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Clinical Supervisors' Experiences Addressing Age and Generational Cohort Affiliations with Counseling Supervisees

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CLINICAL SUPERVISORS' EXPERIENCES ADDRESSING AGE AND GENERATIONAL
COHORT AFFILIATIONS WITH COUNSELING SUPERVISEES

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ABSTRACT

CLINICAL SUPERVISORS' EXPERIENCES ADDRESSING AGE AND GENERATIONAL
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Diversity of cultural identities, such as abilities, age and generational cohort affiliation, and socioeconomic status and the practice of clinical supervision are rarely addressed in the professional counseling literature. Subsequently, there is a need for a greater understanding of how expanded cultural identities are addressed by clinical supervisors in the practice of clinical supervision. This research study focused specifically on how age and generational cohort affiliation are addressed as a cultural consideration by clinical supervisors during the practice of clinical supervision. For this study, the Interpretive Phenomenological Analysis research approach was utilized to answer the research questions:

1. How do clinical supervisors experience addressing age and generational cohort affiliation during the practice of clinical supervision?

2. How do clinical supervisors experience addressing their own age and generational cohort affiliation with counseling supervisees?

Data was collected through participants' individual semi-structured interviews ($N = 5$). Data analysis of the participants' interview transcripts exploring the lived experiences of clinical supervisors when addressing age and generational cohort affiliation as a cultural consideration in clinical supervision revealed three identified overarching themes: (a) feeling competent/incompetent, (b) feeling connected/disconnected, and (c) feeling

respected/disrespected. Evident in the study is the gap of knowledge in the professional

counseling literature regarding age and generational cohort affiliations and the resulting

perception of clinical supervisors. Implications for future study include expanding the participant

sample's diversity and size to include missing voices in terms of cultural identities and explore

the lived experiences of counseling students, counseling supervisees, and counselor educators

with regard to their experiences with the cultural identities of age and generational cohort

affiliations. This dissertation is available in open access at AURA, http://aura.antioch.edu/ and

OhioLINK ETD Center, https://etd.ohiolink.edu/etd

Keywords: age, ageism, clinical supervision, clinical supervisors, culturally aware supervision,

culturally aware supervisors, multicultural supervision, multicultural supervisors

Dedication

This work is dedicated to all of my amazing Clients, Students, and Supervisees. I cannot begin to express how honored I am to have these incredible people share their lives with me. My Clients inspire me with their courage and strength; my Students and Supervisees inspire me with their commitment and passion to the work. You all give me hope every single day; and to each and every one of you—thank you!

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My journey through this program and the writing of this dissertation has been challenging, intense, and at times, painful. I have grown in ways I did not expect at this stage in my life, and I am better for it. None of this would have been possible without the kindness, grace, and support I received from so many including the following individuals.

My sincerest appreciation and gratitude goes to my dissertation committee members who have supported me throughout this journey. When reflecting on why I chose these three individuals for my dissertation committee it is clear to me it is because they are truly some of the nicest, most supportive people I have ever met! In addition, all three have been excellent role models on how to navigate different phases of a career as a counselor educator.

Dr. Ned Farley, who was the CES department chair (now sort of retired—congratulations Ned!), my dissertation committee chair, and my academic advisor, has been a calming force throughout my journey in the CES program and through my dissertation experience. Dr. Farley exemplifies what it means to be a counselor educator and I have learned so much from him and can only hope to provide my students the encouragement and support he has provided me. Dr. Dusty Destler showed me how to be a new professor entering into an academic culture with enthusiasm and professionalism. Dr. Destler's encouragement and thoughtful feedback throughout my dissertation journey challenged me to be better and to do better. Dr. Manivong Ratts, who not only agreed to be on my dissertation committee but also hired me for my first full-time faculty position, has always, from the minute I met him, encouraged me in my career as a counselor educator. Every meeting with Dr. Ratts included him asking me, "So how is your dissertation coming?" and "What can I do to help?" Dr. Ratts, as I like to tell him, is kind of a

Table of Contents

CHAPTER 1: INTRODUCTION

Clinical supervision has been identified as an important part of professional counselor education and training and is recognized as an essential component to counselors' professional development (Bernard & Goodyear, 2019; Hernandez & McDowell, 2010; Wong et al., 2012). The process of clinical supervision assists counseling supervisees to refine skills, conceptualize clinical content, and attend to clients effectively and ethically (Falender, 2014; Tohidian & Quek, 2017).

The professional counseling field's best practices, ethical codes, literature, and standards charges clinical supervisors with the ultimate responsibility to attend to and integrate cultural concerns and considerations in the during the practice of clinical supervision (ACA, 2014; ACES, 2011; AMHCA, 2020a; AMHCA, 2020b; Fietzer et al., 2018; Peters, 2017). Clinical supervisors, as an essential element in the professional counselor development process, must initiate and hold space for discussions addressing cultural identities and issues to enhance counseling supervisees' cultural awareness and cultural competence development (Ancis & Marshall, 2010; Fietzer et al., 2018).

The Association for Counselor Education and Supervision (ACES; 2011) recommended specific cultural and diversity concerns as a part of clinical supervision best practices. ACES' (2011) best practice guideline 6.a. recommended clinical supervisors identify "all supervision" as multicultural and to imbue multicultural considerations in their work (p. 8). ACES' (2011) best practice guideline 6.b. recommended clinical supervisors "encourage" supervisees to utilize diversity and advocacy concerns and considerations when working with clients (p. 9).

There is still debate amongst all of the mental health professions in regard to the definition and meaning of culturally aware clinical supervision (Scaife, 2019). An exclusionary view of culturally aware clinical supervision has only included limited cultural identities such as

ethnicity and race, or gender (Scaife, 2019). An inclusionary view of culturally aware clinical supervision includes multiple identity dimensions including, but not limited to, age, ability status, affectional orientation affiliation, ethnicity, generation cohort, gender and sex, geographic location, language, nation of origin, race, relationship status, religion and spirituality, and socioeconomic status (Iwamasa & Hays, 2019; Jones-Smith, 2019; Ratts & Pedersen, 2014; Scaife, 2019).

Competent multicultural clinical supervision requires knowledge beyond just ethnicity and race and needs to integrate other cultural identities including abilities, affectional orientation, gender identity and expression, and social locations (Peters, 2017). In addition, there has been a call within the professional counseling literature that extend culturally aware clinical supervision competency requirements to include expanded cultural identities such as, age, religion, and socioeconomic status (Beddoe & Davys, 2016; Bernard & Goodyear, 2019). For example, ACES' (2011) *Best Practices in Clinical Supervision* specifically names the following as cultural concerns: ability status, country of origin, ethnicity, family characteristics and dynamics, gender, historical processes (e.g., history, migration), language, privilege, race, sexual orientation, socioeconomic status, spirituality and religion, values, and worldview.

While a number of cultural identity classifications have begun to be addressed in the professional counseling literature, there is still limited discussion surrounding other facets of cultural identities such as age and generational cohort affiliation (AGCA). When AGCAs have been discussed in the professional counseling literature, scarce mention exists of how clinical supervisors understand and broach, these facets of their own identities let alone those of their counseling supervisees and their clients. The one example of literature focused on age and

clinical supervision during my preliminary literature review was Granello's (2003) study on the influences of age and gender.

Granello (2003) conducted a study examining the effects of gender and age on the clinical supervisory dyad. Granello's research findings included differences between how often older versus younger supervisees were asked their opinions by their clinical supervisors during the practice of clinical supervision. Specifically, Granello found during the practice of clinical supervision, clinical supervisors asked the opinions of their older male counseling supervisees six times more often than their older female counseling supervisees and ten times more often than their younger female counseling supervisees. Although Granello's findings suggest age may have had a greater influence than gender regarding how clinical supervisors treat their counseling supervisees, there are limitations in the study. One of the limitations in the Granello study is the lack of examination into understanding exactly how the intersection between age and gender identities affected the findings.

Culturally aware clinical supervision, to parallel culturally aware counseling, must include attention to diverse and expanded cultural identities such as AGCAs. Culturally aware clinical supervisors must intentionally address AGCA as a cultural consideration during the practice of clinical supervision. Subsequently, there is a need for greater understanding of how clinical supervisors experience addressing AGCA as a cultural consideration during the practice of clinical supervision. This study was utilized to explore the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision. The primary and secondary research questions of this study were:

1. How do clinical supervisors experience addressing AGCAs during the practice of clinical supervision?

2. How do clinical supervisors experience addressing their own AGCA with counseling supervisees?

Statement of the Problem

The problem addressed in this study was the lack of exploration in professional counseling literature of the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision. There is an abundance of literature in the professional counseling field supportive of culturally aware clinical supervision (Beddoe & Davys, 2016).

However, literature in the professional counseling field has primarily focused on ethnicity, gender, and race during the practice of clinical supervision and has neglected other facets of cultural identity such as AGCA. Therefore, literature in the professional counseling field portrays a limited and exclusionary picture of the many facets of cultural identities clinical supervisors and counseling supervisees will experience both personally and professionally within the clinical supervisory and counseling relationships.

The knowledge gap in the professional counseling literature regarding the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision not only effects clinical supervisors and counseling supervisees, but ultimately clients. A lack of exploration of how AGCA as a cultural consideration during the practice of clinical supervision results in a lack of understanding of how counselors are trained to address AGCA with their clients.

Purpose of the Study

The purpose of this interpretative phenomenological analysis (IPA) study was to explore the experiences of clinical supervisors when addressing AGCA as a cultural consideration during

the practice of clinical supervision and to contribute to the literature in the professional counseling field. The purpose of this study aligned with the above-mentioned gap of knowledge in the professional counseling literature of the experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision.

To fulfill the purpose of this study, I collected data by interviewing clinical supervisors (participants) with a minimum of one year of clinical supervision experience in the professional counseling field. The interviews were semi-structured in design. The interviews were conducted and recorded using the online platform Zoom. Once the data was collected, I analyzed the data searching for significant words and phrases which I put into thematic categories. Finally, I developed an interpretation of the meaning making of participants' regarding their lived experiences of addressing AGCA as a cultural consideration during the practice of clinical supervision.

Theoretical Framework

My overall objective for this study was to explore the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision. To do so, I chose to utilize *culturally aware* clinical supervision as the theoretical framework to guide my research.

Culturally Aware Clinical Supervision

Clinical supervision addressing culture, diversity, and/or cultural identities is referred to by various terminology in the professional counseling literature including cross-cultural clinical supervision, cultural clinical supervision, multicultural clinical supervision, multidimensional clinical supervision, and post-colonial clinical supervision (Falender et al., 2013; Hall & Spencer, 2017; Morice & Fay, 2013; Wong et al., 2012). All of these iterations refer to clinical

supervision focused on individual cultural identities as an approach to working with counseling supervisees. For this study, I utilized culturally aware clinical supervision as a way to encapsulate all of the above meanings of the practice of clinical supervision.

Culturally aware clinical supervisors enhance supervisees' multicultural competence by modeling culturally aware client conceptualizations and initiating discussions of cultural factors and identities during the practice of clinical supervision. Modeling the use of a culturally aware lens by clinical supervisors assists counseling supervisees to engage with clients in similar ways (Falender et al., 2013).

Culturally aware clinical supervision has some variety in approach and focus (Hardy & Bobes, 2016; Phillips et al., 2017) and, therefore, multiple theoretical assumptions. For this study, I utilized the following culturally aware clinical supervision theoretical assumptions: (a) cultural competence is a lifelong process (Morice & Fay, 2013), (b) competent culturally aware clinical supervisors engage in a culturally humble stance (Hook et al., 2016), and (c) clinical supervision is always a cultural encounter (Falender et al., 2014).

The premise that one method works for all is no longer an ethical approach in professional counseling or in clinical supervision (Hardy & Bobes, 2016). The professional counseling field has progressed past the idea that counselors can achieve competence or practice ethically without utilizing a culturally aware lens; to be a competent counselor is to be a culturally aware counselor (Ratts et al., 2015). Therefore, clinical supervisors must be culturally aware in their approach to be competent and to meet the needs of counseling supervisees.

Nature of Proposed Study

Qualitative researchers have common values which typically include the following concepts: (a) description, (b) discovery, (c) exploration, (d) interpretation, and (e) verification

(Durdella, 2019). These common qualitative research values share the underlying emphasis of understanding human experiences. As I intended to explore the lived experiences of clinical supervisors addressing AGCA as a cultural consideration during the practice of clinical supervision, utilizing a qualitative approach for this study made sense in terms of alignment and value matching.

Although a variety of qualitative methodologies are available, my selection of the qualitative method of analysis for this study was guided by the primary research question, which focused on the lived experiences of the participants. Within the framework of a qualitative approach, my primary research question was best suited for an IPA approach.

IPA is a qualitative research approach focused on examining how individuals construct meaning of their lived experiences in the world (Smith et al., 2012). Specifically, IPA is concerned with ordinary everyday experiences which, when reflected on, become a moment of importance to the individual. To uncover these lived experiences, the IPA approach utilizes interpretation, known as the double hermeneutic circle; first by the individual and second by the researcher, to co-construct meaning of experiences (Smith et al., 2012).

Review of the Literature

In this section, the following is described: (a) the process used to conduct the preliminary literature search, (b) the methods used to decide what literature was included, and (c) the next steps in the literature search. In addition, this section includes an overview of the literature directly related to the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision.

The preliminary literature search included the following databases: PsycBooks, PsycInfo, ProQuest Psychology Database, and Google Scholar. In addition to database searches, a journal

specific approach was used. Specific journals searched included: *Journal of Counseling & Development, Counselor Education & Supervision,* and *Journal of Multicultural Counseling and Development*. Initially, years searched included "anytime"; as the literature search became more focused, years searched ranged from 2010 to present.

For both the database and journal specific searches key phrases and words included: age and counseling, age and clinical supervision, ageism, ageism and clinical supervision, ageism and counseling, clinical supervision, competency-based clinical supervision, cross-cultural clinical supervision, diversity and clinical supervision, feminist clinical supervision, identity, identity and counseling, identity and clinical supervision, intersectionality, intersectionality and counseling, intersectionality and clinical supervision, multicultural clinical supervision, post-colonial clinical supervision, generational cohorts, generational cohorts and clinical supervision, and generational cohorts and counseling.

During the preliminary literature search both primary and secondary sources were considered. The process of inclusion screening included both screening at the citation level and screening at the full-text level.

For the initial stage of the citation level screening all literature with one of the key phrases or words in the title was considered and imported into the citation manager, RefWorks. Next, all found literature was sorted by publication year with preference towards years 2010 and later. At this point, any literature published 2010 and later was reviewed for full text availability. Literature with full text availability, published 2010 and later, with one of the key phrases and words was moved to next level of inclusion screening.

During the full-text level screening all literature was sorted into the following categories: (a) competency-based clinical supervision, (b) general clinical supervision, (c) generational

cohorts, (d) multicultural (and related descriptors) clinical supervision, (e) multicultural (and related descriptors) counseling, and (f) specific cultural identity clinical supervision. The categories of (a) competency-based clinical supervision, (b) multicultural clinical supervision (and related descriptors), and (c) specific cultural identity clinical supervision were prioritized. The category of multicultural (and related descriptors) counseling was further sorted into categories of (a) AGCA, (b) affectional orientation, (c) ethnicity and race, (d) gender, and (e) other.

Literature in the above categories was examined and further sorted into include, exclude, and other categories (Hempel, 2020). To do so, an Excel spreadsheet was used to sort literature in the include, exclude, and other categories along with notes explaining reasons for including and excluding specific literature.

During this preliminary literature search the key phrases and words age, ageism, clinical supervision, competency-based clinical supervision, feminist clinical supervision, generational cohorts, multicultural (and related descriptors) clinical supervision, and multicultural (and related descriptors) counseling produced significant results. However, literature in regard to age and counseling and generational cohort affiliation (GCAs) and counseling was sparse and even less was found regarding age and clinical supervision and GCA and clinical supervision.

When age was discussed in the professional counseling literature it was most often referenced in terms of specialty (i.e., counseling with children and adolescents and counseling with older adults; Jones-Smith, 2019; Sue & Sue, 2016). In the professional counseling literature, counseling with children and adolescents is most often viewed from a developmental perspective and counseling with older adults is most often viewed from an infirm perspective; neither are typically viewed from a cultural perspective. During this preliminary literature search one

exception to the above perspectives was found; Baruth and Manning's (2016) text regarding their integrated multicultural lifespan counseling approach.

The concept of ageism in professional counseling, although sparse, was found during my preliminary literature search. Four articles were found in the counseling literature that specifically referenced ageism and counseling (Danzinger & Welfel, 2000; Fullen, 2018; McBride & Hays, 2012; Wagner et al., 2019). Of the four articles, only two of them mentioned counselor education as a method to address ageism in counselors (Fullen, 2018; McBride & Hays, 2012), and none of the four articles mentioned clinical supervision.

Age as a multicultural concept or identity is not mentioned in the American Counseling Association's (ACA) Multicultural and Social Justice Counseling Competencies (Ratts et al., 2015). Age is mentioned in the *2016 CACREP Standards* (Council for Accreditation of Counseling and Related Educational Programs, 2015) glossary under the term multicultural. Age is also mentioned in the *2014 ACA Code of Ethics* standard E.8 Multicultural Issues/Diversity in Assessment and standard C.5. Nondiscrimination (American Counseling Association, 2014).

In the two seminal texts on diversity and multicultural counseling (Ratts & Pedersen, 2014; Sue & Sue, 2016), age was minimally addressed. Ratts and Pedersen's (2014) text mentioned age as a dimension of cultural identity a total of four times. Sue and Sue's (2016) text included a chapter on counseling with older adults but did not mention age as an intersecting cultural identity in any of the other special population chapters. Neither of these seminal texts on diversity and multicultural counseling mentioned GCAs or clinical supervision as a method for counselors to gain competence when considering AGCA as cultural identities.

During the preliminary literature search, the key phrase age and clinical supervision resulted in seven articles found. In six of the found articles, age was only mentioned either in a

list of other diverse cultural identities or as a diverse cultural identity requiring more research. The seventh article did spend more time in consideration of age as an intersecting factor during the practice of clinical supervision (Granello, 2003). However, Granello's (2003) study was exploring the intersection of age and gender bias within the clinical supervisory relationship, not a consideration of age or even ageism as a cultural consideration to be addressed during the practice of clinical supervision.

In the professional counseling literature, GCAs, when discussed at all, are most often discussed in conjunction with other cultural identities such as gender or affectional orientation (Gardner et al., 2012). GCAs are periodically, but still rarely, referenced in historical trauma, intergenerational trauma, and acculturation counseling literature (Brown-Rice, 2013; Yoon et al., 2011).

Outside of the above representations of GCA in counseling, only three articles were found during this preliminary literature search that discussed counseling and GCA as a cultural consideration (Dollarhide & Haxton, 1999; Fleschner, 2008; Hicks et al., 2018). Dollarhide and Haxton (1999) stated GCAs are a part of identity and reported the need for generational theory to be integrated into counseling strategies.

Fleschner (2008) defined GCA as a component of diversity to be tended to in the counseling relationship. Fleschner reported the importance of counselors recognizing the differences and similarities of differing GCAs. In addition, Fleschner stated that counselors need to be self-aware of their own GCAs just as they are expected to be for any other element of diversity or cultural identities. In the Hicks et al. (2018) article, they discussed specific counseling strategies when working with different GCAs. Hick et al.'s (2018) recommended counseling strategies are varied and linked with considerations for each GCA discussed.

During the preliminary literature search, the key phrase generational cohort(s) and clinical supervision resulted in no articles found. Literature in other clinical fields, such as genetic counseling and nursing were observed, however, at this point in this preliminary literature search, those articles were categorized as other and were not examined.

At this juncture of the literature review I concluded that the next step was to consider expanding the search beyond the professional counseling literature. To do so, I would need to consider the pros and cons of including literature from other mental health professions and the pros and cons of including literature from non-clinical professional fields especially regarding GCA and the practice of supervision.

Conclusion

The preliminary literature search for this study confirmed that there is a lack of literature regarding the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision. The lack of professional counseling literature confirmed the need for this study. In addition, the scarce amount of literature regarding age and counseling, ageism and counseling, and generational cohorts and counseling reinforces the need for AGCA to be addressed during the practice of clinical supervision (Fullen, 2018; McBride & Hays, 2012).

CHAPTER II: METHODOLOGY

Qualitative Design

The following reasons dictated my decision to pursue a qualitative research approach for this study. The first reason is due to the very nature of qualitative inquiry; the focus on meaning in context of experiences (Levitt, 2020). Due to my focus on the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision, a qualitative research approach made sense in terms of alignment and values.

The second reason a qualitative research approach was chosen is its emphasis on the expression of lived experience which is congruent with the professional counseling field (Levitt, 2020). Qualitative research has always been a part of the professional counseling and psychology fields. Even during periods when quantitative research dominated the field of psychology qualitative research was produced. Renowned persons in the psychology field, such as Freud, Jung, James, Binet, Watson, and Horney, all produced qualitative research during times when quantitative research was still considered the gold standard in psychology and the other science fields (Wertz, 2014).

The third reason a qualitative research approach was chosen is due to the limited research in the professional counseling field regarding the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision. Qualitative research is appropriate when an exploratory approach is needed, and due to the limited literature available, it was appropriate to pursue an exploratory approach for this study.

Approach to Inquiry

IPA was chosen as the qualitative research approach for this study. IPA is a contemporary approach to qualitative research and has become more common in the professional

counseling field (Miller et al., 2018). IPA is an appropriate qualitative research approach for this study because IPA emphasizes "open and exploratory" research questions focused on the lived experiences of the participants (Miller et al., 2018, p. 244).

IPA is composed of an interpretation process, known as double hermeneutics (Smith, 2008; Smith et al., 2012). Double hermeneutics is in process as an IPA researcher makes sense of the participant's lived experience, while the participant makes sense of the studied phenomenon (Amos, 2016; Willig & Stainton-Rogers, 2017). Due to the hermeneutics process an IPA researcher does not bracket their assumptions; but instead integrates their assumptions into the interpretative, hermeneutic process of meaning making (Amos, 2016; Larkin et al., 2011; Smith, 2008).

An IPA researcher engages in the research experience as an active participant and is expected to make sense of the studied phenomenon as constructed by the participants (Smith, 2008; Smith et al., 2012). The IPA research approach requires a researcher to co-construct interpretative and experiential accounts of the phenomenon being studied. Ultimately, the final results are a first-person interpretation of the phenomenon as expressed through a third-person representation of understanding (Amos, 2016; Willig & Stainton-Rogers, 2017).

