducted to determine if supervisors' racial identity development predicted supervisees' multicultural competence. This condition for partial mediation was not satisfied; supervisors' racial identity development did not significantly predict supervisees' multicultural competence, β = -.08, t = -.10, p = .92, R^2 = .01.

Finally, Hypothesis 10d predicted that the relationship between supervisors' and supervisees' multicultural competence would be significant when accounting for supervisors' level of racial identity development (see Figure 1, path c). A linear regression was conducted to test for partial mediation and the researcher constructed 95% confidence intervals around the mediated effect. The researcher anticipated that supervisors' level of racial identity development would partially mediate the relationship between supervisors' and supervisees' multicultural competence. As outlined by Baron and Kenny (1986), the indirect path between the initial variable of interest (supervisors' multicultural competence) and outcome variable (supervisees' multicultural competence) should be significant when accounting for the presence of the mediating variable (supervisors' level of racial identity development). Hayes' (2009) bootstrapping procedure was conducted to determine if the indirect (mediated) path was statistically significant. Bootstrapping revealed that supervisors' level of racial identity development did not have a significant mediating effect on the relationship between supervisors' multicultural competence and supervisees' multicultural competence, B = -.03, 95% CI = [-2.23, .32]. Supervisors' multicultural competence did not significantly predict

supervisees' multicultural competence, and thus when supervisors' level of racial identity development was included in the model, a reduction of the significance of the direct effect was not found.

Figure 1

Mediation model



Note. MC = Multicultural competence; RID = Racial identity development

Exploratory Analysis Findings

For the exploratory analysis, a multiple regression analysis was conducted to determine what factors significantly predicted supervisees' multicultural competence. The researcher checked to ensure that assumptions of linearity, normality, multicollinearity, and homoscedasticity were met. Factors that were entered into the model included: supervisors' and supervisees' racial identity development, supervisees' perceived strength of the supervisory working alliance, supervisees' satisfaction with supervision, supervisees' developmental level, cultural matching/differences in the supervisory dyad, number of multicultural courses taken by the supervisee, number of multicultural workshops or trainings attended by the supervisee, and supervisors' years of supervisory and clinical experience. Due to incomplete data across variables in the

model, the regression model could not be computed. Listwise deletion yielded too small of a sample size (n = 4) and pairwise deletion produced an invalid correlation matrix with nonpositive definiteness. Therefore, an interpretation will not be provided in the discussion section.

CHAPTER V

DISCUSSION

Summary of Major Findings

Given the low sample size, the current study's results should be interpreted with caution. While most of the results were non-significant, several findings provided moderate effect sizes and thus further studies seem warranted to test for replication with a larger sample. Additionally, a number of the results supported or contrasted the anticipated effects posed in the investigator's hypotheses, which may have implications for the literature as most available studies to date have focused solely on the perspectives of the supervisor or the supervisee (APA, 2015a; Duan & Roehlke, 2001; Toporek et al., 2004).

The analyses of dyadic pairs revealed no significant differences between supervisors and supervisees in perceptions of cultural similarities and differences or initiation of multicultural dialogues. This indicated a lack of support within the surveyed supervisory pairs that supervisors perceived more cultural similarities than their supervisees perceived. Though the mean differences were not significant, supervisors' perceived similarity scores were slightly higher than supervisees', and a larger dyadic sample could delineate whether such an effect truly exists. In addition, the findings did

not provide support for hypotheses in the current study that multicultural dialogues are more often initiated by one member of the dyad nor that particular cultural variables are more frequently discussed than others.

Several analyses revealed support for the direction of the investigator's hypotheses but were non-significant. As expected, a negative relationship was found between composite scores for actual cultural differences in the supervisory relationship (as indicated by a lower composite score) and frequency with which multicultural dialogues occurred in supervision. Additionally, a positive relationship was found between supervisors' self-reported engagement in multicultural dialogues and supervisors' perceptions of their supervisee's developmental level. While these results should be interpreted with caution given their non-significance and low effect sizes, effect sizes were notable for some non-significant findings. For instance, supervisees' self-perceived developmental level accounted for 16% of the variance in supervisees' frequency of engagement in multicultural dialogues, with lower developmental levels associated with increased engagement in multicultural dialogues. Further, a positive but non-significant relationship was found between self-reported multicultural competence and strength of the supervisory working alliance for both supervisors and supervisees, but the effect size for the relationship between variables was considerably stronger for supervisees than for supervisors in the current sample (12% versus 3%). This finding suggests that supervisees' self-reported multicultural competence may have a stronger positive association with perceived strength of the supervisory working alliance than supervisors' self-reported multicultural competence has upon perceptions of the

supervisory working alliance. Finally, a moderate effect size (34%) was found for the positive but non-significant relationship between supervisees' racial identity development and supervisors' multicultural competence. While temporal precedence cannot be inferred from a correlation, this effect size signifies that the higher the supervisor's self-reported multicultural competence level, the higher the supervisee's level of racial identity development. It could be the case that supervisors with higher multicultural competence facilitate increased development of supervisees' racial identity development, or vice versa. However, there may also be additional factors influencing these variables separately, such as attendance of outside courses or trainings related to racial identity or multicultural competence development. Given the low power in the current sample, it is important not to overstate the potential clinical significance of the aforementioned effect sizes; rather, the researcher recommends future studies be conducted to augment the relevance of these findings.

Integration with Existing Literature

Given that researchers have reported that supervisors are more likely to bridge conversations about multiculturalism when they perceive cultural differences in the supervisory dyad (Duch, 2017; Kissil et al., 2015; Nelson et al., 2006; Toporek et al., 2004; Woo et al., 2015), the lack of support for a significant negative relationship between actual similarity composite scores (with higher scores indicating more similarities) and engagement in multicultural dialogues in the current sample was somewhat surprising. The researcher did not find support for the direction of the anticipated relationship, such that lower composite scores (and thus more actual

differences) were associated with increased engagement in multicultural dialogues. Additionally, an effect size of 9% existed for the relationship between these variables, despite its non-significance. One possible explanation for a non-significant effect is that participants responded in a socially desirable way, such that they may have self-reported engaging in multiculturally dialogues equally across most variables and thus non-significant differences emerged. Larson and Bradshaw (2017) conducted a meta-analysis and concluded that self-reported multicultural competence is positively related to social desirability bias. Including additional dyads could help provide more power for such an analysis to determine whether a true significant relationship exists between these variables.

That there were no significant differences found in the current sample regarding frequency with which supervisors and supervisees initiate multicultural dialogues is inconsistent with the literature, which largely supports that supervisees self-report initiating multicultural dialogues more often in supervision (Green & Dekkers, 2010; Inman, 2006; Nelson et al., 2006; Tummala-Narra, 2004). This finding was non-significant, which could indicate that a true difference in average frequency of initiating multicultural dialogues exists but the low sample size in the current study did not provide enough power to yield a significant result or that a difference does not exist and that supervisors and supervisees initiate multicultural dialogues equally as often as their counterparts. Additional studies are warranted to provide further support for these possibilities.

