CLINICAL SUPERVISORS' CONCEPTUALIZATION AND EVALUATION OF SUPERVISEE'S MULTICULTURAL COUNSELING COMPETENCE: AN EXPLORATORY STUDY

A Dissertation

by

VY TUONG TRAN

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Chair of Committee,	Charles Ridley
Committee Members,	Linda Castillo
	Sarah Gatson
	Gwendolyn Webb-Hasan
Head of Department,	Fuhui Tong

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ABSTRACT

This study explored how clinical supervisors in the mental health professions make meaning of their training experiences to conceptualize and evaluate their supervisee's multicultural counseling competence (MCC) as a part of their ethical responsibility. A narrative inquiry was the framework used to examine this process. Psychologists, counselors, and social workers were selected from a criteria-based and purposeful sampling strategy. All participants identified valuing MCC and supervised pre-licensed trainees as a part of their duties. The researcher collected data using a semi-structured interview protocol to obtain empirical materials. The findings were analyzed using the Atlas.ti qualitative software.

These findings indicate gaps in multicultural training across all disciplines, lack of guidance in developing multicultural counseling competence, and several important factors for conceptualization. Such factors included self-reflection of identities/worldviews/beliefs, cultural humility, and openness for learning. This study's implications consist of: (a) a comprehensive multicultural course that provides more lived experiences of clients using intersectional identities to help students with conceptualization, (b) the intentionality of supervisors to bring up cultural factors with supervisees, and (c) exploration of supervisee's awareness to improve therapeutic knowledge and skills.

DEDICATION

To my mother and father, Su and Trang: I hope you know your sacrifices never go unnoticed. My ongoing goal is to make you proud. My accomplishments are your accomplishments; we did this! Thank you for instilling the value of a strong work ethic, a sense of community, and unconditional love.

To my siblings, Thu, Co, and Vang: I could not be here today without your care, protection, and support. I am grateful to have the most selfless, generous people in my corner.

To my partner, Mitchell: you motivated me when I lost my drive, comforted me when I felt down, and brought me so much joy during graduate school.

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CHAPTER I

INTRODUCTION

Background

There is a paucity of literature on the supervision of multiculturalism in practicums and a lack of measured consistency in providing supervision across the field (APA, 2003; APA, 2010). The lack of research on the supervision of multiculturalism occurs despite the uptick in the emphasis of multicultural counseling in training programs, a requirement in accredited programs of the American Psychological Association (APA), Council for Accreditation of Counseling and Related Educational Programs (CACREP), and Council on Social Work Education (CSWE) accreditation. The updated edition of APA's (2017) guidelines, *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*, also detail multicultural competencies for psychologists in their scientific research, clinical practice, consultation, and educational training. Similarly, CACREP (2018) identified efficacious practice in a multicultural society as its highest aim in its program standards. Despite the elevated status of multiculturalism in training, little guidance about implementing these guidelines in training and practice.

The need for multicultural competence in counseling training programs is not a recent phenomenon. Ponterotto and Casas (1987) pointed out the need to provide counseling students with cultural knowledge, awareness, and skills, so they are competent to serve the rapidly growing diverse population. They suggested that training programs go beyond helping trainees increase their knowledge of clients' cultural backgrounds (e.g., worldviews, beliefs, values, expectations, symptomatology expression, stressors, perceptions, and resources) to consider how these clients' backgrounds interplay with the dominant society's culture. Although a multicultural counseling course fulfills the "official" APA, CACREP, or CSWE multicultural

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requirement, "checking off a box" does not guarantee that trainees develop the multicultural competence advocated by these professional organizations. For instance, Davis (2009) studied the implementation of diversity theory into practice. Her conclusion was disconcerting. There is a disconnection between social work standards and the translation of cultural knowledge into practical skills. Mental health professions must go beyond their professional organizations' official policies and training requirements to ensure the adequacy of multiculturalism in graduating training. Educators and supervisors, the gatekeepers of future mental health professionals, bear direct responsibility for multicultural competency training.

Problem

Multicultural Counseling Competence (MCC) is a mandate for training and practice in professional psychology. APA (2017) states in Principle E (Respect for People's Rights and Dignity) of The Ethical Principles of Psychologists and Code of Conduct the importance of awareness and respecting clients' individual and multicultural factors. These factors include, but are not limited to, "role differences…age, gender, gender identity, race, ethnicity, culture, national origin, sexual orientation, disability, language, and socioeconomic status" (p. 4). Additionally, there is an expectation for psychologists to address personal biases to avoid prejudice. APA's (2014) *Guidelines for Clinical Supervision in Health Service Psychology* emphasize that diversity competence is more than a separate supervision component. It is an essential part involving the significant categories of awareness, knowledge, beliefs, and skills.

Psychotherapists view ongoing supervision as an essential aspect of developing professional competence (Stevens et al., 1998). Supervisors are the gatekeepers and facilitators of competent, ethical practitioners. In particular, supervised practicum experiences and pre-doctoral internships are requirements (APA, 2017). Furthermore, APA (2014) has set forth

guidelines for clinical supervision to ensure psychologists' provision of supervision protects

clients' welfare and the public using a competency-based framework. The association provides a

comprehensive definition, which it applies to all health service psychologists:

> A distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession. (APA, 2014, p. 2)

The American Counseling Association (2014) Code of Ethics also stated in sections F.2.b

(Multicultural Issues/Diversity in Supervision) and F.6.a (Evaluation) that supervisors should be

aware of multiculturalism/diversity. They should also address them within the supervisory

relationship and provide documentation with ongoing feedback for evaluation. Across various

disciplines, supervision is a formal process across multiple settings to develop the treatment,

assessment, and other clinical-related activities of pre-licensed mental health professionals.

Despite the mandate of clinical supervision, there lacks of information on evaluating

multicultural competence in clinical supervision (Falender, Burnes, et al., 2013; Falender, Ellis,

et al., 2013; Reiser & Milne, 2012). In the APA ethics code, Standard 7.06: Assessing Student

and Supervisee Performance, psychologists in both academic and practicum-related supervisory

roles psychologists have the mandate to establish a feedback procedure for their students (APA,

2017). Supervisors use time at the beginning of supervision to inform supervisees of the

evaluation process. Psychologists evaluate their students' performance based on established

requirements from their program and other relevant standards.

 Evaluation of the supervisee's knowledge, awareness, and skills is an essential

component of clinical supervision. It provides the supervisee feedback on strengths and areas of

growth. Ultimately, a solid descriptive and prescriptive evaluation helps supervisees improve

their understanding and application of various counseling competencies. Admittedly, supervision is a complex endeavor, and the evaluation component of supervision has its inherent complexity. As a result, much is unknown about the evaluative element of supervision. How supervisors acquire their knowledge of supervision, synthesize the information, and evaluate competence is unclear.

In light of the above, two converging mandates create a foundation for further research: train doctoral trainees in MCC and evaluate MCC development in clinical supervision. There remains a lack of information on how these themes translate into supervisors' adequate conceptualization and evaluation of MCC. In addition to the general uncertainty about evaluation, there is a significant gap in knowledge about MCC evaluation. Most of the current review of diversity within supervision employs these unidimensional models of knowledge, awareness, and skills to determine competence (Hays, 2008). The unidimensional teaching is concerning. The complex, multifaceted, and intersectional dynamics between the supervisor-supervisee-client triad are not clarified. Concrete prescriptions for training in multicultural counseling competence are generally deficient (Ridley et al., 2021).

There is a lack of research on supervisors' evaluation of MCC. Pope-Davis, Toporek, and Ortega-Villalobos (2003) found that supervisors' overall multicultural counseling competence may influence their ability to adequately target the particular developmental needs of their supervisees' multicultural training. They also identified improvement in providers' service quality, enhanced training experiences, and enriched supervisory relationships as goals for multicultural-competent supervision. In addition, the researchers found that trainees rated supervisors' effectiveness higher when discussing culture in supervision. While these findings revealed the nature of supervisees' perception of supervisors' MCC, the research did not shed

light on how the evaluation process is conducted formally (Pope-Davis et al., 2003). There is a need for the exploration of the process of supervisory evaluation of MCC.

Statement of Purpose

This study explored how clinical supervisors in clinical settings conceptualize and evaluate the MCC of trainees in clinical supervision. The multicultural counseling movement has added a powerful mark to the profession. Hays (2008) stated the importance of exploring cultural diversity's impact on the therapeutic process and outcome. Therefore, the training and evaluation supervisors receive extends beyond the clinical development of multicultural counseling competence. They influence the future evaluation of their supervisees. D'Andrea, Daniels, and Heck (1991) suggested how multicultural counseling supervision could influence counseling outcomes within clients with diverse backgrounds. Counselors' skills and knowledge of cultural issues are essential in revolutionizing therapy for various clients. Clinical supervisors are the front lines for training competent counselors. Therefore, an in-depth understanding of supervisors' training experiences in multicultural counseling could shed light on their supervising processes and evaluating their supervisees in multicultural counseling.

Although there is a body of literature on multicultural training, none focuses on supervisors' concrete understanding and application of this knowledge, specifically with how they conceptualize and evaluate their trainees given the ethical specifications. The field is moving towards embracing multiculturalism as a central component of the counseling process. It is crucial to increase multicultural supervision training, current issues, and guidelines to improve evaluation for supervisees. Four questions guided this study to address the conceptual gap in the multicultural and supervision literature. Specific research questions are as follows.

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Research Questions

   1.   *What training experiences inform clinical supervisors' supervision of MCC?*

   2.   *How do clinical supervisors conceptualize MCC?*

   3.   *How do clinical supervisors supervise MCC?*

   4.   *How do clinical supervisors evaluate MCC?*

Procedures

  A qualitative study explored the clinical supervisors' training experience and evaluation of their supervisees' multicultural counseling competence. Specifically, a narrative inquiry approach best answered the research questions. The framework of narrative studies incorporated experiences of both the interviewer and interviewee such that the researcher retells their participants' life stories through their own experiences after studying them (Creswell, 2003). Conducting in-depth interviews enabled participants to recount their stories. The researcher connected the stories towards a theme and threads a common meaning across other participants' narratives (Creswell, 1998). In this study, the clinical supervisors discussed and voiced through an oral account of their training experiences and perceptions of multicultural counseling competence. Understanding and co-constructing supervisors' narratives provided insight into how they practice multicultural counseling competence training and evaluation. Individual interviews were the research strategies for gathering data about the history. Then I coded the transcripts of the interviews before I analyzed the data. I used narrative analysis because the study aimed to understand how supervisors represent themselves, their past and present experiences, their identity as supervisors, and their supervisees. The narrative analysis attempted to understand the 'how' and 'why' rather than the 'what.' The method aimed to make meaning for the supervisors' experience of how the field builds an understanding to work towards a

professional consensus or standard. Therefore, this procedure is the most appropriate methodology for answering the research question.

Significance of the Study

Bernard (2014) reviewed how formal clinical supervision training has only been considered essential in the past 60 years. As a result, there is minimal literature on the conduction of multicultural counseling competence training for supervisors and transference to supervisees. In earlier work, Constantine (1997) suggested that supervisors lack the necessary multicultural competencies reported by supervisees. More recently, Inman and Ladany (2014) described multicultural supervision as an emerging research area within the multicultural literature which suggests the lack of interrelation and programmatic. Therefore, the lack of understanding behind providing multicultural supervision is detrimental to developing counselors as the current practice and conceptualization of these constructs are fragmented. Because supervisors play such a pivotal role in developing trainees' multicultural counseling competence (Wong et al., 2013), it is necessary to determine the supervisors' perceptions of their personal experiences of clinical training in multiculturalism and their responsibility to implement these competencies for supervisees. The current multicultural supervision literature does not address supervisors' multicultural training, their evaluative experience of their trainees, or the relationship between the two (Ancis & Ladany, 2010; Inman & DeBoer Kreider, 2013).

The overall significance of this research was to understand how supervisors use their multicultural training history and its influence on their supervisees. This research contributed to the field because it tackles the gap between the field's expectations on multicultural counseling competence and its reality regarding training and evaluation. Additionally, it discussed the lack of multicultural training within graduate school programs. The results provided valuable

information on how the field can improve their multicultural supervision to provide competent care to supervisees to develop their knowledge, awareness, and skills. Ultimately, the aspiration for this study was to shed light on how training programs can provide culturally competent supervision to develop trainees' multicultural counseling competence more so their clients can arrive at desired therapeutic outcomes.

Organization of Study

I organized the dissertation into six chapters. Chapter One is the Introduction which introduced the topic and background of the study. This study explored clinical supervisors' multicultural training experience and their conceptualization of supervisee's MCC. It also described the current state of multicultural supervision, the problem statement, the purpose of the research study, the research questions, the conceptual framework that guided the study, the narrative inquiry approach, its significance, and its limitations. Chapter Two is the Literature Review. This chapter summarized the literature and general definitions of key concepts such as "multicultural counseling competence," "multicultural supervision," and "supervision evaluation." It explained the current problem and its significance—the narrative presentation allowed for further examination of the literature. Chapter Three is the Method. This chapter presented the narrative inquiry methodology and the rationale for answering the research question regarding training supervisors' experiences through their work history. The chapter also presented a selection strategy of the participants, the criteria of the participants, data collection procedures, interview questions, and data analysis. Chapter Four is Results. This chapter presented the study's findings of the clinical supervisors' storied experiences common throughout the selected participants. Chapter Five is the Discussion. This chapter connected the research findings and re-storying the results by weaving participants' stories together. It also

included the researcher's own story and relevant literature to the conclusion. This chapter

provided a comprehensive summary of the study and any conclusions as a researcher. This

section gave future implications.

CHAPTER II

LITERATURE REVIEW

The accurate and impartial evaluation of multicultural competence in clinical supervision is critical to developing professional psychologists who can fulfill the mandate of providing equitable service delivery across the spectrum of diverse client populations. Several issues are relevant to an evaluation in multicultural clinical supervision. This chapter encapsulates a critical review of the literature regarding the competency training movement, the construct of multicultural counseling competence (MCC), models of MCC, MCC in training programs, evaluation in supervision, and evaluation of MCC within and multicultural supervision.

Competency Training Movement

Training in professional psychology has moved to a competency-based model. Fouad, Grus, Hatcher, Kaslow, Hutchings, Madson, Collins, and Crossman's (2009) landmark document discussed how professional psychology organizations increased their attention to identifying professional competencies as a foundation for delineating and measuring training outcomes over the previous 20 years. This change led to developing the Competency Benchmarks by these scholars outlining core competencies to guide and evaluate readiness for practicum, internship, and entry to practice. The Competency Benchmarks are guidelines for evaluating supervisees' readiness in their developmental stages of training. Foundational competencies include Professionalism, Reflective Practices, Scientific Knowledge and Methods, Relationships, Individual and Cultural Diversity, Ethical Legal Standards and Policy, and Interdisciplinary Systems. Functional competencies include Assessment, Intervention, Consultation, Research/Evaluation, Supervision, Teaching, Management, and Advocacy.

The shift in the paradigm to competency training serves a gatekeeping function in transitioning trainees to their professional roles. The premise is that the benchmarks are grounded in a universal standard of professional activities undergird training and supervision. Therefore, core competencies are essential for evaluating best practices in psychology in a consistent and consensual fashion. Without these benchmarks, the movement for mental health professionals would be inconsistent and difficult to assess trainee competence. Epstein and Hundert's (2002) widely cited definition of competence is the conceptual foundation used to advance the competency training movement. Competence is the "habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served" (p. 226).

Preceding the publication of the benchmarks, the National Council of Schools and Programs of Professional Psychology (NCSPP) developed a competence model in training programs in 1986 (Peterson, Peterson, et al., 1997). The model includes six core professional psychology competencies: consultation and education, management and supervision, research and evaluation, intervention, assessment, and relationship (Bent, 1992; Bourg et al., 1987, 1989; Peterson et al., 1992; Weiss, 1992).

While the competency movement is a significant advancement, it has several unresolved limitations. The field lacks supervisor training because of little empirical knowledge on clinical supervision (Hunsley & Barker, 2011). This vacuum significantly affects training preparation for future professionals (Falender, Burnes, et al., 2013). The relationship of the supervisor's competence is equally vital as the supervisee's competence as they inform how trainees are developing their knowledge, awareness, and skills. In addition, Falender and colleagues (2013) discussed how Standard 2.0 Competence of the *Ethical Principles of Psychologists and Code of*

Conduct omitted guidance in demonstrating competence (APA, 2010). This state of affairs leaves the demonstration of competence wide open to interpretation. To some extent, supervisors have to be presumptuous in their expectations and determination of supervisee competence, despite their questionable depth and breadth of competence.

Fouad et al. (2009) indicated that the Competency Benchmarks' individual and cultural diversity competency is consistent with APA guidelines on training. Professionals are expected to demonstrate cultural sensitivity through their awareness and skills, including understanding oneself, others, and the interaction between oneself and others. Therefore, this led the field to emphasize cultural competence as a benchmark for clinical requirements.