It is important to note, due to the necessity of immersing myself in the research process, my own positionality influenced this study. As a 50-year-old, White, educated, cisgender female my cultural identities influenced my interest in the topic of this study, informed my choice in the research approach, and influenced my reading of the reviewed literature. In the Research Method chapter, I discuss my positionality and the reflexivity strategies I used to gain and maintain awareness of how my cultural identities amongst other identities influenced my interactions with

the participants, my approach to the data, and informed the identified themes and future recommendations.

Collecting Data

My purpose for this IPA study was to explore the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision. To fulfill this purpose, it was necessary for me to engage with participants from an insider perspective and enter into their world and lived experiences (Larkin et al., 2006; Smith, 2008).

I utilized the Counselor Education and Supervision Network Listserv (CESNET-L) to solicit a minimum of three and maximum of six participants for this study. A small sample size for this study was appropriate as the primary concern in IPA research is of quality not quantity (Smith et al., 2012). An IPA researcher is expected to provide a detailed account of the participants' experiences and, to do so, a small sample size is most beneficial for quality (Smith et al., 2012).

Participants were required to have a minimum one year of clinical supervision experience and have supervised a minimum of three counseling supervisees. In addition, participants were over the age of 18, completed a master's degree in counseling, or a related field, and completed some sort of supervisory training as required by their state government, or if doctoral students, their Counseling Education and Supervision program.

Conducting in-depth interviews is the best method to gather the necessary rich data required for a quality IPA research study. In-depth interviews allow for IPA researchers to engage in rich dialogue with participants and to present the primary research question in an

indirect versus direct approach (Smith et al., 2012). Therefore, to align with the IPA research approach I used in-depth semi-structured interviews as the data collection method for this study.

All of the semi-structured interviews were video recorded utilizing the online platform Zoom. Video recording participants' interviews allowed for detailed transcription after the data was collected. The semi-structured interviews were conducted one on one for the purpose of developing rapport with the participants and to provide the participants the space to process and share their lived experiences. As recommended, a timeframe of one to two hours per interview was offered to participants to allow for enough time to develop rapport and gather the rich data the IPA research approach requires (Smith et al., 2012).

I chose to use a purposeful sampling strategy for this study. A purposeful sampling strategy means participants are selected purposefully for their ability to offer insight into a particular lived experience (Smith et al., 2012). A purposeful sampling strategy is theoretically consistent with IPA's orientation (Terrell, 2016) and was appropriate for this study as it was essential for the participants to have the shared lived experience of addressing AGCA as a cultural consideration during the practice of clinical supervision.

Data Analysis

Although the IPA research approach does not have a fixed method to analyze the data collected, there are six recommended guidelines (Smith et al., 2012). In the next section, I give a brief overview of the six recommended guidelines.

First IPA Guideline

The first guideline is to engage with the data by reviewing it more than once. IPA research requires a verbatim record of the data collected which means a written transcript which is to be read while viewing the recorded interviews. This process is to encourage immersion in

the data which allows the researcher to focus on the participant's construction of meaning regarding their lived experience (Smith et al., 2012).

It is recommended that IPA researchers slow down while reviewing the collected data. To do so, IPA researchers are encouraged to make a recording of any personal observations or reactions the researcher may have (Smith et al., 2012). This allows for any "noise" the researcher may experience to be put aside to focus on the data (Smith et al., 2012, p. 82).

Second IPA Guideline

The second IPA guideline is the most detailed step in IPA data analysis and requires the greatest commitment from the IPA researcher (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014). The goal for the second IPA guideline is for the IPA researcher to engage in a close line-by-line analysis of the interview transcripts and to create a comprehensive set of initial notes for each one (Smith et al., 2012). The purpose of this process is to identify the participants' areas of concern and constructed meaning of their lived experiences and avoid shallow interpretations (Chan & Farmer, 2017).

During this process, an IPA researcher will typically focus on three different areas: (a) descriptive, (b) linguistic, and (c) conceptual (Smith et al., 2012). In an IPA researcher's initial notes descriptive comments are usually surface and detail the exact words of the participants. An IPA researcher will begin some interpretation by using questions to highlight conceptual areas of interest. This is indicative of a shift from the participant's meaning-making to the meaning-making of the IPA researcher.

Third IPA Guideline

The third IPA guideline instructs researchers on identifying any emergent themes from the collected data (Chan & Farmer, 2017; Smith et al., 2012). This process requires an IPA

researcher to primarily work with their own initial notes instead of the video recordings or transcripts of the participants' interviews. However, an IPA researcher must be cautious to remain true to the participants' interpretations of their own lived experiences (Chan & Farmer, 2017; Pietkiewicz & Smith, 2014). Once themes are identified they are arranged in chronological order to capture an IPA researcher's understanding of the participants' lived experiences.

Fourth IPA Guideline

The fourth IPA data analysis guideline is for an IPA researcher to make connections across the identified emergent themes in each participant's interview (Chan & Farmer, 2017). Some suggested ways to make thematic connections within each participant's interview include abstraction, subsumption, polarization, contextualization, numeration, and function. In IPA, researchers have the freedom and flexibility of using one of the suggestions or all the suggestions (Smith et al., 2012).

When all the identified thematic connections have been made, and the IPA researcher feels ready, the next recommended step is to create a visual representation of the identified themes. The most common visual representations used in IPA research are graphs and tables (Smith et al., 2012).

Fifth IPA Guideline

The fifth IPA data analysis guideline is to repeat the first four IPA data analysis guidelines for each participant (Smith et al., 2012). This process is repeated until each participant's interview has been completed. During this process, it is important for an IPA researcher to treat each participant as if they are an individual case study. This requires an IPA researcher to bracket the themes from each participant's interview while focusing on the next participant's interview. According to Smith et al. (2012), rigorously following the first four data

analysis guidelines should assist an IPA researcher to hold each participant's interview as its own experience.

Sixth IPA Guideline

The sixth and final IPA data analysis guideline is when the IPA researcher explores thematic patterns across all of the data collected (Smith et al., 2012). This IPA guideline is often considered the most creative experience for an IPA researcher. It is during this process that an IPA researcher can connect their own interpretations and the participants' voices in a truly collaborative process.

An IPA researcher examines all the individual super-ordinate themes derived from each of the participants' interviews and then looks for connection between themes and their potency. During this process, an IPA researcher may decide to reconfigure and relabel themes especially when an identified super-ordinate theme of one participant's interview illuminates a missed theme in another participant's interview. As in the fourth IPA data analysis guideline, once all of the overarching themes are identified and it appears all participant interviews have been mined for "gems," the consolidated overarching themes are usually represented in a visual format (Smith et al., 2012). It is important to note that an IPA researcher must be cautious to not erase or collapse meanings in the attempt to create the final overarching themes.

Presentation of Data

For an IPA research study, there are two primary approaches to the presentation of data (Smith, 2008). The first approach is to present the results section containing the thematic analysis and then have a discussion section in which links the analysis to the data. The second approach is to combine the results and discussion sections and to present each theme with the data. For the purpose of this study, I chose to use the first data presentation approach.

Proposed Timeline

The steps and timeline were as follows:

1. Take the necessary steps to receive approval from the Institutional Review Board (IRB). Six weeks was allotted as the potential time frame.

2. E-mail requesting participation to the members of the CESNET-L was sent. Potential participants were asked to reply to the CESNET-L email indicating interest. Six weeks was allotted as the potential time frame.

3. Once a minimum of three potential participants indicated interest, they were provided with a list of interview questions and asked to supply information regarding potential availability for an interview via the online platform Zoom. Two weeks was allotted as the potential time frame.

4. Once a minimum of three participants committed to the study, informed consent was collected, and the semi-structured interview was scheduled and conducted. Four weeks was allotted as the potential time frame.

5. The interviews were recorded, initial notes taken, and the recordings transcribed verbatim in accordance with IPA methodology. Four weeks was allotted as the potential time frame.

Ethical Considerations

Although no serious ethical threats were predicted to be posed to the participants, precautions were taken to ensure the rights and protections of the participants. This included informed consent procedures as outlined by Antioch University (2019).

As required by Antioch University policy (2019), this study was reviewed and approved by the local IRB before any further steps were taken. Based on my understanding of the

categories of research, it was predicted this study would be given an expedited review by the IRB. This study met the qualifications of an expedited review based on category two which is for the research study to involve no more than minimal risk to participants. Because this study only included participants who were 18 years and older, utilized a semi-structured interview, and did not use any deception, I applied for an expedited review. I followed the necessary IRB application steps as outlined by Antioch University (2019), and I completed the Collaborative Institutional Training Initiative (CITI) modules as required by Antioch University (2019).

CHAPTER III: REVIEW OF LITERATURE

My purpose for this IPA research study was to explore the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision. This chapter includes an introduction to foundational topics for this study, a description of my literature review process, an overview of the theoretical framework utilized, and a review of the relevant literature.

Culturally aware clinical supervision requires knowledge of cultural identities beyond just ethnicity, gender, and race; it needs to integrate other cultural identities including, but not limited to, abilities, affectional orientation, age and generational cohorts, gender identity and expression, and social locations in the supervision process (Norman, 2015; Peters, 2017; Tohidian & Quek, 2017).

Although there is an abundance of professional counseling literature supportive of culturally aware clinical supervision; the primary focus has been on ethnicity, gender, and race, excluding other cultural identities (Norman, 2015; Peters, 2017). Professional counseling literature focused on the practice of clinical supervision depicts a limited portrayal of the many cultural identities clinical supervisors and supervisees will experience both personally and professionally. Facets of cultural identity, such as abilities, age and GCA, and socioeconomic status, and the practice of clinical supervision has been neglected in the professional counseling literature.

Subsequently, there is a need for a greater understanding of how expanded cultural identities are addressed by clinical supervisors during the practice of clinical supervision. This

study focused specifically on how ACGAs are addressed as a cultural consideration during the practice of clinical supervision.

Literature Review Search

My literature search included the following databases: PsycBooks, PsycInfo, ProQuest Psychology Database, and Google Scholar. In addition to database searches, a journal specific approach was used. Initially, specific journals searched included: *Journal of Counseling & Development, Counselor Education & Supervision,* and *Journal of Multicultural Counseling and Development*. During the final stage of this literature review additional specific journals searched included: *Journal of Marital and Family Therapy* and *Journal of Family Therapy*. Initially the range of years searched included "anytime"; as the literature search became more focused years searched ranged from 2000 to present.

For both database and journal specific searches key phrases and words included: age and counseling, age and clinical supervision, ageism, ageism and clinical supervision, ageism and counseling, clinical supervision, clinical supervision, competency-based counseling, competency-based clinical supervision, cross-cultural clinical supervision, cultural counseling, cultural clinical supervision, diversity and clinical supervision, feminist clinical supervision, generational cohorts, generational cohorts and clinical supervision, generational cohorts and counseling, identity, identity and counseling, identity and clinical supervision, intersectionality, intersectionality and counseling, intersectionality and clinical supervision, multicultural clinical supervision, and post-colonial clinical supervision.

For this literature search both primary and secondary sources were included. The process of inclusion screening included both screening at the citation level and screening at the full-text level. During the citation level screening all literature with one of the key phrases or words in the

title was considered and imported into the citation manager, RefWorks. Next, all literature was sorted by publication year with preference towards years 2010 and later. Any literature published 2010 and later was reviewed for full text availability. Literature with full text availability, published 2000 and later, with one of the key phrases or words in the title was moved to the next level of inclusion screening.

During the full-text level screening, all literature was sorted into the following categories: competency-based clinical supervision, professional counseling field specific, general clinical supervision, generational cohorts, cultural (and related descriptors) clinical supervision, cultural (and related descriptors) counseling, other mental health professions, and specific identities clinical supervision. Initially, the categories of competency-based clinical supervision, cultural (and related descriptors) clinical supervision, and specific identities clinical supervision were prioritized. The category of cultural (and related descriptors) counseling was further sorted into categories of affectional orientation, ethnicity and race, gender, and other identities. As the literature search continued, additional categories were also prioritized including age and counseling, age and clinical supervision, GCA and counseling, and GCA and clinical supervision.

Literature in the above categories was examined and further sorted into include, exclude, and maybe categories. An Excel spreadsheet was used to sort the literature in the include, exclude, and maybe categories along with notes explaining reasons for including and excluding specific literature. During the literature search, the key phrases and words ageism, clinical supervision, competency-based clinical supervision, feminist clinical supervision, generational cohorts, cultural (and related descriptors) clinical supervision, and cultural (and related descriptors) counseling produced significant results from all of the mental health professions.

Results were sparse regarding age and professional counseling; age and clinical supervision; and GCA and professional counseling; even less was found regarding GCA and clinical supervision. Therefore, although I initially intended to include only professional counseling literature for review, it became clear that due to the lack of relevant resources, it would be beneficial to include marriage and family therapy, counseling psychology, and psychology literature for review as well. The latter three fields' literature is referred to as mental health literature throughout this literature review.

During the final stage of this literature review professional counseling literature and mental health literature were included. In the ACGA and professional counseling section of this literature review two final categories were used: (a) AGCA and professional counseling in professional counseling literature, and (b) ACGA and mental health services in mental health literature. Within these two categories five subthemes were used: (a) age and ageism, (b) GCAs, (c) identity, (d) intersectional identity, and (e) need for professional counselors.

In the ACGA and clinical supervision section of this literature review, two final categories were used: (a) AGCA and clinical supervision in professional counseling literature, and (b) ACGA and clinical supervision in mental health literature. Within these two categories four subthemes were used: (a) age and ageism, (b) GCAs, (c) identity, and (d) intersectional identity.

Theoretical Framework

My purpose for this IPA research study was to explore and understand the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration in clinical supervision. To do so, it was important for me to explore, understand, and encapsulate how

culture, cultural identities, and the practice of clinical supervision are addressed in the professional counseling literature and mental health literature.

Clinical supervision addressing culture, cultural identities, diversity, and or isms, is referred to by various labels in professional counseling literature and mental health literature including cross-cultural clinical supervision, cultural clinical supervision, multicultural clinical supervision, multidimensional clinical supervision, and post-colonial clinical supervision (Ancis & Marshall, 2010; Falender et al., 2013; Hall & Spencer, 2017; Wong et al., 2012). All these nomenclatures describe the practice of clinical supervision focused on culture and cultural identities, albeit some identities more than others, as an approach to working with counseling supervisees (Popejoy et al., 2020; Schroeder et al., 2009). For this study, I utilized the phrase culturally aware clinical supervision to encapsulate all the above categorizations and descriptors.

The professional counseling field has grown beyond the idea that professional counselors can achieve competence without utilizing a culturally aware lens with clients; and instead, has embraced the idea that to be a competent counselor is to be a culturally aware counselor (Norman, 2015; Ratts, 2017; Ratts et al., 2015). Professional counselors must utilize a culturally aware lens in their approach to clinical practice to meet the needs of their clients (Ratts, 2017). Therefore, clinical supervisors, utilizing the parallel process concept, must also utilize a culturally aware lens in their approach to the practice of clinical supervision to meet the needs of their counseling supervisees (Norman, 2015).

The professional counseling literature and mental health literature has reported that culturally aware clinical supervisors enhance counseling supervisees' cultural competence by modeling cultural client conceptualizations and initiating discussions of cultural factors and identities in the clinical supervision process (Norman, 2015; Phillips et al., 2017; Soheilian et al.,

2014). Research has shown that attention to culture, cultural identities, and diversity in the practice of clinical supervision has benefits to the cultural competencies of professional counselors, increases the strength of the clinical supervisory relationship, and increases supervisees satisfaction with clinical supervision (Norman, 2015; Phillips, 2017; Soheilian et al., 2014).

Culturally aware clinical supervision has some variety in approach and focus (Falender et al., 2013; Phillips et al., 2017) and, therefore, multiple theoretical assumptions. For this study, I utilized the following culturally aware clinical supervision theoretical assumptions: (a) cultural competence is a lifelong process (Morice & Fay, 2013), (b) competent cultural clinical supervisors engage in a culturally humble stance (Hook et al., 2016), and (c) clinical supervision is always a cultural encounter (Falender et al., 2014).

Review of the Literature

Seven aspects of the professional counseling literature and the mental health literature were critically reviewed for this study: (a) cultural clinical supervision, (b) cultural identities and clinical supervision, (c) age as cultural identity, (d) generational cohorts as cultural identity, (e) AGCA, and professional counseling, (f) AGCA and clinical supervision, and (g) gaps in clinical supervision literature.

Cultural Clinical Supervision

As stated by Trimble and King (2014), "Supervision provides a process to illuminate the handprint of culture" (p. 231). Research indicates cultural competence is an essential component of clinical supervision (Ancis & Marshall, 2010; Norman, 2015; Watkins et al., 2019). In addition, the professional counseling literature and the mental health literature has consistently reported clinical supervisors must integrate cultural awareness and cultural issues of concern into

practice when engaging with counseling supervisees to ensure competent and ethical clinical supervision (Ancis & Marshall, 2010; Jones et al., 2019; Soheilian et al., 2014; Wong et al., 2012)

In support of the professional counseling literature, the Association for Counselor Education and Supervision (ACES; 2011) included diversity and advocacy considerations as one of the 12 areas of focus for clinical supervisors. In addition, the ACA Code of Ethics (2014) emphasized the importance of multicultural diversity competence by stating counselor educators should actively infuse diversity competency in training and supervision practices by training students to gain awareness, knowledge, and skills in competent cultural practice.

Cultural awareness needs to permeate every aspect of clinical supervision as it is an opportunity to foster cultural integration in counseling supervisees' development and training (Falender, 2014; Jones et al., 2019). To do so, clinical supervisors are responsible for prioritizing cultural awareness, competence, and humility based on their hierarchical position of power and privilege in the practice of clinical supervision (Estrada, 2018; Falicov, 2014; Phillips et al., 2017; Smith & Koltz, 2012).

In addition, the practice of culturally aware clinical supervision requires clinical supervisors to possess the necessary awareness, knowledge, and skills to be able to recommend the use of culturally sensitive interventions, engage in culturally aware client conceptualization, evaluate supervisees' cultural awareness and competency, and model how to facilitate specific cultural conversations (Hook et al., 2016; Norman, 2015; Soheilian et al., 2014). It has been demonstrated in the professional counseling literature and mental health literature when clinical supervisors focus on culture awareness supervisees are more likely to engage in cultural case conceptualization (Day-Vines et al., 2018).

Various competencies, dimensions and domains have been created in the professional

counseling and mental health literature to guide culturally aware clinical supervision (Ancis &

Marshall, 2010; Bernard & Goodyear, 2019; Norman, 2015). For example, Taylor et al. (2006)

reported effective culturally aware clinical supervision requires clinical supervisors to (a) be

responsible for addressing cultural issues within the clinical supervision triad, (b) promote

culturalism within their institutions, (c) recognize how their own worldviews as well as

supervisees' and clients' worldviews impact therapy, (d) include cultural issues and (e) develop

specific, stage-by-stage cultural competency goals for counseling supervisees. Whereas,

according to Bernard and Goodyear (2019), culturally aware clinical supervisors must attend to

the following four dimensions of clinical supervision practice: (a) intrapersonal dimension of

identity; (b) interpersonal dimension of identity: biases, expectations, and prejudices; (c)

interpersonal dimension of identity: responding to others' cultural identity and behavior; and (d)

sociopolitical dimension: privilege, oppression, and institutionalized isms.

Cultural Identities and Clinical Supervision

Due to the positive influences of feminism theory and multicultural theory, amongst

others, the professional counseling field has historically focused on ethnicity, gender, and race

cultural identities (Hays, 2016). However, as the professional counseling field has continued to

evolve, its understanding of cultural identities has expanded (Hays, 2016; Norman, 2015). In

more recent professional counseling literature and mental health literature, culture has been

defined as a multidimensional social construct comprised of identities including, but not limited

to, ability, age, affectional orientation, ethnicity, gender, generational cohort, religion, and socio-

economic class (Peters, 2017; Ratts, 2017).

For example, Hays' (2016) ADDRESSING Model is a framework for professional counselors to consider both their own cultural identities and the cultural identities of clients. The ADDRESSING Model addresses nine cultural identities including age and generational influences, developmental disabilities, indigenous heritage, and socioeconomic status. The ADDRESSING Model framework is one example of the expansion of the understanding of culture and cultural identities within the professional counseling literature and the mental health literature (Hays, 2016).

Although the professional counseling field has evolved to include expanded cultural identities, there has not been a similar evolution in the professional counseling literature or in the mental health literature focused on the practice of clinical supervision (Gutierrez, 2018; Ladany, 2014; Norman, 2015). Within the professional counseling literature and the mental health literature there continues to be sparse mention of an understanding of expanded cultural identities and the practice of clinical supervision (Peters, 2017; Soheilian et al., 2014).

The primary focus in the professional counseling literature, the mental health literature, and in the practice of clinical supervision has remained on the cultural identities of ethnicity, gender, and race. For example, a study by Soheilian et al. (2014) showed when clinical supervisors address identity in the practice of clinical supervision, cultural identities were discussed in the following order: race, gender, ethnicity, religion/spirituality, general culture, sexual orientation, socioeconomic status, age and other. When reporting which cultural identities had been addressed during their experiences of clinical supervision, out of the 102 participants in the study, 43 reported race, 22 reported gender, and 18 reported ethnicities, whereas six reported affectional orientation and only four reported age had been addressed (Soheilian et al., 2014).

It is critical for culturally aware clinical supervisors to move beyond a singular understanding of cultural identities, beyond consideration of just ethnicity, gender, and race. To expand cultural awareness for themselves and for their counseling supervisees, clinical supervisors must understand the complexity and intersectionality of cultural identities (Chun & Singh, 2010; Gutierrez, 2018; Hernandez & McDowell, 2010). In doing so, clinical supervisors can then model for their counseling supervisees awareness and understanding of expanded cultural identities and the impacts on lived experiences, mental and physical health, and relationship dynamics (Peters, 2017).

Clinical Supervisory Relationship

A strong working relationship between clinical supervisor and counseling supervisee is critical for the practice of effective clinical supervision (Ladany, 2014). To authentically and effectively engage in the practice of culturally aware clinical supervision, clinical supervisors must develop a strong working relationship, or alliance, with their counseling supervisees to support a safe environment in which potentially emotion laden topics are broached (Hall & Spencer, 2017; Schroeder et al., 2009). Professional counseling research and mental health research have repeatedly shown a strong clinical supervisory relationship fosters a parallel process to allow for counseling supervisees to develop and learn necessary counseling competencies and skills (Jones et al., 2019; Norman, 2015).