There was also a lack of support for significant differences in the frequencies with which different cultural variables were discussed in supervision, which contrasts with existing literature findings that race and gender—and typically more visible identities, in general—are discussed more frequently in supervision (Soheilian et al., 2014), resulting in fewer dialogues about less visible identities such as sexual orientation, faith or non-faith identity, and ability status (Estrada et al., 2004; Lappin & Hardy, 1997; Mori et al., 2009; Ober et al., 2009; O'Byrne & Rosenberg, 1998; Reimers & Stabb, 2015; Tohidian & Quek, 2017). Since much of the literature to date has focused more on multicultural dialogues related to race and ethnicity in supervision (Estrada et al., 2004; Soheilian et al., 2014; Toporek et al., 2004), additional studies that assess for dialogues related to a greater range of cultural identity variables could help determine whether differences do exist in the frequency with which certain multicultural variables are discussed in clinical supervision.

One set of contrasting findings in the current study was that supervisors reported engaging in more multicultural dialogues when they perceived the developmental level of the supervisee was high, while supervisees reported increased engagement in multicultural dialogues when their self-reported perceived developmental level was low. Both analyses yielded non-significant results, but perceived developmental level accounted for .16% and 16% of the variance in engagement in multicultural dialogues for supervisors and supervisees, respectively, signifying that supervisees' own perceived developmental level may have a greater impact on engagement in multicultural dialogues in supervision than supervisors' perception of their supervisees' developmental level.

This finding is somewhat inconsistent with the literature. Bernard and Goodyear (2014) highlighted that supervisors are more likely to take on a teaching role in the beginning stages of supervisee development, which may foster more intentional dialogues about multiculturalism, while supervisors who perceive their supervisees as more advanced may assume that they are more knowledgeable regarding multiculturalism with clients and thus refrain from discussing cultural variables as routinely in supervision.

The effect sizes found in this study suggest that supervisees' perceptions of their own developmental level may play a larger role in determining their frequency of engagement in multicultural dialogues in supervision than supervisors' perceptions about supervisees' developmental level. Since lower self-reported developmental levels among supervisees were associated with increased engagement in multicultural dialogues, it may be the case that supervisees take advantage of the teaching role often adopted by supervisors at earlier stages of trainee development (Bernard & Goodyear, 2014) by requesting dialogues to enhance their multicultural competence. Further, more advanced clinical trainees are often assumed to have higher multicultural competence and thus increased engagement in multicultural dialogues, while in actuality supervisees across training levels vary in terms of their development and multicultural competence (Arczynski & Morrow, 2017).

Implications for Theory

Feminist theory highlights the impact that differential dynamics of power have on multicultural conversations in supervision (Borders, 2014; Fu, 2015; Gutierrez, 2018; Kissil et al., 2015; Nelson et al., 2006). Historically, trainees holding intersecting

oppressed identities have noted the harm associated with supervisors' silence around multicultural issues, given the evaluative power they hold in addition to power related to compounding areas of privilege (Nelson et al., 2006). Several findings in the current study, while non-significant, yielded effect sizes that signify the possibility of a true effect between variables which were not anticipated. For instance, higher levels of racial identity development among supervisees were associated with lower satisfaction with supervision and reduced strength of the supervisory alliance. One possibility is that supervisees at more advanced stages of racial identity development may experience dissatisfaction and reduced working alliances in supervision if they are in a regressive supervisory relationship, whereby supervisors exhibit comparably less multicultural competence than their supervisees (Bhat & Davis, 2007). Additionally, given that the sample was largely homogeneous, consisting primarily of White, able-bodied women, participants may have been disinclined to discuss their shared cultural identities, consistent with extant research (Duch, 2017; Kissil et al., 2015; Nelson et al., 2006; Toporek et al., 2004; Woo et al., 2015) and that silence around cultural variables in supervision can negatively affect the supervisory alliance (Nelson et al., 2006).

Researchers have posited that for productive dialogues about power and multiculturalism to occur in supervision, it is crucial for supervisors to create safe and supportive environments in which such discussions can take place (Arczynski & Morrow, 2017; Borders, 2014; Fu, 2015). The findings of the current study indicate a need for researchers to continue exploring the relationship between supervisees' levels of racial identity development and overall experiences in supervision to explicate better how

intersecting dynamics of power may foster or prevent the ongoing development of multicultural competence among supervisees.

Bell's critical race theory (1995) paved the way for White hegemonic discourses within academic curriculum to be challenged and reformed. The theory empowers both marginalized voices to be heard and members of privileged groups to challenge their own biases and self-reflect upon unearned systemic privilege (Haskins & Singh, 2015). Given that no significant differences emerged between supervisors' and supervisees' initiation of multicultural dialogues in the current sample, critical race theory lends support for the continued development of supervisory and multicultural competence among supervisors, who inherently wield more power given their role within the supervisory dyad and might thus engage in ongoing reflection about the ways they can attend to this power meaningfully by initiating dialogues about multiculturalism with supervisees.

At the same time in the current study, both higher and lower levels of supervisee racial identity development were associated with higher supervisor multicultural competence. The pressure for social desirability may have influenced supervisors' self-reported multicultural competence, as they have an ethical responsibility to demonstrate competence in domains of both multicultural and training competencies, which may have resulted in such an effect. Contrary to the hypotheses that supervisors' multicultural competence and level of racial identity development would positively predict supervisees' multicultural competence, non-significant relationships were found in the current sample. Further, supervisors' multicultural competence accounted for only 8% of the variance in supervisees' multicultural competence, while supervisors' racial identity

development accounted for merely 1% the variance in supervisees' multicultural competence. This is in stark contrast to the finding that supervisors' multicultural competence accounted for 54% of the variance in their own racial identity development. Intuitively, one's perception of their own multicultural competence would correlate positively with their perceived level of racial identity development, and it could be the case that supervisory dyads in this sample represented a range of progressive and regressive pairings. However, this finding could also be the result of supervisors overestimating their multicultural competence or level of racial identity development in order to be perceived in socially desirable ways. While the small sample size and low power in the current study likely impacted the results, the magnitude of difference in the effect sizes may indicate that supervisors' and supervisees' levels of multicultural competence are less related than previously thought (Borders, 2014; Tohidian & Quek, 2017; Vereen et al., 2008), but additional research is warranted to make a stronger claim.

Implications for Practice

Higher levels of racial identity development among supervisees were negatively associated with satisfaction with supervision and strength of the supervisory working alliance, contrary to findings of previous literature that a positive relationship exists between these variables (Ancis & Marshall, 2010; Borders, 2014; Crockett & Hays, 2015; Gatmon et al., 2001; Inman, 2006). Alternatively, lower racial identity development scores among supervisees were positively associated with satisfaction with supervision and strength of the supervisory working alliance. Although both findings were non-significant, resulting effect sizes between approximately 15 and 20% could

signify accurate existing relationships between these variables in a larger sample. Potentially, supervisees with higher levels of racial identity development may feel wary of the quality of supervision received if it is the case that they were in previous or current negative supervisory relationships in which they had more formal multicultural training than their supervisor, a trend occasionally noted in the literature (APA, 2015a; Hird et al., 2001; Ladany, 2014).