Multicultural Counseling Competence

Over the past several decades, multicultural counseling competence has emerged as a dominant construct in the mental health field (Sue, D. W. et al., 1999; Constantine, 2002; Paniagua & Yamada, 2013). References to the construct should begin with a definition of multiculturalism. In the construct, "multicultural" is an adjective that modifies counseling competence. Multiculturalism encompasses all the core identities for every individual. Historically, a Euro-western ideology broadly framed the research, scholarship, and practice in applied psychology (Arnett, 2008; Hair & O'Donoghue, 2009; Ashley & Lipscomb, 2018; Gopalkrishnan, 2018). However, as the world has become more integrated through international immigration, the mental health professions, out of necessity, needed to address the concerns of increasingly diverse individuals seeking counseling (Inman & Ladany, 2014).

The literature has since broadened its conceptualization of multiculturalism. This change considers influential factors such as societal forces and systemic inequalities to view the client beyond their traits (Greene & Flasch, 2019). For instance, Crenshaw (1989) introduced

intersectionality, and later Collins (1999) introduced interactional theory. The theory explains how sociopolitical oppression and intersecting identities affect individuals' realities. Intersectionality has emerged as a critical lens for conceptualizing and counseling clients (APA, 2017). The lens allows for more content that handles people as a whole rather than the individual hidden/visible parts that make up their identities. Intersectionality has been implemented into programs to move towards more inclusive conceptualization and application. The change counters the traditional predominantly White framework of counseling theories, interdisciplinary training, support for anti-racism, and social justice (Singh et al., 2020; Hays, 2020; Brinkman et al., 2020).

Sue, Arrendono, and McDavis (1992) proposed multicultural counseling competence as having the general skills and abilities to work with diverse clients. As the field adopts multiculturalism as an essence of psychology and the human experience, multicultural counseling competence becomes a necessary part of clinical supervision and training for future counselors. In the United States alone, there is a multiplicity of different racial and ethnic make-up, and it has been increasing since 1980 due to higher fertility, immigration, and other forces, with projections to reach 400 million people in 2051 (Lee et al., 2017; Colby & Ortman, 2015). However, multiculturalism extends beyond racial diversity (Horton, 2015). Multiculturalism encapsulates levels of acculturation, immigration status, sexual orientation, disability status, and other variables. Considering how diverse the population is growing, multicultural counseling competence is vital to address mental health services' disparities and servicing diverse populations to avoid early termination, microaggressions, discrimination, or lack of utilization.

Dillon, Odera, Fons-Scheyd, Sheu, Ebersole, and Spanierman (2016) asserted that multicultural counseling competence serves as a foundation for overcoming mental health care

disparities to provide increased access to quality services by trained counselors for individuals of minority statuses. The mental health profession expects counselors to acquire competencies to adapt their practices to fit the client's unique presentation (APA, 2003; Worthington & Dillon, 2011). Diverse individuals' mental health needs suffer disproportionately despite attention to services and research (Dillon et al., 2016). This suggested multicultural counseling competence is not solely about learning a set of skills or knowledge but also about navigating their clients' unique identities, experiences, and contexts to decrease disparities.

Mandated by APA, psychologists must engage in a deeper understanding of individual and cultural diversity through their work to provide multicultural-competent care (APA, 2010; APA, 2017). APA's *Multicultural Guidelines* provided a rationale as to the importance of recognizing the impact on clinical work, research, supervision, and other responsibilities. The guidelines also exerted that the acquisition of multicultural competence does not end once they consider a psychologist "competent." Thus, the profession must consider culture carefully within all facets of the field and stages of development.

Models of Multicultural Counseling Competence

Drawing on the extensive body of literature, Huey et al. (2014) categorized the models of multicultural counseling competence into three groups: (a) skills, (b) adaptation, and (c) process orientation. Each of these groups has its strengths and limitations. Each also contributes uniquely to the bourgeoning literature.

For skills-based models, this is an area MCC can develop. These include clinical characteristics of awareness of beliefs and attitudes, skills, and knowledge presented as a tripartite model (D. W. Sue et al., 1982; D. W. Sue et al., 1992). Therefore, it is up to the counselor to increase the training of these components. Given its compatibility with all

therapeutic orientations, scholars and practitioners accepted the skills-based model widely. However, these models did not consider the critical parts of the therapeutic process.

For adaptation models, the emphasis is on modifying or tailoring therapeutic interventions to increase culture inclusion. Given the origins of many therapeutic orientations in homogeneous populations, constructive criticism is their proclivity for cultural bias (Bernal et al., 2009; Smith, 2011; D.W. Sue et al., 1982; D.W. Sue et al., 1992). Thus, these interventions may not be as beneficial to heterogeneous populations compared to the dominant groups. Therefore, these scholars asserted that MCC is about accommodating culturally diverse clients' needs by tailoring the ways service is delivered, the therapeutic process, or various components of treatment (Huey et al., 2014). Adaptation models allowed for simple modification of existing modalities of treatment versus creating an entirely new one. Several scholars viewed adaptation differently, such as changing an intervention to fit the clients' cultural values, belief systems, or patterns like language or metaphor (Bernal et al., 1995). While the adaptation models allowed for a greater focus on changing the interventions to fit the cultural context, there is a lack of attention to how the clients and therapists interact within the sociopolitical environment.

Process-oriented models view MCC as a dynamic, ongoing movement. The focus is not on the counselor or intervention but on the culturally appropriate change mechanisms (Ridley et al., 2021). Lopez (1997) and S. Sue (1998) are two prominent theorists who are process-oriented in their views of MCC. Lopez considered the individual, cultural, and clinical views of clients and counselors. He noted that counselors could expand their understanding of cultures by broadening their perspectives to consider multiple factors when conceptualizing clients. S. Sue viewed the process as the counselor changing between generalization and individualization

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throughout therapy to meet the clients' needs appropriately. Process-oriented models utilize mechanisms like the evolving working alliance to produce therapeutic change.

Multicultural Counseling Competence in Training Programs

Several authors specifically noted the importance of incorporating multicultural counseling competencies training and supervision. Fouad et al. (2009) indicated that the Competency Benchmarks' individual and cultural diversity competency is consistent with APA guidelines on training. Professionals are expected to demonstrate cultural sensitivity through their awareness and skills, including understanding oneself, others, and the interaction between oneself and others. Peterson and colleagues (1997) asserted a fundamental component to the human experience is the individual and cultural diversity that requires integration into counselor education and training. Forrest (2010) expanded the conversation of clinical supervision and training beyond cultural differences to international contexts. Bernard and Goodyear (2009) reported on the under-investigation of supervisor training and development after licensure (Bernard & Goodyear, 2009), creating issues for training programs to educate supervisors to facilitate competency-based, multicultural supervision.

Therefore, training programs are essential for developing counselors' conceptualization, skills, awareness, and knowledge. Training programs in applied psychology are vital in correcting, adjusting, and encouraging cognition and behaviors supervisees to counsel, interact, and intervene with their clients. Multicultural counseling competence is paramount in training programs because it provides guidelines and expectations for supervisees to navigate the unfamiliar or abstractness of counseling under proper supervision. Multicultural training is necessary for positive therapeutic outcomes, supervisees' engagement, and diverse students' recruitment and retention into training programs (Gregus et al., 2019). These factors suggest the

importance of having multiculturally competent supervisors and programs devoted to multicultural training.

Clinical Supervision

Clinical supervision is a significant and necessary component of training in the mental health profession. Clinical supervision provides space for professional development, support, accountability, and guidance for supervisees' clinical work (Schofield & Grant, 2013). Supervisory relationships affect supervisees and the clients they serve, emphasizing the importance of understanding each aspect of supervision, such as evaluation. Along this line, Falender, Burners, and Ellis (2013) described supervision as having a significant influence on supervisees. They argue that adequate supervision facilitates clients' therapeutic outcomes and supervisees' professional competencies. However, because most supervisors do not have formal training in clinical supervision, their competence as supervisors is a serious concern. Clinical supervision and supervision training vary within programs/disciplines. However, the purpose of supervision is similar such that it aims to develop supervisee's personal and professional growth, promote counselor competencies, maintain accountability of services/programs, serve as a function of gatekeeping, and safeguarding clients (Borders & Brown, 2005; Lazovsky & Shimoni, 2005; Perera-Diltz & Mason, 2012).

According to Falender and Shafransky (2012), competency-based supervision framework consists of (a) articulating and collaborating on training goals to avoid confusion of tasks, (b) developing competence by addressing attitude, values, knowledge, and skills through feedback, (c) a formative and summative assessment through evaluation to eliminate surprises, (d) identifying areas for improvement through learning experiences, (e) emphasizing the lifelong

process of developing expertise to enhance satisfaction and effectiveness, and (f) ensuring client welfare under the treatment of the supervisee.

There are a variety of clinical supervision models, each having a unique emphasis. Some of the models are grounded in psychotherapy, such as psychodynamics, feminist, cognitive-behavioral, and person-centered. The psychodynamic supervision approach utilizes concepts and data drawn from the theoretical orientation such as defense mechanisms and transference/countertransference and classifying it within patient-centered, supervisee-centered, and supervisory-matrix-centered (Frawley-O'Dea & Sarnat, 2001). The feminist model conceptualizes supervision through the lens of egalitarianism, power, oppression, and institutionalized impact (Degges-White et al., 2013). Cognitive-behavioral supervision is centered on CBT interventions, setting goals for care, connecting from previous supervisions, assigning supervisees with homework, and summarizing the content (Liese & Beck, 1997). Finally, person-centered supervision is based on supervisor collaboration with the supervisee and providing a supportive environment for the supervisee to engage with their clients (Lambers, 2000).

Other models exist that are not grounded in a theory of psychotherapy. For example, developmental models of supervision delineate progress through stages of skills and characteristics. One of the most researched among these models is the Integrated Developmental Model (Stoltenberg, McNeill, et al., 1998). It describes supervisees through various developmental levels based on their motivation, autonomy, and self-other awareness. A commonly used integrative model is Bernard's (1979) Discrimination Model, which is considered a-theoretical, and it is comprised of roles (counselor, consultant, and teacher) and foci

of supervision (intervention, conceptualization, and personalization) (Bernard & Goodyear, 2009).

Overall, the mental health professions recognize the importance of clinical supervision. However, there remains considerable work to close the gaps in our understanding of this domain. For example, inconsistency exists in the graduate programs that include supervision in their curriculum and training. Furthermore, while there is considerable variation in the models of supervision, this variation also leaves it wide open for supervisors to determine what to emphasize in supervision and how to conduct the process.

Multicultural Supervision

The shifting make-up of the population calls for training programs to provide sufficient counseling education experiences for developing multiculturally competent counselors (Cannon, 2008). Adequate supervision requires several competency benchmarks such as awareness of the communication style in supervisory relationships, reflections on the process of strengths and areas of growth, goal setting, and development-tracking (Fouad et al., 2009). Just as multicultural incompetence has the potential to cause harm in treatment, multicultural-incompetent supervision may cause creating harm to clients and supervisees' experiences (Ellis et al., 2009). As a result, this further argues the need for attention to culture in both the supervisory and therapeutic relationship. However, evaluating the effectiveness of multicultural supervision is difficult (Falender, Burnes, et al., 2013). Using Falender and Shafranske (2004) as a reference, Westefeld (2009) offered a robust operationalization of multicultural supervision and multiculturally competent supervisors. He included several components, including (a) working knowledge factoring affecting the supervisees' worldview; (b) self-awareness and competence of oneself, supervisees, and clients or family; (c) competent multimodal assessment of trainees'

multicultural competence; (d) ongoing modeling of diversity and multicultural conceptualizations; (e) modeling of respect, openness, and curiosity; and (f) initiating of diversity discussions.

There is still much to know about how we evaluate multicultural counseling competence in a practical setting. Criticism of multicultural research and literature representing Westernized, ethnocentric perspectives and biased towards diverse clients is prominent (e.g., Marsella & Pedersen, 2004). Thus, Pettifor (2007) argued ethnocentricity frames the current conceptualization. Despite the requirement to provide multiculturally competent treatment and support through a more global and inclusive lens. Incorporating better training, conceptualization, and evaluation into supervision will provide a better foundation for future researchers, consultants, and clinicians.

While multicultural supervision usually is seen as a dyadic relationship between the supervisee and supervisor, an influential factor is the environmental context in which supervision resides (Inman & Ladany, 2014). Thrower and colleagues (2020) discussed how the leadership within institutions' explicit advocacy allows supervisors to engage in multicultural and progressive work with their supervisees in a larger context. The result of this environment encourages supervisors to have cultural-laden dialogues, like assessing their racial identities and development, in supervision and therapy.

Client outcomes are related to counselors' discussions of their cultural factors (Owen et al., 2016). This article showcased the importance of cultural discussions in therapy and the need for multicultural-driven supervision. In Zhao and Stone-Sabali's (2020) article, the author explained how supervision could increase the supervisees' cultural comfort. Supervisors could use opportunities to discuss culture during role-plays, seminars, and explorative supervision.

They argued supervisors should also address the power differentials in the supervision room as this would allow the supervisee to understand the meaning of cultural humility. Cultural humility is a newer construct within multicultural literature. Cultural humility's characteristics exemplify individuals staying open to learning, focusing on others, assessing one's accomplishments, collaborating with others, respecting other people's differences, and reflecting on one's growth edges (Hook et al., 2013; Watkins et al., 2019a). In supervision, approaching from a culturally humble stance allows supervisors to explore the impacts on supervisees' identities/lives, which could be important in the supervisory relationship (Jones & Branco, 2020). Additionally, they identify how culturally humble supervisors may be more likely to engage with their supervisees in discussions around cultural factors.

Similar to cultural broaching in therapy between a therapy client and a therapist, broaching can be beneficial in supervision to initiate discussions about how similarities and differences of the dyads impact the supervisory relationship (Jones et al., 2019). Examples include: (a) build rapport, (b) develop supervisee's growth professionally and personally, (c) increase self-awareness, (e) enhance working alliance, (f) increase multicultural competencies, (g) discuss culture in therapy sessions, and (h) improve case conceptualization skills (Jones & Branco, 2020; Jones et al., 2019; Ancis & Marshall, 2010).

Fickling and colleagues (2019) implied supervisors' responsibility in providing multicultural supervision and addressing awareness around power, privilege, oppression, broaching, and other cultural interventions. Supervisors must practice increasing self-awareness, exploring their identities, talking about culture, and modeling social advocacy with their supervisees to increase multicultural counseling competence. They are also expected to develop the supervisee's multicultural competencies.

Evaluation in Supervision

Despite the current and emerging literature on multiculturalism, supervisors and training programs still grapple with meeting the abstract guidelines set forth by governing bodies (Kim & Lyons, 2003). The vagueness impacts the trainee's interpretation, tracking, and documentation for meeting competency to matriculate in training programs (Jones, Sander, et al., 2013). The primary role is to ensure that appropriate, highly ethical care in protecting client welfare.

Several facets make up supervision guided by the *Best Practices in Clinical Supervision* (ACES, 2011) document. Setting goals in supervision allows supervisors to address developmental needs more intentionally and is helpful as an evaluative piece (Borders, 2014). Feedback provides an ongoing, manageable, descriptive, and directive manner to facilitate the supervisee's growth and decision-making. Borders (2014) explained the evaluation process in supervision by emphasizing the importance of evaluating supervisees' development. The author described supervisors using direct observations of their supervisee's work to inform formative and summative evaluations. Additionally, supervisors should explain the evaluation process at the beginning of supervision, basing evaluations on their observations and providing ongoing and fair feedback on any strengths and areas of growth to their supervisees. Therefore, evaluation plays a significant role in trainees' development into licensed professionals.

Despite the significance placed on evaluation by supervisors, there is still little effort towards enhancing the reliability of the competency ratings, which requires supervisors to evaluate their trainees via several sources (Gonsalves & Crowe, 2014). These sources may include live observations, competency evaluation forms, role-plays, reflective journaling, client outcome data, portfolios, self-assessments, and exams. There is a need to provide appropriate methods of evaluation to fit the examined competency. Attention to the supervisors' reflection of

their practice is essential in evaluating their supervisees, especially within the bidirectional nature of the supervisory relationship.

Diversity issues and multicultural counseling competence are highly relevant to an evaluation in supervision (Borders, 2014). It is the supervisor's responsibility to start conversations surrounding multiculturalism (e.g., power, privilege, and oppression). Additionally, they must direct focus on cultural factors in self-reflection, case conceptualization, interventions, and counseling.

Counseling competencies inform supervision. Gonsalvez (2014) addressed setting goals in competency-based supervision should be defined by competencies as well. Those competencies would structure supervision interventions, techniques, assessments, and feedback. While knowledge-based competencies are necessary for development, the most impactful competencies are attitude-value attributes (Gonsalvez et al., 2017). Therefore, supervisors must reflect on their subjectivity and practice as those could influence their competence assessment of their supervisees. Such that assessing supervision should parallel with assessing supervisees' competence (Milne & Reiser, 2011). The significance of determining both experiences from the supervisor and supervisee perspective would allow for improvements in the evaluation of therapeutic work, which hopefully translates to better outcomes for clients.