From a systems perspective, the clinical supervisory relationship is not just a relationship of two individuals, it is a relationship of at least three individuals or three systems. Professional counseling literature and mental health literature has described clinical supervision as a relationship between three individuals, or systems, and the inner world of all three (Berger et al., 2017). This system is often referred to as the clinical supervision triad or clinical triad.

Clinical supervisors, counseling supervisees, and clients enter into a clinical triad with their own individual cultural identities, encompassing age, ability, affectional orientation, ethnicity, gender, gender identity, generational cohort affiliation, national origin, race, religion and spirituality, and socioeconomic status amongst others, perspectives, and worldviews (Falender, 2014; Jones et al., 2019; Watkins et al., 2019). An overlap of cultural identities, perspectives, and worldviews between clinical supervisors and counseling supervisees, between counseling supervisees and clients, between clinical supervisors and clients, and between the clinical supervision triad often occurs (Greene & Flasch, 2019; Peters, 2017; Watkins et al., 2019).

However, some cultural identities, perspectives, and worldviews will be uniquely individual and there may be no overlap within the clinical triad (Falender, 2014). To achieve cultural awareness, similarities and differences of cultural identities, perspectives, and worldviews must be acknowledged and addressed during the practice of clinical supervision. Without awareness and understanding of cultural similarities and differences, rifts are created within the different relationships of the clinical triad (Jones et al., 2019; Peters, 2017).

Cultural awareness is limited in capacity to repair rifts within the clinical triad if deep discussions of cultural identities remain limited during the practice of clinical supervision (Phillips et al., 2017; Soheilian et al., 2014). To engage in deep discussions regarding cultural similarities and differences, it is the responsibility of clinical supervisors to address expanded cultural identities and not just limit discussions to ethnicity, gender, and race (Falender et al., 2013; Peters, 2017; Phillips et al., 2017).

Age as Cultural Identity

Aging is a universal biological process and is often described as a chronological identity (Jones-Smith, 2019). For example, the American Psychological Association (APA; 2014) defined older adults, and therefore older clients, as individuals 65 years and older.

However, age is not only a chronological identity; it is also a culturally constructed identity with impact on an individual's sociocultural status across the lifespan (Pichler et al., 2018). Age as a cultural identity, much like other cultural identities such as ethnicity, gender, and race, is impacted by sociocultural factors (Ayalon & Tesch-Romer, 2018). Sociocultural factors that impact age as a cultural identity include individual and global historical events, intersection with other cultural identities, and socioeconomic inequalities (Pichler et al., 2018).

Comparisons have been drawn between age identity and other cultural identities. Age effects how individuals identify themselves and others, similarly to how individuals identify themselves and others using ethnicity, gender, and race (Pichler et al., 2018). According to the Pew Research Center (2015), age is considered one of the most common predictors of differences in individuals' attitudes and behaviors. Age has also been acknowledged as a dynamic cultural identity (Lehoczky, 2013) which differs from some cultural identities such as ethnicity, gender and race; age, depending on lifespan stage, can be viewed as both a privileged and oppressed cultural identity (Krekula et al., 2018).

Ageism

The term "ageism" was first used by Butler to describe negative attitudes and perceptions of one age group towards another age group (Levy & Macdonald, 2016). Butler argued ageism was bidirectional and most prevalent from middle-aged individuals towards both younger and older age individuals (Ayalon & Tesch-Romer, 2018).

Ageism is comprised of two primary components: (a) ageist attitudes, biases, and stereotypes; and (b) discriminatory behaviors that disadvantage or exclude individuals based on age (Raymer et al., 2017). Although ageism is defined as discrimination based on any age group, it is most often utilized to describe discrimination towards older individuals (Ayalon & Tesch-Romer, 2018; Levy & Macdonald, 2016). Reverse ageism, or ageism of younger adults, has been established in the business field literature and is often expressed using GCAs (Gargouri & Guaman, 2017; Raymer et al., 2017).

Ageism research has drawn comparisons to other -isms such as genderism and racism in regard to the detrimental effects of ageist microaggressions, negative ageist labeling language, and internalized ageism on individuals (Ayalon & Tesch-Romer, 2018; Raymer et al., 2017). Although some fields of study, such as professional counseling, have neglected ageism research (Lehoczky, 2013; North & Fiske, 2013) other fields such as the physical health fields indicate ageism may now be more prevalent than genderism and racism on a global scale (World Health Organization, 2015).

It is important to consider ageism as a mechanism creating social injustice, and at the same time, it is important to consider ageism through the lens of intersectionality (Ayalon & Tesch-Romer, 2018). When age is combined with other identities such as ability, gender, and socioeconomic status, ageism, as with other isms, is compounded (Ayalon & Tesch-Romer, 2018; Levy & Macdonald, 2016). For example, the APA (2014) reported research that showed an intersection of ageism with genderism.

Generational Cohort Affiliations as Cultural Identity

GCAs have been examined from a cultural, psychological, and sociological perspectives (Van Rossem, 2018). Each of these perspectives have created various definitions of GCAs

(Rudolph & Zacher, 2017; Van Rossem, 2018). Parry and Urwin (2017) defined GCAs as "an identifiable group that shares birth years, age, location and significant life events at critical developmental stages" (p. 140). For this study, I used Parry and Urwin's (2017) definition of GCAs.

GCA, like other cultural identities, is a socially constructed identity (Aboim & Vasconcelos, 2014; Campbell et al., 2015; Van Rossem, 2018). GCAs have been referred to as "shared cultural" identities which allow for an identity perspective beyond just ethnicity, gender, race, and social class (Napoli, 2014, p. 183). In addition, GCAs, as cultural identities, have been compared to ethnicity, gender, and race in terms of social construction and demographic grouping (Campbell et al., 2015; Napoli, 2014; Urick, 2012). As with other cultural identities, GCAs are subject to assumptions, biases, and stereotypes (Campbell et al., 2015; Urick, 2012; Van Rossem, 2018). In the last few decades, there has been an increased focus on the differences between GCAs, which has led to increased reverse ageism (Raymer et al., 2017).

GCAs have been used extensively in research to analyze and track attitudes, beliefs, behaviors, trends, and values (Pew Research Center, 2015). This research has shown GCAs are affected by sociocultural factors which leads to a shared collection of beliefs, norms, and values. (Gentile et al., 2014; Parry & Urwin, 2017; Van Rossem, 2018). GCAs are described as having a bidirectional influence with culture as neither are static social constructs (Campbell et al., 2015).

GCA, like age, has been utilized as an intersectional factor with other cultural identities (Wang et al., 2012). A common use of GCAs as an intersectional factor, like age, is with affectional orientation identities (Dentato et al., 2014). For example, research on GCA and the LGBT community has included the impact of the Stonewall Inn protests and lived experiences of discrimination (Dentato et al., 2014).

Age, Generational Cohort Affiliation, and Professional Counseling

Thirteen articles referencing age and professional counseling were found in the professional counseling literature that met the above-described criteria for this IPA research study. Of the 13 articles found, six addressed age and ageism (Danzinger & Welfel, 2000; Foster et al., 2014; Fullen, 2016; Fullen, 2018; McBride & Hays, 2012; Wagner et al., 2019), one addressed identity (Ratts, 2017), four addressed intersectional identity (Fullen et al., 2019; Mabey, 2011; Muzacz & Akinsulure-Smith, 2013; Ratts et al., 2016), and two addressed the need for professional counselors (Briggs et al., 2011; Myers & Harper, 2004).

During this literature review, a total of seven articles were found in the mental health literature that met the above-described criteria for this IPA research study. Of the seven articles found, four articles addressed age and ageism (Keum, 2017; Lambert-Shute & Fruhauf, 2011; Nelson, 2016; Sabey et al., 2020) and four addressed intersectional identity (Hardy, 2018; Hinrichsen, 2006; Hinrichsen, 2008; LaRoche & Maxie, 2003).

Five articles that addressed GCAs and professional counseling that met the above-described criteria were found in the professional counseling literature that met the criteria for this study (Dollarhide & Haxton, 1999; Fleschner, 2008; Hicks et al., 2018; Maples & Han, 2008; Taylor et al., 2008). Of the five articles found in the professional counseling literature, all five described GCAs in terms of distinct identities with their own beliefs, behaviors, and values (Dollarhide & Haxton, 1999; Fleschner, 2008; Hicks et al., 2018; Maples & Han, 2008; Taylor et al., 2008). Of the five articles utilized for this literature review, three had a broad approach when discussing GCAs (Dollarhide & Haxton, 1999; Fleschner, 2008; Hicks et al., 2018), one focused specifically on the Millennial GCA (Maples & Han, 2008), and one article focused specifically on the Baby Boomer GCA (Taylor et al., 2008).

Five articles that addressed GCAs were found in the mental health literature that met the above-described criteria for this IPA research study (Handley et al., 2018; Knight & Poon, 2008; Mar et al., 2014; Servaty-Seib & Taub, 2010; Yeazel, 2015). All five of these articles referenced GCAs as distinct cultural identities. Two of the five articles addressed theories of clinical treatment within all GCAs (Handley et al., 2018; Knight & Poon, 2008) and the remaining three articles specifically addressed the Millennial GCA (Mar et al., 2014; Servaty-Seib & Taub, 2010; Yeazel, 2015).

Age and Professional Counseling

The field of professional counseling is continually impacted by demographic changes in the United States and globally. With an increase of diverse cultures and identities in the population, there is an increase in the diverse cultural identities of clients, counselors, counseling supervisees, and clinical supervisors (Christiansen et al., 2011; Mori et al., 2009; Soheilian et al., 2014; Tohidian & Quek, 2017).

In 2018, approximately 15% of the population in the United States was 65 years and older (Wagner et al., 2019). By 2050, the 60 years and older cohort is expected to reach 22% of the global population (Levy & Macdonald, 2016). Population aging statistics confirm the need for professional counselors to possess the attitude, knowledge, and skills necessary to work with clients 65 years and older (APA, 2014; McBride & Hays, 2012; Wagner et al., 2019).

The ACA (2014) has defined age as a cultural identity. For example, in the ACA Code of Ethics (2014) standard C.5 Nondiscrimination age, amongst other cultural identities, is acknowledged as a potential concern for discrimination, and standard E.8. Multicultural Issues/Diversity in Assessment mandates professional counselors recognize the affects age, amongst other cultural identities, may have on clients' assessment results.

Certain ACA professional counseling competencies mention developmental stages and the lifespan process as a part of their standards. Specifically, the ACA competencies regarding counseling multiracial and multiethnic clients (Alvarado et al., 2015), transgender clients (Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBT], 2009), and LGBQIQA clients (ALGBTIC, 2012) all mention age as a cultural identity. However, the *ALGBTIC Competencies for Counseling LGBQIQA* (2012) and the *ALGBTIC Competencies for Counseling Transgender Clients* (2009) are alone in specifically addressing age as a professional counseling competency concern.

For example, the ALGBTIC Competencies for Counseling LGBQIQA (2012) standard A.10. acknowledges age, amongst other cultural identities and factors, as influencing development of lesbian, gay, bisexual, queer, and questioning (LGBQQ) identities, and standard B.7. addresses ageism, amongst other isms, as potentially influencing professional counselors and their work with clients. The *ALGBTIC Competencies for Counseling Transgender Clients* (2009) standard B.4. also acknowledges ageism, amongst other isms, as influencing professional counselors in having negative attitudes towards transgender clients, and standard B.5. names age, amongst other cultural identities, as an intersecting identity for transgender clients.

The American Mental Health Counseling Association (AMHCA) addresses age in developmental stages and lifespan process language in both their Code of Ethics (2020a), and in their Standards for the Practice of Clinical Mental Health Counseling (2020b). The AMHCA (2020) ethical codes specifically mention age as a cultural identity. Specifically, the ethical code C.2.a. mentions age, amongst other cultural identities, as a concern of discrimination, and the ethical code D.1.a. mentions age, amongst other cultural identities, as a consideration for appropriate, reliable, and valid assessment methods (AMHCA, 2020a).

The AMHCA Standards for the Practice of Clinical Mental Health Counseling (2020b) addresses contains two specific age standard sections: G. Child and Adolescent Standards and Competencies, and H. Aging and Older Adults Standards and Competencies. Whereas both AMHCA (2020b) standards acknowledge age as both developmental stages and as a lifespan process; standard G. Child and Adolescent Standards and Competencies addresses age as a component of cultural competency.

"LCMHCs working with children and adolescents require specialized culturally competent knowledge and skills pertinent to the inter-related domains of development —cognitive, neurological, physical, sexual, and social development" (AMHCA, 2020b, p. 30). In addition, the AMHCA (2020b) standard V.C.1.b. addresses age, amongst other cultural identities and factors, as a factor for understanding the impacts of trauma on clients, and standard V.C.2.f. mandates the use of age-appropriate interventions with clients.

Unfortunately, even with the above detailed need, ethical codes, and standards of practice, some professional counselors appear lacking in understanding age as a cultural competency factor, especially with older clients. Ageism has been evident amongst mental health professionals including professional counselors (APA, 2014).

Research studies reported some professional counselors express, not only a lack of interest in working with older clients, but also a negative preference against working with them (Bodner et al., 2018; Fullen, 2016; Wagner et al., 2019). Reasons for professional counselors' expressed lack of interest and negative preferences included: (a) ageist attitudes, beliefs, and biases; (b) lack of access to older clients; and (c) a lack of training in working older clients (Bodner et al., 2018; McBride & Hays, 2012; Wagner et al., 2019).

Some of the attitudes, beliefs, and biases reported by professional counselors included belief that older clients are incapable of therapeutic growth, an assumption of slower treatment progress for older clients, and expectations of negative treatment outcomes for older clients (McBride & Hays, 2012). In addition, professional counselors reported they believed counseling with older clients would be difficult due to challenges in cognition, memory, and mental rigidity (Bodner et al., 2018).

Professional counselors demonstrated their lack of training to work with older clients through expressed erroneous views of the aging process. Amongst the erroneous views expressed, professional counselors reported depression, less life satisfaction, and stagnant personal growth as natural consequences of the aging process (Bodner et al., 2018). In addition, research has shown professional counselors diagnose older clients inaccurately, hypothesize more severe prognoses for older clients, and are less likely to refer older clients for specialty treatment such as sex therapy (Bodner et al., 2018; McBride & Hays, 2012).

While there is some evidence of professional counselor bias when working with the geriatric population, there is no evidence in either the professional counseling literature or the mental health literature of considering professional counselors' ageism, ageist attitudes, or lack of ability to work with older clients as an issue of cultural awareness or competence (McBride & Hays, 2012). This contradicts professional counseling ethical codes, literature, and standards which mandate professional counselors' need to consider diversity through the lens of AGCA perspectives (Hicks et al., 2018).

Generational Cohort Affiliation and Professional Counseling

During this literature review, it was found that in the professional counseling and mental health literature GCAs were most often mentioned in terms of attitudes, behaviors (Dollarhide &

Haxton, 1999; Fleschner, 2008; Mar et al., 2014), service needs and preferences (Hicks et al., 2018; Maples & Han, 2008; Mar et al., 2014; Servaty-Seib & Taub, 2010; Taylor et al., 2008; Yeazel, 2015). For example, according to the APA (2014), "Each generation has unique historical circumstances that shape that generation's collective social and psychological perspectives throughout the lifespan" (p. 40).

Amongst the professional counseling competencies, ethical codes, and standards reviewed only two mention GCAs as a cultural consideration (ACA, 2015; AMHCA, 2020b). For example, the AMHCA (2020b) standard H. Aging and Older Adults Standards and Competencies addresses GCA. Standard H.2.C. states professional counselors must demonstrate recognize "all multicultural considerations unique to older adults, particularly generational values and age-related abilities" (AMHCA, 2020). In addition, the ACA's Competencies for Counseling the Multiracial Population (2015) address GCA specifically by stating professional counselors will, "Appreciate how each generation (such as the Silent Generation versus Millennial) affects acceptance experiences of couples" (p. 10).

Differing experiences and values can be barriers in communication and understanding amongst different GCAs (Handley et al., 2018). For professional counselors, it is important to be aware of and address any potential barriers in communication with clients due to the potential affect those communication barriers may have on counseling effectiveness and therapeutic relationships. It is necessary for professional counselors to be aware of their own GCAs and whether they are the same or different from their clients' GCAs (Dollarhide & Haxton, 1999; Handley et al., 2018; Yeazel, 2015).

Age, Generational Cohort Affiliations, and Clinical Supervision

During this literature review, 18 articles referencing age and clinical supervision were found in the professional counseling literature that met the above-described criteria for this IPA research study. Of the 18 articles eight addressed age as a cultural identity (Fickling et al., 2019; Hernandez, 2008; Lam et al., 2013; Lenes et al., 2020; Nelson et al., 2006; Norman, 2015; Rowell, 2009; Sangganjanavanich & Black, 2011), seven addressed age as an intersectional identity (Granello, 2003; Li et al., 2018; Ober et al., 2009; Peters, 2017; Shannon, 2019; Somerville et al., 2019; Suh et al., 2018), and three addressed ageism and clinical supervision (Burton, 2011; Garrett et al., 2001; Popejoy et al., 2020).

Seventeen articles were found in the mental health literature that met the above-described criteria for this IPA research study. Of the 17 articles found, 13 articles addressed age as a cultural identity (Berger et al., 2017; Childs, 2020; Falender et al., 2004; Gloria et al., 2008; Hagler, 2020; Kaduvettoor et al., 2009; Lee & Kealy, 2018; Morice & Fay, 2013; Phillips et al., 2017; Soheilian et al., 2014; Tohidian & Quek, 2017; Watkins et al., 2019) and four articles addressed age as an intersectional identity (Mori et al., 2009; Shipman & Martin, 2017; Siddique, 2017; Taylor et al., 2006).

During this literature review, only two articles referencing GCA and clinical supervision were found in the professional counseling literature that met the above-described criteria for this IPA research study (Lam et al., 2013; Smith & Koltz, 2012). One of the articles described GCA as an intersectional identity and its impact on the self-efficacy of supervisees (Lam et al., 2013). The second of the two articles explored the impact a specific GCA may have on the practice of clinical supervision (Smith & Koltz, 2012). During this literature review, there were no articles found in the mental health literature that referenced GCA and clinical supervision.

Age and Clinical Supervision

In the professional counseling literature and the mental health literature, the topic of age and clinical supervision is addressed in three ways: (a) age as a cultural identity, (b) age as an intersectional cultural identity, and (c) ageism. However, out of the articles found in the combined professional counseling literature and mental health literature, 31 of the articles referenced age as a cultural identity or an intersectional identity. However, in those 31 articles, age was only mentioned as a part of a list of other cultural 38 identities. None of the 34 articles included a discussion or an exploration of age as anything but one of many cultural identities experienced within the clinical supervision triad. Additionally, list presentation was found in the three articles that referenced ageism and clinical supervision. When ageism and clinical supervision was referenced in the professional counseling literature, it was done so in list format with other isms such as ableism, racism, and sexism.

Three articles out of the 38 articles explored age as an intersectional identity for supervisees (Granello, 2003; Li et al., 2018; Suh et al., 2018). Of these three articles, two addressed age as an intersectional cultural identity of Asian supervisees (Li et al., 2018; Suh et al., 2018), and one article addressed age as an intersectional identity with gender (Granello, 2003). One article out of the 38 explored age as one of three cultural identities to have impact on supervisees (Lam et al., 2013).

The Li et al. (2018) conceptual article was primarily an exploration of utilizing the Integrative Developmental Model (IDM) when working with Asian international supervisees. Age, as an intersectional identity factor, was presented as a factor linked with the Confucianism expectation that older equates more autonomous and more mature (Li et al., 2018).

Li et al. (2018) recommended that clinical supervisors need to explore what age means to their Asian international supervisees in terms of growth during the clinical supervision process. It was also recommended for clinical supervisors to be especially cognizant of age as a cultural factor if the clinical supervisor is younger than the Asian international supervisee. Although age, as an intersectional identity, is not the focus of the Li et al. article, it is clear age was considered a cultural factor that needed to be addressed within the practice of clinical supervision.

The Suh et al. (2018) study's purpose was to compare American and South Korean supervisees on the dimensions of self-confidence specifically exploring self-efficacy and self-esteem while attempting to control for certain variables including cultural factors such as age. Suh et al. found the correlation between age, self-efficacy, and self-esteem were positively correlated for both the American and the South Korean supervisees. However, the correlation between age, self-efficacy, and self-esteem were statistically more significant with the South Korean supervisees than with the American supervisees (Suh et al., 2018). Age was also more statistically significant for the South Korean supervisees than the other variables controlled including academic degree, clinical experience, and clinical supervision time, which was not the same for the American supervisees. Suh et al. (2018) hypothesized that the impact of age as a factor for the South Korean supervisees "might also be related to the cultural value of respect and deference to the elderly in South Korea" (p. 263).

The third article, which included age as an intersectional cultural identity, was Granello's (2003) study on the effects of age and gender on influence strategies used in the practice of clinical supervision. Granello chose to utilize age and gender as intersectional cultural identities and explore their effects on the practice of clinical supervision. Granello's study was an integration of previous studies that had examined gender and age as intersectional cultural

identity factors in the practice of supervision. Granello referenced studies from the professional counseling literature and the mental health literature which had focused on the impact of gender on the practice of clinical supervision and studies from the organizational psychology literature which had explored the effects of age on supervision in the business field.

Granello (2003) reported previous studies in the professional counseling literature and mental health literature had indicated differences between the treatment of male and female counseling supervisees by clinical supervisors. Specifically, clinical supervisors asked more opinions and suggestions from male counseling supervisees than from female counseling supervisees and told male counseling supervisees "what to do" less often than female counseling supervisees (p. 190). Granello also noted other studies examining age differences between clinical supervisors and counseling supervisees in the business field had been shown to affect clinical supervision satisfaction ratings, counseling supervisee performance ratings, and counseling supervisee attitude, commitment, and motivation.

Granello (2003) found differences in influence strategies with both age and gender separately and as intersectional cultural identities. There were significant differences found in how older male supervisees responded to and were treated by clinical supervisors especially in comparison to older female supervisees (Granello, 2003).

> Supervisors asked older male supervisees for their opinions, analysis or evaluation more than 6 times as often as they did older female supervisees, and older male supervisees gave suggestions more than 10 times as often as did older female supervisees. (Granello, 2003, pp. 199-200)

Granello (2003) concluded, based on her results, the intersection of age and gender as cultural identities has impact on the clinical supervisory relationship and bears further investigation.