While qualitative studies might help delineate this possibility further, there is also research support for the notion that exploring cultural intersections and previous experiences in supervision with trainees can help build rapport, transparency, and satisfaction in the supervisory relationship (Falicov, 2014; Gatmon et al., 2001). Thus, one implication for practice in supervision is for supervisors to be intentional about assessing for supervisees' level of racial identity development, multicultural competence, and previous experiences in supervision. Further, supervisors ought to engage in ongoing self-reflection regarding their own racial identity development, multicultural competence, and clinical and supervisory competencies and model reflective practice in their work with supervisees, allowing for mutual growth and increased self-efficacy among supervisees (Curtis, Elkins, Duran, & Venta, 2016). Reflective practices such as these are consistent with the *Multicultural Guidelines* (APA, 2017) and the *Guidelines for Clinical Supervision in Health Service Psychology* (APA, 2015a), as supervisors hold an ethical obligation to provide culturally competent care to all members within the supervisory triad.

Implications/Future Directions for Research

Given there was not support for a significant positive relationship between supervisors' multicultural competence and supervisees' satisfaction with supervision, and the effect size for this finding was low, future researchers might focus on what other variables account for supervisees' satisfaction with supervision besides supervisor multicultural competence. For instance, given the support in the literature that taking a stance of cultural humility and working through difficult dialogues as they arise are often associated with stronger supervisory working alliances and higher satisfaction with supervision (Ancis & Marshall, 2010; Burkard et al., 2006; Dressel et al., 2007; Falender et al., 2014; Gatmon et al., 2001; Hook et al., 2016; Owen, 2013; Porter & Vasquez, 1997; Schen & Greenlee, 2018), a measure that assesses supervisors' cultural humility—in addition to multicultural competence—might serve as a greater indicator for supervisees' satisfaction with supervision.

While evidence abounds in the literature that a strong supervisory alliance is often associated with myriad positive outcomes in supervision (Bernard & Goodyear, 2014; Borders, 2014; Falender et al., 2014; Ivers et al., 2017; Ladany et al., 2013; Pearce et al., 2013), Watkins Jr. (2017) posited that breaking down factors within the supervisory alliance that contribute to supervisee change is warranted (i.e., connection, shared expectations, collaborative action-taking, and allegiance). In their summarization of the contextual supervision relationship model, Watkins Jr. et al. (2015) noted that aspects of positive supervisee change may include reduced negative feelings (i.e., shame and self-doubt), increased identity development, and growth across therapeutic skills and

competencies. Thus, researchers might measure the building blocks of the supervisory alliance, qualitatively or quantitatively, and how these relate to trainee change—specifically as they relate to development of multicultural competence. Further, Calvert et al. (2017) investigated both supervisors' and supervisees' perceptions of effective supervisory interventions (i.e., Socratic questioning, interpersonal process recall, supervisor modeling) that promoted reflective practice, a construct associated with increased multicultural competence (Curtis et al., 2016). Surveying these perceptions of useful supervisory interventions across supervisory dyads may introduce additional information about what factors most meaningfully predict increased reflective practice and development of multicultural competence.

Investigators might also examine how multicultural processes in supervision translate to therapeutic processes between trainees and clients. Existing literature highlights the dearth of research available regarding the impact of clinical supervision on client outcomes (Grossl, Reese, Norsworthy, & Hopkins, 2014; Watkins Jr., 2017; Wrape et al., 2014). Indeed, one criticism researchers have posed in the supervisory literature is the overreliance upon self-report data, particularly from the perspective of the supervisee (Watkins Jr., 2017). The incorporation of clients' feedback regarding their experiences of multicultural discussions in therapy could provide additive information about the successful integration of multicultural conversations within the supervisory triad. Additionally, many training programs provide alternative forms of supervision, such as triadic or group supervision, as substitutes or additional forms of training. Lonn and Juhnke (2017) posited that such forms of supervision foster potential benefits and

drawbacks to supervisees, such as aided versus impeded disclosure, in supervision among peers. Future research could elucidate if discussions related to multiculturalism in dyadic, triadic, or group supervision translate to therapeutic discussions in meaningfully different ways.

Implications for Training

Self-reported multicultural competence may play more of a role in determining the strength of the supervisory working alliance for supervisees compared to supervisors. Previous researchers have highlighted evidence of a positive relationship between supervisors' multicultural competence and supervisees' perceived strength of the supervisory working alliance (Walker et al., 2007). Though this effect was non-significant in the current sample, a considerably higher effect size for the relationship for supervisees when compared to the association found among supervisors may signify the importance of training programs continuing to deepen trainees' multicultural competence and cultural sensitivity, which may have direct implications for their perceived strength of the supervisory working alliance. Although the effect size was lower among supervisors, increased engagement in continuing education related to multiculturalism may bolster positive effects for supervisees while completing practica and internships, such as increased self-reflection and self-disclosure in supervision (Walker et al., 2007). When supervisors model commitment to enhancing multicultural development, support has been found for supervisees' parallel commitment to enhancing multicultural competence (Borders, 2014; Tohidian & Quek, 2017).

Strengths of the Study

Despite the largely non-significant findings in the current sample, several notable strengths emerged in this study. The investigator added to extant literature by crafting a study to survey supervisees and supervisors as dyadic pairs, a research design suggestion encouraged by several previous authors (Duan & Roehlke, 2001; Toporek et al., 2004). Hargittai and Shafer (2006) further urged researchers to analyze perceived and actual similarities and differences among members of supervisory dyads, which the investigator implemented in this study to ascertain how these factors potentially affect engagement in multicultural dialogues. The investigator also explored a range of multicultural variables, adding to the literature which has historically focused on variables of race and gender (Estrada et al., 2004; Soheilian et al. 2014; Toporek et al., 2004). Further, comparison of effect sizes in the current sample helps to infer the potential clinical significance of the results if they were examined among a larger sample size. Non-significance of some of the findings also challenges existing literature support for trends in the supervisory relationship, as most of the available research focuses on the perspectives of one member of the dyad (APA, 2015a). This practice reinforces the importance of surveying both members of supervisory dyads concurrently for improved understanding of the dynamics most highly related to increased multicultural competence.

Limitations and Future Directions

As has been indicated thus far, the low sample size of the current sample served as a major limitation with concomitant caution for the interpretation and generalizability of the results. Investigators wishing to implement a dyadic replication study might

consider loosening participation requirements, such as allowing either member of the dyad to compete the survey initially, in order to increase the sample size. Unfortunately, the investigator could not conduct the proposed exploratory analysis, and even a few missing data cases had a large impact on the overall results for some analyses (i.e., inflated correlations and inferred significance when only a few data points existed for a measure, such as the PRIAS [Helms, 1995a, 1995b; Helms & Carter, 1990b]). Conversely, non-significant results were largely found where support for some of the hypothesized relationships has been cited in previous literature.