Evaluation of Multicultural Counseling Competence

Self-report measures are primarily the method of evaluating multicultural counseling competence. With any self-report measures, there are limitations. There are several prominent questionnaires used to assess multicultural competence. Most of these assessments are self-reported measures (Jones, Sander, et al., 2013). Some of their benefits include gaining a better insight into one's cultural worldviews, values, and beliefs. They can also track outcomes to

determine growth. The Multicultural Awareness, Knowledge, and Skills Survey (MAKSS; D'Andrea, Daniels, & Heck, 1991), Multicultural Counseling Knowledge Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002), Multicultural Counseling Knowledge and Awareness Scale-Revised (MCKAS-R; Lu, 2017) and Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994) are notable surveys used to measure perceived levels of multicultural counseling competence. The MAKSS measures self-awareness, knowledge, and skills. The self-awareness subscale can assist trainees in finding where their current level of conceptualizing and understanding multicultural constructs are. The MCKAS measures Knowledge and Awareness. Jones and colleagues (2013) advised these measures are helpful but should not be the primary source for evaluation. It is less about the score values but more about the change over time to avoid influences from social desirability. This leads to the second limitation of self-reported measures regarding the potential lack of congruence between supervisors' observations and supervisees' reports. Another major limitation of the instruments is that they do not specify what multicultural competencies are being evaluated.

Therefore, measuring a supervisee's counseling skills solely through self-reported measures is ill-advised. Instead, it provides an opportunity for discussions, self-reflection, and tailoring program development. Kaslow et al. (2009) recommended supervisors evaluate their students through multiple methods when evaluating broad concepts such as multicultural counseling competence.

Several scholars have argued the importance of having a solid understanding of standards of clinical competence to provide precise feedback and performance evaluation (Ende, 1983; Gonsalvez & McLeod, 2008; Kaslow et al., 2004, 2007). The development of an evaluation measure is needed to provide a framework for assessing performance using behavioral anchors.

Jones and colleagues (2013) summarized the dimensions of multicultural competence. These include Beliefs and Attitudes, Building Self-Awareness, Knowledge, Skills, Advocacy and Action, Case Conceptualization, and Cultural Responsiveness in Counseling and Consultation.

The ability to recognize one's own beliefs and attitudes towards values, issues, and components of diverse identities is one multicultural domain. Carroll (2009) stated the self-awareness stage of recognizing personal beliefs and attitudes and power and privileges is the first step towards gaining multicultural competence. The expectations of many supervisees are learning practical counseling skills and increasing counseling knowledge of human thoughts, behaviors, and actions. However, engaging in self-awareness and self-reflection may be surprising (Jones et al., 2013). Supervisees can build awareness through various reflective activities. Evaluating beliefs and attitudes can be complex. Through behavioral markers proposed by Fouad and colleagues, supervisees may demonstrate development through introspection, discussions in class, and other actions.

Cultural literacy, the act of gaining and developing knowledge, opens up one's current understanding of various perspectives on another's culture. Cultural literacy aligns with self-awareness, as it requires addressing current beliefs and attitudes about other groups besides building upon the knowledge of others, cultural norms, customs, and societal interactions (Fouad et al., 2009). Evaluating knowledge is more straightforward as supervisors can measure it through exams, essays, and presentations to show course acquisitions like multicultural classes, ethics classes, and psychopathology. Supervisees should gain in-depth knowledge of culturally relevant issues (e.g., racism, implicit biases, stereotyping, marginalization, acculturation, and other basic concepts) to inform their practice/research.

Culturally competent assessments, interventions, counseling, and consultation skills are necessary for budding psychologists. Therefore, training programs need to prepare supervisees in cultivating these skills to practice and deliver (Fouad et al., 2009). Knowledge of diverse cultural groups and understanding within and between-group differences will help increase cultural literacy. An example includes describing historical impacts on psychological assessments and psychometrics with the current norm-referenced standardized evaluations for various groups to interpret the scores appropriately. Another notable skill is multicultural case conceptualization. The first author, Janine Jones, structured her lecture to incorporate cultural competence into their clinical hypothesis, assessment, and treatment plan. They challenge students to think critically of their rationale and presentation for their case consultation. These challenging conversations allowed for discussions on culturally relevant issues. There are several tools used to evaluate skills, such as APA's competency benchmarks.

There is a push for engagement in advocacy work that applies to individuals and communities and the larger sociopolitical systems (Carroll, 2009). It is central to recognize how the multicultural context lies within a systematic environment where psychologists must protect human rights for all. While advocacy within the counseling literature is still new, it is still relevant to the previous three competencies (Jones et al., 2013). As potential leaders, trainees have the power to make changes within the system. Evaluation of advocacy can look like how students problem-solve within a system, their engagement in role-plays, and in-class exercises regarding marginalization or oppression (Burnes & Singh, 2010). These activities provide supervisors with concrete methods for evaluating counselors' social justice advocacy. American Counseling Association's advocacy competencies promote social justice by infusing these principles into counseling practices (Ratts & Hutchins, 2009). They suggested empowering

counselors to take action beyond the individual levels of psychological or genetic factors to consider internalized oppression, social/political/economic/cultural factors, and other systemic barriers.

While separately evaluating all these competencies is adequate, there is also a lack of integration between the competencies to facilitate therapeutic change (Ridley et al., 2021). They propose that observations of these competencies are not enough to evaluate accurately multicultural counseling competence. Thus, current measures do not do an excellent job of assessing the integration of knowledge, awareness, and skills. While these measures are psychometrically valid, there are still varying opinions on the true definition of multicultural counseling competence, therefore developing scales to measure the construct is complicated (Trimble & Vaughn, 2013). The lack of a proper description creates issues when attempting to evaluate accurately supervisees' reaching appropriate development in their multicultural counseling competence.

CHAPTER III

METHOD

This study used a qualitative approach to explore supervisors' conceptualization and evaluation of their supervisees' multicultural counseling competence. Specifically, a narrative inquiry provided an in-depth understanding of clinical supervisors' professional training experiences and how they translated the experiences into the conceptualization of their supervisees' multicultural counseling competence. Of particular interest in the supervisors' translation was how they understood, applied their knowledge, conceptualized, and evaluated their supervisees' multicultural counseling competence.

By understanding supervisors' work history and trends in their thinking related to individual and cultural diversity, the hope was to uncover specific aspects of the evaluation process that might improve multicultural training experiences. Consistent with the nature of qualitative research, this study did not quantify or generalize the results to the larger practitioner population. The narrative inquiry investigated the participants' stories to dig deeper into how practitioners make meaning from their experiences as a supervisor. The hope was a movement towards a working professional consensus that can better conceptualize and evaluate multicultural counseling competence. The following sections provided a rationale for using narrative inquiry, its philosophical assumptions, and its relationship to the study. This chapter also described the research design, sampling criteria, participants, the procedures for data collection, and the data analysis process.

Research Questions

My research study was concerned with clinical supervisors' experience with their multicultural training. Specifically, it explored how they synthesize their training to inform their

supervisory work when evaluating their supervisee's multicultural counseling competence. This broad interest was in listening to the meaning of the supervisor's training experience through the voices of their stories. These research questions aimed to investigate the components that guide supervisors' understanding. My research interest in the impact of multicultural training on supervisors' professional lives drove my questions. Thus, my questions in this inquiry are:

1. *What training experiences inform clinical supervisors' supervision of MCC?*

2. *How do clinical supervisors conceptualize MCC?*

3. *How do clinical supervisors supervise MCC?*

4. *How do clinical supervisors evaluate MCC?*

Rationale

Within the supervision literature, there is little data on the experiences of supervisors' training and their application of MCC. Utilizing a curious and inquisitive research strategy would provide more clarity in counselor training from the supervisor's perspective. I am conducting a qualitative study to build on the theory for exploring specific components that differentiate multicultural counseling competence from counseling competence. According to Creswell (2007), there are five qualitative approaches to inquiry: (a) narrative research, (b) phenomenology, (c) grounded theory, (d) ethnography, and (e) case studies. Before I explain my logic behind using a narrative research approach, I summarized the other qualitative methodology.

A phenomenological research approach focuses on the participants' everyday experience of a phenomenon (Creswell, 2007). The purpose is to create a universal description of the individual shared experiences such as grief.

The grounded theory attempts to generate theory from the researchers' study. All the participants have experienced the process in which the theory would be "grounded" from the participants' data (Stauss & Corbin, 1998). This approach is used when there is not a theory to explain the process being studied.

The ethnographic research approach examines a cultural group and its beliefs, patterns of behaviors, and language, which become subject to the interpretation of the ethnographer. Ethnographic research seeks to describe the workings of a cultural-sharing group and further explore its cultural customs, norms, behaviors, and relationship with the outside groups.

The case study research approach explores issues bounded within a setting, timeframe, or context (Stake, 2005) and gathers information from multiple sources. This approach is most appropriate for an in-depth exploration of cases within parameters set by the researcher.

Some authors have provided insight into the nature of the narrative inquiry. Pinnegar and Daynes (2007) stated that a narrative approach could express their lived experiences and individual stories the participants tell. Narratives can also be the study's phenomenon. Because of the unique nature of supervisors' personal training experiences, a narrative paradigm allowed them to provide their social reality and relate to it. Spector-Mersel (2010) stated how the hermeneutic and phenomenological foundations originated the narrative paradigm. She identified similarities to the constructivist paradigm, where reality is constructed while drawing from the post-structuralist paradigm, where social reality has many dimensions and is fluid. Sarbin (1986) argued the narrative paradigm takes a step further by focusing on the human's experience through stories as the person is both the author and actor in their account. Bruner (1986) suggested it imparts meaning to the self and the world through the stories told. Therefore, narrative inquiry provides insight into how supervisors impart the meaning of their experiences

onto themselves, their supervisees, and their training style by their stories. McAdams (1993) discussed how accounts provide personal identity formation. These narratives describe how identities form, which is beneficial when attempting to understand supervisors' clinical identities. Smith and Sparkes (2009) described narratives as understanding how psychosociocultural learning shapes people, roles in their development, how their actions are guided, and providing resources on constructing their realities. These stories can also be understood within a larger context, such as a cultural or organizational narrative (Caine et al., 2013). Familiar stories create organizational identities told by groups individuals belong to (Spector-Mersel, 2010). In these stories, people learn what's right from wrong, aspiration, and avoidance in their organizational culture.

Clandinin and Connelly (2000) described the narrative inquiry as a phenomenon and a method:

> Narrative names the structured quality of experience to be studied, and it names the patterns of inquiry for its study. To preserve this distinction, we use the reasonably well-established device of calling the phenomenon "story" and the inquiry "narrative." Thus, we say that people by nature lead storied lives and tell stories by those lives, whereas narrative researchers describe such lives, collect and tell stories of them, and write narratives of experience. (p. 2)

Along these lines, this study gathered information on supervisors' perceptions in their training and how it connects to their understanding of their supervisees' performance when giving an evaluation. Clandinin and Connelly (2000) summarized the continuity of experiences by explaining how experiences grow from each other. Wherever individuals position themselves on a continuum of an imagined past, present, and future, an experiential history leads to an experiential future.

Continuity helps researchers understand this approach as a relational methodology and a part of the experience. The stories provided by the supervisors allow for an in-depth look into the

supervisors' training background on their understanding of multiculturalism, the usage of clients' cultural data in psychotherapy, their cultural awareness, knowledge, and skills, and the application of this training in supervision. The stories also gave insight into how supervisors may vary in perceiving their supervisees' competence. The reports also may describe potential barriers or difficulties when assessing their supervisees, their role as a trainer, and the impact on future counselors. They varied the topics discussed, personal to the supervisors, and are subjective, which provided insight into how supervisors translate their understanding of multicultural counseling competence in a training role.

Narrative inquiries are often involved intersubjectively with the interviewee in a dual role by participating in the experience while simultaneously seeking to understand their experience from afar (Rainbow & Sullivan, 1979). Intersubjectivity refers to the shared understanding of the experience and interaction between the interviewer and interviewee during the research process. From this understanding, meaningful texts are organized and interpreted from the story. However, since experiences are complex and often messy, Clandinin and Connelly (2000) provided methodological guidelines to structure the research. First, they suggested the importance of the inquirer's awareness of the stories. Second, they emphasized the study's purpose. Third, they referred to how the research plans to analyze the data.

Regarding the first guideline, narrative researchers must increase awareness of how stories are interconnected and interdisciplinary (Riessman, 1993). The researchers are within the narrated story and outside of the story. Specifically, it may be difficult for positivistic-oriented researchers to integrate themselves into the research to avoid personal bias from impacting the data. However, for qualitative researchers, such as narrative inquirers, subjectivity is a variable within the examination. Subjectivity is the researcher's perception or view; Intersubjectivity

refs to the interaction or agreement between two subjects. These variables are not seen as inherently negative in qualitative research due to the sociocultural nature shaped by the human experience. Based on the interactivity of qualitative research, this type of methodology allows for the mutual construction of the data (Lanford & Tierney, 2019). Thus, the role of subjectivity in qualitative research honors the researcher's expertise to facilitate discussions consciously.

Regarding the second guideline, narrative researchers must explore this particular question and acknowledge the purpose could evolve depending on what stories emerge that would cause the goal to shift. In narrative inquiries, changes in data collection could be a result of comfort level sharing intimate details.

Regarding the third guideline, a "three-dimensional narrative inquiry space" is a method of analysis (Clandinin & Connelly, 2000, p. 50). Within this space includes (a) continuity of a chronological time frame of past, present, and future, (b) interaction of the personal and social, and (c) set within a situation (place). The units of analysis include the stories, narratives, and any interview notes. I review these for understanding and meaning-making within two levels. The levels are constructed to analyze the narrative between the particular context as well as the social context. The researcher's assumption is to understand the participant, the researcher must look at both levels because of the social relationships between individuals.

Researcher's Positionality

I arrived at my research problem after noticing a lack of general guidance for counseling trainees. In particular, there is a lack of research on how multicultural counseling competence is taught, modeled, demonstrated, and measured inside the supervision room. While I had multiple competent and skilled supervisors during my three years in graduate school, our conversations on multicultural issues were limited, and I was unsure how my supervisors evaluated my MCC.

Receiving annual evaluations demonstrating a sufficient level for my development, I often wonder about the evaluation process and how supervisors thoughtfully came to their conclusions. Thus, my belief in understanding, integrating, and interpreting culture is valuable and may create biases towards supervisors who may not emphasize it. As a researcher, my role requires maintaining awareness of my values and beliefs when collecting and analyzing data.

My role as a qualitative researcher allowed me to identify biases and engage in reflexivity (Dodgson, 2019). Despite my status as a pre-licensed graduate student speaking with licensed professionals who have practiced in the field for an extended time, I acknowledged the power of the researcher and interviewer when creating opportunities for individuals to share their potentially vulnerable experiences. In developing the study, I sought out participants from marginalized communities to empower and provide space to uplift their voices. As a current research team member on a multicultural counseling competence project, I am drawn to learning and expanding on the existing literature for multicultural issues.

 I am a counseling psychology doctoral student. I also plan to practice and supervise. Thus, I am interested in improving my future supervisees' experiences. My research team's emphasis on multicultural counseling competence training informed these constructs. For example, I may have a different focus or definition than my participants which I had to consider how my exposure impacted my questioning. My positionality recognized the differences in training programs and did not critically evaluate those with minimal experience in multicultural supervision. Instead, I hoped my research provided curiosity and inspiration to seek additional continuing education and consultations with others.

My clinical experience working with diverse populations bridged with my graduate research on the impact of incorporating culture into counseling informed my work. As a

compassionate advocate for mental health trained as a multicultural scientist-practitioner, I hope to empower and facilitate change in the current counseling format by understanding how multicultural counseling competence (MCC) is evaluated systematically in supervision during clinical practicum and internships. Given our shared experiences as mental health providers, I may assume I understood what the participants were trying to communicate, leading to my bias and assumptions in collecting and interpreting the data. I navigated the subjectivity of the qualitative research with my participants by (a) explicitly discussing the reasons I chose these research questions, (b) my personal/professional experiences as a practicum student in a doctoral counseling program, (c) what I have gained from the interview process, and (d) my hopes for the project.

My identities as a 27-year-old, first-generation, able-bodied, Vietnamese-American, heterosexual, cisgender woman living in Texas who grew up lower-middle class with blue-collar parents provided me with unique perspectives contributing to my commitment to my research inquiries. Values I held and experiences I lived reflected in my worldview. The awareness of my privileged and oppressed identities expanded through each conversation with the participants, as the interviews encouraged me to be continuously mindful and reflective of my intersecting identities. The totality of my experiences allowed me to expand my knowledge and awareness of multicultural and diverse identities. However, I admit my understanding is far from perfect as I believe multicultural counseling competence is a lifelong journey. Beginning my internship at a feministic, social-justice-oriented site has opened my eyes to the blind spots in my cultural awareness and gaps in my training.

Many racial and political events impacted my colleagues' and I's worldview while interviewing and collecting data. The world shut down due to a global pandemic, which resulted

in many people losing their employment, parents needing to learn how to homeschool, and other vast changes. Sites with in-person counseling and supervision had to find methods to adapt telehealth quickly. Violence against Black and African-American people were prominent in the news following several fatal shootings and the horrific killing of George Floyd, which further incited the Black Lives Matter movement. Due to the former president's connection between the COVID-19 virus with China and calling it "Kung-flu" and "China Virus," many Asian-appearing people were harassed and targeted. Discrimination towards Asian-identified people continued leading to approximately 4,000 hate crimes between March 2020-March 21 (Stop AAPI Hate National Report, 2021). After the fatal shooting of 8 people (6 of them Asian women) by a White man who shared his actions were a result of "how they made [him] feel," the nation became enraged.