Granello's conclusions support the suggestion that clinical supervisors must monitor themselves for any possible biases regarding age and or gender and pursue training specifically focused on the effects of intersectional identities of age and gender and how they impact the clinical supervisory relationship. Recommendations for further research including: (a) exploring age as an intersectional cultural identity and the practice of clinical supervision, and (b) exploring the impact of age differences between counseling supervisees and clinical supervisors parallel to studies in the business field (Granello, 2003).

The Lam et al. (2013) study explored the impact that age, ethnicity, and gender have on the feelings of self-efficacy held by counseling supervisees. This study examined these three cultural identities as standalone identities without intersection (Lam et al., 2013). Interestingly, this study did include GCA as a part of their consideration regarding age which will be discussed in the next section. Although age was acknowledged as its own cultural identity; Lam et al. also interwove age and consideration of developmental stages and how the combination of the two might impact the self-efficacy of counseling supervisees.

The Lam et al. (2013) study reported some significant difference in how age and ethnicity impacted supervisees' feelings of self-efficacy, whereas gender had no significant difference. Although this study did not examine the intersection of the three cultural identities studied, the researchers did recommend further studies be done to examine the intersection of age and ethnicity and the further impact this may have on supervisees' feelings of self-efficacy. Unfortunately, Lam et al. gave little recommendation to clinical supervisors beyond their need to be aware of the impact of age and ethnicity on counseling supervisees' feelings of self-efficacy and to conduct ongoing discussions with counseling supervisees regarding the impacts.

Generational Cohort Affiliations and Clinical Supervision

GCA and clinical supervision in the professional counseling literature, as well as the

mental health literature is almost non-existent. The two articles found during this literature

review were both in the professional counseling literature. The first article explored GCA as an

intersectional identity and its impact on the self-efficacy of supervisees (Lam et al., 2013);

whereas the second article described a specific GCA, the Millennial GCA, and its unique needs

in the practice of clinical supervision (Smith & Koltz, 2012).

Lam et al. (2013) identified GCA as an intersectional identity, but the primary focus of

the article was on the specific cultural identities of age, ethnicity, and gender of counseling

supervisees the impact on feelings of self-efficacy as mentioned in the above section. GCA is

referenced as an intersectional identity with age and how that intersection can impact a

counseling supervisee's sense of self (Lam et al., 2013). The article discusses specific GCAs,

Baby Boomers, Generation Xers, and Generation Yers, and their unique characteristics and how

they may differ in terms of group identity versus self-identity as well (Lam et al., 2013).

Because Lam et al. (2013) were specifically examining GCA as its own identity, their

results did not include an analysis of GCA impact on counseling supervisees' feelings of

self-efficacy. However, Lam et al. had two recommendations regarding GCA. The first

recommendation was for clinical supervisors to be aware of the different beliefs and values of

each GCA and to increase their sensitivity to those differences. The second recommendation was

further research to explore the intersection of GCA with both ethnicity and gender identities

(Lam et al., 2013).

The second article found during this literature review identified GCA as a cultural

identity by exploring the needs of Millennial counseling supervisees during clinical supervision

(Smith & Koltz, 2012). Smith and Koltz (2012) included GCA amongst the cultural, ethnic, gender differences important to understand regarding the practice of clinical supervision. In the article, GCAs are described as being uniquely impacted by various sociocultural forces and as having bidirectional impact on other GCAs (Smith & Koltz, 2012).

GCAs are acknowledged as having both differences and similarities and, therefore, supervisees have specific needs according to their GCA. According to Smith and Koltz (2012), acknowledging both the differences and similarities of a counseling supervisee's GCA is "at the very heart of multicultural counseling" (p. 56). Smith and Koltz reported the GCA differences between clinical supervisors and supervisees can lead to assumptions and miscommunication which can create challenges in the clinical supervisory relationship.

Unique characteristics of the Millennial GCA described included: (a) specialness; (b) sheltered; (c) motivated, goal-oriented, assertive, and confident; (d) team-oriented; (e) high achieving; (f) pressured; (g) conventional; and (h) accepting of lifestyle, racial, and ethnic differences (Smith & Koltz, 2012). Each of these unique characteristics are described and their impact on clinical supervision explored. For example, the article reported that the characteristic of pressured impacts Millennial counseling supervisees with increased anxiety. This increased anxiety can manifest itself through frustration, rigidity, and a lack of self-care. Smith and Koltz (2012) acknowledged, due to this unique characteristic, Millennial counseling supervisees are often viewed as "bothersome" by clinical supervisors (p. 62).

Smith and Koltz (2012) provided a list of strategies clinical supervisors need to use with Millennial counseling supervisees. The recommended strategies were: (a) clarify expectations, (b) decrease anxiety, (c) create individual safety, (d) build confidence, (e) build on supervisees'

strengths, (f) teach self-care, (g) honor goals of achievement, (h) teach about diversity, and (i) immediately address ruptures in the clinical supervisory relationship.

Smith and Koltz (2012) acknowledged there is a dearth of literature regarding GCAs and clinical supervision and recommended further studies to be done. Ultimately, Smith and Koltz (2012) concluded that Millennial counseling supervisees are uniquely different from supervisees from other GCAs and require clinical supervisors to respond to their needs in unique ways.

Conclusion

This chapter reviewed the professional counseling literature and the mental health literature available that supported culturally aware clinical supervision as a foundational component of the development of competent professional counselors, the necessary expansion of cultural identities to include AGCA, and the integration of AGCA identities in the consciousness and practice of culturally aware professional counseling and culturally aware clinical supervision.

Currently, there are gaps in the professional counseling literature and mental health literature regarding AGCA and the practice of clinical supervision. Gaps include sparse acknowledgement of AGCAs as standalone cultural identities and as intersectional identities, scarce exploration of the impact of AGCA differences between clinical supervisors and counseling supervisees, a lack of direction for clinical supervisors to address AGCA during the practice of clinical supervision, and a lack of support for clinical supervisors to address AGCA. In addition, none of the professional counseling literature or mental health literature explored the experiences of clinical supervisors when addressing AGCA during the practice of clinical supervision.

Although AGCAs are identified in the professional counseling literature and the mental health literature as cultural identities to be addressed by professional counselors, there is a lack of that same acknowledgement for clinical supervisors. The above-mentioned gaps in the professional counseling literature and the mental health literature demonstrate a need for further exploration on how culturally aware clinical supervisors should integrate AGCAs identities in the practice of clinical supervision.

The purpose of this IPA research study was to explore the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration during the practice of clinical supervision. The following chapter discusses the methodology used by this study to explore the lived experiences of clinical supervisors addressing AGCA as a component of cultural competency in the practice of clinical supervision.

CHAPTER IV: RESEARCH METHOD

In this chapter, I delineate and discuss the design and approach for this research study. First, an overview including definitions of research frameworks is given. Second, a brief overview of both qualitative research methodology and the Interpretative Phenomenological Analysis (IPA) research approach is provided. Third, my own research worldview is explored, and my choice of research methodology explained. Fourth, the research questions for this study are outlined. Fifth, the processes and steps for recruiting and selecting participants, collecting data, and analyzing data are described. Sixth, my steps to strengthen the trustworthiness of this IPA study are described as in my reflexive process. Lastly, ethical considerations, potential limitations of this research study are detailed.

Overview of Research Frameworks

Qualitative and quantitative research frameworks both have a substantial history of use within the social science fields including within the various fields of mental health and psychology (Levitt, 2015; Ponterotto, 2010). One of the primary distinctions between qualitative and quantitative research is the difference between the philosophical stance, or theoretical paradigm, of each framework which then dictates the methodological differences between the two (Tuli, 2010). Ultimately, qualitative and quantitative research frameworks differ in their epistemological, theoretical, and methodological foundations (Yilmaz, 2013).

The quantitative research philosophical stance is typically a positivist paradigm (Al-Ababneh, 2020). Positivism holds that there is an objective truth to be observed and therefore, methodologies that utilize experimental design and manipulation of variables align with the quantitative research framework. In contrast, the qualitative research philosophical stance is often one of interpretivism. The interpretivism paradigm position is that knowledge and

truth are subjective and therefore, methodologies such as a phenomenological approach align with the qualitative research framework (Al-Ababneh, 2020). Qualitative research, unlike quantitative research, accepts "that knowledge and experience of the world" is shaped and understood by each individual's subjective perception and meaning making occurs within relationships (Yardley, 2000, p. 217). Due to my worldview and the research questions for this study, as discussed below, I chose a qualitative research framework for this research study.

Qualitative Research Framework

Qualitative research covers a broad range of approaches and methods and is infused with "philosophical ideas in phenomenology, symbolic interactionism, hermeneutics and other traditions" (Yilmaz, 2013, p. 312). In general, qualitative research methodologies describe, explain and explore participants' behaviors, experiences, interactions, and social contexts (Creswell & Poth, 2018; Durdella, 2019).

The acceptance of subjective and co-constructed knowledge and meaning provides qualitative researchers a philosophical stance in which to ground themselves for the exploration of participants' construction and interpretation of their lived experiences (Merriam, 2009). This philosophical stance views "the knower and the known as inextricably connected" (Yilmaz, 2013, p. 312). The qualitative researcher is expected to achieve a balance of both an etic and emic approach and understanding of participants' perspectives (Yilmaz, 2013). To attain this balance, qualitative researchers become the research instrument and are required to lean into the research process.

Four characteristics, or qualities, are often used to describe the qualitative research framework. The four characteristics are: (a) emphasis on meaning and understanding; (b) researcher as the means of data collection and analysis; (c) inductive in nature; and (d) reliance

on rich, or thick, description (Merriam, 2009). In addition, qualitative research is described as possessing five primary purposes: (a) description, (b) discovery, (c) exploration, (d) interpretation, and (e) verification (Durdella, 2019).

Interpretative Phenomenological Analysis Overview

IPA is an integrated qualitative research approach used to study specific lived experiences in the context of psychology and psychological interpretation (Smith et al., 2012). IPA has become a respected qualitative approach for research studies designed to understand and explore how participants have made sense of their lived experience (Smith et al., 2012). The IPA position is that a lived experience is best understood through an individual's constructed meaning making of their experience.

The IPA research approach consists of three philosophical influences: (a) phenomenology, (b) hermeneutics, and (c) idiography (Miller et al., 2018). Although IPA integrates these three philosophical concepts; it is ultimately "an interpretive endeavor" (Smith et al., 2012, p. 3). In this next section, I provide an overview of the three philosophical concepts of IPA.

Phenomenology

Phenomenology is a philosophical framework for the study of experience. Within the framework of phenomenology there are different areas of emphasis and interest (Smith et al., 2012). Contributors to phenomenology, as it applies to IPA, include Husserl and Heidegger amongst others (Tuffour, 2017). For the purposes of this study, I utilized a simplified version of Husserl's definition of phenomenology, the study of the essence of conscious experience with a focus on how individuals experience their world (Amos, 2016; Chan & Farmer, 2017; Husserl, 2017).

At its foundation, IPA is a phenomenological approach to research (Larkin et al., 2006; Miller et al., 2018; Smith et al., 2012) and, at the same time, IPA differs from what is considered pure phenomenology (Tuffour, 2017). Phenomenological researchers explore and describe participants' lived experiences. IPA researchers not only explore and describe participants' meaning-making of their lived experiences but also seek to interpret it which results in a co-construction of meaning (Alase, 2017; Tuffour, 2017). Researchers employing IPA seek to understand the everyday experience, not just the philosophy of the lived experience. A crucial component of the IPA method philosophy, which also differentiates it from pure phenomenology, is that "analysis always includes interpretation" (Smith et al., 2012, p. 35).

Hermeneutics

According to Smith et al. (2012), hermeneutics is the "theory of interpretation" (p. 21). The integration of hermeneutic theory distinguishes IPA from a more traditional phenomenological research approach (Tuffour, 2017). IPA utilizes hermeneutics as a means of interpreting individuals' sense or meaning-making of their own lived experiences as they engage with a researcher (Alase, 2017; McCoy, 2017; Smith et al., 2012). Hermeneutics encourages an iterative process, on the part of an IPA researcher, for the co-construction of meaning of a participant's understanding of their lived experience (Horrigan-Kelly et al., 2016; O'Reilly & Kiyimba, 2015).

Hermeneutic Circle

An IPA researcher not only engages with participants' interpretations and reflections of their own experiences, but also interprets the participants' interpretations and reflections (Eatough & Smith, 2017; Smith et al., 2012). This IPA process is referred to as the double hermeneutic methodology or the hermeneutic circle (Smith et al., 2012). The hermeneutic circle

assists the IPA researcher to use a dynamic, non-linear approach to examining the data collected (Eatough & Smith, 2017).

Smith et al. (2012) described the double hermeneutic stance in IPA as both empathetic and questioning. To be considered an IPA researcher, a researcher must have the stance of both empathy and curiosity during the analysis and interpretation processes (Larkin et al., 2006; Smith et al., 2012). Both stances allow an IPA researcher to dig for their own interpretations of the data while still prioritizing participants' voices (Eatough & Smith, 2017).

Idiography

The third philosophical influence in IPA is idiography (Miller et al., 2018; Smith et al., 2012). Idiographic research methodology is a way of understanding individuals as both complex and unique strata instead of attempting to understand individuals as a group or generalizing experiences (Amos, 2016; Eatough & Smith, 2017). Idiography is focused on the particular lived experience of an individual rather than a group (Robinson, 2011; Smith et al., 2012).

According to Smith et al. (2012), IPA has an idiographic "sensibility" (p. 37). For IPA, the ideographic concept and methodology has had influence in two areas of the research process. The first area of ideographic influence is in the IPA method of data analysis. In IPA research, a researcher explores and interprets each participant and their lived experience as if a singular case study (Larkin et al., 2006). The second area of ideographic influence is the intentionally small sample sizes used in IPA research. Small sample sizes allow IPA researchers to view each participant as a single case study and to collect the rich and thick data IPA research requires (Smith et al., 2012).

Ultimately, the idiographic stance of IPA means research results should clearly reflect the unique voice of each participant and, at the same time, connect shared themes between the

participants (Miller et al., 2018; Smith et al., 2012). The ideographic stance mandates the IPA researcher to be both an insider and an outsider when analyzing and interpreting each participant's lived experience (Amos, 2016; Larkin et al., 2006; Smith et al., 2012).

The Worldview of a Researcher

When choosing a specific qualitative research methodology, it is crucial to consider the researcher's worldview and the degree to which those two perspectives align (Collins & Stockton, 2018; Miller et al., 2018). A researcher's worldview is composed of three philosophical assumptions: (a) ontology or the nature of reality, (b) epistemology or creation of knowledge, and (c) axiology or methodology (Al-Ababneh, 2020; O'Reilly & Kiyimba, 2015). According to Collins and Stockton (2018), the ontological and epistemological stance of the researcher "represent the architecture" of their worldview and lead to their choice in research methodology (p. 5).

As the researcher for this study, I considered the empirical topic, the research questions, and my own philosophical understanding of the nature of knowledge and the nature of reality to determine my specific choice in research methodology. After time spent considering my own philosophical understanding of the nature of knowledge and the nature of reality, I found myself most closely aligned with the philosophical assumptions of relativism (ontology) and constructionism-interpretivism (epistemology). These philosophical assumptions felt right to me and yet, as a new researcher, I exercised caution in feeling too certain and therefore potentially close-minded to other possibilities.

Relativism is the philosophical assumption that reality is personal and subjective (Scotland, 2012). As an IPA researcher. a relativist stance allowed me to acknowledge each participant's reality as their truth based on their perception of their lived experience (O'Reilly &

Kiyimba, 2015; Scotland, 2012). The philosophical assumption of relativism aligns with my

clinical theoretical orientation which embraces that there is not one or an absolute truth, but

rather that there are many truths. IPA shares the stance of relativism and rejects the idea of an

objective truth, therefore aligning with my ontological philosophical assumptions (O'Reilly &

Kiyimba, 2015).

Constructionism-interpretivism is an epistemology based on the perspective that

knowledge is constructed and a subjective experience to be interpreted (Al-Ababneh, 2020;

Merriam, 2009). The constructionism-interpretivism philosophical assumption leverages a

subjective approach to research through which researchers and participants co-construct

understanding around lived experiences by engaging in open dialogue and reflection (Ponterotto,

2005). Constructionism-interpretivism aligns with IPA as both promote co-construction of

meaning through interpretation (Eatough & Smith, 2017; Larkin et al., 2006; Smith et al., 2012).

In addition, constructionism-interpretivism aligns with my clinical theoretical orientation, as I

believe meaning is co-constructed within relationships.

Within the framework of qualitative inquiry, this research study was best suited for an

IPA research approach. IPA focuses on the lived experiences of the participants and emphasizes

the researcher's and participants' co-constructed meaning of those lived experiences. IPA aligns

with the research paradigms of relativism and constructionism-interpretivism (Eatough & Smith,

2017; Miller et al., 2018) and was conducive to the research questions and overall study purpose.

In addition, IPA's alignment with my clinical theoretical orientation and worldview as a

counselor educator was essential to my ultimate decision to select it as an appropriate qualitative

research methodology for this research study.

Research Questions

The IPA approach emphasizes generating rich and detailed descriptions of how participants experience the phenomena being explored. To generate rich and detailed descriptions, the IPA researcher focuses on an in-depth exploration of participants' lived experiences and how they make sense of those experiences. In addition, IPA research questions should align with the purpose of the researcher's study.

My purpose in conducting this study was explore the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration in clinical supervision. To align with this study's purpose, I constructed two exploratory and open-ended research questions to facilitate participants' exploration of their meaning-making of their lived experiences. My primary and secondary research questions were:

1. How do clinical supervisors experience addressing AGCAs during the practice of clinical supervision?

2. How do clinical supervisors experience addressing their own AGCA with counseling supervisees?

Participants

In IPA research, the investigator must be able to engage in meaning making with participants while they share potentially intimate descriptions of their lived experience. The IPA researcher must be able to establish rapport and create, in a sense, a working relationship with their participants. Therefore, the process of recruiting and selecting participants for an IPA research study is paramount as it sets the foundation for rapport to be built. In this next section, I describe my processes for recruiting and selecting the participants for this research study.

Sampling Strategy

A purposeful sampling strategy was utilized for this IPA research study. According to

Smith et al. (2012), participants in IPA research represent "a perspective rather than a

population" (p. 49). A purposeful sampling strategy is theoretically consistent with IPA's

orientation (Smith et al., 2012; Terrell, 2016) and was appropriate for this research study which

called for a group of participants with a shared lived experience; namely, of addressing AGCA as

a component of cultural competency in clinical supervision.

Participant Recruitment

After I obtained approval for my research study from the Institutional Review Board

(IRB) of Antioch University Seattle (AUS), I began participant recruitment. I asked for and was

granted permission from the moderator of the CESNET-L to send a participant recruitment email

to CESNET-L (see Appendix A). I chose to recruit for participants using CESNET-L because it

is a professional listserv for counselors, counselor educators, and supervisors (Jencius, 2019). In

addition, according to Jencius (2019) as of 2017 there were 3400 members of CESNET-L which

is large pool of potential participants from which to recruit.

There was a total of 10 responses to my recruitment email. I provided a personalized

email response to all 10 inquiries. My email response included the description of the research

study, participation criteria, participant compensation, a PDF of the informed consent form, and

my contact information as well as the contact information for the AUS IRB Director, and my

dissertation chairperson. The informed consent form described the nature and purpose of this

study, the participant time commitment, potential benefits and risks of participation in this

research study, confidentiality rights, and my contact information as well as for the dissertation

chair (see Appendix B).

Once I received confirmation of interest from a potential participant, we scheduled a meeting time to field and answer questions about the study, review the informed consent and then, if they agreed, proceeded with the interview. All participants of the study were emailed a $25 Amazon gift card once their participation was completed.

Participant Selection

IPA research is concerned with the detailed account of participant lived experience and not concerned with any attempt to generalize research findings (Alase, 2017; Smith et al., 2012). Therefore, in IPA research the participant sample size is recommended to remain small (Eatough & Smith, 2017; Miller et al., 2018), with focus on quality versus quantity (Alase, 2017; Larkin & Thompson, 2012). A smaller sample size supports the in-depth analysis required to produce the rich and thick descriptions required in IPA research (Eatough & Smith, 2017; Smith et al., 2012). For beginning IPA researchers and for student dissertations, Smith et al. (2012) recommended a sample size of three to six participants.

I selected a total of five participants for this IPA research study. I chose to limit my participant sample size to five as it met the recommendations for IPA research (Eatough & Smith, 2017; Smith et al., 2012) and stretched, without exceeding, my beginning IPA research skills. In addition, a sample size of five participants enabled my research goal of obtaining rich and thick descriptions of the participants' lived experiences of addressing AGCA as a component of cultural competency in clinical supervision.

Due to the fact that only females responded to the recruitment listserv post, all of the participants selected were female. All of the participants described themselves as women of color living and/or working in the United States. At the time of the interviews, four of the participants were living in the Southern region of the United States, and of the four, three identified being

from the United States, one participant identified as being Maltese. The fifth participant, at the time of her interview, was temporarily living in India and identified as being Hindi. The participants' homogeneity of certain shared demographics is discussed in the summary, outcomes, and limitations chapter of this study.

Each of the participants had a master's degree in professional counseling. Three of the participants were actively pursuing their doctorate in counselor education and supervision and two had already completed their doctorates in counselor education and supervision. All of the participants were instructors in counselor education programs, three as doctoral students, one as a full-time associate professor, and one as a full-time lecturer.

All of the participants had a minimum of one year of clinical supervision experience and had supervised a minimum of three counseling supervisees. The participants had conducted clinical supervision as part of their doctoral studies and three of the participants had also conducted clinical supervision outside of their doctoral studies. All five of the participants reported they had discussed age and/or generational cohorts with counseling supervisees.

Data Collection

Once I had completed the task of recruiting participants and felt confident of the chosen sample size, I began the process of collecting data. I followed Smith et al. (2012) recommended guidelines for data collection and data storage in IPA research. In this next section, I describe those steps.

Data Collection Method

In IPA research, the goal of data collection is to gain access to participants' detailed perceptions of their lived experiences (Smith et al., 2012). To achieve the rich and thick descriptions of participants' lived experiences necessary for quality IPA research,

semi-structured in-depth interviews are recommended and the most common method of data collection (Alase, 2017; Eatough & Smith, 2017). Semi-structured interviews provide an IPA researcher flexibility so they can facilitate the participants' fluid and organic exploration of their lived experiences while also allowing for an IPA researcher to respond to any unexpected concerns or issues (Eatough & Smith, 2017; Pietkiewicz & Smith, 2014).