Since supervisory pairs were recruited, self-selection bias may have been a limitation in this study. Individuals who are particularly interested in multicultural competence may have been more intrigued by the study and elected to participate. Additionally, participants with higher or lower-related supervisory working alliances may have been more likely to complete the survey, as they may have been more likely to want to report on their experiences than supervisory pairs who had less remarkable impressions about their supervision. Lastly, social desirability bias may have impacted the results of the study, such that participants self-reported information in ways that would paint them in a favorable light, which has been demonstrated among individuals completing assessments about their perceived multicultural competence (Larson & Bradshaw, 2017).

Another possible limitation of this study was risk of coercion. Power dynamics play a role in supervision given that it is inherently evaluative (Ladany, 2014). Although risk of coercion was listed as a potential risk of the study in the informed consent form, supervisors were asked to complete the survey first and then send the link to their

supervisees. Supervisees may have feared that not completing the survey would result in negative evaluation or treatment from their supervisor, or they may have felt pressured to complete the survey by their supervisor after initially determining they did not want to participate. Future researchers could seek supervisees' perspectives initially or offer an option for either member of the dyad to complete the survey first.

Another limitation of the current sample was its homogeneity in terms of several demographic variables. Participants were primarily White, which resulted in too few cases of data for analysis on the PRIAS (Helms, 1995a, 1995b; Helms & Carter, 1990b), specifically, yielding less information about how relationships between the variables in this study affect supervisors and supervisees of color. The sample was also comprised of fewer than 10% international participants, approximately 20% men and 6% gender diverse participants, and less than 5% individuals with disabilities. Thus, the survey may have captured more about the experiences of dominant identities represented in the profession of psychology, namely White, able-bodied women (APA, 2018).

Finally, some of the subscales demonstrated lower internal reliability than acceptable (i.e., the Identification subscale on the SWAI—Supervisor form [Efstation et al., 1990], the Dependency—Autonomy subscale on the SLQ—R [McNeill et al., 1992], and the Disintegration subscale on the WRIAS [Helms, 2002a, 2002b; Helms & Carter, 1990a]). Although subscales were not used for comparison in the present study, the overall reliability of some of the measures (i.e., the SWAI—Supervisor form [Efstation et al., 1990], the SLQ—R [McNeill et al., 1992], and the WRIAS [Helms, 2002a, 2002b;

Helms & Carter, 1990a]) may have been compromised. Relatedly, significance levels of the findings may have been impacted.

Conclusion

The investigator explored factors related to increased engagement in multicultural dialogues in clinical supervision among supervisory dyads. Although findings were largely non-significant in the current sample suspected in part due to low power, support for anticipated directions of relationships between variables and notable effect sizes emerged for some analyses. Among supervisory dyads, supervisors marginally tended to perceive more similarities in the supervisory alliance than their counterparts. Additionally, a negative relationship emerged between actual similarity composite scores and frequency of engagement in multicultural dialogues. Expanded sampling is encouraged to determine whether more significant effects exist between the aforementioned variables. Effect sizes in this sample suggested that supervisees' self-reported developmental level (versus supervisors' ratings) may have a greater impact on frequency of engagement in multicultural dialogues, and supervisees' self-reported multicultural competence is more strongly associated with their perceived strength of the supervisory working alliance than this relationship among supervisors.

Unexpected findings in this analysis also foster support for researchers to conduct replication studies. In particular, supervisees' perceived developmental levels and levels of racial identity development were negatively associated with variables such as supervisees' engagement in multicultural dialogues, supervisees' satisfaction with supervision, and supervisees' perceived strength of the supervisory working alliance.

Further, supervisors' multicultural competence was not a significant predictor of supervisees' multicultural competence or satisfaction with supervision.

Despite the limitations of the study, the investigator added to existing literature through employment of a dyadic research design. Previous research has primarily focused on self-report data from one member of the supervisory dyad, omitting valuable information about differences in perceptions among members of the supervisory alliance regarding one another's multicultural competence and factors associated with this construct, including but not limited to: strength of the supervisory alliance, supervision satisfaction, supervisees' developmental level, and racial identity development. Suggested areas for focus in future studies on multicultural competence in clinical supervision are employing larger sampling across a variety of supervision formats (i.e., dyadic, triadic/peer, and group), assessment of cultural humility and supervisory interventions that promote reflective practice—and, in turn, development of multicultural competence—and the incorporation of client perspectives regarding multicultural discussions in therapy and assessment of client outcomes within the supervisory triad.

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APPENDIX A

Informed Consent Form

TEXAS WOMAN'S UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

Title: Experiences of Supervisors and Supervisees in Clinical Supervision

Investigator: Bethany Rothamel, M.A……..brothamel@twu.edu

Advisor: Debra Mollen, Ph.D. ..... DMollen@twu.edu

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ms. Rothamel's dissertation at Texas Woman's University. The purpose of this research is to better understand the experiences of both supervisors and supervisees in clinical supervision. You have been asked to participate in this study because you are either a psychologist or graduate student in a mental health related field and are either currently a part of a dyadic supervisory relationship or have recently concluded dyadic supervision within the last 12 months.

Description of the Procedures

To participate in this study, you will be asked to complete a series of questions using an internet-based survey program. It is expected that it will take from 30 to 45 minutes to complete the survey, and the survey may be completed from any personal computer with internet access. You will first be asked to complete a pre-screening questionnaire. If you meet criteria for this study, you will then be routed to a series of brief questionnaires. Upon completing the survey, you may choose to provide your email address if you would like to receive the findings of the study upon its completion. You may also enter into a drawing for a chance to win a gift card.

Potential Risks

This survey asks about potentially upsetting events that you may have experienced. A possible risk of participating in this study is that you may experience emotional upset or discomfort while recalling these experiences. If you experience emotional discomfort at any time during this survey, and you are a student, you should contact your university or college counseling center if one is available. Their services are likely to be free or low-cost to you. If you are not a university or college student, the following resources are available to help you locate assistance: American Psychological Association Psychologist Locator (http://locator.apa.org/), National Register of Health Service Psychologists (http://www.findapsychologist.org/), Psychology Today Find a

Therapist (http://therapists.psychologytoday.com/rms/), or Zocdoc, Inc. (https://www.zocdoc.com/).

Participation in this study may result in the risk of loss of time. Your time required for participation is expected to be no more than 45 minutes. You may take breaks as needed while completing the study and can discontinue your participation at any time.

With all research there is a potential for loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. All survey responses and results will be kept in a secured file and will be removed from the researcher's computer to a locked cabinet as soon as feasible following the analysis of the results. If you request the results of the study, your email address will be seen by the researcher; however, that address will be kept in an encrypted database file, separate from the survey responses. This file will be downloaded with a single data transfer. Once a summary of the results has been provided, the file will be deleted from the investigator's computer. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions.

Another potential risk of participating in research is coercion. Supervisors are prompted to complete the survey initially before forwarding it to current or past supervisees. Given the power wielded by supervisors in an evaluative role over supervisees, supervisees may feel pressured to complete the survey. Participation in this study is completely voluntary, and you may withdraw at any time without penalty.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your participation in this study is completely voluntary and you may withdraw from the study at any time without penalty by closing your web browser. Upon completion of the study, you have the option to enter into a drawing to win one of twenty $15 Amazon gift cards (gift cards will be awarded to both members of a participating supervisory dyad). A summary of the results will be available to you upon request.