In these moments of reflection, I am more aware of my positionality in the world. At the expense of people, the benefit has been increased knowledge, awareness, and resources for the community. Social media, documentaries, conferences, and local organizations have banded together to provide training for those who are open to growing. Given all of these events and personal experiences, my belief lies in the effort to grow and learn compared to getting comfortable in "competence," which may resonate with students and supervisees. I understand I have a lot to learn and unlearn from the internalized racist, homophobic, and all the -isms that negatively impact clients. Through the support and empathic challenges my supervisors have guided me, I can deepen my humility and acknowledge how not addressing these beliefs may perpetuate harm. Given this personal stance, I made an effort throughout the study to reflect and evaluate my subjectivity. However, because qualitative studies cannot fully be objective, my reactions to what the participants say must be checked regularly.

Strategy for Sampling and Selecting Participants

Following the Texas A&M University Institutional Review Board's approval of my study, I sent out electronic materials to recruit participants. I used purposive sampling as a sampling strategy. This strategy sought to sample individuals who allowed for the best opportunity to investigate by gathering the most relevant data for the study (Corbin & Strauss, 1990). A purposive sample was an appropriate choice for qualitative methods as it aimed to understand the supervisors' experience rather than an attempt to generalize (Marshall, 1996). Clandinin and Connelly (2000) explained narrative inquiry to understand the participant's experience through the interaction between the researchers and participants over time, settings, and social environments. My purposeful sample included diverse participants from diverse groups and varying agencies, programs, and states. Given the importance placed across disciplines and training programs, I wanted to expand these parameters to capture their stories.

This study used criterion sampling to provide comprehensive, rich data collection (Miles & Huberman, 1994). Participants of this study had to meet several criteria because of the sampling strategy and research questions. First, participants must be licensed and applied psychologists (clinical or counseling), professional counselors, social workers, and supervisors currently in practice. Second, the participants must have at least one year of supervising pre-licensed counselors. Third, the participants' supervisees must have over one year of clinical experience of individual counseling of clients as licensed practitioners. Fourth, the participants must have had experience conducting psychotherapy with diverse populations, specifically regarding individuals from marginalized backgrounds. Fifth, the investigator sought to recruit participants representing a variety of racial, ethnic, and cultural backgrounds. Sixth, the

participants should be eager for multicultural counseling competence, understand it is a lifelong learning process, and be willing to provide culturally competent supervision.

I selected the first and second criteria because using these criteria ensured the participants are licensed under their jurisdiction to provide ethical supervision and had enough experience working with pre-licensed supervisees. The third, fourth, and fifth criteria were selected to ensure the participants have had adequate clinical experience and enough multicultural exposure to provide rich information drawing upon their experience when answering the research questions. The expected number of participants will be between 8 and 12 individuals depending on the saturation. If no new themes emerge from these interviews, the recruitment process will stop.

Recruitment

I recruited participants using email-based contacts to professional psychological organizations for supervisors such as the American Psychological Association Division 17 - Society of Counseling Psychology, Supervision & Training (STS) section, and training programs in clinical and counseling psychology. Due to limited interactions yet the desire to reach disciplines outside licensed psychologists and doctoral training programs, I utilized social media to recruit these individuals. My strategy was to recruit via a post on Facebook groups for therapists, social workers, supervisors, and psychologists to network, consult, and support each other as a way to diversify my sample pool. I recruited six of the ten participants with a variety of programs/locations from Facebook.

I informed the participants about the criteria of the study, their rights to privacy and confidentiality, how their information was used, the nature of the study, the length of the interview, permission to record, the name of the primary researcher and principal investigator

through direct messaging. After screening the participants who met the criteria via their

submission on the Qualtrics (See Appendix C) and expressed continued interest through email

contact, I provided participants with a consent form and the research study details (See Appendix

B). I followed up with the Zoom link and scheduled the date (See Appendices D, E, and F for

email contacts). At the beginning of the interview, I revisited the consent form verbally and

asked if they had any initial questions. Following their consent for participation, I began

collecting the data through the interview process. I introduced myself and gave a brief overview

of the interview's structure. Afterward, I asked if they had any questions for me and the next

steps of the data collection.

Data Collection Procedures

Interviews are the most frequently used form of data collection in narrative studies and a

powerful way to understand each other (Clandinin, 2013; Fontana & Frey, 2008). Given the

narrative inquiry approach and interest in the stories of individuals, the interviews are open-

ended and non-directing questions to encourage the story-telling. The researcher actively listened

to the participants' lived world and expressed their experiences and views within their world

during the interview (Kvale, 1996). The interview attempted to draw upon the participants' point

of view to understand the meaning of their lived experiences before scientific explanations.

Kvale (1996) described the qualitative interview as a way for two people with interchanging

opinions on a common topic to construct knowledge. Therefore, the interview's

structure contained a greeting statement, a description of the research study's purpose, the

interview questions, and room on the page for reflective notes and observations (Creswell, 2003).

I collected the data through a semi-structured interview protocol in English. The flexible

protocol allowed both parties to explore topics not strictly outlined in the interview protocol for

additional information/clarification (Hugh-Jones & Gibson, 2012). Probes also inquired for further elaborations as this ensured the information provided is rich and accurate (Gavin, 2008). Inquiries such as, "Please elaborate on that" or more specific questions about the topic were used. Requests for particular examples such as "Can you give me an example of what you mean?" were also used. I captured the data in the interviews using the Zoom software and stored the audio recording in a password-protected folder for three years. Verbatim transcription followed the interview after I completed each recorded interview. The Zoom software formulated automated transcriptions, and I downloaded them into a Word document. Due to errors with the automatic speech recognition, I reviewed and edited manually by replaying the audio recording several times and correcting the mistakes. I sent the transcript back to the participants for further review for accuracy, clarification, or elaboration. For interviews with less verbal information or words I did not understand, I followed up with questions and highlighted terms for participants to respond. After the document was sent back or confirmed no additional information was provided, I emailed them to provide their demographic information. I also thanked them for their participation and time. As a token of my appreciation, I sent a $20 Amazon electronic gift card to each participant after finishing the interview process and collecting additional demographic information.

Participants

Because of the study and methodology, the sample sizes of qualitative research are comparatively smaller than quantitative studies (Morrow, 2007). Fifteen people responded to the inquiry. Two individuals did not meet the criteria for the study. For example, one person has not been a supervisor for more than one year. The other individual did not obtain their license to practice independently yet. Three individuals who met the criteria for the study did not respond

to the interview request email—one of those who did not respond attended graduate school in Canada. After recruitment, I interviewed a total of 10 participants. I obtained demographic information using categories with open-ended response options to allow for flexibility and diverse answers.

Six participants identified themselves as female, three identified as male, and one participant identified as genderqueer. All ten participants stated the United States of America was their nationality. Participants self-identified their ethnic/racial background as Latina/o ($n=2$, 20%), Asian American ($n=3$, 30%), African American/Black ($n=2$, 20%), and White ($n=3$, 30%). Participants self-identified their sexual orientation as heterosexual ($n=7$, 70%), pansexual ($n=1$, 10%), unlabeled ($n=1$, 10%), and did not disclose ($n=1$, 10%). Participants self-identified their ability and disability status as able-bodied ($n=8$, 80%), disabled ($n=1$, 10%), and able-bodied with chronic illness ($n=1$, 10%). Participants self-identified their religion/spiritual orientation as Catholic (n=2, 20%), Christian (n=2, 20%), Spiritual Christian (n=1, 10%), Non-denominational Christian (n=1, 10%), Spiritual (n=1, 10%), Agnostic (n=1, 10%), Jewish (n=1, 10%), and Buddhist/Christian/Agnostic (n=1, 10%). Participants ranged from 28 years to 43 years of age, with a mean of 35.5 years. Four were licensed psychologists, three were licensed social workers, two were licensed professional counselors, and one was a licensed marriage and family therapist. Participants' years as a clinical supervisor ranged from 2 years to 11 years, with a mean of 6.05 years. Participants' years as a licensed practitioner ranged from 1 year to 16 years, with a mean of 6.4 years. See Appendix G for a chart of specific participant's demographic information. Table 1 depicted the above information on the next page.

Table 1.

Participants' Demographic Summary

Gender	*n*
Woman	6
Genderqueer	1
Man	3
Racial/Ethnicity	*n*
Latina/Latino	2
Asian American	3
African American/Black	2
White	3
Sexual Orientation	*n*
Heterosexual	7
Pansexual	1
Unlabeled	1
Chose not to disclose	1
Ability and Disability Status	*n*
Able-bodied	8
Disabled-bodied	1
Able-bodied with chronic illness	1
Religion/Spiritual Orientation	*n*
Catholic	2
Christian	2
Spiritual Christian	1
Non-denominational Christian	1
Spiritual	1
Agnostic	1
Jewish	1
Buddhist/Christian/Agnostic	1
Age Range	*n*
25-34	4
34-44	6
Licensed Disciplines	*n*
Psychologist	4
Social Worker	3
Professional Counselor	2
Marriage and Family Therapist	1

Interview Questions

The following semi-structured interview protocol was used and asked in the same order. Follow-up questions were interspersed throughout the protocol.

1. Tell me about your clinical experience. (RQ1)

2. Thinking back to when you were a master/doctoral student, tell me about your overall training experience during your master/doctoral program? (RQ1)

3. What were some of the most valuable moments you found helpful as a clinical supervisor regarding your cultural education? (RQ1)

    1. What were some experiences you found not as helpful as a supervisor? (RQ1)

4. What is your general understanding of multiculturalism? (RQ2)

5. What is your general understanding of multicultural counseling competence? (RQ2)

6. How was multiculturalism taught to you during your training? (RQ3)

    1. How did you feel about your professors' and supervisors' guidance in helping you understand multicultural tenets of counseling? (RQ3)

7. What skills were most beneficial for you as a trainee? (RQ2)

8. What were some challenges you faced when learning about multiculturalism? (RQ2)

    1. Specify a multicultural challenge and describe how that impacted your supervision work. (RQ3)

9. What was your experience working with diverse groups of people during your master's/pre-doctoral training? (RQ1)

10. How do you feel your cultural identities impact your work as a counselor? (RQ2)

11. What is your supervision philosophy as it pertains to cultural issues? (RQ3)

12. How do you feel your cultural identities impact your work as a supervisor?

13. What do you understand is important in developing a relationship with a supervisee? (RQ

1. How is this different for individuals from different cultural groups/diverse

identities? (RQ3)

14. Describe a few examples or experiences from what you have learned during your

masters/doctoral training regarding multicultural counseling competence and how you

applied that knowledge to your supervisee? (RQ1)

15. What learnings and experiences from your multicultural training do you draw upon to

inform you of multicultural supervision? (RQ3)

16. How do you understand (conceptualize) your supervisees meeting multicultural

counseling competence? (RQ3)

1. What does multicultural counseling incompetence look like? (RQ2)

2. How would you address that with a supervisee? (RQ3)

17. What has been your experience supervising diverse caseloads with your supervisee?

(RQ3)

18. How do you typically evaluate your supervisee's multicultural counseling competence?

(RQ4)

1. What does the process of evaluating their competence look like? (RQ4)

19. How would you describe your current guidance in facilitating your supervisee's

understanding of multicultural tenets in counseling? (RQ3)

20. What else would you like to share about multicultural counseling competence? (RQ2)

Data Analysis

Data analysis is an intricate process consisting of a variety of influences and tasks. The

participants' understanding of the purpose of the study, their interpersonal dynamics with the

researcher, and the aims behind what they wanted to tell the researcher influenced the stories they shared (Clandinin, 2013). During the data collection and documentation of the data, the researcher's presence also influenced the interpretation of the narrative data after their collection (Merriam, 1998). Life-story research is a part of narrative inquiry as it is focused on the linkage between the past and present, emphasizing social and personal processes (Earthy & Cronin, 2008). This study centered on how practitioners are socialized into their roles and adapt to changes in various circumstances through life-story interviews. The study explored the development of the clinical supervisors' multicultural training experience and its present implications when evaluating their current students.

The ATLAS.ti 9 Mac - Scientific Software Development GmbH, qualitative data analysis, and research software were used to analyze the uploaded transcripts. The researcher used the tools in the software to code the findings. The participants' stories were analyzed and then "restoried," where all the stories were reorganized into a framework (Ollerenshaw & Creswell, 2000). This framework process began with gathering the stories together, organizing the stories for significant elements, and rewriting the stories chronologically. Additionally, the analysis was an ongoing process that coincided with the data collection and was not linear. Within this research, the narratives were organized by their previous experiences as trainees and how they informed the current supervisory process. Significant moments of multicultural supervision, events, and relationships with supervisees proceeded as they develop into their supervisor identity. The supervisors end the story by sharing their current take on multicultural counseling competence and where they are at in their journey.

Transcribing

Once the interview concluded, the automated transcript was collected from the Zoom software as the initial data management step into a password-protected folder. This original document consisted of time stamps and did not delineate the interviewer/interviewer. To immerse me and analyze the most accurate data, I replayed the audio recording of the interview and reviewed line by line of the transcript to make appropriate corrections. Transcribing the data followed each interview to better recall information and found potential emerging themes. I contacted the participants after I completed the transcript review to inquire for additional clarity and accuracy. Then, I analyzed the data after the transcription of the interview. Coding the narrative happened while I was transcribing as I developed a general sense of emerging themes.

Coding

Riessman (2005) underlined thematic analysis' focus on the content of 'what' was said which can help identify "common thematic elements across research participants and the events they report" (p. 3). As a part of my analysis and constructivist framework, I utilized two primary analyses to conduct my research. First, the thematic analysis allowed me to examine the text and pinpoint common themes or experiences the participants shared. It enabled me to discover significant ideas from the interviews to help answer the research questions of their conceptualization/evaluation components. This provided me with a basis of information as a point of reference within the analysis.

Coding defines the data that is getting analyzed (Gibbs, 2007). It is a process that identifies specific units and concepts to find a relationship between them. Coding each transcript was essential in interpreting the data and organizing the data into themes. Lichtman (2006) suggests approximately 80-100 codes will be categorized into 15-20 groups, pared down to about five to

seven broad concepts. A codebook was created at the start of the analysis, and emergent codes were recorded. The codebook was reviewed periodically for the reorganization of codes into categories.

I conducted multiple rounds of coding after the data collection. The coding procedure was spaced out weeks apart to allow me time to immerse myself in the data and review the transcripts again to see if additional codes emerged. Saldana (2013) suggested several cycles of coding to establish significant patterns. Congruent to Saldana's assertion, I used several coding techniques to allow for a deeper investigation and interrogation of the data. Descriptive coding is defined as summarizing the qualitative data into a single word or a multitude of words. This procedure would condense the lengthy data into chunks separated into words that describe specific sentences or paragraphs. I scanned the transcript and highlighted sentences or paragraphs with a word/phrase that described them within this process. Following the first cycle of coding, the second "require such analytic skills as classifying, prioritizing, integrating, synthesizing, abstracting, conceptualizing, and theory building" (p. 58). The second cycle of coding was necessary for a deeper review of the data. I reduced the codes down and how the emerging themes answered the research questions.

In-vivo coding is defined as words and phrases the participants used during their interview such that the interviewer is not assigning labels to those units. This technique allowed the researcher to use the interviewee's language when coding. The in-vivo code often resembled the descriptive codes that were later organized into significant codes. I used this technique to allow for the participants' voices to transpire through the text. Thus, the themes were reflective of the participants' beliefs and experiences. Despite these more concrete techniques, the study's uniqueness allowed me to integrate multiple strategies for analyzing and constructing the data

creatively. I paid attention to the context and moments within the participants' stories through the narrative analysis process.

Constructing Narratives

The narrative analysis viewed the data as a whole with specific events integrated to search for meaning from the individual's experiences by threading the data and organizing the entire themes (James, 2017). This suggested the analysis begins with a broad scope of understanding. Therefore, the second part of the analysis was the narrative analysis, which offered a complex procedure of understanding the stories. It allows my participants and me to make meaning from the narratives. Ryan (2007) asserted how narrative analysis makes meaning from human experiences, "narrative is about problem solving; narrative is about conflict; narrative is about interpersonal relations; narrative is about the temporality of experiences (p. 24). Throughout the narrative, I highlighted the participant's conflicts, relationships with supervisors, professors, supervisees, and themselves, and their responses.

However, given the nature of the research questions, the temporality of experiences was less of a focus. After multiple reviews, I organized the themes into an order that created the most sense by starting with their developing knowledge of multiculturalism and previous supervision experience (temporality). I followed up by detailing how their understanding influences their supervision of trainees regarding MCC. Kim (2016) described the purpose of narrative research as to facilitate an in-depth understanding of the "why" and "how" of events' outcomes and participants' behaviors. The narrative analysis aimed to explore the supervisors' development and how their former training/supervision experiences framed their current way of conducting supervisory work. The narrative analysis process is not as linear and clear-cut as other methods, for it required a deep interaction with the data from all the individual participants.