IPA researchers provide space for participants to feel comfortable enough to share their lived experiences (Smith et al., 2012). Participants are encouraged, not just to answer questions, but to share their stories openly while being reflective of their lived experiences. Eatough and Smith (2017) referred to participants as "experiential experts" instead of "respondents," and IPA researchers as "enablers" (p.30) who guides participants in bringing their stories "to life" (p. 30). IPA researchers encourage participants to engage in their own stories, so they express in-the-moment emotions and thoughts, and to expand their perceptions of their own lived experiences (Smith et al., 2012).

Interview Schedule

IPA researchers, especially beginning IPA researchers, are encouraged to design a schedule for semi-structured interviews (Smith et al., 2012). The interview schedule is a way to prepare for the content of the interview including what questions the IPA researcher would like to ask the participants. According to Smith et al. (2012), the semi-structured interview in IPA is "a conversation with a purpose" (p. 57).

The prepared interview questions are to be open-ended and designed to encourage participants to talk at length with little direction from the researcher (Smith et al., 2012). Ideally, an IPA researcher will create six to ten interview questions with prompts for a 45–90-minute participant interview. Smith et al. (2012) recommended the following sequence for IPA

researchers to design their interview schedule: (a) identify a broad topic area, (b) narrow down the broad topic area to a range of topics, (c) create a logical sequence for the topics, (d) create a list of open-ended questions related to the range of topics, and (e) ask for feedback from a trusted person about created questions.

Following the above recommendations, I created an interview schedule by considering this study's broad topic area, narrowing the broad topic area to a range of topics, and creating a logical sequence of those topics. After following these steps, I created 10 interview questions with possible prompts for each question. I enlisted the assistance of two trusted peers, both of whom had experience with qualitative research and felt comfortable giving feedback. I asked them to give me feedback about the 10 interview questions. After receiving the solicited feedback and some consideration, I narrowed down the initial ten interview questions to a total of four. Three of the interview questions were open-ended and one was semi-open-ended when used with prompts (see Appendix C).

Conducting Semi-Structured Interviews

Smith et al. (2012) recommended IPA researchers prepare participants for their interviews. Adequate participant preparation includes the standard informed consent information but can also include the IPA researcher explaining their interviewing style or even giving the participants the interview schedule in advance (Smith et al., 2012).

When conducting participant interviews an IPA researcher uses their interview schedule flexibly and remains in conversation with the participants versus interrogating them (Smith et al., 2012). As part of the IPA interview process, IPA researchers are encouraged to present their primary research question in an indirect manner or "sideways" (Smith et al., 2012, p. 58). An indirect approach to the research question encourages a facilitated discussion instead of a

question-and-answer format. This approach is to encourage participants' uninhibited insights and realizations about their lived experiences.

It is vital to get participants to feel comfortable talking as soon as possible in the IPA interview process. Smith et al. (2012) recommended IPA researchers begin a semi-structured interview with a warmup question to invite participants to begin descriptively recounting their lived experiences. Once participants are talking freely, it is important to maintain the flow of dialogue. IPA researchers can continue to use prompting questions as necessary to guide participants to continue to share and, at the same time, ensure staying within the range of topics identified in the interview schedule (Smith et al., 2012).

Physical environment and comfort of participants is a consideration for IPA researchers (Smith et al., 2012). Primarily due to the participants' and my various geographic locations, all of the participants' interviews were conducted online using the Zoom teleconference platform. All of the participants chose to be in their own homes at the time of interview as was I. All of the participants reported they were comfortable in their locations, and all reported they were comfortable with my location as well.

During IPA research interviews, it is necessary for the IPA researcher to create a comfortable emotional space and allow for enough time for participants to feel comfortable with the researcher and the interview process. For this research study, all of the participants' interviews were conducted individually. The purpose of this interview design was for me to develop rapport with the participants while providing them space to process and share their lived experiences.

All of the participant interviews lasted between one to two hours which provided enough time for me to build some level of rapport with the participants, engage in the process of

exploring their lived experiences, and elicit the rich and thick data necessary for this study. In the IPA research approach, it is recommended to maintain one interview per participant (Alase, 2017). Therefore, there were no follow-up interviews scheduled and, instead, at the conclusion of each interview participants were offered an opportunity to ask me any questions and summarize their interview experience. All of the participants asked me a few questions, and all of the participants gave a brief summary of their interview experience.

Quality and Trustworthiness

As stated by Tracy (2010), the methodological conservatism in the social science fields continues to gauge the quality of all research by quantitative research standards. An example of this is the question of validity in qualitative research. Validity is a quantitative research concept which means verification of the accuracy of data findings. Quantitative research approaches have long-standing and widely accepted methods to establish validity, including controlled sample sizes, minimization of variables, and the use of statistical analysis, whereas qualitative research does not.

As stated by Yilmaz (2013), to judge qualitative research using quantitative concepts such as validity is "not only irrelevant but also misleading" (p. 318). Instead, qualitative research is better measured by the concept of trustworthiness which considers the accuracy of the data findings based on the perception of the researcher and the participants (Korstjens & Moser, 2018; Yilmaz, 2013). Therefore, I have chosen to address the quality and trustworthiness of this study versus its validity.

Quality and Trustworthiness in IPA

IPA researchers are encouraged to consider quality "seriously" while holding to the ideal of IPA as a "creative process" (Smith et al., 2012, p. 184). To address quality in IPA, Smith et al.

(2012) suggested two approaches to strengthen an IPA research study. The first approach suggested is the use of Yardley's (2000) four principles for assessing the quality of qualitative research: (a) sensitivity to context, (b) commitment and rigour, (c) transparency and coherence, and (d) impact and importance. The second approach suggested is to create a chain of evidence in the way data is collected and stored as if preparing for an independent audit (Smith et al., 2012).

Sensitivity to Context

According to Yardley (2000), sensitivity to context in research includes a researcher's awareness and understanding of relevant literature, awareness of participants' perspectives and their sociocultural context as well as the sociocultural context of the research itself. Sensitivity to context is infused in the IPA research approach. For example, an IPA research must show sensitivity to the participants and their meaning-making of their lived experiences to gather the necessary rich and thick data. To demonstrate sensitivity to the data collected, an IPA researcher will illuminate, as I have done, participants' voices by using verbatim quotes (Smith et al., 2012).

Commitment and Rigour

Commitment refers to a researcher's engagement with the studied phenomenon, their competence in collecting data, and the quality of the data analysis (Yardley, 2017). According to Smith et al. (2012) an IPA researcher demonstrates commitment by attuned and empathetic to participants as they share their mean-making of their lived experiences. During each participant interview I utilized my skills as a professional counselor to remain attuned and demonstrate empathy to the participants. This allowed for participants to feel comfortable enough during their interviews to share their perceptions of their lived experiences and, in some cases, to have new revelations regarding their experiences during the interview process.

Rigour is the completeness of the data collection and analysis process (Yardley, 2000). An IPA researcher demonstrates rigour by choosing appropriate participants for the phenomenon being studied, engaging in quality interviews, and analyzing the data thoroughly (Smith et al., 2012). Although the data analysis process in the IPA research approach is often described as flexible it has also been described as "daunting" (Smith et al., 2012, p. 80). As discussed below, I engaged in the recommended six guidelines for IPA data analysis. This process included a line by line reading and rereading of each participant's transcript, identifying individual themes as well as thematic patterns across participants, development of my own interpretation of the data, and reflection on my assumptions, biases, and perceptions.

Transparency and Coherence

According to Yardley (2000), transparency is demonstrated by a researcher detailing their process of the data collection process, using verbatim quotes from participants, and by having recordings of the participants' interviews. In this study, I spend considerable time detailing my process for this study including the selection process, the data collection process, and the data analysis process. To further demonstrate transparency, as recommended by Yardley (2000), I have included a reflexivity section later in this chapter to discuss my motivations for this study and the different contextual factors that influenced my work.

Coherence, as described by Yardley (2000), is the story created by the researcher to detail the co-constructed meaning of the participants' lived experiences. Coherence is also the fit between the research question and the research method (Yardley, 2000). An IPA researcher must craft a clearly written paper to illustrate the golden thread between each component of the study and then, ultimately, the readers decide the coherence of the researcher's final write-up.

Impact and Importance

Yardley's (2000) last principle is impact and importance. This principle "refers to the requirement for all research to generate knowledge that is useful" (Yardley, 2017, p. 296). Smith et al. (2012) described this principle as the real "test" of quality for an IPA research study (p. 183). Readers, much like with coherence, ultimately decide on the impact and importance of an IPA research study.

Member-Checking

As stated by Yardley (2000), those who use qualitative research methods "constantly risk evaluation by criteria that are irrelevant to their particular approach, and by individuals who are unfamiliar with or even unsympathetic to the methods and rationale they have adopted" (p. 216). Unfortunately, this is not an uncommon response to the IPA research approach. "Reviewers may also incorrectly apply validity criteria from other approaches (e.g., grounded theory, traditional phenomenological approaches to IPA), leading to faulty evaluations of trustworthiness" (Miller et al., 2018, pp.150–151).

Although I followed Smith et al.'s (2012) first recommendation for quality, which is aligned with the spirit of the IPA research approach, it was suggested I engage in a common qualitative quality method, member-checking, to strengthen the trustworthiness of this study. According to Larkin and Thompson (2012), member-checking can actually be "counter-productive" to IPA research (p. 112). However, due to time constraints and the power differential of the requestors and myself, I complied with the request and engaged in the quality approach of member-checking.

All of the participants of this study were emailed a copy of the data presentation chapter, asked to review it, and encouraged to send any comments, concerns, or suggestions they had

about how they were represented (see Appendix D). Participants were given a deadline to submit their comments, concerns, and suggestions. By the deadline date one participant had responded and reported no concerns or asked for any changes.

Data Analysis

The data analysis process in IPA is iterative, inductive, and ideographic in nature (Miller et al., 2018; Smith et al., 2012). IPA research requires two phases of data analysis; often referred to as the first- and second-order analysis phases (Miller et al., 2018). During these two data analyses phases, the IPA researcher moves between an emic and etic stance regarding the perspectives of the participants and their own views of the world, respectively.

The first-order analysis phase requires the IPA researcher to engage with the data from the participants' perspectives (Miller et al., 2018). During this process, the IPA researcher remains focused on the participants' perceptions and interprets only using the participants' words instead of outside knowledge (Smith et al., 2012). Three layers of themes are identified and examined: (a) individual emergent themes, (b) individual super-ordinate themes, and (c) overarching themes.

During the second-order analysis phase the IPA researcher goes beyond description of the data collected and engages in interpretation of the data collected (Miller et al., 2018). It is in this phase that the IPA researcher conducts a double hermeneutic process, as previously described (Miller et al., 2018). To engage in these two phases of data analysis I utilized the six recommended guidelines from Smith et al. (2012).

Recommended IPA Guidelines

Although the IPA research methodology does not have an absolute method to analyze data collected, there are six general guidelines to be followed (Smith et al., 2012). I chose to

follow the guidelines recommended by Smith et al. (2012). Each of the six followed guidelines and my processes are detailed in the next section.

First IPA Guideline

The first recommended IPA guideline is for a researcher to actively engage with the collected data by reviewing it more than once if it is an audio or video recording or "reading and re-reading" if in transcribed format (Smith et al., 2012, p. 82). If an IPA researcher's primary method of active engagement is by reading and re-reading the transcript of the participants' interviews, Smith et al. (2012) recommended researchers to listen or watch the recording at least one time while simultaneously reviewing the interview transcript.

The goal of this recommended guideline is for IPA researchers to become so immersed in the data that they are only able to focus on the participants' voices (Smith et al., 2012). To do so, IPA researchers must slow down and record their own recollections while reviewing the participants' interviews (Smith et al., 2012). The IPA research approach does not include a strict form of bracketing in contrast to pure phenomenological research. In IPA research, the process of a researcher recording their own reactions to the participants' interviews, often referred to as reflexive notes or a reflexive journal, is utilized as a way for the researcher to bracket. (Goldspink & Engward, 2019; O'Reilly & Kiyimba, 2015; Vicary et al., 2017).

As recommended, I first watched the video recordings of the participants' interviews while writing reflexive notes. While doing so, I was aware of how often my attention was drawn to myself, especially in a critical manner. I noticed my internal critical voice commenting on everything from my facial expressions to how I asked questions. I was careful to write reflexive notes about what I observed about myself and about the participants as a way to acknowledge those thoughts and to quiet them.

As an IPA researcher engages with the collected data, they become more familiar with it and are able to drown out any interfering "noise" (Smith et al., 2012). My next step was to read and reread each interview transcript a minimum of three times. I found that this process provided me a method to engage with the participants' voices in a way previously unattainable when solely watching the video recordings of the interviews. Reading and re-reading the participants' words allowed me to focus and 'hear' them with a more attuned ear and without the distraction of "other" voices.

Second IPA Guideline

The second recommended guideline is the most detailed step in IPA data analysis and requires the greatest commitment from the IPA researcher (Larkin & Thompson, 2012; Pietkiewicz & Smith, 2014). The goal for the second IPA guideline is for the IPA researcher to engage in a close line-by-line analysis of the interview transcripts and to create a comprehensive set of initial notes for each one (Smith et al., 2012). The purpose of this process is to identify the participants' areas of concern and constructed meaning of their lived experiences and avoid shallow or surface interpretations (Chan & Farmer, 2017).

There is some flexibility regarding how and which parts of the collected data an IPA researcher highlights in their initial notes (Pietkiewicz & Smith, 2014). And yet, although Smith et al. (2012) referred to this process as "free textual analysis" (p. 83); they also stressed the importance of engaging in "analytic dialogue" with every line in the interview transcripts (p. 84). To do so, an IPA researcher must reflect on the meaning of each word, phrase, and sentence used by the participant.

During this process, an IPA researcher will typically focus on three different areas: (a) descriptive, (b) linguistic, and (c) conceptual (Smith et al., 2012). In an IPA researcher's initial

notes descriptive comments are usually on a surface level and detail the exact words of the participants. An IPA researcher will focus on linguistic choices made by the participants including "pronoun use, pauses, laughter, functional aspects of language, repetition, tone, degree of fluency" (Smith et al., 2012, p. 88). It is in the conceptual focus area an IPA researcher begins to move beyond just describing a participant's meaning-making of their lived experience and starts to interpret their meaning-making (Larkin et al., 2006). An IPA researcher will begin some interpretation by using questions to highlight conceptual areas of interest. This is indicative of a shift from the participant's meaning-making to the meaning-making of an IPA researcher.

I chose to use the three suggested foci of descriptive, linguistic, and conceptual in my initial notes. I used hard copies of the interview transcripts and color coded (yellow for descriptive, pink for linguistic, and green for conceptual) any words, phrases, and sentences that seemed to fit into one of the three focus areas. I went through this process a minimum of three times with each participant's transcript. Through each review, I continued to make notes in my own reflexive journal about any personal observations in order to contain extra noise and minimize distraction, in addition to writing separate notes attending to the participant's voice.

This process has been described as "time-consuming, labour-intensive, and both imaginatively and emotionally demanding" (Alase, 2017, p. 16). Descriptions proved to be accurate: it was slow-going and, at times, overwhelming. However, this process also allowed me to have a greater understanding of the participants' meaning-making of their lived experiences (Smith et al., 2012).

As I continued to engage with the data, I found myself feeling more intimately connected, and the participants' meaning making of their lived experiences became more meaningful to me. At the same time, I found myself better able to hold space between myself and the participants as

I gained more understanding of my role as researcher. As Goldspink and Engward (2019) stated so eloquently, "I began to understand and accept myself as an analytic instrument" (p. 296).

Third IPA Guideline

The third IPA guideline for analysis is to identify any individual emergent themes in the collected data (Chan & Farmer, 2017; Smith et al., 2012). To do so, an IPA researcher works primarily with their own initial notes instead of the video recordings of the participants' interviews or even the transcripts of the interviews (Chan & Farmer, 2017; Pietkiewicz & Smith, 2014). Any identified themes are described by phrases that capture its "psychological essence" and the researcher's understanding of participants' meaning-making of their lived experiences (Smith et al., 2012, p. 92).

Following this guideline leads an IPA researcher to begin the process of inserting their interpretations into the research. An IPA researcher deconstructs the participants' interviews into parts and then, through identification of themes, reconstructs a new whole. This process "represents one manifestation of the hermeneutic circle" (Smith et al., 2012, p. 91).

Each step in the data analysis process moves farther away from the purity of the participants' voices and adds more of an IPA researcher's own voice. At the same time, an IPA researcher must be diligent to remain true to the participants' meaning-making even during this step of analysis (Chan & Farmer, 2017; Smith et al., 2012). This final analysis is still intended to be a collaboration of interpretation between an IPA researcher and the participants (Smith et al., 2012).

To identify individual emergent themes in each transcript I used the questions I had written in my initial notes. Using each of my questions I would review the transcript looking for "answers" to my questions. When I found an answer, I would then cut and paste it from the

electronic copy of the transcript and add it to a new Word document. I continued to do this process until I answered all of my questions. Following recommendations from Smith et al. (2012), any answers found were arranged chronologically and became my first categorization of individual emergent themes found from the data.

Fourth IPA Guideline

The fourth IPA data analysis guideline is for an IPA researcher to make connections across the identified emergent themes in each participant's interview to create individual super-ordinate themes (Chan & Farmer, 2017). Some suggested ways to make thematic connections within each participant's interview include abstraction, subsumption, polarization, contextualization, numeration, and function. In IPA, researchers have the freedom and flexibility of using one of the suggestions or all the suggestions to create the individual super-ordinate themes (Smith et al., 2012).

When all the identified thematic connections have been made, and the IPA researcher feels ready, the next recommended step is to create a visual representation of the identified individual super-ordinate themes. The most common visual representations used in IPA research are graphs and tables (Smith et al., 2012).

I chose to use make thematic connections using the method of abstraction. Abstraction involves putting related individual emergent themes together and then creating a super-ordinate theme (Smith et al., 2012). Once I was able to put one cluster of individual emergent themes into an individual super-ordinate theme, I would then move on to the next individual emergent theme cluster until all had been connected and sorted. The last step was that I used PowerPoint to create visual representations of the connected themes. As always, I continued to use my reflexivity

journal to document my own journey through this process and track my reactions to the data and to the process.

Fifth IPA Guideline

The fifth IPA data analysis guideline is to repeat the first four IPA data analysis guidelines for each participant (Smith et al., 2012). This process is repeated until the data analysis of each participant's interview is completed. During this process, it is important for an IPA researcher to treat each participant as if they are an individual case study. This requires an IPA researcher to bracket the individual emergent and individual super-ordinate themes from each participant's interview while focusing on the next participant's interview. According to Smith et al. (2012), rigorously following the first four data analysis guidelines should assist an IPA researcher to view each participant's interview as its own case study.

I followed this recommended guideline for each of the participant's interviews. Once I completed one participant's interview, I would move to the next one. I gave myself, at minimum, a full 24 hours between finishing analyzing one participant's interview to move on to the next. I did this to, in a sense, cleanse my analysis palate and to enable my ability to view each participant's interview as its own experience.

During this process, my schedule for analyzing the participants' interviews followed the chronological order of the actual interview schedule. Following this schedule allowed me to notice any potential changes I may have made as I grew more confident as an interviewer and or built on my experience with previous interviews. I used my reflexive journal to record any reactions I had to myself and to also capture the moments when I felt my mind start to drift or lose focus on the current process.

Sixth IPA Guideline

The sixth and final IPA data analysis guideline is when an IPA researcher explores the thematic patterns across all of the data collected (Smith et al., 2012). This recommended guideline is often considered the most creative experience for an IPA researcher. It is during this process that an IPA researcher can connect their own interpretations and the participants' voices in a truly collaborative process to arrive at a co-constructed meaning of the participants' lived experiences. The goal for this guideline is for an IPA researcher to make connections between the participants' individual super-ordinate themes, consider their interpretations, and create overarching themes to represent the connected meaning derived from the participants' shared lived experiences.

First, an IPA researcher examines all of the identified individual super-ordinate themes constructed from each of the participants' interviews and looks for connections between them. One of the factors during this process is to consider the potency of the connection between the super-ordinate themes. Second, decisions about which super-ordinate themes are consolidated into meaningful overarching themes are made by an IPA researcher that represents their interpretations and the participants' meaning-making of their shared lived experiences. During this process, an IPA researcher may decide to reconfigure and relabel themes, especially when an identified super-ordinate theme of one participant's interview illuminates a missed theme in another participant's interview.

As in the fourth IPA data analysis guideline, once all of the overarching themes are identified and it appears the participants' interviews have been thoroughly mined for "gems," the consolidated overarching themes are usually represented in a visual format (Smith et al., 2012). It is important to note that an IPA researcher must be cautious to not erase or collapse meanings

in the attempt to create the final overarching themes. It is recommended that an IPA researcher continue to use their reflexive journal to prevent this from occurring.

For the sixth recommended guideline of data analysis, I followed the same process I used for the fourth guideline, abstraction. Once I was able to put one cluster of individual super-ordinate themes into an overarching theme, I moved to the next individual super-ordinate theme cluster. Once all of the individual super-ordinate themes had been considered for an overarching theme, I reviewed each of the overarching themes. The final step was I chose to use PowerPoint to create visual representations of the connected themes.

As a part of this process, it was necessary for me to go through this sixth guideline twice. My first set of overarching themes were reviewed by my dissertation committee and based on their feedback, I decided to engage with the sixth guideline for a second time. The feedback I received from my dissertation committee included encouragement to refocus on the participants' lived experiences instead of their counseling supervisees' experiences and to identify a felt sense of the participants' experiences. This feedback resonated with me and triggered an emotional response which I then used to reexamine the data.

Returning to the sixth guideline a second time allowed me to reflect on the participants' voices in a much more meaningful way and ensured that the identified themes were my most genuine interpretation of their lived experiences. As part of this process, I used my reflexive journal to capture and examine my feelings and thoughts.

Reflexivity

Qualitative research approaches are, in a sense, a rejection of the objective approaches of quantitative research methods. The processes used in qualitative research, such as observation, are not neutral, they are not meant to be, and instead are subjective. How subjectivity is

addressed and managed in qualitative research varies by approach (Cruz, 2015). According to

Durdella (2019), a researcher needs to acknowledge their subjectivities which includes their

"personal stories and life histories" instead of trying to suppress them (p. 299).