Questions Regarding the Study

If you would like a copy of this consent form, please use your browser's Print function to print a copy. If you have any questions about the research study you should ask the researchers; their email addresses are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas

Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

If you have read and agree to the above statements, please click on the "Yes" button below to indicate your consent to participate. If you do not want to participate, please click "No".

O Yes

O No

APPENDIX B

Demographics and Personal Information Questionnaire

Demographics and Personal Information Questionnaire

Pre-screening Questions:

1. Are you currently or have you recently (in the past 12 months) been in a dyadic supervisory relationship for the purpose of individual clinical supervision? O Yes, currently O Yes, within the past 0-3 months O Yes, within the past 4-6 months O Yes, within the past 7-12 months O No*
2. Have you attended at least four sessions of dyadic supervision? O Yes O No*
3. Are you at least 18 years of age? O Yes O No*

*Responses of "no" for any of the previous questions will route participants to a page thanking them for their interest in the study and indicating that they are ineligible due to the focus of the current study upon the experiences of individuals in dyadic clinical supervision.

Demographics and Personal Information Questionnaire:

4. How old are you?
5. How do you identify your gender? O Male O Female O Transgender O Other, specify:
6. What is your ethnicity? O White O Black/African American O Hispanic/Latina O Asian/Asian American O Native American/American Indian O Multiracial O Other, specify:
7. Were you born in the United States? O Yes O No*
    a. If not, in what country were your born?
8. What is your sexual orientation? O Heterosexual O Lesbian O Bisexual O Gay O Queer O Questioning O Asexual O Other, specify:
9. What is your spiritual or religious orientation? O Christian O Catholic O Jewish O Buddhist O Islam/Muslim O Hindu O Spiritual O Agnostic O Atheist O Other, specify:
10. How do you identify in terms of your ability status? O Able-bodied O Disabled O Unsure
11. What is the highest level of education you have completed? O 4-year (College) degree O Some graduate education O Master's level degree O Doctoral level degree
12. What is your field of study? O Clinical psychology O Counseling psychology O Other, specify:
13. What category best describes your annual household income before taxes? O Less than $24,999 O $25,000 to $49,999 O $50,000 to $99,999 O $100,000 or more
14. If you are a supervisee, how many semesters of practicum have you completed?
    a. If you are a supervisor, how many years have you conducted clinical supervision?
    b. If you are a supervisor, how many years have you practiced as a licensed clinician?
15. How many multicultural courses have you taken during your graduate education?
16. How many multicultural trainings or workshops have you attended in the past?

APPENDIX C

Supervision Questionnaire

Supervision Questionnaire

Please complete the following survey with your counterpart to your supervisory dyad in mind (i.e., if you are a supervisee, respond to questions with your supervisor in mind, and vice versa). Please reflect only on the supervisee or supervisor with whom you are currently working or most recently worked.

1. What best describes the approximate number of sessions of supervision you have attended? O Less than 4 sessions (ineligible) O 4-8 sessions O 9-12 sessions O More than 12 sessions
2. Was your supervisor/supervisee born in the United States? O Yes O No O Unsure
    a. If not, in what country were they born?
3. For the following questions, you may not know the exact identity of your supervisee/supervisor. Please estimate responses to the best of your ability, reserving responses of 'Unsure' only for if you are absolutely uncertain. How do you believe your supervisor/supervisee identifies in terms of their:
    a. Race? O White O Black/African American O Hispanic/Latina/Latinx O Asian/Asian American O Native American/American Indian O Multiracial O Other, specify: O Unsure
    b. Gender? O Male O Female O Transgender O Other, specify: O Unsure
    c. Age? ____ O Unsure
    d. Sexual orientation? O Heterosexual O Lesbian O Bisexual O Gay O Queer O Questioning O Asexual O Other, specify: O Unsure
    e. Religious or spiritual orientation? O Christian O Catholic O Jewish O Buddhist O Islam/Muslim O Hindu O Spiritual O Agnostic O Atheist O Other, specify: O Unsure
    f. Ability status? O Able-bodied O Disabled O Unsure
4. What is the level of training held by your current/former supervisee/supervisor? O Some graduate training O Master's level degree O Doctoral level degree O Unsure
5. If you were to estimate, what category best describes your current/former supervisee's/supervisor's annual household income before taxes? O Less than $24,999 O $25,000 to $49,999 O $50,000 to $99,999 O $100,000 or more
6. On a 1 to 7 scale, with 1 indicating *Never* and 7 indicating *Almost Always*, thinking about your supervisory sessions, how often would you say that you and your supervisor/supervisee engage(d) in discussions about:
    a. Race/ethnicity?
    b. Nationality?
    c. Gender?
    d. Age?
    e. Sexual orientation?
    f. Faith?

g. Ability status?
h. Social class?

7. On a 1 to 7 scale, with 1 indicating *Not Likely at All* and 7 indicating *Extremely Likely*, how likely are/were **you** to bring up discussions about:
    a. Race/ethnicity?
    b. Nationality?
    c. Gender?
    d. Age?
    e. Sexual orientation?
    f. Faith?
    g. Ability status?
    h. Social class?
8. On a 1 to 7 scale, with 1 indicating *Not Likely at All* and 7 indicating *Extremely Likely*, how likely is/was your **current/former supervisor/supervisee** to bring up discussions about:
    a. Race/ethnicity?
    b. Nationality?
    c. Gender?
    d. Age?
    e. Sexual orientation?
    f. Faith?
    g. Ability status?
    h. Social class?

APPENDIX D

Multicultural Awareness, Knowledge, and Skills Survey

(D'Andrea et al., 1991)

Multicultural Awareness, Knowledge, and Skills Survey (MAKSS; D'Andrea et al., 1991)

Respond to all 60 items on the scale, even if you are not working with clients or actively conducting groups. Base your response on what you think at this time. Try to assess yourself as honestly as possible rather than answering in the way you think would be desirable.

The MAKSS is designed as a self-assessment of your multicultural counseling awareness, knowledge, and skills.

1. Culture is not external but is within the person.
Strongly disagree Disagree Agree Strongly agree

2. One of the potential negative consequences about gaining information concerning specific cultures is that students might stereotype members of those cultural groups according to the information they have gained.
Strongly disagree Disagree Agree Strongly agree

3. At this time in your life, how would you rate yourself in terms of understanding how your cultural background has influenced the way you think and act?
Very limited Limited Good Very good

4. At this point in your life, how would you rate your understanding of the impact of the way you think and act when interacting with persons of different cultural backgrounds?
Very limited Limited Good Very good

5. How would you react to the following statement? While counseling enshrines the concepts of freedom, rational thought, tolerance of new ideas, and equality, it has frequently become a form of oppression to subjugate large groups of people.
Strongly disagree Disagree Agree Strongly agree

6. In general, how would you rate your level of awareness regarding different cultural institutions and systems?
Very limited Limited Good Very good

7. The human service professions, especially counseling and clinical psychology, have failed to meet the mental health needs of ethnic minorities.
Strongly disagree Disagree Agree Strongly agree