Data Rigor and Trustworthiness

Lincoln and Guba (1985) laid out four criteria for addressing trustworthiness in a qualitative study: credibility (internal validity), transferability (external validity), dependability (reliability), and confirmability (objectivity). As opposed to quantitative methods, the goal of the qualitative study was not to generate data for generalizability or fact formulation. This type of research aimed to understand an idea, experience, motivation, or reason to develop into quantitative analysis. However, ensuring data rigor and trustworthiness is essential for qualitative studies. A technique for credibility includes member checking, which allowed participants to provide additional information for a follow-up to their interview. Transferability establishes the data to enable readers to apply the study's results to other settings, situations, times, and people. I provided a thick description of the results to facilitate trustworthiness for a fuller understanding. I also utilized self-reflexivity to ensure results reflected the participants' stories. Self-reflexivity can help manage bias which may influence the data, increasing dependability and confirmability.

CHAPTER IV

PARTICIPANTS' STORIES

The study's purpose was to explore clinical supervisors' multicultural training and understanding of MCC in how they conceptualize/supervise/evaluate their students. The study's explorative nature lends itself to understanding the supervisor's development and application in clinical supervision. Chapter 4 provided results from the narrative inquiry analysis using data from the interviews from the psychologists, counselors, and social workers from across different regions in the United States.

The interviews were conducted via Zoom video conferencing lasting between 45-90 minutes which were audio-recorded. They took place in private and confidential settings, which allowed participants to express themselves openly and for the interviewer to build rapport with the participants. Participants have familiarized themselves with communicating over videoconferencing during interviewing due to the abrupt shift from in-person connections. I believed this research setting helped build rapport quicker because of the social context and the comfort of their own spaces. Ten semi-structured interviews were collected from the participants who self-selected for the study and met the criteria after the screening. The participants self-identified as supervisors who were interested in multicultural counseling competent practices. Participants described their training experiences from graduate school into licensed clinical work and their supervisory experiences mentoring supervisees.

The following section is a brief description of the participants. I included demographic information, their training experiences, and their understanding of multicultural counseling competence in supervision. Themes are presented after the participants' descriptive.

I used pseudonyms to protect the confidentiality of the participants. Universities, current

workplaces, and potential identifiers were not named. The participants' descriptions were

organized in this section by disciplines and not in any specific order. Participants' stories

sectioned the Results chapter because I wanted each to stand alone individually rather than be

arranged by themes. I believed this allowed for their unique experiences and personal history to

illuminate the common threads instead of clumping them under one topic. All of the participants

reported providing both psychotherapies with clients and clinical supervision with unlicensed

trainees. The pseudonyms used were Ash, Noah, Sawyer, Kayla, Sunny, Adeline, Davis, Abigail,

Samantha, and Julia. Excerpts from the interview are offered to provide clear insight into the

clinical supervisors' professional experiences. See Table 2 below.

Table 2.

Abbreviated Demographics & Mental Health Professional Credentials

Number	Participants' Formal Title and Demographics	Credentials
3	Licensed Psychologist	Ph.D.
	Ash- 38 y/o, White, Agnostic, genderqueer	
	Noah- 35 y/o, White, Jewish, heterosexual man	
	Sawyer- 35 y/o, Latino, Catholic, heterosexual man	
1	Licensed Psychologist	Psy.D.
	Kayla- 31 y/o, White, non-denominational Christian, pansexual woman	
3	Licensed Clinical Social Worker	LCSW
	Sunny- 39 y/o, Latina, Catholic, heterosexual woman	
	Adeline- 43 y/o, Asian, Christian, heterosexual woman	
	Davis- 31 y/o, Asian, Buddhist/Christian/Agnostic man	
1	Licensed Professional Counselor-Supervisor	LPC-S
	Abigail- 41 y/o, African-American, Spiritual Christian, heterosexual woman	
1	Licensed Mental Health Counselor	LMHC
	Samantha- 28 y/o, Asian, Spiritual, heterosexual woman	
1	Licensed Family and Marriage Therapist	LMFT
	Julia- 34 y/o, Black, Christian, heterosexual woman	

The following interviews took place during the spring and summer months of 2020 when

COVID-19 was at its most alarming state globally with great uncertainty of nature. Additionally,

several dramatic sociopolitical events recently occurred. Prominent examples included the murders of George Floyd and Breonna Taylor and an increase in Asian hate crimes due to the association with the coronavirus. A heated election battle occurred between Former President Donald Trump/Former Vice President Mike Pence and current President Joe Biden/Vice President Kamala Harris. Amid racial tension, former President Trump threatened government agencies and other government-funded institutions with an executive order demanding the removal of diversity training because he believed it was causing the division in America. During these events, psychoeducation and activism via social media platforms such as Facebook, Instagram, Tiktok, and Twitter's saturated users feed with anti-discrimination, women's rights, social awareness, and politics. Training programs, continuing education presentations, agencies, and professional organizations released information on the gravity of these lived experiences and events.

I would be curious how participants would have answered the questions had the interviews not taken place in 2020, as these topics were salient in the discussions. While it is difficult to capture the weight of how these events influenced people, specifically mental health professionals, they did provide meaning to the significance of the study's aim for conducting multicultural-competent care for supervisees and clients.

The following narratives are presented in a manner that limited my direct interpretation of the interview while acknowledging the construction of this chapter lends itself to the researcher's interpretation. Additionally, the length variance of each person's narrative was not based on the depth of the interview but rather the amount participants chose to share. I attempted to disrupt the stories minimally by reducing the transcript down for conciseness and moving parts around for ease of reading and continuity. Throughout the data analysis process, I

appreciated the supervisors' energy and insights extended to me during the interview. Through

the immersion with the data, I developed an increased awareness of my work with my

supervisees and clients in ways I can continue to grow. Table 3 on the next page provided a

quick visual of themes and subthemes within the narratives.

Table 3.

Themes and Subthemes

Themes	Sub-Themes
Lack of in-depth incorporation of culture *(content-oriented: what was taught/not taught)*	Need for prescriptive guidance
	Categorical, stereotypical, Westernized training of culture
	Superficial and surface-level knowledge, awareness, and skills
Dissatisfaction with training *(process-oriented: how information was delivered)*	Inadequate multicultural training/supervisors/programs
	Lack of integration
	Treating multicultural counseling competence as a peripheral
Multicultural self-awareness	Self-awareness and cultural broaching
	Ongoing evaluation of client, supervisee, and supervisor
	Reflection of intersectional identities, power, privileges, and oppression
Explicit, vulnerable, multi-interactional discussions	Initiating/sharing power during multicultural exploration
	Safety in supervisory/therapeutic relationships
	Openness; lack of resistance in conversations
Growth-Orientation	Accepting challenges to grow
	Desire for multicultural learning
	Developing competence on a continuum
	Cultural humility

The following section summarized the findings from the narrative inquiry.

Ash (they/them/theirs)

Ash was a 38-year-old licensed psychologist who has had seven years of experience supervising trainees and has been a licensed practitioner for four years. They received their master's in marriage and family therapy before completing their doctoral degree in psychology. They worked primarily with adolescence during middle through high school. During their master's level internship, they saw clients between the ages of 2-19 years old within the school system or providing in-house services. During their doctoral training, they utilized a generalist model providing care to undergraduate and graduate students. They identified how their theoretical orientation of critical feminist multiculturalism emerged from their supervisors, who practiced from a feminist perspective. Ash described the majority of their supervisors identified as White. Their experiences included university counseling centers, foster homes, resource centers, and outreach services. Ash had the opportunity to directly supervise several trainees during their training and at their university counseling center where they currently work.

Supervisee-advocacy. Ash benefited from supervision when they were asked to think deeply about them, their familial upbringing, and cultural context in ways that inform their identities and career decisions. Coming from a master's program where "supervision was focused on clinical management versus developing a theory," multicultural counseling competence was not focused in the first part of their training. They later asserted the importance of having a supervisory relationship with a trainer who cared about their personal experiences beyond the clinical work. They believed the supervisor melded together with the integrated development of a good therapist and a healthy human being. On several occasions, Ash reported feeling like they had to figure things out independently and had to "jump into the deep end." For Ash, it appeared the responsibility of learning and growing relied on them self instead of the supervisor's

responsibility. "What I was getting in supervision was because I was asking for it, and I think that's part of White privilege is not paying attention to the way our work is more nuanced," they explained how training was very dependent on the supervisor. Their supervisory experiences hinged on what they asked for and what the supervisors could provide given their scope, identities, experiences, and ability to challenge their own governing beliefs.

Ash described how their professor did not provide much cultural training and did not take his job seriously. They commented on their learning from group supervision and the practicum experience working at a feminist-multicultural informed women's center. It valued providing services across differences with power in mind. Field practicum experiences became the environment where multicultural growth happened. Challenging dialogues, integrations of multiculturalism, and self-reflection of identities enabled their supervisors to inform their supervision. Ash believed much of their growth stemmed from the balance of discussing culture and diversity in an "academically rigorous way" while integrating self-reflection through an interpersonal style. As a result, Ash felt more connected to them, their supervisors, and their clients.

Whiteness is insidious. Ash thought the multicultural class was "cookie-cutter," where knowledge and skills were emphasized more than awareness. They noticed the majority of their training environment oriented to privileged people in the room. This experience created a challenging learning environment for people of color or queer-identified folks to struggle as much of the significant impediment to multicultural training was organized towards whiteness and binary thinking. Required coursework was helpful to learn about their White identity. They learned about the "insidiousness" of the impact of the Whiteness on others and growing up "blind to racism." Self-examination of their Whiteness was one of their pivotal moments, which

provided a pathway towards a feminist, multicultural framework. They explored ways their

oppressed and privileged identities framed their work. Ash felt another pivotal moment was

simultaneously unpacking multiple issues with others while developing their own identity helped

them understand various topics such as body politics and what it means to be a sexual minority.

"Part of multicultural competence is knowing what to the extent that one can because we depend

on our socialization as it could render us naïve to a lot of stuff such as denial." Thus, they

attributed understanding how socialization impacts the ability to digest information.

Barriers to the supervisees' growth and obstruction to multicultural learning could be

denial and rationalization around Whiteness. It could be detrimental to the development of a

supervisee if they stand on the "code of niceness," which provided them with a shield that they

can do no wrong because of their niceness or empathy. As a result, this could have led to

supervisees' unwillingness to learn and unlearn harmful ways of conducting therapy that could be

ineffective or not as helpful.

Naming socialization. Within the supervisory experience, Ash recognized it was

essential to work across differences, understand the power, and manage them within a clinical

and supervisory relationship. They expressed receiving supervision from someone reflective of

the oppression, power, privilege, and multiculturalism allowed them to grow in ways that would

have been difficult without the provided support. They named their socialization as a White cis-

woman playing out in psychology conferences when trying to build exposures to the experiences

of women of color. Ash was shown "White woman's fragility and tears." They added how a

woman of color told them they could do their homework and not need marginalized voices to

educate them on their lived experiences through emotional labor. Through these various

experiences, Ash discovered the necessary steps required to grow in their multicultural counseling competence.

Fear of hurting feelings. Ash's multicultural counseling competence was about digesting the academic information, learning about different topics, and seeking out personal learning experiences while engaging in reflective work to deeply understand them. They shared that awareness and multifaceted experiences were the crucial parts of multicultural competence. Ash believed barriers to multicultural-competent supervision were the fear or conflict of hurting their supervisee's feelings. They indicated how Whiteness "flows" through that mode of conducting supervision where the environment was more supportive than challenging. This was part of asking to be challenged and seeking individuals to help them navigate the complexity of learning multicultural counseling competence. Ash verbalized the ability to grow more in challenging environments.

Another barrier for multicultural supervision stemmed from supervisors and leaders not taking a risk in a "sociopolitical way" where supervision extends beyond a one-on-one relationship and addresses the more extensive system where harm can occur. They noted that the inability to manage the system could leave trainees feeling unsupported and unprotected from potential insidious violence in various spaces. Within their supervision process, Ash aspired to balance constructive feedback with "love, support, and care" so the supervisee feels "held while they may be doing work that's hard, but don't want to protect a person from their growth."

Inclusion of power. Ash reflected on their views of multicultural counseling competence, capturing how power integrates into the dynamic of multiculturalism versus people from different backgrounds coming together to share about mutual impact. They believed that multicultural counseling competence is about racial identity and dynamics, intersectionality,

multiple interactive identity statuses, experiences, and socialization within a power structure/matrix that influences which ones are valued and devalued, oppressed, or experience violence. Ash described multiculturalism as about the identities and how people inform and influence each other in a dynamic way in which oppressed individuals learn how to navigate the world of privilege to survive and thrive. They practiced from a political analysis framework which includes examining internal, interpersonal, and sociopolitical ways to elevate empowerment. Ash believed in integrating personal, professional, and political practices of unpacking things within an interpersonal process. By deepening their self-knowledge, they have learned to know what is happening within them in a given interpersonal moment with someone else.

Awareness is important. Ash talked about the importance of the Sue and Sue (2012) model of understanding, knowledge, skills, and awareness. However, they feel the knowledge and skills component gets too much "airtime." They indicated value in having the appropriate skills to work across differences and knowledge for those items could create false notions of competence that can ultimately fail practitioners. It created a sense of doing well because of the knowledge that governs how the world functions. They conceptualized multicultural competencies as having to work on ourselves by examining our socialization and observing how we feel when we get knocked off balance which Whiteness informs. They shared how it could maintain the mantle of power through ways supervisors, therapists, and supervisees move and undermine their clients.

Knowledge-informed. Evaluation of supervisees' multicultural counseling competence was through helping them develop different tactics of reading literature in the area of knowledge to help inform their skills to becoming thoughtful of their particular cultural or identity

background. They relayed that having competence would "fail" them as they are a human who has been formed by different experiences and intersecting identities which could be helpful to bring them into the supervision room. Exposure to various groups of people could help build multicultural competence as it could allow the supervisee to understand the lived experiences of people to facilitate their growth.

Interpersonal process. As a supervisor, Ash understood the vital role they hold as the gatekeeper into the profession. Thus, they aimed to create a transparent and collaborative way of working with trainees. Ash indicated enabling both parties to get their needs met permits clients to get their needs met. Ash informed the supervisee how they feel and how things are landing on their now, so they do not assume any hidden reactions through an interpersonal process. They also incorporated emotion-focused work into their supervision and provided space for supervisees to share and disclose their comfort levels. In their supervision, the supervisory relationship was significant for their supervisees to obtain the necessary information and be gently challenged. Ash developed agreements for their supervision process and ensured continuous evaluation as a part of the relationship development. They reviewed with their supervisees throughout the semester instead of only through formal evaluations (i.e., mid-semester and end of the semester evaluations as expected by their training program). This ongoing evaluation was helpful for supervisees to know precisely where they stand in their clinical skills to help facilitate the process of multicultural counseling competence.

Personal-professional integration. As a supervisor, Ash desired to be attentive to their supervisee's families and collectives within their worlds. They hoped to respect the individual's privacy while also anchoring those parts of their lives as a part of their supervision. Ash does not believe in the "competence" aspect. They found supervisees who are multiculturally driven in

counseling are the people who challenge themselves to step outside of their comfort zone. Indications of multicultural competence were broaching issues of working across differences throughout their work together and incorporating the impact of context and socialization into their work while also understanding the client's presenting concerns. Ash evaluated the supervisees because they think about what is within and outside of their comfort zones, identifying what is and is not being stated and those reasons. Ash believed eagerness, willingness to be challenged, direct conversations, understanding of Whiteness are ways supervisees are evaluated in their multicultural counseling competence. Incompetence began when supervisees are unwilling to assess themselves. They may also resist feedback, leading to staying "developmentally anchored" without growth towards more cultural understanding. Questions were exploring "rhetorical barriers they bring up and challenging them to get into that uncomfortable place."

Feedback collaboration. The process of evaluation for Ash looked like both having a quantitative and qualitative component to the form. Ash stated prioritizing the qualitative part to name the observations of their relative growth, weaknesses, and strengths. They also utilized numbers to anchor what they talked about, mentioning it "not as nuanced as they could be." The process was ongoing, with weekly evaluations informing supervisees on where they are and how they are assessing themselves. Ash valued the collaboration aspect of evaluation by filling out forms and "reconciling" how they talk about each time. Ash "spot-checks" by watching videos to gather a sense of how the supervisee is conducting therapy. Ultimately, they believed the most crucial component of multicultural counseling competence is how one examines their political, personal, and professional beliefs and how they inform the work they are doing with their clients.

They stated that work without self-examination would leave too much room for "oppressive" stuff to occur in therapy.

Noah (he/him/his)

Noah was a 35-year-old licensed psychologist who has had five years of experience supervising trainees and has been a licensed practitioner for four years. Noah began his clinical experience working as a therapeutic staff support worker during his undergraduate degree. He received his master's degree in Counseling and Human Services and worked as a family therapist before applying to a doctoral program in Counseling Psychology. Noah received training at a university counseling center for several semesters. He is currently a psychologist providing clinical care for college-aged populations and supervision.