The IPA research approach, with its theoretical foundation of hermeneutics and use of the

double hermeneutic circle, requires a researcher to become an insider, a part of their research

process (Rodham et al., 2015). This IPA requirement is founded on Heidegger's premises that

individuals are always in context and that the way to understanding is through self-awareness

(Goldspink & Engward, 2019; Smith et al., 2012).

Instead of trying to control for intersubjectivity, like in some other research methods, an

IPA researcher immerses themselves in the data to become an insider and removes any

possibility of just being an outside neutral observer (Goldspink & Engward, 2019; Pietkiewicz &

Smith, 2014). As an insider, an IPA researcher's assumptions, bias, beliefs, lived experiences,

and values affect the way they collect and analyze data, and, ultimately, the way they interpret

and present the data (Finefter-Rosenbluh, 2017). An IPA researcher must be aware of, and

acknowledge, their perspectives, meaning making processes, and subjectivities. To do so, an IPA

researcher must engage in reflexivity and reflexivity strategies.

Reflexivity is a common concept in qualitative research (Berger, 2016). Reflexivity is

described "as an attitude, a deliberate mechanism to bring forward a thoughtful, considered, and

conscious attentiveness" of a researcher's presence in their research (Goldspink & Engward,

2019, p. 292). Engaging in reflexive strategies are how an IPA researcher gains and maintains

awareness of their worldview and the assumptions and biases embedded in that worldview

(Bloomberg & Volpe, 2019). "Reflexivity transforms subjectivity from a problem into an

opportunity" (Underwood et al., 2010, p. 1586). Reflexivity, ideally, is infused throughout all of phases of the research process (Berger, 2016).

Using reflexive strategies encourages an IPA researcher to engage in "an internal dialogue and critical self-evaluation" of their position within their research as well as engage in ongoing self-monitoring (Finefter-Rosenbluh, 2017, p. 2). Therefore, an IPA researcher not only acknowledges their subjectivities but is also transparent about how their subjectivities are a part of their research process and research results (Finefter-Rosenbluh, 2017).

An IPA researcher can demonstrate reflexivity by using first-person language and by being transparent about their decision-making throughout the research process. Other reflexivity strategies include member-checking, journaling, and creating an audit trail for review of the research process (Berger, 2016; Smith et al., 2012).

Engagement in reflexive strategies can be challenging for an IPA researcher (Goldspink & Engward, 2019). As mentioned above, reflexivity is about self-awareness, acknowledgment, and transparency of the positionality of the IPA researcher. It is important for an IPA researcher to recognize there is not a right or wrong way to engage in reflexive processes instead it is about being diligent in their use.

My process of reflexivity included the use of first-person language writing for this study, self-reflection through mindfulness, and the use of a reflexive journal throughout my research process. For mindfulness, I continued to engage in my normal daily mindfulness practice but added a component of reflection of myself as researcher. I journaled almost daily and used a total of two journals for my reflexive writing. Due to external circumstances, I was at home for the majority of this research study which meant I always had access to my reflexive journal, and I

did not need to transport it at any time. My reflexive journals were kept in my secured home office for ease of access and confidentiality purposes.

The six recommended guidelines for IPA data analysis are infused with activities that encourage engagement of reflexivity from a researcher. For example, the first guideline encourages a researcher to slow down and record their own recollections while reviewing the participants' interviews (Smith et al., 2012). This acknowledges the need for an IPA researcher to engage in reflexive strategy as a part of the IPA research approach.

As I followed the six recommended guidelines for IPA data analysis and became more immersed in the data while engaging in mindful self-reflection, I progressively became more aware of myself as the researcher. Through this practice I realized I had to be truly present in my relationship with the data to reach a real depth of understanding of the participants' meaning-making. I could not be neutral or objective; I had to engage in a genuine way. It is important to note, that to be genuine in connecting with the data, I had to engage with the data in my way. Therefore, the genuineness or depth of my engagement with the data can only be evaluated based upon my baseline engagement with any data and any construction of knowledge and meaning.

For example, at times I would review a portion of a participant's video recorded interview, purposely engage in an unrelated task, and intentionally let my mind float. Often I would have thoughts, or as described by Goldspink and Engward (2019), hear the "echoes in the data" as well as the "booms, whispers, and clangs" in the shower or getting ready for my day (p. 292). These moments represent times when the data was a part of my consciousness and a part of my lived experience instead of locked in a contained labeled research. I was able to go deeper into the data and create meaning from it in a genuine way.

According to Goldspink and Engward (2019), reflexive journaling captures a researcher's interpretative thoughts that might otherwise be lost. I regularly use a journal in my personal life so using a reflexive journal felt very natural to me. I chose to not structure my reflexive journal, with the exception of notation of dates, so that I could feel free to write whatever came to mine and not be concerned with whether I was doing it in "the right way". This was crucial for my process because if I engage in right or wrong thinking, I start to filter my writing in an unproductive way.

Included in my reflexive journal writing was my assumptions, biases, feelings, and self-criticisms as I noticed them. As mentioned earlier in this chapter, there were moments I became very aware of my self-critical thoughts and they were included in my reflexive journal. Additional concerns and fears, which are discussed in the Summary, Implications, and Outcomes chapter of this study, were also documented in my reflexive journal.

Positionality

As Vanner (2015) stated, "there is no neutral or apolitical research" (p. 3). The term positionality describes a researcher's worldview and where they stand in relation to their research (Savin-Baden & Major, 2013). Relevant factors of the positionality of a researcher includes their cultural identities, such as age, gender, ethnicity, and race, as well as their geographical location and linguistic tradition (Berger, 2016; Manohar et al., 2017).

Berger (2016) suggested three ways a researcher's positionality can affect their research: (a) access to participants, (b) the relationship between researcher and participants, and (c) the components of the research process. Components of the research process affected can include the interview process, data analysis, and a researcher's conclusions or findings (Underwood et al., 2010). Additionally, a researcher can affect the "blurring of boundaries" and impose their

"own values, beliefs, and perception" on the research process (Berger, 2016, p. 6). Consequently, a researcher should consistently self-monitor the potential effects of their positionality within their research.

By identifying and monitoring their assumptions, biases, and values, researchers can identify how their positionality affects their research. Manahor et al. (2017) suggested three ways a researcher can identify their positionality. To identify their positionality a researcher must do the following: (a) locate themselves in relation to the subject, (b) locate themselves in relation to the participants, and (c) locate themselves in relation to the research context and the research process (Manahor et al., 2017).

Location in the Research

My positionality as a researcher includes my cultural identities as a 50-year-old, Generation X, educated, White, cisgender female. I was born in Southern California and have lived on the west coast of the United States my entire life. I was trained as a marriage and family therapist, a substance use disorder professional, and as a counselor educator. I am a practicing clinician and have been in the field of mental health for 13 years. I have been a clinical supervisor for 11 years. I am currently completing my doctoral degree in counselor education and supervision and I am a full-time faculty member in a CACREP accredited counseling program.

Merriam et al. (2001) stated, "all researchers began data collection with certain assumptions" and those assumptions are influenced by their positionality to the research (p. 406). For the purpose of this study, my experiences in the professional counseling field as a student, supervisee, clinician, clinical supervisor, and educator positions me as an insider based on my

location to the research. This experience and knowledge affected my location to the research in two distinct ways.

The first way my experience and knowledge affected my location to the research is, that as a pre-licensure supervisee, I had only negative experiences with my clinical supervisors. For example, there was an incident when I was required to present a video recorded session of myself working with a client to my clinical supervisor and a group of my peers. During the reviewed session, the client had referred to herself as positively as a girl so, mirroring the client's language, I later used girl as a descriptor. My clinical supervisor, in front of my peers, gave a 10 minute speech about how my use of the word girl was anti-feminist. I remember feeling invalidated and misunderstood and, at that moment, knew there was a rupture in our clinical supervisory relationship that would never be repaired.

My negative experiences as a pre-licensure supervisee have informed my expectations and values for myself as a clinical supervisor and for other clinical supervisors. I expect clinical supervisors, including myself, to be attuned to their clinical supervisees, to view them as individuals who have knowledge and life experiences that need to be acknowledged and respected. These expectations and values affect my location to the research in terms of the lens I use to evaluate other clinical supervisors which can often be a critical lens.

The second way my experience and knowledge affected my location to the research is that I have direct experience of all of the professional roles the participants discussed during their interviews. Because of this, I was able to understand some of the participants' experiences in a way I would not have been able to otherwise. For example, I understood when one participant described her frustration with a student who wanted to type their paper into an email. I understood when a participant described feeling too tired to confront a disrespectful counseling

supervisee. I understood when a participant shared feeling small when her clinical supervisor made a callous comment. These were shared experiences, not exact, but nonetheless shared experiences that I related to and could understand in a meaningful way.

My location to the research was also informed by own concerns about my AGCA and my performance as a clinical supervisor. On some days, and more days than I am comfortable admitting, it seems my counseling supervisees are growing younger. I often find myself annoyed, astonished, and irritated by my counseling supervisees' attitudes and behaviors. At times, I wonder if the AGCA gap between myself and my counseling supervisees will become so insurmountable that I will no longer be an effective clinical supervisor.

Location with Participants

Inherent in the relationship of researcher and participants is an unequal power distribution (Merriam et al., 2001; Raheim et al., 2016). The cultural identities of a researcher and participants, which run parallel to clinical supervisor and counseling supervisee power dynamics, can compound the power differential of the relationship. Because research "is a process, not just a product" (Manohar et al., 2017, p. 2), cultural identities such as age, ethnicity, gender, race, and social class have a significant impact on all aspects of the design and structure of a research study as well as its outcome. Interestingly, there is some debate regarding how the intersectional cultural identities of a researcher and the participants affect the relationship depending on the phenomena studied (Underwood et al., 2010).

My dominant cultural identities, in location to those of the participants, potentially outweighs my insider status based on my location to the research (Merriam et al., 2001). Although I shared professional identity and certain cultural identities with the participants including and gender, there were other cultural identities I did not share. The cultural identities I

did not share with the participants included age, ethnicity, geographical location, and race. Two of the unshared cultural identities, age and race, illuminates, beyond just what is inherent in our roles, the power differential between the participants and myself.

According to Manohar et al. (2017), the age of a researcher impacts the development of the researcher–participant relationship. Age differences between a researcher and participants may affect "sensitivity to difference in expression of thoughts" (Manohar et al., 2017, p. 7). Specifically, older age often demands respect which can affect how and what participants might share with a researcher who is older than themselves (Manohar et al., 2017; Underwood et al., 2010).

Age, considering the purpose of this study, is an especially relevant cultural identity differential between myself and the participants. I am 50 years old, and the participants were all younger than me by at least seven years and up to 23 years. I am aware that my age, especially now that I have recently turned 50, defines me as a person, as a woman, and potentially as a researcher. I believe my age has influenced how others view me in terms of my experience and knowledge. For example, students appear to challenge some of the younger faculty members, even though they are more experienced professors than I, in ways they do not challenge me. I believe this difference can, at least in part, be explained by the students' assumptions based on age.

As a White researcher, I must consider how my race, as a dominant cultural identity, might affect the research process especially, as in this study, when all of the participants are self-identified Persons of Color. Race is, of course, a complex issue and an especially complex issue for this study as, on the surface, it does not appear to have any impact on the phenomena that is being studied. This is a less understood consideration as most of the found literature

examined the impact of race on the relationship between researchers and participants within the context of research studies specifically studying racial phenomena (Kohl & McCutcheon, 2015; Manohar et al., 2017; Milner, 2007). In fact, according to Mizock et al. (2011), the effect that the race of the researcher may have on their relationship with their participants is often not considered at all. In the following sections I detailed how I considered my race and how it might have affected the research process.

Gender is also a factor in my location with the participants. Gender, just like race, on the surface does not appear to have any impact on this study. However, just like age and race, the gender of a researcher and the gender of the participants can impact their relationship. Manohar et al. (2017) suggested that gender should be considered in all research methods and processes because of how gender permeates cultural and social expectations. Some research has shown a shared gender identity can mitigate effects of social distance and increase knowing in communication (Manohar et al., 2017).

The participants, like myself, all identified as female. I believe that this shared identity did make some of the communication between myself and the participants easier. I also believe that some of what the participant chose to share was based on our shared gender identity.

However, it is important to note that having the shared identity of gender does not mean that I shared, or even understood, all of the participants' concerns and experiences. For example, one of the participants discussed how the intersection of her age, gender, and race affected her concerns about her future career. Although I did understand this participant's concerns based on our shared gender identity, I lacked understanding of some of the nuances of her concerns because of our different age and race identities. According to Vanner (2015), it is important to

for researchers to consider how gender intersects with other cultural identities and to not "appear to speak on behalf of all women" (p. 4).

Location Within Context of Research Process

My cultural identities and subjectivities not only influenced my decision to pursue this specific research topic and impacted my relationship with the participants, but they also informed my process throughout the entirety of this research study. It was through the lens of my cultural identities and subjectivities that I engaged in the review of literature, the collection of data, the data analysis, and my conclusions of this study in total.

Although the literature was limited, as discussed in earlier chapters, it is still possible. that due to my own location within the context of the research process, I excluded, missed, or misunderstand some literature. During the recruitment and selection process for participants I intentionally did not ask for any cultural identity information as I did not believe it was necessary for my purpose for this study. I believe that this decision, although influenced by a desire to be inclusive, was naïve and influenced by my dominant cultural identities. It is only as a White researcher that I could have possibly believed that the race of myself and the participants would not impact this study.

Being an insider or outsider within a research study is fluid and can shift at any given point in the process. It is possible for a researcher to be both an insider and an outsider to their research as a whole, and as discussed earlier, IPA requires a researcher hold both positions (Merriam et al., 2001; Smith et al., 2012). My positionality within this research study was both an insider and an outsider. I believe that my professional experiences and identities gave me an insider perspective whereas my cultural identities in relationship to the cultural identities of the participants leaned more towards an outsider perspective. In the Summary, Implications, and

Outcomes chapter, I consider my cultural identities as a study limitation and discuss how they impacted my positionality as the researcher for this study.

Ethical Considerations

Although there were no predictions of serious threat to the participants in this IPA research study, I still took precautions to ensure participants' protections and rights. As part of the precautions, I followed the informed consent procedures as outlined by Antioch University (2019).

As required by Antioch University policy (2019), my proposal of this IPA research study was submitted to the Institutional Review Board (IRB) of Antioch University Seattle. I obtained exempt status approval from the IRB of Antioch University Seattle before any attempts were made at any data collection including participant recruitment. In addition, I utilized the ACA (2014) Code of Ethics as a guiding document and consulted with my dissertation committee when designing this study. Overall ethical considerations for this IPA research study included potential benefits and risks to the participants, confidentiality for the participants, data storage, and the role of the researcher.

Potential Benefits and Risks

I anticipated minimal risk for the participants of this IPA research study. By selecting participants who were over the age of 18 years and were established counseling professionals familiar with the process of informed consent, participant agency and autonomy was bolstered.

However, as part of an ethical research process I considered two minor potential risks for the participants in this research study. The first minor potential risk was the issue of unintended disclosure. I acknowledged, due to the semi-structured interview method of data collection, it would be possible for participants to disclose more information than they may have initially

intended. Therefore, I considered informed consent as more than a one-time event. I provided the participants with the informed consent form via email, reviewed again during the one-on-one interview and prompted for any questions to the consent form, and collected signed copies of the informed consent form from each participant prior to beginning the interview process.

The second potential risk I identified was the issue of anonymity. Due to the nature of IPA research and semi-structured interviewing there can be great deal of personal data collected from the participants. In fidelity with IPA methodology, I used participants' verbatim quotes as part of the data presentation which does increase the possibility of identification. Therefore, each participant was given the opportunity to choose a pseudonym in this IPA research study. Four of the participants chose a name to represent themselves and one participant reported she preferred to have her own name used. In addition, each participant was given the opportunity to review their demographic information used in this study and all of the participants agreed to its use.

A benefit to participants of this IPA research study was the space to process and interpret their own lived experiences when addressing AGCA as a component of cultural competency in the practice of clinical supervision. Each participant reported feelings of contentment, relief, and/or satisfaction when they reflected on the opportunity to discuss their lived experience of addressing AGCA as a component of cultural competency in the practice of clinical supervision. Not one of the participants reported any regret or concern in terms of participation in this IPA research study and all of the participants reported, in their own way, satisfaction with the opportunity to reflect on their experiences.

Confidentiality

I engaged in multiple protective measures on behalf of participants' confidentiality while acknowledging, due to the data presentation necessary in IPA research, that anonymity is a more

accurate representation of what can be offered (Smith et al., 2012). Therefore, it is important that participants in IPA research are informed not only of the data collection process but also of the data presentation process (Smith et al., 2012). As noted prior, I provided the participants with the informed consent form via email, provided one-on-one time for review and discussion, and collected signed copies of the informed consent form from each participant prior to beginning the interview process.

I chose Zoom as the online meeting platform for the participant interviews due to Zoom's stability, its global recognition as a safe online platform, and its ability to record meetings via the cloud and on personal computing devices. I utilized Zoom's best practices guidelines to secure the interviews and protect participants' confidentiality. The Zoom best practices I used included: Zoom's waiting room feature so only I could admit participants into an interview session; individual passwords to join the interview session; only registered or domain verified participants were able to gain admittance to the interview session; and a meeting lock feature once participants joined the interview session so no one else could enter. In addition, all of the participants received via email information on how to utilize Zoom Video meetings and how to secure their own confidential interview space.

Data Storage

All of the participants' interviews were conducted and recorded using the online platform Zoom and were stored on my personal laptop which was password protected and kept in my secured home office. All of the participants' interviews were transcribed by me with no one else having access to any of the data collected including the video recordings and the interview transcripts. All of the tangible data including the interview transcripts, participant contact information, and my reflexive notes were kept in a locked drawer in my secured home office.

All of the participants received a copy of the informed consent form (see Appendix B) which informed them of the data collection and data storage process I utilized for this IPA research study. The informed consent form included information such as how the original video recordings would be destroyed once I receive final clearance for my dissertation and that the interview transcripts would be destroyed three years following my final dissertation clearance.

Conclusion

In this chapter I provided a comprehensive account of the IPA research method which was chosen for this research study. Included in my account was an overview of the qualitative research framework, a detailed description of the IPA research approach, and a transparent consideration of my reasons for choosing IPA as the research method for this research study. In addition, I provided explanation of the participant selection procedures and the IPA data collection and analysis processes. I discussed the steps I took to strengthen the trustworthiness of this study and my process of reflexivity as the researcher. And lastly, my ethical considerations and my efforts to protect the research participants were examined in detail.

CHAPTER V: PRESENTATION OF RESEARCH

In IPA research, presentation of the research is the most important chapter of the research study (Smith et al., 2012). The presentation of the research has two primary purposes: (a) to give an account of the data collected while communicating a sense of the participants' lived experiences and their meaning making of those experiences, and (b) to give an interpretation of the data collected and "make a case" for what the data means (Smith et al., 2012, p. 109). In this chapter, I fulfilled the first primary purpose by presenting the data collected for this IPA research study. To do so, I utilized the participants' verbatim quotes to detail the nuanced meaning within the identified subordinate themes in the data collected and to offer the best representation of meaning within each theme.

My purpose for this IPA research study was to explore the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration in clinical supervision. This chapter includes the following sections: (a) a brief review of the data collection process, (b) an overview of the interview environment, (c) a description of the participants, (d) themes from the semi-structured interviews, and (e) the conclusion.

Data Collection

In IPA research, the goal of data collection is to gain access to participants' detailed perceptions of their lived experiences (Smith et al., 2012). I chose to collect data using semi-structured interviews for two reasons: (a) it is the most common method of data collection in IPA research, and (b) its flexibility in allowing for the IPA researcher to follow the meaning making of the participants (Eatough & Smith, 2017).

My purpose for the semi-structured interviews was to answer the primary and secondary questions for this IPA research study:

1. How do clinical supervisors experience addressing AGCAs during the practice of clinical supervision?

2. How do clinical supervisors experience addressing their own AGCA with counseling supervisees?

As recommended by Smith et al. (2012), I created a semi-structured interview schedule by first considering this IPA research study's broad topic area, narrowed it to a range of smaller topics, and created a logical sequence of those smaller topics. After following these steps, I created 10 interview questions with a list of possible prompts for each question. Finally, I narrowed down the initial ten interview questions to a total of four interview questions. Three of the interview questions were open-ended and one was semi-open-ended when used with prompts. All of the questions included prompts to use as needed (see Appendix C).

Participants

To protect the anonymity of the participants, they were prompted prior to their interviews for their preferences in terms of confidentiality. Each of the participants was asked to choose a pseudonym. In the following section, the names and demographic information is used with the express permission of each participant.

Five individuals participated in this IPA research study. All five of the participants self-identified as female and all five self-identified as women of color. The participants' ages ranged from 27 to 44 years. Three of the participants were from the Millennial generation and two participants were from Generation X (Pew Research Center, 2015; Rajesh & Ekambaram, 2014; Sarraf, 2019).

At the time of their interviews, four of the participants lived in the United States and one participant was temporarily living in India. Three of the participants were born and raised in the

United States, one participant was born and raised in India but had lived in the United States for approximately 10 years, and one participant was born and raised in Malta, but at the time of her interview lived in the United States to attend her doctoral program. Two of the participants reported English as their second language.

All five participants had their master's degree in professional counseling, three of the participants were actively pursuing their doctorate in counselor education and supervision (CES) and two of the participants had their doctoral degrees in CES. All five participants had clinical supervision experience ranging from one year to 15 years and had supervised a minimum of six counseling supervisees. All five participants identified a clinical supervision orientation and all five participants reported they either had, or were in the process of gaining, a professional identity as a clinical supervisor.

Creative

Creative reported she was 27 years old, a Millennial, and self-identified as a Nigerian Black woman. Creative is originally from Georgia and was living in Georgia at the time of her interview due to being on summer break from her CES doctoral program and COVID-19 restrictions. At the time of her interview, Creative was preparing to return to her CES doctoral program in Florida.

Creative has been a professional counselor for four years and specializes in sexual trauma and play therapy. According to Creative, she first engaged in clinical supervision 15 months ago due to the requirements of her CES doctoral program. Creative has supervised a total of seven counseling supervisees. Creative reported her clinical supervision orientation to be Gestalt based combined with expressive techniques.