8. At the present time, how would you generally rate yourself in terms of being able to accurately compare your own cultural perspective with that of a person from another culture?
Very limited Limited Good Very good

9. How well do you think you could distinguish “intentional” from “accidental” communication signals in a multicultural counseling situation?
Very limited Limited Good Very good

10. Ambiguity and stress often result from multicultural situations because people are not sure what to expect from each other.
Strongly disagree Disagree Agree Strongly agree

11. The effectiveness and legitimacy of the counseling profession would be enhanced if counselors consciously supported universal definitions of normality.
Strongly disagree Disagree Agree Strongly agree

12. The criteria of self-awareness, self-fulfillment, and self-discovery are important measures in most counseling sessions.
Strongly disagree Disagree Agree Strongly agree

13. Even in multicultural counseling situations, basic implicit concepts, such as “fairness” and “health,” are not difficult to understand.
Strongly disagree Disagree Agree Strongly agree

14. Promoting a client’s sense of psychological independence is usually a safe goal to strive for in most counseling situations.
Strongly disagree Disagree Agree Strongly agree

15. While a person’s natural support system (i.e., family, friends, etc.) plays an important role during a period of personal crisis, formal counseling services tend to result in more constructive outcomes.
Strongly disagree Disagree Agree Strongly agree

16. How would you react to the following statement? In general, counseling services should be directed toward assisting clients to adjust to stressful environmental situations.
Strongly disagree Disagree Agree Strongly agree

17. Counselors need to change not just the content of what they think, but also the way they handle this content if they are to accurately account for the complexity in human behavior.
Strongly disagree Disagree Agree Strongly agree

18. Psychological problems vary with the culture of the client.
Strongly disagree Disagree Agree Strongly agree

19. How would you rate your understanding of the concept of “relativity” in terms of the goals, objectives, and methods of counseling culturally different clients?
Very limited Limited Good Very good

20. There are some basic counseling skills that are applicable to create successful outcomes regardless of the client's cultural background.

Strongly disagree Disagree Agree Strongly agree

At the present time, how would you rate your own understanding of the following terms:

21. Culture

Very limited Limited Good Very good

22. Ethnicity

Very limited Limited Good Very good

23. Racism

Very limited Limited Good Very good

24. Mainstreaming

Very limited Limited Good Very good

25. Prejudice

Very limited Limited Good Very good

26. Multicultural Counseling

Very limited Limited Good Very good

27. Ethnocentrism

Very limited Limited Good Very good

28. Pluralism

Very limited Limited Good Very good

29. Contact Hypothesis

Very limited Limited Good Very good

30. Attribution

Very limited Limited Good Very good

31. Transcultural

Very limited Limited Good Very good

32. Cultural Encapsulation

Very limited Limited Good Very good

33. What do you think of the following statements? Witch doctors and psychiatrists use similar techniques.

Strongly disagree Disagree Agree Strongly agree

34. Differential treatment in the provision of mental health services is not necessarily thought to be discriminatory.
Strongly disagree Disagree Agree Strongly agree

35. In the early grades of formal schooling in the United States, the academic achievement of such ethnic minorities as African Americans, Hispanics, and Native Americans is close to parity with the achievement of White mainstream students.
Strongly disagree Disagree Agree Strongly agree

36. Research indicates that in the early elementary school grades girls and boys achieve about equally in mathematics and science.
Strongly disagree Disagree Agree Strongly agree

37. Most of the immigrant and ethnic groups in Europe, Australia, and Canada face problems similar to those experienced by ethnic groups in the United States.
Strongly disagree Disagree Agree Strongly agree

38. In counseling, clients from different ethnic/cultural backgrounds should be given the same treatment that White mainstream clients receive.
Strongly disagree Disagree Agree Strongly agree

39. The difficulty with the concept of "integration" is its implicit bias in favor of the dominant culture.
Strongly disagree Disagree Agree Strongly agree

40. Racial and ethnic persons are underrepresented in clinical and counseling psychology.
Strongly disagree Disagree Agree Strongly agree

41. How would you rate your ability to conduct an effective counseling interview with a person from a cultural background significantly different from your own?
Very limited Limited Good Very good

42. How would you rate your ability to effectively assess the mental health needs of a person from a cultural background significantly different from your own?
Very limited Limited Good Very good

43. How well would you rate your ability to distinguish "formal" and "informal" counseling strategies?
Very limited Limited Good Very good

44. In general, how would you rate yourself in terms of being able to effectively deal with biases, discrimination, and prejudices directed at you by a client in a counseling setting?

Very limited Limited Good Very good

45. How well would you rate your ability to accurately identify culturally biased assumptions as they relate to your professional training?
Very limited Limited Good Very good

46. How well would you rate your ability to discuss the role of "method" and "context" as they relate to the process of counseling?
Very limited Limited Good Very good

47. In general, how would you rate your ability to accurately articulate a client's problem who comes from a cultural group significantly different from your own?
Very limited Limited Good Very good

48. How well would you rate your ability to analyze a culture into its component parts?
Very limited Limited Good Very good

49. How would you rate your ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural/racial/ethnic backgrounds?
Very limited Limited Good Very good

50. How would you rate your ability to critique multicultural research?
Very limited Limited Good Very good

51. In general, how would you rate your skill level in terms of being able to provide appropriate counseling services to culturally different clients?
Very limited Limited Good Very good

52. How would you rate your ability to effectively consult with another mental health professional concerning the mental health needs of a client whose cultural background is significantly different from your own?
Very limited Limited Good Very good

53. How would you rate your ability to effectively secure information and resources to better serve culturally different clients?
Very limited Limited Good Very good

54. How would you rate your ability to accurately assess the mental health needs of women?
Very limited Limited Good Very good

55. How would you rate your ability to accurately assess the mental health needs of men?
Very limited Limited Good Very good

56. How well would you rate your ability to accurately assess the mental health needs of older adults?
Very limited Limited Good Very good

57. How well would you rate your ability to accurately assess the mental health needs of gay men?
Very limited Limited Good Very good

58. How well would you rate your ability to accurately assess the mental health needs of gay women?
Very limited Limited Good Very good

59. How well would you rate your ability to accurately assess the mental health needs of handicapped persons?
Very limited Limited Good Very good

60. How well would you rate your ability to accurately assess the mental health needs of persons who come from very poor socioeconomic backgrounds?
Very limited Limited Good Very good

APPENDIX E

Supervisory Working Alliance Inventory

(Efstation et al., 1990)

Supervisory Working Alliance Inventory (SWAI; Efstation, Patton, & Kardash, 1990)

Instructions: Indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisor (or how you would like to work with a supervisee). Estimate the frequency of occurrence within supervision on the seven-point scale from almost never to almost always.

Responses range from 1-7 (1 = Almost Never, 2 = Rarely, 3 = Occasionally, 4 = Sometimes, 5 = Often, 6 = Very Often, 7 = Almost Always).