Self-as-instrument. Noah shared having positive training experiences with weekly individual and group supervision. He described the practicum supervision provided more support and connection compared to the doctoral program. Noah began learning about multiculturalism through his master's program. His practicum supervisor introduced him to the idea of microaggressions and the practice of providing multiculturally competent care to be sensitive to cultural differences. He valued the models taught during practicum and using self as the instrument by learning about "who we are in the room, what we bring to the table, how we can help others through our own experiences and through sort of those challenges of doing this work."

Blindness to culture. Noah noted the beginning of his multicultural training with Sue and Sue (2012). He later studied various cultural biases and examining microaggressions and mixed-race romantic relationships. His general understanding of multiculturalism stemmed from not being:

Colorblind, but celebrating diversity and integrating that information from those diversity variables into our clinical practice is the foundation of the work we do. We are all cultural beings, even if we might seem to come from the same or similar backgrounds. There is always variation, and there are always differences in people who grew up in the same household. Celebrating and recognizing those differences, talking about them, either a therapeutic context or a supervisory context certainly is the best to be open, honest, and learning about each other's culture.

Multicultural counseling competence acquired foundational knowledge of different cultures and learning, digesting, and absorbing available information. Noah felt it was significant to meet the client where they were at and learned from them by listening to their cultural experience because:

They are from a particular geographic location does not mean that they have the same lived experiences, their peers, or as others who might have grown up in that same place… I believe in joining the client, meeting them where they are at, understanding and getting a lay of the land of what their cultural experiences have been, how it is shaped, how they see the world, their presenting concerns, or what is going on for them that's an important part of early therapy. With a good thorough intake is a proper cultural assessment, doing researching, doing reading.

He asserted that it is not the clients' responsibility to educate the therapists, despite much of the learning that can come from them. The therapist must research outside to know and learn. The prime component of being a multicultural-competent therapist was to be open, willing to meet clients where they are at, grow with them, and have foundational therapy skills.

During his education, discussions with people who talk about being "blind" to cultural backgrounds were unhelpful which Noah identified that mentality as "antiquated" because he exclaimed, "diversity should be celebrated, recognized, and incorporated into all of our practice." He also identified supervisors who provided only constructive criticism instead of helpful feedback as brutal, especially supervisors who were "less sensitive to who I am."

Corrective supervisory experiences. Noah was introduced to multicultural models through Sue and Sue (2012), noting the adaptation helped him learn about multicultural

competence practice in different countries. Noah processed how his doctoral internship's training

director counseled in Israel for a prolonged time and told them about the mental health

expectations in Israeli culture. Noah developed an increased understanding of multiculturalism in

these conversations as they made him reflect on his culture, personal biases that may arise in

relationships, and areas of growth. Noah described much of his training included knowledge-

based development that consisted of a multicultural seminar, multicultural class, and discussions

of diagnosing culturally. He indicated feeling like he felt a "big knowledge gap and felt

empowered" and worried that he did not have enough training in certain areas. Noah considered

the most growth in his multicultural training was when his supervisors uplifted Noah. He

mentioned, "My supervisors made me feel supported, understood, and safe to talk about my own

cultural experiences in my sort of growth and my openness to how I could best serve and help

my clients. I would say it was mostly excitement and happiness." Through his time working at

his current agency, he articulated multiculturalism and cultural issues as a core cornerstone of the

work, where cultural conversations were infused throughout the training process. He emphasized

ethical psychological practice cannot be conducted without considering cultural factors.

      Openness to reflect inward. Two of the most skills while as a trainee were openness and

learning from others. He believed multicultural counseling competence is mainly in part to

> Learning our own biases, turning inwards, noticing, and recognizing what areas we can
> improve upon how we could become more culturally competent, more multiculturally
> competent, and more understanding of the people that we're going to be working with,
> including our supervisees and our clients.

Additionally, being able to differentiate and discern published research articles to be good

consumers for data could help integrate knowledge into practice. Other ways Noah identified as

helpful moments of learning as going to cultural festivals, meeting people from groups less

familiar with, being outside of his comfort zone where he was considered the minority,

especially for someone who identifies as a Caucasian man. He described these experiences as "helpful, scary, and growth-promoting."

White guilt and privilege identities. One of the challenges he faced while learning about multiculturalism was experiencing guilt and shame from holding privileges as a White man. Noah struggled with sitting with his privileged statuses. However, he learned how to carry them with him but not focus or emphasize them. To manage those feelings of guilt, he aimed to learn about others, celebrate their culture, step outside of the comfort zone, and connect with marginalized populations. He shared feeling shame about feeling shame because of the fortunate instances where he can be treated with respect and kindness others may not have. He used this position to stand with others in solidarity.

Noah reflected on his cultural identity's impact on his clients. In the college-aged populations, he worked when many female-identified students who men have sexually assaulted. As a man, he understood his identity does impact his work with clients and their comfort level. At his center, the majority of the practitioners were White with diverse staff members. He expressed unfairness with those individuals having to be the "sole multicultural representatives" and desiring for all therapists to learn cultural sensitivity, teach, and offer information to help therapists immerse themselves.

Intersectionality was another construct Noah discussed as it related to his own religious beliefs in the therapeutic context. He discussed how some clients might feel discomfort sharing their religious beliefs. He shared how it is the therapists' role to "help clients make decisions in the context of their religious doctrine and to explore intersecting identities and to intersect belief systems into sort of wrestle with ambiguity." Vulnerability with clients allowed clients to feel safe and open with them by culturally broaching the topics without focusing the session on them.

He must work on countertransference while understanding how self-disclosure can be helpful for clients.

  Safety and modeling vulnerability. Noah expressed learning how to be clinicians is "through the representation of our supervisors." Watching his mentors practice, discuss, and share stories of their journeys helped him begin with his own. Noah often disclosed with his supervisees his journey, desires to be a psychologist, and values appropriate ways to facilitate personal and professional development conversations. He attempted to balance the roles of teacher, consultant, and counselor. By supporting and empathizing with his supervisees, he aimed to teach them micro-skills through the parallel process. Many times, he held explicate cultural conversations with his supervisees to develop a sense of safety. The core of supervision the trust, understanding, and openness, which can include discussions about:

> Who I am, what brought me to the team, to this place, why am I working here, but the other half of that conversation is who is my supervisee, where did they grow up, what are their cultural values, what is important to them, what are their values as therapists, what is their theoretical orientation, and how does that influence the work that they do? All of that has to be informed through a cultural lens and sensitivity to differences, values, and what they can do to fulfill their professional and personal goals.

When Noah worked with supervisees from different backgrounds, he tried to understand his supervisees' process. For example, some of his supervisees were less open to process their emotional reactions in supervision. They tended to be more intellectual, which led to difficulties working with emotions with their clients. Some were open to discussing their cultural values, being raised on stoicism, displaying professionalism, and offering guidance. Noah remarked how much of that was an antithesis to his training. Still, he wanted to respect the differences by helping his supervisees utilize their voices to take what they'd like from supervision to become their therapist-self.

Microaggression. Noah also reflected inwards to model for his supervisees for how to check their blind spots, "I try to check my own biases and teach my supervisees how to learn where their blind spots are and tackle them and counter them and then learn how to practice therapy in light of some of those contexts." He revealed how microaggressions are salient with what is going on with coronavirus and the Asian-American community, where he mentioned, "microaggressions can be the death of 1,000 cuts." Noah discussed hearing stories second-hand and empowering clients to stand up for themselves despite the current climate. It was essential to be open and lean into the process within supervision instead of shying away from them within supervision.

Challenges. Noah conceptualized his supervisees meeting multicultural counseling competence varies based on their level of development. The majority of the conversation was around having difficult conversations over cultural biases, struggle areas, and particularly challenging populations. He found wanting to explore how to overcome those blind spots to develop and become more self-actualized to reach their goals, often a parallel process in supervision as therapy becomes. Noah believed practicing psychology or administrating assessment without considering culture within a cultural context is unethical. Generally, incompetence appeared as a bias that was significantly impacting their clients. He noted a student who would not work with a gay client because of personal religious beliefs and sued the doctoral program because of their termination out of the program. Noah denoted the supervisor's responsibility as gatekeepers for the therapist to provide unharmful services.

Regarding evaluation, formative and summative feedback was both critical to his supervisory style. He identified concerns early in the relationship and challenges them, especially for more resistant supervisees in those domains. By noticing them, addressing them with

additional readings, and work with other clients with a presenting concern/diverse background. Facing the troubles head-on and watching closely to avoid harming clients could benefit the supervisee in meeting the benchmarks. The first component of the evaluation consisted of cultural development and overall development. Students were discussed within the staff based on APA's criteria of competency benchmarks. Supervisors may collaborate to discuss if there needs to be a better understanding of cultural development. Elements relied on their intuition, experience as their supervisor, level of openness, and tape review.

Sawyer (he/him/his)

Sawyer was a 35-year-old licensed psychologist who has had eight years of experience supervising trainees and has been a licensed practitioner for seven years. Sawyer was an Associate Director of Training for a university counseling center where he oversees multiple coordinators of training programs. He received training in Clinical Psychology with a focus on children and family. Sawyer provided supervision for several unlicensed practitioners as well as adjunctive psychology and social work students.

Culture as a periphery. Sawyer began learning about multiculturalism from Sue and Sue (2012), which was the primary model. He shared grievances about how cultures were isolated into chapters and characteristics were ascribed to each population where it was like "oh, their cultural values are these, and these are the types of questions you should ask." Sawyer felt not:

> Everyone in a group will identify with the prevailing norms that we associate with that culture, but it can be used as a guide… it's the context around me; it's the client and the context around them. And so there are so many more intersectional factors that I just don't think when I was going through the first stages of my training, we were really at that point yet. So, I felt, to some degree, my training lacked in that regard.

Once he switched into the counseling realm from the clinical realm, Sawyer had more cultural education, including one class on diversity and multiculturalism. "It's always felt like diversity was a little on the fringe and the periphery of graduate school. When I got into the internship at the counseling center, it was a much larger focus." He could have case discussions, consultations and interact with licensed supervisors, which was more helpful than the classes. Sawyer mentioned how diversity and multiculturalism were highly focused on his site and focused on intersectional identity development with clients and training to become a psychologist.

Generation differences. Sawyer perceived that current generations of trainees could talk about multiculturalism in a more nuanced way and their areas of knowledge. He affirmed learning from his supervisees of various populations, such as the LGBTQ population, to discussions of size and weight as an area of diversity beyond race/ethnicity. He had been able to "think about the whole spectrum of visible to the invisible intersection of identities" from his interns.

Power dynamics. Multiculturalism was a complex interplay that considers multiple interactions with people. He reflected on the interview and how the interviewee/interviewer brings into a "whole history of relationships and identities" as well as an "interaction of power dynamics" which are constantly interacting and co-creating." He reflected on how the "power dynamics of our culture here in the United States and how that influences us." He finds the word "competence" interesting because he found that the field has:

> This weird interaction where we have these competencies that we have to meet for us to offer an APA-accredited internship. We have to check off in these nine areas that are interns are getting trained to develop professional competence in each of those areas if we are going to say that they graduated. In some ways, this competence piece can be disenfranchising in and of itself like a lot of these are checklists, boxes were developed with populations where you think about like in the 60-the 70s who are the type of typical graduates you saw going through, even counseling psychology programs were

predominately male, starting to shift to more female, and very white, cis-gender, heterosexual, and in power up identity statuses.

Despite the changes and adaptation, he found that it is still based on colonial-like background and broad. He argued that the framework of the system had not been built to accommodate people of color and from intersectional identity statuses. He asserted the importance of creating professionals who affirm and celebrate their clients' different identity statuses even when it is more challenging depending on time available and other professional interactions as a psychologist. Sawyer discussed balancing the work by checking the competencies that are given and at the time understanding that the competencies could leave "[trainees and clients] out in the dark."

He noted how multiculturalism was interwoven throughout training, whether in classes, supervisions, or case consultations. Sawyer described learning from the Society of Indian Psychologists and acknowledged colonial settlers came to an area and how the university/conference space was built on genocide and taken from Indigenous populations. He believes "the more we acknowledge those hidden and implicit biases, benefits, and privileges that we might both benefit from and also probably be harmed by them as well even if we are in the power-up status." Therefore, he proposed straightforward ways to incorporate culture into work to identify how Western culture is dominated and how other cultures had to assimilate.

Supervisor self-disclosure. Sawyer began supervision by self-disclosing on who he is, his identity statuses and permitting supervisees not to disclose theirs. He stated that if he can be vulnerable with them and talk about their experiences, it is easier for his supervisees to process. He reflected on the occasion of going through a remediation plan as a psychology intern because of the initial lack of fit at the counseling center and sharing that with his trainees to normalize the

problematic experiences of training. He discussed how normalizing difficulties, struggles, and discomfort in watching videos and getting feedback.

Shame and guilt. Willingness to take in difficult feedback and respond to the input had been helpful as a trainee because he noted the culture of being outcome-based instead of engaging with understanding and working with different individuals. A challenge in learning about multiculturalism was taking things personally and feeling like "something wrong with me, of who I am." He mentioned feelings of shame and feeling stuck with being the person he was, and if he did something to elicit shame, it drew him back inwards. He discussed how feeling guilt could allow for changes in behaviors instead of the person, which can be productive. Rejection and invalidation can push him back towards the "shame" side. However, he could affirm relationships to get the emotionally corrective experience if he can take risks in expressing vulnerability.

With cultural identities, he felt like others can accurately or inaccurately make assumptions based on those identities. He discussed normative heterosexism when people assume that everyone he meets is straight and harmful to people who don't. He aimed to teach others inclusivity by using inclusive language such as "partner" or "they" when referring to his partner as an ally for the community. As a result, he has had the opportunity to have conversations and provide rationales, whether in a personal or professional setting.

Vulnerability. As a supervisor, he used a developmental model based on how the professional and personal are integrated and intimately connected. Such that everything that happens in life is relevant to what goes on in supervision and clinical work because it influences the therapist in explicit and subtle ways, primarily if it is not acknowledged, it could be insidious. He shared an intimate experience and how it was impacting him personally. He

brought it up to his supervisor, and it was a powerful experience through his vulnerability, support, and accommodations.

In the same way, who he is as a supervisor impacted his supervisees. He felt touched because she told him it was an extraordinary experience to discuss with a male person of color in power share about identities and how it would impact their work. He found benefits to "putting it out there that it's there and being able to bring it up at any point during the semester."

Authenticity. Formative feedback was essential and normalized when both individuals will mess up and respond to it. He believed in open conversations and questions such as "how can I help you if I'm missing you? To give me that feedback so I can make sure we're helping your client and helping you grow in your professional development, so it's constantly omnipresent." He wanted to deleverage the power status and collaborate with his supervisees. The collaboration helped with vulnerable moments in counseling to receive feedback during supervision. Authenticity and trust were essential to developing relationships when offering feedback, questions, or advice. Trust helped with stating areas where he could grow or need more training. It could be necessary to share how it is okay not to know all the answers and figure it out later to engender more trust.

Sawyer explained the importance of advocacy for social justice in the counseling field. He specified how it could be done within supervision:

> We can both be advocates and allies for these areas and do that in supervision. I can think about those experiences playing in different ways. Like, "I didn't intend to offend," and I've taken to this notion that I've heard so many areas of "honor the intention, address the impact." We are not past microaggressions that these experiences of clients, psychologists, social workers, continuing to bear the pain of these things and so it's like how do we use our power to fight those injustices.

Discomfort is key to growth. He believed in doing things that feel uncomfortable because they're new and in supervision providing scaffolding to help facilitate development. He wanted

to see his supervisees utilize the demographic information, how they work, and what questions are asked. Sawyer found himself enjoying work with supervisees whose competence and confidence match. When they were not, it was challenging. He hoped that no practitioner feels like they have mastered and know everything to learn in a particular domain.

In evaluating his supervisees, fundamental questions were, "can you effectively work with clients who present with different intersectional identities than the ones you hold? Do you have the ability to ask questions about clients' identity statuses? Can you do outreach and workshops in working with populations in different modalities? How do you advocate for this in your research and clinical work? Are you willing to take risks in those spaces to share questions where you don't feel are going well to improve them? If they are multiculturally related, how do you feel like you continue to evidence more effective work with clients from across different intersectional identity statuses?"

Evaluation based on experience. Sawyer discussed instances where they detected a supervisee approached incompetence as they had to leave practicum to go back to their home country. He described the cultural barriers and different experiences that were challenging in their work with clients. In addition to the lack of skills within their therapy work, they came from a "conservative country" where affirming LGBTQ+ identities was "mind-blowing" and often misgendered the staff. As the supervisor, he provided education and work with the individual to gain basic knowledge on sexual identity and gender presentation. He sensed the supervisee still disagreed on the core idea. At the end of the practicum experience, the supervisee left with marks on their evaluations indicating they were not where they should be in multicultural counseling competence. He reflected that when people worrying about making mistakes is "exactly where I want them to be." Because he would like to help, acknowledge that mistakes happen, that it is

okay, own it, and work on it to get better. Regular and routine feedback was common practice to facilitate effectiveness—informal check-ins throughout the semester with more direct questions asked on the evaluation forms. Evaluations were conducted at the mid and end of the semester. Their center had two forms to fill out. The quantitative component was used to help supervisees identify which areas they are developmentally appropriate for and where they can continue growing.