Donna

Donna reported she was 38 years old, an older Millennial, or Gen Y which is more often used in India, and self-identified as a woman of color from India. Donna reported English as her second language. Donna reported she had been in the United States for approximately 10 years and self-identified as "accultured" to United States culture. At the time of her interview Donna was living in India but reported she would be returning to the United States where she is a professor in a counseling program.

Donna has been a professional counselor for 17 years and specializes in multicultural counseling. Donna has been a clinical supervisor for approximately seven years. Donna has supervised approximately 15 counseling supervisees with the majority of her clinical supervision experience stemming from a requirement by her CES doctoral program. Donna reported her clinical supervision orientation to be the Integrative Development Model (IDM).

Romi

Romi reported she was 39 years old, a young Gen Xer, and identified herself as a woman of color from Malta. Romi reported English as her second language. Romi reported she had been in the United States for 11 months to attend a CES doctoral program. At the time of her interview Romi was living in Virginia to attend school.

Romi has been a professional counselor for approximately 10 years. Romi has been a clinical supervisor for three years and has had approximately 28 supervisees during that time. Romi reported her clinical supervision orientation to be Gestalt centered.

Gina

Gina reported she is 38 years old, an older Millennial, and identified herself as an African American woman. Gina reported she is originally from Alabama; at the time of her interview, she was living in Florida attending her CES doctoral program.

Gina has been a professional counselor for approximately 13 years and began engaging in clinical supervision as a requirement of her CES doctoral program. Gina has had six counseling supervisees and reported her clinical supervision orientation to be person-centered.

Scarlett

Scarlett reported she is 43 years old, a Gen Xer, and identified herself as a Mexican American woman. Scarlett reported she is originally from California but, at the time of her interview, was living in Virginia where she works as a professor in a counseling program and supervises counselors in training.

Scarlett has been a professional counselor for 15 years and she reported she has been a clinical supervisor "off and on" for 10 years. Scarlett reported she has had "at least 20" counseling supervisees and reported her clinical supervision orientation to be based on the IDM.

Findings

Following the sixth recommended guideline for the IPA data analysis process, I identified three overarching themes across the data collected during the semi-structed interviews. The three identified overarching themes were: (a) feeling competent/incompetent, (b) feeling connected/disconnected, and (c) feeling respected/disrespected. The first two overarching themes reflected the participants' meaning-making of their lived experiences when addressing AGCA as a cultural consideration in clinical supervision. The last overarching theme reflected the

participants meaning-making on how AGCAs have impacted their feelings of respect and disrespect within the clinical supervisory relationship.

In this next section, the first two overarching themes are presented by their relevance to the primary and secondary questions of this IPA research study. The third overarching theme is not relevant to the research questions but was of such potency in each of the participants' interviews I chose to include it in this section. All three of the overarching themes are supported by verbatim quotes from the participants to represent their voices and meaning derived from their own lived experiences.

To review, the primary and secondary questions for this IPA research study were:

3. How do clinical supervisors experience addressing AGCAs during the practice of clinical supervision?

4. How do clinical supervisors experience addressing their own AGCA with counseling supervisees?

Feeling Competent/Incompetent

This first overarching theme, Feeling Competent/Incompetent, was relevant to the primary question of this IPA research study. Four of the five participants recalled incidents when age had an impact on their counseling supervisees' feeling of incompetent as counselors. This theme was particularly potent due to the contrast between the participants feelings of competence and the counseling supervisees' feelings of incompetence.

Creative reported how she addresses her counseling supervisees' feelings of incompetence due to age concerns:

Yeah, so all of my supervisees were assigned to me because they work with little ones and teenagers so that means that they are working with parents and oftentimes teachers,

school counselors, and whoever else is part of the child's system. And oftentimes they [counseling supervisees] would be so nerve racked [sic] as to how they could hold a really confident role as this child's clinician and advocate for them while also being new to the profession and being, in their eyes, extremely young in comparison to the other people they were interacting with.

Creative went on to say, "I would remind them [counseling supervisees] like, 'Look, you might be extremely young and new to this, but you are super supported' and that totally seemed to help with their confidence."

Creative expressed how she felt when addressing age with her counseling supervisees:

I could see a huge shift [for counseling supervisees] of being able to say to parents, "Okay, yeah I might be extremely young, and I might be new to this, but I'm super supported." I mean, for me, it feels really good because I know it works and I know I helped them [counseling supervisees].

Creative reported, after she had worked with a specific counseling supervisee:

I think it was like a week or two after I worked with my supervisee, she walked in the school and there was her client having a terrible tantrum in front of the school resource officer, the administration and the parent. And she [counseling supervisee] walked into the front office to help. The parent said something like "if I can't get my child to calm down, how are you going to be able to do it?" And she [counseling supervisee] did such a great job soothing the child and calming him down while also building up that alliance with parent to let the parent know, "I'm doing this work now and I'm also going to take this work back to my supervisors and figure out even better ways to do this work." And

she [counseling supervisee] did an amazing job with the child. She felt good and I felt really great about it and I am so glad I recorded that supervision session.

Donna recalled a counseling supervisee who struggled with feelings of incompetence due to her age:

I remember a supervisee who was like 21 or 22. Yeah, she was pretty young, and she felt like when she went for counseling, and she was like a small little girl so she, she would just look like a teenager you know? So, when she would counsel, and she was counseling, like, Veterans, so you know that's, those macho feelings. So it was, it was just hard. She [counseling supervisee] would feel like 'I don't know if they're processing information with me, are they on the same page with me? Are they accepting what I'm saying because they just, they just think that I'm a little girl out from college,' So that was a struggle and constantly a push back for her. I spent a lot of time working with her about how to present herself and I think it really helped her.

Donna described the work she did with this particular counseling supervisee:

Yeah, I mean, I generally use a lot of creative interventions in my supervision, so I had her draw some pictures about how she [counseling supervisee] felt. Then we would just process it, like, you know, where she [counseling supervisee] sees herself. She pictured herself as really teeny-weeny in front of someone who is, like, a lot bigger. I mean, she correlated the physical difference with her self-esteem. I used a lot of visualizing imagery and that is how we got at it. I felt like what I did really worked, and it was a success. It was hard but it was good.

Romi described working with a counseling supervisee who, due to age differences, struggled in her relationship with her client:

I had a supervisee umm. . . [pause] where the client was in her like 60s, 70s and the counselor was in her 20s. So, I could see where this grandmother was nurturing the counselor and even bringing her cookies "because you need to eat to sustain yourself," so you know it was like, eh, very evident and I think the counselor [counseling supervisee] was realizing what was happening, but she was confused in the way to tackle the situation because she didn't want to offend, you know, her client. And, of course, this was the thing we had to work out, you know, within the relationship so they could make their boundaries more clear.

Romi recalled her process of working with this particular counseling supervisee:

My stance was to just to pose a lot of questions to help the supervisee understand what she was feeling. And, eh, she was just in her early 20s, so she struggled a bit. We would role play how to set boundaries with her client and how to put on the role of the counselor. Eventually, she felt strong enough to deal with it, eh, not just intellectually but emotionally and feeling really good about it. It just felt right.

Romi shared another experience with a counseling supervisee impacted by age differences in her counseling relationship:

So, the client was very much resistance [*sic*] towards the counselor because she looked younger. So, with this client coming "Ooh you are young, how can you help me? How old are you?" and this resistance, eh, so the counselor, which [*sic*] was just in her second year was very much intimidated. And, umm, it affected her self-esteem as a counselor so, you know, it was more helpful to work with her [counseling supervisee] to support her developing this new identity rather than the issue of the client. So, umm, first we very much focused on her identity and her accepting this novice stage she was in. It was quite,

quite a long journey because it effected this particular supervisee, eh, very much. I felt less sure about how well I did with her, but she was able to get through it. She still needed to do some work, but she got through it.

Initially, Gina reported, "Umm no not yet . . . a lot of them [counseling supervisees] work with populations that are more young adult or children, so it [age] just has not come up." Later in her interview, Gina remembered one counseling supervisee who did feel intimidated based on her age:

> Oh, you know what, I did work with one supervisee who had gotten engaged at a very young age, and she was working with an older married couple. And so that did come up for a little bit. That was intimidating to her [counseling supervisee]. I don't know how much help I was, I just kept validating her and telling her that it was not her fault, I mean, she could not change her age [laughs]. But in the end, I think it worked out well. I know the couple kept working with her.

In the beginning of her interview, Scarlet described feeling "surprised" she does not initiate discussions about age with her counseling supervisees during clinical supervision. However, later in her interview, Scarlett recalled her own experiences as a counseling supervisee:

> I remember having a supervisor, she was, like, probably 50ish, that told me that I needed to dress more mature [uses air quotes], which was code for older, because "no client" was going to take me "seriously." And I did it. I tried to dress older and, so, I bought, like, these weird cardigan sweaters and, I am so embarrassed to tell you this but, I bought reader glasses because I thought they would make me look older and smarter, you know, like I knew what I was doing. Wow, I totally forgot about that until just now.

Scarlett went on to express:

> Argh, it makes me so, I don't even know, mad maybe, when I think about that [long
>
> pause]. Why in the hell would she have said that to me? [pause] I mean, I'm sure she was
>
> trying to help, but god, that so effected my confidence.

When asked about her earlier statement about not initiating discussions about age with her

counseling supervisees during clinical supervision, Scarlet processed:

> Wow, yeah, that totally makes sense, [long pause] that I don't bring their [counseling
>
> supervisees] age up with them because, you know, when she [former supervisor] did it to
>
> me I just felt so horrible and freaked out and, you know, bought the glasses [hesitant
>
> laugh]. God, no wonder I don't and [long pause]. I wonder if that has ever hurt any of
>
> them, you know, like its [age] come up and caught them off guard because I never
>
> addressed it with them? I'm going to have to really think about it, you know, like maybe I
>
> should bring it up [long pause] but I would need to do it really differently than she did
>
> because that was so horrible for me.

Feeling Connected/Disconnected

The second overarching theme, Feeling Connected/Disconnected, was relevant to both of

this study's primary and secondary research questions. All of the participants acknowledged

AGCA differences could affect the clinical supervisory relationship alliance. Participants

reported they believed negative effects were more likely if the GCAs between the clinical

supervisor and counseling supervisee were different or if the clinical supervisor was the younger

member of the clinical supervision dyad. However, only one of the participants described a time

when she addressed her own age with a counseling supervisee. Other participants discussed how

AGCAs, amongst other factors influence their feelings of being connected or disconnected to their counseling supervisees.

Creative recognized a time when she intentionally did not share her age with her counseling supervisees:

> However, I will then admit when I was supervising the five supervisees for spring semester and I realized that I was the same age as one of my supervisees I did not want to let them [cohort of supervisees] know that. And I think one of the reasons why is that I did not want to let them know how similar we were.

Creative discussed how feeling vulnerable impacted her decision to not disclose her age:

> With Spring semester all of my supervisees were White and [long pause] so, maybe there was already a barrier there of me needing to protect myself and not be as vulnerable and so I would assume if I could go back to myself in maybe January or February, I probably would not have wanted to admit my age out of fear that it would have brought me down a notch. So here I am already a Black woman with White supervisees and then, but we are the same age, so then how are they looking at me? And I will say that my supervisees highly respected me, they requested me specifically because they knew my skill set but there was still that fear there to not be too vulnerable.

Later in her interview, Creative described how a counseling supervisee's vulnerability around his own age had affected their clinical supervisory relationship:

> However, this particular student [counseling supervisee] has done a lot of camp work since, like, the age of 12, and so where age is coming up is that he continues to remind me, and the other doc supervisor, is that even though he is younger he's done this work before. And so honestly its him implying, or I would not even say implying, its him

screaming "do not take my age into factor because I have more camp experience than both of you put together." So, age has come up a lot with him of like don't take it into consideration because uh "I, umm, my age does not cast" his actual experience is what he is trying to say.

Creative reported how her willingness to disclose her age to this particular supervisee was effected by her feelings about their clinical supervisory relationship:

I believe he is older than me . . . I do think he is 28 or 29 [long pause] umm but there is no way I will ever let him know that. By then he would feel very vindicated and validated in the argument he's been holding onto since the beginning of summer.

During her interview Creative recalled a time when she did feel comfortable enough to address her age with a counseling supervisee:

You know, the interesting thing is with my first supervisee from fall semester, now that I think about it, towards the end I did address our age. I think I told her that we are the same age cause [*sic*] I was still 26 at the time and she was 26 or had just turned 26.

Creative reflected on why she shared her age with this particular counseling supervisee:

I felt more comfortable addressing that [her own age] because she [counseling supervisee] was Haitian, I am Nigerian, we're both Black identifying, umm, we both have parents or a parent who's an immigrant and so I was going over that for some reason. Maybe we were talking about cultural alliance or something and I mentioned we were the same age. And I remember feeling really good about that.

As Creative processed her in-the-moment awareness of making the choice to not disclose her age, she shared:

I don't even know if, [long pause] and I don't know how fully aware of it because I think I just became aware of it. I do know . . . I remember thinking with my Fall supervisee, here I am looking at another Black woman who aligns with me in expressive approaches, and she was further along in her internship too, and cultural background and I think there was a part of me that wanted to share with her, and we're the same age, which means we're a little bit more alike.

Donna considered how age affected her feelings of connection and disconnection with her counseling supervisees:

I mean, I would, I would say that I was very comfortable and confident when I supervised someone who was less, I mean, whose age was lesser, who was younger to me than compared to supervisees who were elder to me because, I was like, am I saying it correctly? Will I be judged? You know, they are elder to me; will they listen to me? Will they, I mean, will they just think, oh she's a young girl. Yeah, yeah so I had that at the back of my mind when there were supervisees who were elder to me than opposed to someone who was younger to me.

Romi reported on times when she would certain aspects of herself to connect with her counseling supervisees:

So, like with supervisees, when I share with them, you know eh, my work experience. I see these faces changing and then I feel, you know. But the way they look at me changes then. Yes, that is why I then can connect the age.

Gina reported feeling disconnected from her counseling supervisees who are of a different GCA:

It's a different generation [current counseling supervisees], you have to respond fast [snaps her fingers], they're very techy [*sic*], like you have to entertain them, they get

bored easy, you have to you know, like [pause and snaps her fingers] get 'em. Like, their

attention span is just so different than when we in school [graduate school] . . . now we

[clinical supervisors] have to jump through hoops, you know . . .This generation [current

counseling supervisees] has a lot of anxiety you know, to the point, where they have 504

plans and accommodations.

Scarlett reflected on why she does not discuss her own age with her counseling supervisees:

I just have never brought it [her own age] up, even when I know my supervisees are a

different age than me; it just seems too personal, you know? Plus, I'm not sure what I

would say if they said it was an issue. It's not like something I can change is it? I sort of

think I would be offended if it [her age] was an issue [pause]. Like, I get that it can matter

but it really shouldn't, should it? I'm not that old [hesitant laugh].

Feeling Respected/Disrespected

The third overarching theme of Feeling Respected/Disrespected was not directly

connected to either of this study's research questions but it was present in all of the participants'

interviews. Initially, this overarching theme was not easily identified because it showed up

differently for each of the participants. However, as I read and reread the transcripts of the

participants' interviews it became more clear that there was a shared experience of feeling of

respected or disrespected, regardless of circumstance in conjunction with AGCAs.

Creative described a recent incident where she felt disrespected because of an assumption

made about her age:

My supervisor for my doc program was giving us all a speech about how to dress for

doing supervision. She was going on about, like, "don't come dressed in shorts and make

sure you're not wearing, like a graphic t-shirt" and I finally had to stop her. And I wasn't

trying to be rude, but this was her first time supervising our cohort. I was, like, "You know we all have had professional jobs, we all have our master's degree." And she was, like, "Well, you know, you all are a fairly young cohort." I honestly just think it was interesting how they decided to talk to us [uses air quotes] because of our age. It felt really disrespectful.

Donna described how she viewed the connection between age and respect through a cultural lens:

So, coming from a different country, you always respect someone who is elder to you. So, yeah, okay so that's there. So, I mean, initially, I was like you know. When someone points a figure out you and someone who's younger, it just feels weird. You know, an elder age is respected really well back in my country [India] like, you know, how can someone, I mean, even if you are wrong, if you are elder to a person, they cannot say anything and that holds true in professional life too. Like, we [counseling supervisees] wouldn't even question, because of our age, we wouldn't even question a professor or a supervisor. Like if they say one plus one is three, it is three and not two and that is it. You buy in to that, even if they're wrong, you're like, okay, that is fine, it is what it is because they are older.

Donna explored moments when she felt disrespected by her younger counseling supervisees:

Umm, if they [younger counseling supervisees] cut me off or if they wouldn't understand where I'm coming from I would say, I would say, that I felt a little bit disrespected. However, I didn't, you know, I didn't umm take it further, as in I didn't let it sink in or I just brushed it off. I'm like, okay, let me just try. So umm, so yeah that's how I would process that.

Romi shared her views on how others' assumptions about her age have affected her feeling of being respected:

Sometimes, sometimes I want to say my age, you know, so eh, because you read people's eyes or nonverbals, so you know, it's like you want to tell them "hey how old do you think I am?" you know, "I'm not 30, you know I'm 40 and so treat me my age" like you know. It's only in these moments when sometimes I feel like I need to say, you know, my age. So, yes, there are the moments I feel uncomfortable with it. Because otherwise I wouldn't feel this need to say, "I'm not that young as I think you are thinking I am." There's this feeling that the more older you are the more you know [long pause] or the younger you are the less you know. Which when you think about it doesn't make sense although you know, with experience there's an expectation that you will know more.

Romi continued:

It's like, yes, age affects it [respect] because I have experienced people in one way according to their impression of how old I am and then they shift their behavior in little bits of different ways when they realize, plus or minus, know or when I tell them I have a 13 daughter, 15-year-old daughter, and they say, "ooh how old are you?" So, I do think the older age, I was never treated, or treated negatively directly because of age, I do feel and experience that there is a shift umm, in people in relation to age.

Romi was also aware of when counseling supervisees' assumptions about her age has garnered a feeling of respect:

I think it's [her age] been very respected and not actually brought up as like, like we need to broach this, or this is something that we need to discuss. I think that they [counseling

supervisees] see me as like an older person, but because of the actual lived experiences I have, I think they really valued it.

Gina recalled times, when she was a beginning school counselor, she felt disrespected because of her young appearance:

And I guess because I was young, I was a school counselor, I remember, I worked at a high school, I would go down the hall during, you know just see students about and have teachers like, "Oh Miss G [jumps as if surprised], I thought you were a student," and I was like yeah okay, [pause]. They thought I was 17 when I was really 27 but I've always looked younger. So, I had to learn pretty early on how again, to get that respect from 50 plus year old veteran teachers to be able to come in and be the expert and say, like, "let me help you help this student" and I'm only 20 something, umm, when they have teaching a certain way for 30 years.

Later in her interview, Gina added, "I still think for me it just goes back to years of experience not physical age. For me, it's about just what have you done?"

Scarlett explored her own thoughts about age and respect in the field of professional counseling. Scarlett reported:

You know, it's so funny to me how enamored we are with older counselors and their words of wisdom. And like, so much of that, I think, has to do with, you know, like the Gloria films, and pictures of Freud and Rogers. God, they all just look like stereotypical old men and these are, like, our gods you know. I mean, I assume Rogers was young at some point [laughs] but I've never seen him that way. So, I think we [counselors] have been taught to equate old with good and so old equates with deserving respect. And it's funny because I have worked with some old counselors that were horrible [laughs]. But

there you have it. And I guess I have probably passed this thinking on to my students and my supervisees, like, "Look, I'm older than you and so you need to respect me, no matter what" and it's so weird because that isn't how I really think but [pause] I guess it kind of is. I don't even know what that means really.

Scarlett went on to contemplate her experiences of feeling respected or disrespected because of her AGCA:

But, you know, I am not sure I have ever felt truly disrespected except for with that one supervisor. During that time, I was young, I guess, like 25, but up until she said that I don't think I had even thought about my age as a factor. And I know for sure, no one had ever brought it up to me in any of my classes. I mean, my age, what the hell?

Conclusion

The first section of this chapter included a brief review of the recommended IPA data analysis guidelines, an overview of the interview environment and a description of the participants. The second section of this chapter focused on the three overarching themes that emerged from the data collected for this IPA research study: (a) feeling competent/incompetent, (b) feeling connected/disconnected, and (c) feeling respected/disrespected. Each theme was detailed using verbatim quotes to express the participants' meaning making of their lived experiences.

In the next chapter, I expand the meaning of the overarching themes by adding my interpretation of the participants' meaning making by engaging in the double hermeneutic circle. Additionally, I discuss my positionality as researcher, the identified limitations of this IPA research study, the implications of this study, and give my recommendations for future training and research.

CHAPTER VI: SUMMARY, IMPLICATIONS, AND OUTCOMES

My purpose for this study was to: (a) This study was utilized to explore the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration in clinical supervision, and (b) to contribute to the clinical supervision literature in the professional counseling field. This purpose aligned with the identified gaps of knowledge in the professional counseling literature, and with the utilization of the IPA research approach.

In this final chapter, I use five sections to discuss my findings as they relate to the research questions of this IPA research study as well as the professional counseling literature. In the first section, I provide a summary of the findings from the data collected. The second section will focus on my conclusions based on the findings and reviewed literature. In the third section, I discuss my positionality as researcher and the identified limitations of this IPA research study. In the fourth section, I review the implications of this study and give my recommendations for future training and research. The fifth, and final, section will conclude the chapter.

To review, the primary and secondary research questions of this IPA research study were:

1. How do clinical supervisors experience addressing AGCA during the practice of clinical supervision?

2. How do clinical supervisors experience addressing their own AGCA with supervisees?

Summary of Findings

Three overarching themes emerged from the collected data reflecting the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration in clinical supervision. The three identified overarching themes were: (a) feeling competent/incompetent,

(b) feeling connected/disconnected, and (c) feeling respected/disrespected. In this next section I will give an overview of the overarching themes and the data supporting them.

Summary of Themes

Feeling Competent/Incompetent

The first overarching theme, Feeling Competent/Incompetent, intersects with the primary research question of this IPA research study and was powerfully present in all five of the participants' interviews. This overarching theme encapsulates participants' reported experiences addressing the impact of age, with their counseling supervisees, during the practice of clinical supervision. This theme was particularly potent due to the contrast between the participants' feelings of competence about their abilities and their counseling supervisees' feelings of incompetence about their abilities.