Trainee Form

1. I feel comfortable working with my supervisor.
2. My supervisor welcomes my explanations about the clients' behavior.
3. My supervisor makes the effort to understand me.
4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.
5. My supervisor is tactful when commenting about my performance.
6. My supervisor encourages me to formulate my own interventions with the client.
7. My supervisor helps me talk freely in our sessions.
8. My supervisor stays in tune with me during supervisions.
9. I understand client behaviour and treatment technique similar to the way my supervisor does.
10. I would feel free to mention to my supervisor any troublesome feelings I might have about him/her.
11. My supervisor treats me like a colleague in our supervisory sessions.
12. In supervision, I am more curious than anxious when discussing difficulties with clients.
13. In supervision, my supervisor places a high priority on our understanding the clients' perspective.
14. My supervisor encourages me to take time to understand what the client is saying and doing.
15. My supervisor's style is to carefully and systematically consider the material I bring to supervision.
16. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.
17. My supervisor helps me work within a specific treatment plan with my clients.
18. My supervisor helps me stay on track during our meetings.
19. I work with my supervisor on specific goals in the supervisory session.

Rapport: Sum items 1 through 12, then divide by 12.

Client Focus: Sum items 13 to 19, and then divide by 6.

Supervisor Form

1. I help my trainee work within a specific treatment plan with his/her trainee.
2. I help my trainee stay on track during our meetings.
3. My style is to carefully and systematically consider the material that my trainee brings to supervision.
4. My trainee works with me on specific goals in the supervisory session.
5. In supervision, I expect my trainee to think about or reflect on my comments to him/her.
6. I teach my trainee through direct suggestion.
7. In supervision, I place a high priority on our understanding the client's perspective.
8. I encourage my trainee to take time to understand what the client is saying and doing.
9. When correcting my trainee's errors with a client, I offer alternative ways of intervening with that client.
10. I encourage my trainee to formulate his/her own interventions with his/her clients.
11. I encourage my trainee to talk about the work in ways that are comfortable for him/her.
12. I welcome my trainee's explanations about his/ her client's behavior.
13. During supervision, my trainee talks more than I do.
14. I make an effort to understand my trainee.
15. I am tactful when commenting about my trainee's performance.
16. I facilitate my trainee's talking in our sessions.
17. In supervision, my trainee is more curious than anxious when discussing his/her difficulties with clients.
18. My trainee appears to be comfortable working with me.
19. My trainee understands client behavior and treatment technique similar to the way I do.
20. During supervision, my trainee seems able to stand back and reflect on what I am saying to him/her.
21.1 stay in tune with my trainee during supervision.
22. My trainee identifies with me in the way he/she thinks and talks about his/her clients.
23. My trainee consistently implements suggestions made in supervision.

Rapport: Sum items 10-16, then divide by 7.
Client Focus: Sum items 1-9, then divide by 9.
Identification: Sum items 17-23, then divide by 7.

APPENDIX F

Supervisory Satisfaction Questionnaire

(Ladany et al., 1996)

Supervisory Satisfaction Questionnaire (SSQ; Ladany et al., 1996)

1. How would you rate the quality of the supervision you have received?

1	2	3	4
Excellent	*Good*	*Fair*	*Poor*

2. Did you get the kind of supervision you wanted?

1	2	3	4
No, definitely not	*No, not really*	*Yes, generally*	*Yes, definitely*

3. To what extent has this supervision fit your needs?

1	2	3	4
Almost all of my needs have been met	*Most of my needs have been met*	*Only a few of my needs have been met*	*None of my needs have been met*

4. If a friend were in need of supervision, would you recommend this supervisor to him or her?

1	2	3	4
No, definitely not	*No, I don't think so*	*Yes, I think so*	*Yes, definitely*

5. How satisfied are you with the amount of supervision you have received?

1	2	3	4
Quite dissatisfied	*Indifferent or mildly satisfied*	*Mostly satisfied*	*Very satisfied*

6. Has the supervision you received helped you to deal more effectively in your role as a counselor or therapist?

1	2	3	4
No, definitely not	*No, not really*	*Yes, generally*	*Yes, definitely*

7. In an overall, general sense, how satisfied are you with the supervision you have received?

1	2	3	4
Quite dissatisfied	*Indifferent or mildly satisfied*	*Mostly satisfied*	*Very satisfied*

8. If you were to seek supervision again, would you come back to this supervisor?

1	2	3	4
No, definitely not	*No, I don't think so*	*Yes, I think so*	*Yes, definitely*

Reverse score numbers 1 and 3.
The score is the sum of the items.

APPENDIX G

Supervisee Levels Questionnaire—Revised

(McNeill et al., 1992)

Supervisee Levels Questionnaire—Revised (SLQ—R; McNeill et al., 1992)

Please answer the following items in terms of your own *current* behavior. In responding to those items, use the following scale:

1	2	3	4	5	6	7
Never	*Rarely*	*Sometimes*	*Half the Time*	*Often*	*Most of the Time*	*Always*

1. I feel genuinely relaxed and comfortable in my counseling/therapy sessions.
2. I am able to critique counseling tapes and gain insights with minimal help from my supervisor.
3. I am able to be spontaneous in counseling/therapy, yet my behavior is relevant.
4. I lack self-confidence in establishing counseling relationships with diverse client types.
5. I am able to apply a consistent personalized rationale of human behavior in working with my clients.
6. I tend to get confused when things don't go according to plan and lack confidence in my ability to handle the unexpected.
7. The overall quality of my work fluctuates; on some days I do well, on other days, I do poorly.
8. I depend upon my supervision considerably in figuring out how to deal with my clients.
9. I feel comfortable confronting my clients.
10. Much of the time in counseling/therapy I find myself thinking about my next response instead of fitting my intervention into the overall picture.
11. My motivation fluctuates from day to day.
12. At times, I wish my supervisor could be in the counseling/therapy session to lend a hand.
13. During counseling/therapy sessions, I find it difficult to concentrate because of my concern about my own performance.
14. Although at times I really want advice/feedback from my supervisor, at *other* times I really want to do things my own way.
15. Sometimes the client's situation seems to be hopeless. I just don't know what to do.
16. It is important that my supervisor allow me to make my own mistakes.
17. Given my current state of professional development, I believe I know when I need consultation from my supervisor and when I don't.
18. Sometimes I question how suited I am to be a counselor/therapist.
19. Regarding counseling/therapy, I view my supervisor as a teacher/mentor.
20. Sometimes I feel that counseling/therapy is so complex, I never will be able to learn it all.

21. I believe I know my strengths and weaknesses as a counselor sufficiently well to understand my professional potential and limitations.
22. Regarding my counseling/therapy, I view my supervisor as a peer/colleague.
23. I think I know myself well and am able to integrate that into my therapeutic style.
24. I find I am able to understand my clients' view of the world, yet help them objectively evaluate alternatives.
25. At my current level of professional development, my confidence in my abilities is such that my desire to do counseling/therapy doesn't change much from day to day.
26. I find I am able to empathize with my clients' feeling states, but still help them focus on problem resolution.
27. I am able to adequately address my interpersonal impact on clients and use that knowledge therapeutically.
28. I am adequately able to assess the client's interpersonal impact on me and use that therapeutically.
29. I believe I exhibit a consistent professional objectivity and ability to work within my role as a counselor without *undue overinvolvement* with my clients.
30. I believe I exhibit a consistent professional objectivity and ability to work within my role as a counselor without *excessive distance* from my clients.