Not about knowing it all. Noah indicated supervision was essential because the gatekeeper functions to protect the public from practitioners who are not ready for practice. He also wanted to normalize how many people do not give themselves enough credit for the lifelong process of multicultural counseling competence and not leave the internship feeling like there is a total understanding of everything. It was vital to have the curiosity and willingness to acknowledge that multicultural counseling competence is not about knowing it despite researching these topics.

Kayla (she/her/hers)

Kayla was a 31-year-old licensed psychologist who has had five years of experience supervising trainees and has been a licensed practitioner for three years. Kayla received her doctoral degree in Clinical Psychology, and her prior experiences were in college counseling, where her interest areas included trauma work and queer-identified populations. She supervised predoctoral interns and practicum students while also coordinating the supervision of supervision seminars. Before her current job placement as a psychologist, she did her post-doc fellowship specializing in supervision training, which provided her with extensive training, supervisor-supervisee relationships, and involvement in the training committee.

Mixed bag. Kayla's training experience was a "mixed bag." She felt supported by her academic advisor, but her program was CBT-oriented which seemed not as open to the interpersonal dynamics she learned later. Kayla found her program's multicultural subpar and categorical:

> I guess the training around multicultural competence was complete and utter [expletive] if we're quite frank. It was not good at all. It was much knowledge-based, so it was "here's this group of people, here's what you need to know about them. The end. It was much based on stereotype and also does nothing about cultural humility or presence in the room having conversations, let alone having conversations with supervisees.

She described only having one course around cultural competence, and it was not integrated into the rest of the courses. She declared a lack of multicultural-framed articles for supervision-of-supervision. Consequently, the generations of supervisors above Kayla did not have much multicultural counseling competence training, which did not provide modeling. She became a supervisor working with the generations below her. She shared how there was not research or tools for multicultural supervision. If there was literature, it was typically around a White supervisor working with trainees of color.

She found this type of training was unidirectional and taught in isolation. She believed multiculturalism was "multidirectional, a conversation, a living, breathing, active thing." Part of what was missing from her training was having conversations, navigating the discussions with classmates and professors, and reflecting on how to apply multicultural knowledge to clinical cases." She perceived the multicultural training was "reduced" and "simplified." Kayla was disappointed in the lack of guidance in learning about multiculturalism. She uttered how it felt "like a recipe, memorizing information and did not feel like real life, did not feel applicable, or useful."

Exposure to cultural conversations. Kayla observed missing something but did not know what was missing at that point of her training as it appeared insufficient. Kayla reflected on her program (i.e., faculty and students) and how most White, heterosexual, and cisgender folks did not have any diversity within the program. "It made it a lot easier to say; that's an important thing over there." After going on internship, she believed growth started because of various supervisors and cohort members with different identities. As a result, multicultural conversations were abundant. Kayla learned about things outside of the textbook and grew personally by looking at her biases and assumptions:

> Getting challenged and wrestling because having conversations and navigating identities is messy and uncomfortable. It's a beautiful thing, but you have to sit with the discomfort… It was about looking at the biases and reflect on how the privilege as a white woman impacts the work. Here are the things I've been blind to, here's the thing I've screwed up on along the way, here's how I need to grow. This is hard work but significant work.

These direct conversations opened up opportunities to have them with supervisees and also with clients. Because of the "unconditional positive regard" and supportive space where she could be more vulnerable, she could identify moments where she messed up, caused harm, or was racist.

Social locations. A memorable moment that helped facilitate her multicultural supervision process was when her internship supervisor, who identified as a heterosexual, Black cis-man, asked her in their first supervision session to do a "social locations exercise." The activity was about reflecting on her identities and then discussing with him her experiences with privilege and oppression. Afterward, he shared his identities and reflected on the intersections and how they might impact the supervisory relationship, clinical work, and the supervision of the clinical outcome. Kayla wondered why discussing cultural identities was not done in previous supervision experiences. This felt significant for her to see the conversation being modeled, experienced, and sat in the discomfort while leaning into the process of the inner personal pieces.

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Kayla expressed how the various parts of where they hold power and non-power positions and the way that could impact the comfort with sharing.

She reflected on having cultural conversations with her clients in the therapy space because it was "clinically indicated and not to suit [her] White fragility." She reflected on framing these conversations from the start, sharing pronouns, and recognizing the importance of the therapist or supervisor bringing them into space. This was a way to prepare the work as cultural beings and meet someone developmentally.

The challenges she faced were within the personal level of anxiety with not getting it right and how it would be perceived. She reflected on how the learned microaggressive or racist messages she received growing up and integrating those ideas into her work as someone who values social justice within her family environment was not respected. It was easy to share about great sessions where identities were talked about but another story when she did not feel good about the session. In spaces where she felt like she knew more than her supervisors in multicultural competence, she wanted to provide grace but was frustrated with wanting them to do the work too.

Fish in water. Multiculturalism for Kayla meant all people had shared experiences as a human with various identities, experiences, and cultural context that are different. All of which shaped who the individual is, their understanding of the world, and engagement. These factors could have conflicts within the society/world. Multiculturalism was about "taking the blinders off to see people and understand people in their context, to recognize the context where I come from." Kayla used the metaphor of being a fish in the water because the fish does not recognize the water. However, it does acknowledge land, while some acknowledge their water more than others. She related it to being a White person in society and holding privileges that she does not

have to look at as they are not held up to her or pointed out to her. She examined her queer

identity as a ciswoman and how those identities are pointed out to recognize "her water."

Therefore, she revealed a multitude of concepts for developing multicultural competence as:

> Being willing to choose to pull that into awareness to sit with that discomfort that might arise, to engage around it in a way that at the end of the day allows us to see people more fully good, bad, and ugly. It's also choosing authenticity, so that's what multiculturalism means to me. Multicultural competence is a combination of knowledge, recognizing personal biases/identities (the individual work), and collection of cultural humility, the willingness to continue to learn.

Kayla described ongoing learning and sitting with discomfort of seeing how their identities and

biases filter how people were seen. She reflected on the desire to continue to challenge the lens

to continue growing in her MCC to allow for a more holistic view of people/clients.

Navigating power. As she became a supervisor, navigating power was especially

important for her:

> Navigating these conversations of being part of a system that set up structurally where I am in this higher power position as the person with the license, the person with the degree, the White person, and navigating these multiple layers within this broader system, these universities have a lot of institutionalized racism within them. So part of what's been powerful for me or a big learning experience is navigating those conversations along the way as well.

Working within a university system, she discussed how she could challenge the system while

also keeping the job. As a supervisor, she desired to reflect on the missing components of her

previous supervision to inform what she wants to do differently. She found that understanding

the process will be messy and imperfect, especially wrestling with her White fragility of being

unaware of bias and privilege. She valued authenticity and ways to challenge her supervisees to

expand beyond client care and evolve into self as a tool in therapy. Teaching interventions was

much easier than teaching her supervisees how to reflect within and have difficult conversations.

It could also be scary and empowering for a supervisor and a supervisee to acknowledge that

they may not know everything. Leaning into the discomfort and not backing away from it could

be helpful to grow in curiosity on why it feels discomforting.

Culture is always present. As a supervisor, she valued connecting with her supervisees

and expressing how culture impacts the client regardless if they bring it up to the therapist. She

expressed:

> It is important to connect with my supervisee on a more interpersonal level to understand them as human being, where they are at in the world, and their experiences and how that is impacting them. Their overall experiences and how that impacts their clinical work within that as a developmental perspective, though because folks come in at different places, my goal around multiculturalism is to get someone further along in their journey by recognizing they might be in different places. Culture is always present and impacting the supervisory work and power dynamic that comes up in supervision. It is my job to pay attention, be aware, invite, and name the conversation to see what happens from there. One of the biggest things I want a supervisee to leave with is greater self-knowledge or self-reflection, then turn that self-reflection into their work in the therapy room.

Kayla explored the gravity of viewing people through a developmental lens and tending to these

factors to help their supervisees grow in competence.

Growth happens in the rubs of the challenges. Trust, comfort, and unconditional

positive regard were essential tenets in the supervisory relationship where supervisees were

comfortable taking risks and showing the best/worst moments. Kayla wanted to provide a space

where the discussion extended beyond clients as she desired to hear about how the supervisee

was doing in general as seeing them as a whole person. She shifted between roles as a therapist,

teacher, and mentor. Disagreements were based on family, culture, and identities. Thus,

supervisors needed to model and be responsible for holding the conflict and reactions:

> Growth happens in the rubs of the challenges. I want my supervisees to be comfortable sharing their disagreements with them or discuss any negative emotions. We're both going to grow more if we're willing to lean into those rubs rather than sit by following directions without question. Curiosity can be compelling if it is authentically done… Having these conversations brings up a lot of emotions. Whether that's anger, anxiety,

sadness, loss, fear… I don't think anyone goes into a cultural conversation, and it's just happy and exciting.

By acknowledging how responses conflict was also cultural, Kayla conceptualized her supervisees by processing how constructive feedback impacted them. Therefore, this allowed her opportunities to model curiosity and openness.

Recognition. As a training program, multicultural counseling competence was knowledge about different cultures and identities with clients and within themselves. This extended to (a) understanding how attitudes/values have influenced them, (b) recognizing the biases, (c) talking about them, and (d) initiating conversation around those identities to integrate them into the conceptualization, diagnosis, and treatment planning. As a supervisor, she conceptualized based on their cultural identity development and reflected on them. Questions she asks herself were, "Do they know the parts of their identities? Do they know if the water is there (back to the metaphor)? What is their experience with navigation conversations around that? Do they know how their identities impact their clinical work? Are they able to set boundaries around that?"

She discovered MCC as openness to knowledge and growing, so trying to support trainees in remaining open, curious, and hungry for learning. Examples included:

Being able to recognize the emotional stuff that comes with parts of your identity, whether that's pride, anxiety, or fear. Recognizing how that comes with you and the clinical space because there will be times clients will hit your stuff. How do you check that in session to overtake the work and use that as a connection point? What do you do with that? How do you consult about it? How do you use it for good rather than for evil?

Kayla used these questions to facilitate ongoing discussions of self-awareness, potential countertransference, and receiving support during supervision as a way to build awareness.

Broader vulnerability. In evaluating her supervisees, she shared the difficulties with quantifying these competencies on a Likert scale. What she looked for were:

> Things around willingness to have conversations, both with clients and with supervisors, ability to sit with and recognize one's biases, and to have that humility to recognize no matter how much you've grown, how much work you've done, you've got [expletive] and are willing to look at it, willing to address it in session and navigate those choice points of when to have those conversations and bring it up in supervision.

Her intuition also evaluated her supervisees by identifying the contextual information and getting curious about what was going on, then testing the hypothesis based on previous knowledge and having the conversation to receive feedback. When evaluating, she measured based on their willingness to sit with vulnerability, often tied to the identity and most profound parts of self. "So inviting vulnerability from the client, willingness to recognize the vulnerability in self, and vulnerability of sharing space of wrongness without shutting down, to be able to see the pain," Kayla explained the conversations about how experiences may have been perpetuated within a broader society.

Resistance to growing. Kayla found that resistance can be a sign of incompetence. She looked for openness to learning and growing. Incompetence ranges from microaggression, micro-insulting, making racist comments in session, or conceptualization. "This can look like being shut down or unwilling to learn, not having done the reflection work around identities, especially privileged identities." She explained the importance of doing the complete work and not making assumptions or putting people into boxes. Within clinical care, she examines the client's openness to bringing up information in the session. Suppose there was a pattern of the clients of color terminating with the supervisee that would indicate something. Some things were verbalized as well as implicit experiences. Addressing these situations would be slowing down exploring what was happening—identifying what the supervisor felt in the moment, getting

curious about their experience—providing feedback and conceptualization. Kayla used her interpersonal processing style to provide direct feedback on what was observed for a behavioral remediation plan. As a supervisor, if she was not actively mindful and taking care of the matter, she considered herself responsible for the harm.

Supervision as relational. In the evaluation process, she adopted an ongoing approach by checking in with her supervisee on how they are doing relationally, how the work is going, getting their needs met, and assessing the areas they are doing well and need more improvements. She concluded the qualitative portion more valuable as multicultural counseling competence is less tangible and more nuanced. Formal evaluations were conducted at the middle and the end of the semester. Supervisees typically knew when evaluations were coming up and how they would like their feedback. She discussed how there should not be any surprises on the evaluations discussed throughout the semester. If things did not change or develop, using that to set goals to move forward. She explored ways she was impacted by the experience and how she could do things differently. Questions she asked her supervisees were regarding barriers that may hinder growth and how supervision could provide space for holding the supervisors responsible for creating a growth-inducing environment. She believed it could be healing to discuss poor supervision experiences and preferences for supervisor's characteristics. "There's a knowledge within an experiential place which is where learning happens. It'd be willing to engage around the actual process, not just the content of cultural competence."

Sunny (she/her/hers)

Sunny was a 39-year-old licensed clinical social worker who has had eight years of experience supervising trainees and has been a licensed practitioner for twelve years. Sunny's background included working with adolescents and adults as well as within a federally qualified

health center. She also worked inside high schools at the health centers where she practiced as a school social worker. As a graduate student, Sunny was working full time to support herself while attending classes full time. She was currently working in private practice while providing supervision for unlicensed therapists.

Cultural experience as unspoken. She remembered taking one class that discussed cultural education but could not identify a moment that "really made a difference." She reflected on her identities as a Latina woman, and her clients were first-generation Latinos and urban youth, which provided her with connections on similarities. She felt most of the things were "unspoken" because she was a person of color. She provided examples of how when youth would discuss how their parents did not let them sleep over, she understood immediately because of her experiences and knowledge with Latino parents who were more traditionally overprotective. Sunny also talked about an African-American student who preferred to use her nickname instead of her legal name. Sunny discussed how "in a lot of instances, it was very much like just understood or silently known that these are some things are just how they are." This suggested her understanding derived from cultural experiences rather than something she learned from a textbook.

Sunny was one of the only Latinas in her program and had worked in a group with other non-traditional students who were also students of color. They called themselves the "Multi-culties." She also observed how there weren't many faculties of colors either. However, she sought mentorship from Latino professors outside of her degree track. She felt gravitated to people who "understand a little bit more about the struggle." She shared about her graduate school experience of not feeling like she belongs because she wasn't wealthy as her peers. She also was challenged for her looking young. She would broach the conversation by indicating

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how her age does not discredit her life experiences or education. Sunny talked about her culture and how everyone treats each other like family. Her clients would feel comfortable expressing, "what do you know about this?"

She communicated belonging in different groups and saw how it impacted her. She reflected on the impact and the potential impact on others. She felt the need to ask her clients the same questions. In her work with Latino-identified students, she explicitly asked about their family upbringing and their immigration status as it could be a sensitive topic. She provided them with information about herself and disclosed her first-generation status. "I think it's important to talk about and assess because we talk about trauma and intergenerational trauma. Like man, people have some, you know, scary, sad traumatic stories about how they made it here to the United States." She believed it is critical that clients were not the ones to educate the therapist, and it was up to the therapist to expose themselves to different cultures and systems. Otherwise, they stay stagnant.

Education lacks lived experiences. She discerned each chapter of the book in multicultural class was not where she gained her knowledge. Sunny talked about having different chapters of each culture that never made her want to learn more because they missed their lived experiences. She felt they didn't address the racism, discrimination, historical impact of the clients. She provided an example of the Black Lives Matter movement, and now it is nothing new, but we are only hearing about it now. Multiculturalism for Sunny meant understanding different cultures, not as the expert, but holding some knowledge and background information. She believed that multiculturalism was not strictly about race and ethnicity but could also mean their gender, sexual preference, economic status, and other things that make them the person they are in an environment. For multicultural counseling competence, she believed it's about

exploring those components to make clients feel comfortable and not the person to do the

educating. She believed in authenticity and allowing her supervisees to see her as genuine and

not as a professor. She found that using research and books could be helpful, but adding in

experiences and sharing how she has worked with particular populations.

Cultural identities in supervision. She was providing supervisees with a safe space to

talk about these topics because they could be challenging. She believed supervisees seek out her

leadership because of her cultural identities and experiences similar to their clients. She

discovered that people don't want to offend others because of the awareness and knowledge

arising through social media. Sunny reflected on the personality traits of her supervisees and how

she invites them in to have these conversations. Sunny talked about having cultural humility not

to have all the answers and collaborate with her supervisees to learn more. She shared how

supervisees may seek her out because they are not getting it from their organizations or want to

gain knowledge from someone who has seen it through practice.

All questions are allowed. She helped her supervisees develop their competence by

asking direct questions such as:

> Let's say your client is [specific identity/ies]. What do you think might be some things
> that are impacting your clients, have you asked? Did you open up the window to talk
> about those things? Because if you wait for them to open up that topic, they may never do
> because they don't know or understand. This allows clients to talk about that and without
> fear and being uncomfortable. Like this is some things you might hear, I don't know. I
> think it is a bit easier because of all the awareness that we have. You know, it's not a
> taboo conversation anymore today.