Four of the five participants recalled incidents when age had an impact on their counseling supervisees' feeling of incompetent as counselors. During their interviews, participants explored how they experienced their own abilities to address their counseling supervisees' concerns.

Overall, participants reported mostly positive experiences when they addressed their counseling supervisees' feelings of incompetence due to age concerns. Participants used phrases such as, "I mean, for me, it feels really good because I know it works," "I felt really great about it," and "I think it really helped her" to describe how they experienced working with counseling supervisees.

Feeling Connected/Disconnected

The second overarching theme, Feeling Connected/Disconnected, was relevant to both of this study's primary and secondary research questions. All of the participants acknowledged

AGCA differences could affect the clinical supervisory relationship alliance. Participants reported they believed negative effects were more likely if the GCAs between the clinical supervisor and counseling supervisee were different or if the clinical supervisor was the younger member of the clinical supervision dyad. However, only one of the participants described a time when she addressed her own age with a counseling supervisee. Other participants discussed how AGCAs, amongst other factors influence their feelings of being connected or disconnected to their counseling supervisees.

Participants explored feeling connected with their counseling supervisees using phrases such as, "there was a part of me that wanted to share with her, and we're the same age, which means we're a little bit more alike," and " that is why I then can connect the age." Participants described feeling disconnected from their counseling supervisees using phrases such as, "it's a different generation," "fear that it would have brought me down a notch," and "I did not want to let them know how similar we were."

Feeling Respected/Disrespected

The third overarching theme of Feeling Respected/Disrespected was not directly connected to either of this study's research questions but it was present in all of the participants' interviews. Initially, this overarching theme was not easily identified because it showed up differently for each of the participants. However, as I read and reread the transcripts of the participants' interviews it became clearer that there was a shared experience of feeling of respected or disrespected, regardless of circumstance, in conjunction with AGCAs.

Participants used specific phrases such as, "I think it's [her age] been very respected." To describe their perception of being disrespected because of their AGCA, participants used phrases such as, "it was interesting how they decided to talk to us [uses air quotes] because of our age,"

"it felt very disrespectful," "I felt a little bit disrespected," and "I'm not 30, you know I'm 40 and so treat me my age".

Conclusions

The findings of this IPA research study seem to indicate that clinical supervisors understand the potential AGCA effects on counseling relationships and clinical supervision relationships. However, it appears, based on the data collected, that although clinical supervisors view AGCA, especially age, factors as important they do not view them as stand-alone cultural identities or as cultural concerns. All of the findings contribute to the professional counseling literature in regard to the lived experiences of clinical supervisors addressing AGCAs as a cultural competency in the practice of clinical supervision.

How Do Clinical Supervisors Experience Addressing Age and Generational Cohort Affiliations in Clinical Supervision?

All of the participants articulated an understanding of the potential negative effects of AGCA differences can have on counseling relationships. In fact, all of the participants recalled at least one incident when a counseling supervisee experienced negative effects due to others' perception of their abilities based on their AGCA. Additionally, two of the participants reflected on negative effects of age impacted their counseling relationships when they were counseling supervisees. However, only one participant reported "regularly" initiating conversations about the effects of age.

All of the participants reported being willing to discuss AGCAs effects on counseling relationships and all described being responsive when their counseling supervisees initiated a conversation regarding the effects. Additionally, all of the participants described how they

supported their counseling supervisees through these difficulties and almost all of the participants reported feeling competent in doing so.

How Do Clinical Supervisors Experience Addressing Their Own Age and Generational Cohort Affiliation with Counseling Supervisees?

All of the participants acknowledged that AGCAs can also affect the clinical supervisory relationship. However, only participant reported directly addressing her own age with a counseling supervisee. This participant described acknowledging her age in a spontaneous moment of connection with her counseling supervisee which was based on other cultural identities they shared. After doing so, the participant expressed, "I remember feeling really good about that."

The same participant, the youngest of the participants, also described moments when she intentionally did not acknowledge or address her age with her counseling supervisees. In those moments, the participant explained her intentional decision to not acknowledge or address her age with her counseling supervisees was done out of "fear of being vulnerable."

Two participants stated they did not feel the need to discuss their own AGCAs with their counseling supervisees as they had primarily only worked with counseling supervisees who were younger than themselves. One of the participants, Romi, reported, "In my experience, it never affected me personally because as I told you, I always had my supervisees either similar to my age or younger." The other participant, Gina stated:

> It hasn't been an issue because I think they're [counseling supervisees] super impressed how much experience I have. So, I think its [age and experience] been very respected and not actually brought up as, like, we need to broach this, or this is something that we need to discuss.

Whereas another participant, Scarlett, reported feeling like discussing personal ages during clinical supervision felt "too personal."

Although all five of the participants in this IPA research study were aware of their own GCAs, none of them recalled acknowledging or addressing them with their counseling supervisees. In addition, out of the five participants only one participant recalled acknowledging her own age with a counseling supervisee.

According to ACES (2011), clinical supervisors must be aware that the clinical supervision relationship is a fundamental aspect of the development of counseling supervisees. Research has shown a crucial component of an effective clinical supervision relationship is the bond between clinical supervisors and their counseling supervisees (Fickling et al., 2019; Ivers et al., 2017). The clinical supervision relationship bond is influenced, amongst other variables, by the way cultural identities are addressed within the practice of clinical supervision (Jones et al., 2019; Ladany, 2014). To strengthen the clinical supervision relationship bond, it is vital for clinical supervisors to acknowledge the privileged and marginalized cultural identities, held by themselves and their counseling supervisee (Jones et al., 2019).

Clinical supervisors who do not acknowledge their own cultural identities, including AGCA, risk rupturing the clinical supervision relationship in the same manner professional counselors may rupture their counseling relationships if they do not tend to their cultural identities and those of their clients (Jones et al., 2019; Pettyjohn et al., 2020). Cultural rupture in the clinical supervision relationship can suppress communication and transparency and lead to intentional nondisclosure on behalf of supervisees, omitting critical information in clinical supervision which could translate to harm to clients (Cook et al., 2020).

Discussion

In this section of the chapter, I first discuss my positionality as researcher. Next, I explore the identified limitations of this study. Lastly, I describe how the study limitations may have affected my interpretations and conclusions regarding the findings.

Study Limitations

According to Milner (2007), there are the "seen, unseen, and unforeseen" dangers in research (p. 388). Limitations within this IPA research study stemmed from seen, unseen, and unforeseen factors related to this specific IPA research study. I have identified two specific study limitations which I discuss in this section.

First Limitation.

The first identified limitation of this study was both a seen and unseen danger. It is my positionality as the researcher due to the power and privilege inherent in my dominant cultural identities. As a 50-year-old, educated, White, cisgender female I have a certain level of power and privilege. As I discussed in the Research Method chapter, it is important that I acknowledge that my positionality influenced my process as the researcher, and especially as the interviewer, of this IPA research study.

My cultural identities, especially age, gender, and race, influence how I view the practice of clinical supervision, my values as a clinical supervisor, and my expectations for my counseling supervisees, and my expectations for other clinical supervisors. My dominant identity of Whiteness creates a privileged lens in which I view the world and how I viewed this research study. It is important that I acknowledge my engagement as a clinical supervisor with counseling

supervisees has primarily only been from a place of power and privilege due to my Whiteness. Therefore, I believe my privileged lens enabled me to consider the "right way" to practice clinical supervision only from my own position of power.

What I did not consider, for this study, was that a clinical supervisor with predominately marginalized cultural identities may need to navigate the practice of clinical supervision in a way that I do not. I do not have the same considerations or experiences as a Clinical Supervisor of Color who is working with White counseling supervisees. Consequently, due to my Whiteness, I have the privilege of considering the impact of AGCA on the clinical supervisory relationship in a way that those with dominant marginalized identities may not.

Due to my positionality, or my self-consciousness due to my positionality, I may have missed or misunderstood nuanced communication from the participants during the interview process. For example, as I engaged in with the participants during the interview process, I was very aware I was a White woman interviewing self-identified Women of Color. I was very aware of my urge to not, by either verbal or non-verbal language, indicate any expression of negative criticism towards the participants as women, Women of Color, or as clinical supervisors.

As I engaged in reflexivity strategies it became clear that this urge to be seen and understood as an ally had less to do with the data collection process but had more to do with my own need to be viewed as on "their" side. "Their" refers to women, Women of Color, and, specifically, to women in the professional counseling field.

When initially reviewing the video recorded interviews my inner critical voice was activated and scanned for any indication that I had acted as if I viewed the participants as less than myself. As I watched the video recorded interviews I wrote in my reflexive journal, "Why did I struggle asking their [the participants] ages? Is it because I do not know them? Was it

because they are women or Women of Color? If they were White would I have still felt uncomfortable?"

Potentially missed communication from the participants could have been regarding the participants' need to navigate the practice of clinical supervision differently than I, or that their experience with their counseling supervisees may have been very different than my own experiences. Additionally, due to my positionality, I may have emphasized certain aspects of the data in a way that does not accurately reflect the participants' experiences from their cultural perspective but instead my own. It is also reasonable to assume that my interpretations of the participants' meaning-making of their owned lived experiences were made through my privileged lens.

In some contexts, my age might not be considered a dominant cultural identity but in the context of the relationship between a researcher and the participants it can be. Therefore, as discussed in the Positionality section of the Research Method chapter, it is possible the age difference between myself and the participants, may have affected our relationship, the interview process, the data collected, and my interpretation of the data.

My AGCA also affected my comfort level in inserting my own voice in the research process. Even as I was encouraged to do so, I struggled as it seemed inappropriate. Not because of my position as researcher but because for my generation, Generation X, it is not considered appropriate to disclose personal information in the same way as it is for other generations such as the Millennial generation.

Although, as the researcher, I engaged in reflexive strategies throughout this research study as it was important to consider my positionality as a factor in the overall process. This consideration makes it reasonable to assume I made research decisions based on my positionality

that influenced the research process as a whole and specifically influenced the findings of this study.

Second Limitation.

The second, and final, identified limitation of this IPA research study was an unforeseen danger. As discussed in the Research Method chapter, the participants of this study represented unforeseen and unplanned demographics. All of the participants identified as female, all self-identified as Women of Color, all were in either in the Millennial GCA or the Generation X GCA, and all practiced clinical supervision in the Eastern United States.

Although homogeneous participant samples can be used as part of a purposive sampling strategy in IPA research, to do so requires meaningful intent and alignment with the research question (Chan & Farmer, 2017). That was not the case in this IPA research study. Instead, the participants' homogeneity of some of their cultural identities was due to access and availability, not stemming from the research questions or any strategic intent on my part as the researcher.

This limitation has less to do with who was included in this study and more to do with who was not. There are many voices missing from this study. Some of those missing voices include clinical supervisors who are older than 43 and younger than 27, self-identified male clinical supervisors of any race, non-binary clinical supervisors of any race, White self-identified female clinical supervisors, and clinical supervisors who practice clinical supervision west of the Mississippi River.

As in any context, it is important to consider missing voices and how that might impact the derived meaning from those voices that are present. It is impossible to say with any sense of surety what information might be missing from this study, but it is important to recognize there are missing voices and missing stories.

Implications

In this section of the chapter, I discuss implications from the findings of this IPA research study. The findings of this IPA research study resulted in two areas of implications: (a) training of clinical supervisors, and (b) further research.

Suggestions for Future Training

The findings of this IPA research study suggest that clinical supervisors, although aware of the importance of AGCAs in professional counseling, do not broach the topic of AGCAs with their counseling supervisees during the practice of clinical supervision. Instead, it seems that conversations regarding AGCAs are initiated by counseling supervisees when they experience a negative impact on their counseling relationships. Additionally, based on the findings of this study, it seems that clinical supervisors very rarely address their own AGCAs with their counseling supervisees.

According to Ladany (2014), clinical supervisors are frequently the least culturally aware participant of the clinical supervision relationship. As part of their lack of cultural awareness of the full range of cultural identities, clinical supervisors are prone to assumptions about their counseling supervisees without any supportive evidence. Assumptions such as life experience (a representation of AGCAs) as an indicator of ability or skill level, can be detrimental to counseling supervisees and their clients.

Additionally, a lack of cultural awareness may allow for clinical supervisors to miss, either intentionally or unintentionally, opportunities to broach cultural identities, including their own and those of their counseling supervisees (Fickling et al., 2019). Although almost all the participants noted effects of AGCAs on their clinical supervision relationships, none of them directly addressed those effects with their counseling supervisees. As stated by Dollarhide et al.

(2021), there is an important difference between awareness of cultural differences between clinical supervisors and counseling supervisees and mitigation of those cultural differences.

Therefore, based on the findings of this IPA research study, and the professional counseling literature and mental health literature reviewed, it is crucial to include a full range of cultural identities, including AGCAs, as part of culturally aware clinical supervision training. However, it would not be enough to just increase awareness of the expanded range of cultural identities, because based on the findings of this study, clinical supervisors are aware of different identity factors. Instead, it would be beneficial to go beyond just theory of cultural identities to include practical approaches of how to acknowledge and initiate conversations regarding an expanded range of cultural identities directly with counseling supervisees.

Suggestions for Future Research

Engaging in culturally aware and competent clinical supervision is a complex process. There are many intersecting cultural identities between clinical supervisors and their counseling supervisees. These intersecting identities influence the clinical supervision relationship and, when adding the consideration of the cultural identities of clients, the clinical relationship triad (Berger et al., 2017).

The findings from this IPA research study were examined from a limited perspective utilizing the scarce literature available, and a small participant sample size. In addition, as discussed in the limitations section of this chapter, the participants of this IPA research study all self-identified as women of color. It would be beneficial for future research to explore whether the findings of this IPA research study are unique to female clinical supervisors of color or if clinical supervisors of other identities share these experiences. Therefore, for future research, the

first recommendation is to expand participant diversity and sample size to include the voices missing from this study, as detailed above.

The second recommendation, closely related to the first, is to consider the cultural identities of the researcher and how they might impact the research process. It may be beneficial to consider more than one researcher or separation of the interviewer and researcher roles to mitigate effects of the researcher's cultural identities.

During the process of data collection and analysis, it became apparent that all of the participants had personal experiences with the effects of AGCAs, not just as clinical supervisors, but as counseling students, counseling supervisees, and as counselor educators. It would be beneficial to gain an increased perspective of the effects of AGCA in the counseling profession. Therefore, the third recommendation for future research is to explore the lived experiences of counseling students, counseling supervisees, and counselor educators with regard to their experiences with the cultural identities of AGCAs.

The fourth, and final recommendation is to examine the effects of AGCA on the counseling relationship from the perspective of the third participant of the clinical supervision triad: the clients. To learn how clients feel about working with professional counselors who are either younger or older than themselves may be useful for clinical supervision and counselor training. This knowledge could help create a framework for specific techniques to be used when working with clients who have different AGCAs then their counselor. Additionally, this information could inform some premature termination data and negative outcome data in counseling that may have gone unidentified.

Conclusion

Utilizing the IPA research approach, my purpose for this study was to (a) explore and understand the lived experiences of clinical supervisors when addressing AGCA as a component of cultural competency in the practice of clinical supervision, and (b) to contribute to the clinical supervision literature in the professional counseling field. This purpose aligned with the identified gaps of knowledge in the professional counseling literature regarding the experiences of clinical supervisors when addressing AGCA as a component of cultural competency in the practice of clinical supervision.

I asked the following primary and secondary research questions:

1. How do clinical supervisors experience addressing age and generational cohort affiliations in clinical supervision?

2. How, and to what extent, do clinical supervisors address their own age and generational cohort affiliation with supervisees?

Analysis of the data collected resulted in five subordinate themes reflecting the lived experiences of clinical supervisors when addressing AGCA as a cultural consideration in clinical supervision. The three identified overarching themes were: (a) feeling competent/incompetent, (b) feeling connected/disconnected, and (c) feeling respected/disrespected.

Ultimately, the findings in this IPA research study suggest, in parallel to the gaps of knowledge in the professional counseling literature, there are gaps in clinical supervisors' knowledge of AGCAs as standalone cultural identities and in their understanding of the need to address a full range of cultural identities during the practice of clinical supervision. This IPA research study presents an opportunity for improved understanding of AGCAs as cultural

identities, increased attention to the need for practical approaches as a part of clinical supervision training, and new areas of focus for future research.

The counseling profession is ethically mandated to become a more diverse profession and to increase cultural awareness and sensitivity among its members (ACA, 2014). Concurrently, it has become increasingly clear there is more to cultural identities than just ethnicity, gender, and race. All aspects of cultural identity, including AGCA identities, need to be acknowledged and addressed in the counseling profession. In the counseling profession, it is clinical supervisors who set the foundation for counseling supervisees' future work with clients.

The need for culturally competent clinical supervisors in the counseling profession will continue to increase as the profession broadens its diversity of members. The need for comprehensive clinical supervision training, that includes practical approaches to address a full range of cultural identities, is necessary for clinical supervisors, counseling supervisees, and the clients.

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Appendix A: Recruitment Email

Subject Line: Clinical Supervisors' Experiences Addressing Age and Generational Cohort Affiliations With Counseling Supervisees Doctoral Study

Dear Potential Participants,

For my doctoral dissertation I am exploring the experiences of clinical supervisors who have discussed age and/or generational cohorts as a multicultural consideration with counseling supervisees. I am conducting semi-structured interviews with clinical supervisors who meet the following qualifications:

1. Over the age of 18 and be able to participate in a semi-structured interview in English.

2. Must have, at minimum, a master's degree in counseling or a related field, have

   completed some sort of supervisory training as required by their state government, and

   have supervised a minimum of three counselor supervisees.

3. Must be actively engaged in clinical supervision.

4. Must have had at least one experience of addressing age and generational cohort

   affiliations in clinical supervision.

If you meet the above qualifications and are interested in participating in this study, please reply to this email. Participants who complete the entire study will be given a $25 gift card.

Thank you,

Nikki Golden, LMFT, SUDP, MAC, CMHS
Antioch University, Seattle

Appendix B: Consent to Participate

Project Title: Clinical Supervisors' Experiences Addressing Age and Generational Cohort
Affiliations with Counseling Supervisees
Project Investigator: Nikki Golden
Dissertation Chair: Dr. Ned Farley

1. I_____(please print name) understand my signature on this
   form indicates I have received both verbal and written information regarding this.

2. I voluntarily agree to participate in this research study.

3. I understand that even if I agree to participate now, I can withdraw at any time or refuse to
   answer any question without any consequences of any kind.

4. I understand that I can withdraw permission to use data from my interview within one week
   after the interview, in which case the material will be deleted.

5. I have had the purpose and nature of the study explained to me in writing and I have had the
   opportunity to ask questions about the study.

6. I understand that participation involves:

   a. A consent discussion which includes the presentation of this form;
   b. A one on one interview with the researcher via Zoom Video;
   c. A potential follow-up interview with the researcher via Zoom Video;
   d. Thematic review if I so choose.

7. I understand that I will not benefit directly from participating in this research.

8. I agree to my interview(s) being video-recorded via Zoom Video.

9. I understand that all information I provide for this study will be treated confidentially.

10. I understand that in any report on the results of this research my identity will remain
    anonymous. This will be done by changing my name and removing as much identifying
    information as possible without effecting the purpose of this study.

11. I understand extracts and direct quotes from my interview will be utilized in your
    dissertation, conference presentation, and published papers.

12. I understand that signed consent forms and original video recordings will be retained in the
    researcher's secured home office until the researcher has received final clearance for her
    dissertation.

13. I understand a transcript of my interview in which all identifying information has been removed will be retained for three years post the researcher's final clearance for her dissertation.

14. I understand that under freedom of information legalization I am entitled to access the information I have provided at any time while it is in storage as specified above.

15. I understand that I am free to contact those listed below to seek further clarification and information in regard to my participation in this study.

Though the purpose of this study is primarily to fulfill my requirement to complete a formal research project as a dissertation at Antioch University, I also intend to include the data and results of the study in future scholarly publications and presentations. Our confidentiality agreement, as articulated above, will be effective in all cases of data sharing.

If you have any questions about the study, you may contact Nikki Golden, project investigator, at telephone # 425-870-9968 or via email at sgolden@antioch.edu.

If you have any questions about your rights as a research participant, you may contact Mark Russell at mrussell@antioch.edu or the Antioch University, Seattle Provost, Benjamin S. Pryor, Ph.D. at bpryor@antioch.edu .

_____

Signature   **Date**

Appendix C: Semi-Structured Interview Questions

1. Can you tell me about your experiences in addressing age and/or generational cohort affiliations with your counseling supervisees?
Possible Prompts:
   a. What happened?
   b. What was that like for you?
   c. How did you feel when that occurred?
   d. What were you thinking when that occurred?
   e. How do you feel now when thinking about the experience?
   f. Do you feel you were successful/unsuccessful?
   g. Will you do it again?

2. Have you ever addressed your own age and generational cohort affiliation with supervisees?
Possible Prompts:
   a. What happened?
   b. What was that like for you?
   c. How did you feel when that occurred?
   d. What were you thinking when that occurred?
   e. How do you feel now when thinking about the experience?
   f. Do you feel you were successful/unsuccessful?
   g. Will you do it again?

3. What else about your experiences in addressing age and/or generational cohort affiliations with your counseling supervisees do you think it is important for me to know?
Possible Prompts:
   a. What happened?
   b. What was that like for you?
   c. How did you feel when that occurred?
   d. What were you thinking when that occurred?
   e. How do you feel now when thinking about the experience?
   f. Do you feel you were successful/unsuccessful?
   g. Will you do it again?

4. Now that you told me about your experiences in addressing and/or generational cohort affiliations with your counseling supervisees are there any new feelings and/or thoughts that are coming up for you now?
Possible Prompts:
   a. What else?
   b. Does this change the way you feel about your clinical supervision competency and/or strategies?

Appendix D: Participant Validity Check Email

Subject Line: Clinical Supervisors' Experiences Addressing Age and Generational Cohort Affiliations with Counseling Supervisees Doctoral Study Participant Validity Check

Dear Participant,

I hope you are doing well and staying healthy and safe. I am sending you the portion of my write-up regarding your interview so you can check the validity of my writing. If you have any comments, concerns, or suggestions of any kind please reply no later than 2/20/21. I apologize for this last-minute request, but I have been asked to do this last step by my dissertation committee to complete my dissertation.

Thank you again, for your participation in my research study, your participation was immeasurably valuable to me and my work and I very much appreciate you.

Thank you,

Nikki Golden, LMFT, SUDP, MAC, CMHS
Antioch University, Seattle