Scoring key: *Self and Other Awareness items:* 1, 3, 5, 9, 10*, 13*, 24, 26, 27, 28, 29, 30

Motivation items: 7, 11*, 15*, 18*, 20*, 21, 23, 25

Dependency-Autonomy items: 2, 4*, 6*, 8, 12*, 14, 16, 17, 19*, 22

**Indicates reverse scoring. To score: sum the items in the scale, then divide by the number of items.*

Appendix H

White Racial Identity Attitude Scale

(Helms, 2002a, 2002b; Helms & Carter, 1990a)

White Racial Identity Attitude Scale (WRIAS; Helms, 2002a, 2002b; Helms & Carter, 1990a)

Instructions: This questionnaire is designed to measure people's social and political attitudes concerning race and ethnicity. Since different people have different opinions, there are no right or wrong answers. Use the scale below to respond to each statement according to the way you see things. Be as honest as you can. Beside each item number, choose the number that best describes how you feel.

1	2	3	4	5
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

1. I hardly ever think about what race I am.
2. There is nothing I can do by myself.
3. I get angry when I think about how White people have been treated by people of color.
4. I feel as comfortable around people of color as I do around White people.
5. I am making a special effort to understand the significance of being White.
6. I involve myself in causes regardless of the race of the people involved in them.
7. I find myself watching people of color to see what they are like.
8. I feel depressed after I have been around people of color.
9. There is nothing that I want to learn about people of color.
10. I enjoy watching the different ways that people of color and White people approach life.
11. I am taking definite steps to define an identity for myself that includes working against racism.
12. I seek out new experiences even if I know no other White people will be involved in them.
13. I wish I had more friends of color.
14. I do not believe that I have the social skills to interact with people of color effectively.
15. A person of color who tries to get close to you is usually after something.
16. People of color and White people have much to learn from each other.
17. Rather than focusing on other races, I am searching for information to help me understand White people.
18. People of color and I share jokes with each other about our racial experiences.
19. I think people of color and White people do not differ from each other in important ways.

20. I just refuse to participate in discussions about race.
21. I would rather socialize with White people only.
22. I believe that people of color would not be different from White people if they had been given the same opportunities.
23. I believe that I receive special privileges because I am White.
24. When a person of color holds an opinion with which I disagree, I am not afraid to express my opinion.
25. I do not notice a person's race.
26. I have come to believe that people of color and White people are very different.
27. White people have tried extremely hard to make up for their ancestors' mistreatment of people of color. Now it is time to stop!
28. It is possible for people of color and White people to have meaningful social relationships with each other.
29. I am making an effort to decide what type of White person I want to be.
30. I feel comfortable in social settings in which there are no people of color.
31. I am curious to learn in what ways people of color and White people differ from each other.
32. I do not express some of my beliefs about race because I do not want to make White people mad at me.
33. Society may have been unfair to people of color, but it has been just as unfair to White people.
34. I am knowledgeable about which values people of color and White people share.
35. I am examining how racism relates to who I am.
36. I am comfortable being myself in situations in which there are no other White people.
37. In my family, we never talk about race.
38. When I interact with people of color, I usually let them make the first move because I do not want to offend them.
39. I feel hostile when I am around people of color.
40. I believe that people of color know more about racism than I do.
41. I am involved in discovering how other White people have positively defined themselves as White people.
42. I have refused to accept privileges that were given to me because I am White.
43. A person's race is not important to me.
44. Sometimes I am not sure what to think or feel about White people.
45. I believe that people of color are inferior to White people.
46. I believe that a White person cannot be a racist if he or she has a friend(s) of color.
47. I am becoming aware of the strengths and limitations of my White culture.
48. I think that White people must end racism in this country because they created it.

49. I think that dating people of color is a good way for White people to learn about Black culture.
50. Sometimes I am not sure what I think or feel about people of color.

Appendix I

People of Color Racial Identity Attitude Scale

(Helms, 1995a, 1995b; Helms & Carter, 1990b)

People of Color Racial Identity Attitude Scale (PRIAS; Helms, 1995a, 1995b; Helms & Carter, 1990b)

Instructions: This questionnaire is designed to measure people's social and political attitudes concerning race and ethnicity. Since different people have different opinions, there are no right or wrong answers. Use the scale below to respond to each statement according to the way you see things. Be as honest as you can. Beside each item number, choose the number that best describes how you feel.

1	2	3	4	5
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

1. In general, I believe that White people are superior to other racial groups.
2. I feel more comfortable being around White people than I do being around people of my own race.
3. In general, people of my race have not contributed very much to White society.
4. I am embarrassed to be the race I am.
5. I would have accomplished more in life if I had been born White.
6. White people are more attractive than people of my race.
7. People of my race should learn to think and act like White people.
8. I limit myself to White activities.
9. I think racial minorities blame White people too much for their problems.
10. I feel unable to involve myself in White peoples' experiences and am increasing my involvement in experiences involving people of my race.
11. When I think about how White people have treated people of my race, I feel an overwhelming anger.
12. I want to know more about my culture.
13. I limit myself to activities involving people of my own race.
14. Most White people are untrustworthy.
15. White society would be better off if it were based on the cultural values of my people.
16. I am determined to find my cultural identity.
17. Most White people are insensitive.
18. I reject all White values.
19. My most important goal in life is to fight the oppression of my people.
20. I believe that being from my cultural background has caused me to have many strengths.
21. I am comfortable with people regardless of their race.
22. People, regardless of their race, have strengths and limitations.
23. I think people of my culture and the White culture differ from each other in some ways, but neither group is superior.
24. My cultural background is a source of pride to me.
25. People of my culture and White culture have much to learn from each other.

26. White people have some customs that I enjoy.
27. I enjoy being around people regardless of their race.
28. Every racial group has some good people and some bad people.
29. People of color should not blame White people for all of their social problems.
30. I do not understand why White people treat people of color as they do.
31. I am embarrassed about some of the things I feel about my people.
32. I am not sure where I really belong.
33. I have begun to question my beliefs.
34. Maybe I can learn something from people of my race.
35. White people can teach me more about surviving in this world than people of my own race can, but people of my race can teach me more about being human.
36. I don't know whether being the race I am is an asset or a deficit.
37. Sometimes I think White people are superior and sometimes I think they're inferior to people of my race.
38. Sometimes I am proud of the racial group to which I belong and sometimes I am ashamed of it.
39. Thinking about my values and beliefs takes up a lot of my time.
40. I'm not sure how I feel about myself.
41. White people are difficult to understand.
42. I find myself replacing old friends with new ones who are from my culture.
43. I feel anxious about some of the things I feel about people of my race.
44. When someone of my race does something embarrassing in public, I feel embarrassed.
45. When both White people and people of my race are present in a social situation, I prefer to be with my own racial group.
46. My values and beliefs match those of White people more than they do people of my race.
47. The way White people treat people of my race makes me angry.
48. I only follow the traditions and customs of people of my racial group.
49. When people of my race act like White people I feel angry.
50. I am comfortable being the race I am.