By asking questions, Sunny explored how her supervisees conceptualized their clients based on

the available information. This also provided directions for her supervisees to explore for

themselves. Sunny established an environment where her supervisees allowed to make mistakes

and discuss cultural factors/barriers to learning.

Direct conversations. She stated having good supervisors but did not feel like she had candid conversations over multicultural competence. She thought they taught her skills and provided some directions for her. She appreciated the validation she received to hear that she did a good job and impacted someone's life. As a supervisor herself, she framed her supervision to assess the client within the environment to think about their race, ethnicity, class, legal status, gender, and all the things that can impact a person. She does not want them to be afraid to ask and make sure to continue the assessment because items can be missed.

Beyond the personal lens. Additionally, she does not find there was such a thing as "competence." She viewed the word implies that one can read, learn all that it has to offer, and become competent. She wanted to portray a sense of ongoing learning, especially for individuals who hold similar identities to people they work with because not everyone will have the same experiences. She explained the importance of exploring personal privileges and how clients can be viewed through those lenses, which can cause difficulties understanding clients, so it is okay to talk about it in supervision. Incompetence looked like not seeing color or acknowledging differences. Sunny accepted in sharing the humanism of making mistakes and not having all the right answers or correct responses. The ability to recognize the errors, open up, and talk about them allowed for increased awareness.

Exploring differences. She does not have a tool she used to evaluate but more on how supervisees reflect on their knowledge about certain things and their ability to seek out resources to educate themselves. Most of the forms used in her state do not talk about multiculturalism in any shape or form, which did not provide necessary benchmarks for assessments. Supervisees who acknowledged their differences, explored those differences, and then brought the conversation up and into supervision to talk about it showed a level of multicultural competence.

She benefited from challenging herself to grow and learn as it is a lifelong awareness process. Awareness consisted of pushing to be uncomfortable, check privileges, acknowledge racism, and become anti-racist.

Adeline (she/her/hers)

Adeline was a 43-year-old licensed clinical social worker who has had seven years of experience supervising trainees and has been a licensed practitioner for three years. She started with a master's in Counseling Psychology several years ago and went back to school to get a master's in Social Work. Adeline later earned a doctorate in Social Work from an international university. Her clinical experience included working at a child psychiatry center for individuals on welfare and working with school-aged children at schools. She later gained experience working with trauma survivors. She sought a doctoral degree in Counseling Psychology but decided the program was not a good fit. She decided to apply for an international Social Work doctoral program where she supervised helpline volunteers. She returned to the United States, where she worked at hospitals, rehabilitation centers, veteran's centers, and community colleges. She was currently working at a group practice as her full-time job as well as a private practice.

Lacked feedback and multiculturalism. She felt her master's in Social Work provided the best foundation for working with clients. She reflected on the lack of feedback provided to her during her doctoral program. She shared negative experiences with supervisors and their poor treatment, which led her to become a supervisor herself. She later faced additional challenges in learning about multiculturalism because of the lack of multiculturalism in her area. She rejected the inclusion of diversity against her definition of multiculturalism because it took "the spotlight away from people from different ethnic backgrounds." She desired her program to be more aware of their limitations and covert racism within the program. She perceived discrimination

from her program when they asked her to apply for a multicultural scholarship instead of waiving tuition to save their program money. She sensed a lack of understanding of her East coast background of having direct conversations than the Midwest.

Diversity within multiculturalism? She understood multiculturalism as complex and had to do with people with different ethnic backgrounds. She shared feeling bothered at her doctoral program because they were "trying to add diversity into multiculturalism" as "focusing on diversity waters down the unique experiences of being a person of color. My idea of multiculturalism is centered around ethnicity." She declared other diverse identities such as sizeism, religious beliefs, and queer communities are necessary factors to consider but desire more consistency from her program. She believed multicultural counseling competence was about working with different people from different cultural backgrounds with respect. Also, not imposing personal cultural values on clients and understand their clients' cultural experiences and values.

Growing in awareness for herself. As an Asian-identified individual, she sensed a bond with the Asian community of clients/supervisees because of the automatic assumptions that she would understand them because of similar backgrounds. Adeline talked about her Asian clients, assuming she understood how they were raised or have cultural values that included "deference towards authority and interpersonal harmony. Some students [from Latino and Asian backgrounds] wanted [her] to be more directive and provide suggestions on what to do." Adeline spoke about how she experiences an internal reaction (i.e., countertransference) when her clients share their restrictive parents.

After the interview concluded, Adeline shared her experiences related to her identities. She followed up via written responses reflecting on how that influenced her decision-making:

Multiculturalism was taught so that I was aware and believe that I am still at the stage where I have not accepted my Asian identity. It also made me more aware of being Asian as I always thought that I was White because I grew up in a primarily White area. In my state, I felt unattractive as an Asian American growing up in the 80-the 90s, it seemed like blonde hair, and blue eyes were valued in the USA. Learning about multicultural issues made me more aware of myself and the oppressions that Latino and African Americans face. I learned about poverty. For a while, I was drawn to attending undergraduate and graduate schools in the White areas. I am now used to living with diversity and being more comfortable being Asian-American.

She mentioned Counseling the Culturally Different by Dewald Wing Sue (2012) and discussing the principles of cultural awareness. She expressed how it forced her to face racial issues where she was unaware, especially the discrimination towards herself, because she wanted to blend into her surrounding environment. As Adeline demonstrated, growing, learning, and reflecting do not stop after one receives their license as a professional. Adeline validated how society, internalized pressures, and assimilation into the dominant culture could impact personal and professional identity development.

Ownership. While supervising, Adeline wanted her supervisees to reflect on their personal experiences beyond their clinical cases. "I am interested in their cases, but on the other side, I also want to develop them on a personal level and reflect on their process as a clinician or whatever their role is." Adeline desired to bring up cultural issues more often in supervision and process them with her supervisee. However, she tended to see what her supervisees bring up and what they want to discuss:

> If I had a supervisee that wanted to discuss cultural issues, I would bring it back to them and discuss their culture as well or how their cultural values may be similar or may clash. I would also point out if they seem to be imposing their cultural values on their clients.

Questions she asked include "Where do you think the client is coming from? Do you think the client's cultural values align with yours? What is your understanding of ___ culture? How do you think your cultural values affect your interaction with your clients?" She shares how she

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brings it up if it is a significant event that could be impacting the client but "does not consciously think about it all the time."

The desire for more exploration with the supervisee. Adeline expressed her multicultural counseling competence came from experiences growing up, understanding, interpreting, and integrating the two to provide her supervisees ways to explore their own experiences. She also stated, "This is something I should explore more, and I admit that I don't as much because they don't bring it up as much." She viewed her supervisees meeting multicultural counseling competence by their level of self-awareness and "being conscious of whatever privilege or backgrounds they have, then to be aware of their client's identities. Whether they have experienced oppression and other things such as socioeconomic levels, adverse childhood events, their parents, self-esteem, sensitivity…"

Hard to put the finger on it. Evaluating for Adeline looked like asking questions or processing in her head but is not formal. She would ask them what research they have done on multiculturalism if they noticed cultural differences between themselves or the client, or their interactions in sessions. She voiced how it is "hard to put the finger on it, but showing multicultural counseling competence is through discussions on oppression, discrimination, and relating their client's experiences with their own." Methods of addressing incompetence would look like pointing out how it could come across to clients and express how she feels if it directly impacted her. "I do acknowledge there are other things that are working all together that need to be considered." Diversity components come in simultaneously and are hard to tease apart because there are so many dimensions to human beings that it's hard to focus on one area.

Davis (he/him/his)

　　Davis was a 31-year-old licensed clinical social worker who has had four years of experience supervising trainees and has been a licensed practitioner for seven years. He began his clinical experience working as a health technician to help older adults. He later transitioned to working with children in after-school and summer camp programs running social-behavioral-emotional groups. He gained experience working with individuals diagnosed with schizophrenia, bipolar disorder, depression, PTSD. Davis has continued to work with this population at his community center.

　　Lack of representation from the program. He expressed hatred for his social work program because it was an adjustment. He shared growing up in a predominately Black and Hispanic neighborhood, being the only Asian-American there. Transitioning from a diverse high school into a program consisting of mainly White women was a drastic change. He observed how the education reflected on the predominately White student population as well. In his multicultural class, he conveyed a lack of support for the students of color and field placements. His field practicum supervisor provided him with a lot of autonomy and not enough supervision. He had to learn a lot on his own and figure things out himself. In his second practicum experience with a White male supervisor, he complained about a negative experience. The supervisor told him that Davis doesn't seem to have any feelings because he had a different way of expressing emotions. Davis felt his supervisor did not have an understanding of his Whiteness or Davis' culture. He illustrated an experience where the supervisor questioned why he changed how he spoke (i.e., code-switching) to a client who had difficulty engaging. He wanted more exploration with his supervisor and an accurate assessment of all three individuals' cultures to support the client. He wished his supervisor had more cultural humility, and it wasn't helpful

sensing the bias within their communication. Davis experienced getting stereotyped as a "smart" Asian person and expected to know all the answers, which left him feeling unsupportive. As a result, Davis felt there was a lack of guidance in developing him into a professional.

White-centric education. While he did not enjoy the social work education, it informed him how education systems are run, and helpers are trained, which helped him learn what not to do. There was not much of a focus on the needs of people of color, and when they did, it felt othering due to the education being geared towards White people. This resulted in Davis being less likely to seek out additional support. He shared finding research work with Asian-identified professors. He connected with those professors because they equalized the power and created an environment dedicated to his growth. In his cultural class, he learned about people of color through different articles and reflection papers. He was frustrated because Whiteness was not taught and how to work with White people, which resulted in othering BIPOC folks. He discussed an instance where one of the classmates talked about their upbringing and survivors of genocide. The other classmates did not understand that while the individual was in graduate school, they also struggled. Thus, reflecting on the individualistic culture and "hard work pays off" mentality. He also proclaimed few students reflect on their biases and location on the power hierarchy. There was a lack of intentionality and promoting diversity, equity, anti-racism, and anti-oppression.

Cultural awareness. The most helpful experience was attending a conference about undoing racism because it described how he thought and felt. He can confront racism within his organization and community, which informs how he led, practice, and live his life. Davis expressed how the conference educated participants to learn more about the history of racism within the United States and how social constructs can damage people. It facilitated

uncomfortable conversations about who people were and looked like within the room. He had

the opportunity to share his cultures and what he was most proud of, which was an exciting

experience.

He expressed grievances about the word "multiculturalism" because he pointed out it

should include more diversity, equity, and undoing the impact of White-centered spaces. He also

framed how multicultural counseling competence alluded to how attending training and books

give people a false sense of finishing:

> You have to keep learning, keep pushing yourself, keep acknowledging that you don't
> know what you don't know and that your assumptions should always be challenged, and
> undo the hurt that has been harmed by the assumptions made at the micro-level, meso-
> level, and macro-level. Suppose I didn't consider their culture and what I know vs. I
> don't know, and I don't think that's good care.

Awareness of his cultural upbringing was crucial to him. "Regarding the way I see things

individually versus collectively, the way that I think vs. the way I feel vs. the way I express

compared to how others might express." He examined his privileges and how his culture had

helped him thrive in the world. "Culture is going to be present regardless of whether it is being

talked about, so it has to be talked about in different ways. Putting it up front and center, that's

important. "How do you locate yourself in that?" at the beginning of a supervisory relationship to

help understand the individual's experience and previous knowledge.

Speaking up. Within a supervisory relationship, sharing power was essential and not

creating a hierarchy. "It is helpful to respect each other's expertise and experience. Having

blatant conversations about the disproportionate impact on different cultures is important. I think

people have a tendency not to speak up. It's finding the right balance of speaking up to push

voices forward versus being quiet, so you don't take up too much space is important in working

together."

Not striving for competence. Ongoing culturally affirming care and learning allowed for people not to seek competence. People must check themselves to "raise our consciousness about how to respond to one another and how to treat our clients with dignity." Experiences that helped inform multicultural supervision were from backgrounds and hearing how others were doing. Ways he supervised MCC was by dissecting how cultures impacted professional settings:

> Places, where professionalism is an ideal is something I want to name as White paternalistic culture rather than what people are doing to do in a work setting. It's allowing people to experience emotions. Such that, it is okay to take mental health days as needed as poor practice can emerge from oppressive systems.

As a supervisor, Davis wanted to model conversations for supervisees so they could model for the clients. He discussed the four levels of oppression: ideological, institutional, interpersonal, and internalized forms of oppression. By understanding these levels, it could help inform what he can do as a practitioner and supervisor.

Providing language. Within supervision, Davis provided language to his supervisees to understand how to provide multicultural care and offered examples from his own experience to help them understand each component. He indicated that naming experiences could be helpful for others to call theirs as well. Teaching the framework could allow for them to practice from a place of awareness. Incompetence was not checking and acknowledging the bias. Having surface-level conversations with clients could also be a form of incompetence. Davis discussed the limitations of Cognitive-Behavioral Therapy (CBT) because it could invalidate individuals' experiences and racial trauma/oppression. By addressing these concerns with supervisees, he approached them with humility. He understood that everyone could make mistakes. Therefore, he was intentional about helping his supervisees learn not to do it again and reflect on why it happened, such as, "what made you say that?" Additionally, he liked to challenge the strict boundaries people have for themselves at work and make it more flexible and fluid.

Space for reflection. Evaluation in supervision appeared like asking his supervisees how they: (a) feel about multiculturalism, (b) incorporate it, (c) practice culturally-affirming care, and (e) think about undoing the different levels of oppression with their clients. Davis also sought to have open conversations with them within the framework of the agency's perspective. He acknowledged problems with the rating scales because of the lack of specificity. Supervisees were asked to reflect on their goals and assess themselves. These goals could be self-reflective exercises. He created spaces for supervisees to talk about the intersecting identities and how those intersect with others can inform their supervisory experiences.

Abigail (she/her/hers)

Abigail was a 41-year-old licensed professional counselor-supervisor who has had eleven years of experience supervising trainees and has been a licensed practitioner for sixteen years. Abigail received her master's degree in Community Counseling, where she worked with pregnant teenagers and other related concerns. She completed her internship at a community-based center where she worked in a partial hospitalization program for youth with a high risk of suicide/homicide and mental health disorders. She has experience working in a juvenile justice center and gained supervisory experience.

Stereotyping in coursework. Abigail took one multicultural class and hated it for several reasons. She attended a predominately White institution with few minority students. Abigail discussed how the professor providing the information about:

> Different races or different cultures could be used to create more prejudice, in my opinion. It gave more ammunition to be biased for the clinician than necessarily helping them to know and understand how to accept working with differences.

She processed how it was more beneficial to learn from the client how they identify their culture through cultural humility. She often encouraged others to ask questions because of the

subcultures inside the cultures. She reflected on the African American community as an African American woman. Her experiences as a military child can differ from someone who grew up in South Dallas with different values and ways of life. Therefore, she advised her supervisees to explore beyond the multicultural class, mainly because of the ever-changing culture over generations.

She disclosed how information about cultures could lead to more bias. A clinician who has read examples of clients of color may assume that all people who identify with that culture behave in similar ways. Thus, she believed more information needs to be provided for better guidance. She processed her academic training hinged on her professors' expertise. For example, her professor's area of interest was in sexuality because of their sexual orientation. Abigail observed the professor only addressed one aspect of multiculturalism and did not focus on the other layers.

Multiculturalism was discussed in ethics, but there was not much formal training in her program. She shared about the lack of guidance on multiculturalism and wanting more concreteness in therapy. Abigail discussed the "heated discussions" between therapists because some were unaware of racial events happening and not knowing how to have the conversations with their clients. "People were scared to have these conversations with their colleagues or didn't know how to use the information they had about cultures to be helpful. It raised the most important question of "we know that we're different, but now what?"

Cultural learning through living and awareness. Abigail expressed how valuable learning moments did not come from the classroom but from her personal lived experience traveling to different countries and being around different cultures and people. As a therapist, she gained cultural understanding through lived experiences instead of the classroom. However, she

did note that a class centered on experience and broader training beyond superficial characteristics of various cultures could be helpful. Abigail realized the humility in asking questions. "Do not be afraid to ask questions and connect with your clients because our clients can teach us. As a supervisor, we feel like we want to come in that we know it all. You do not."

Multiculturalism for Abigail was having an awareness that clients and families have different cultures from the therapist. She also specified that culture was not solely about race but "class, generation, spirituality, religious beliefs, the way they live and conduct their lives. Their values need to be respected even if they may be different from yours." Indicating competence was having awareness during sessions and not going in with a bias that may harm the client. "Awareness that just because the therapist grew up a certain way, they have to be mindful of how the client's background can influence that therapeutic connection." Ultimately, the therapeutic connection provided a strong indicator of growth.

Connection. Abigail reflected on a supervisee who was from an affluent area and wore expensive clothing. The therapist's clients were juvenile delinquents; their families were on welfare and were in the treatment facility for running away because they did not have food at home or broke into homes to get their needs met. The therapist felt frustrated and upset because the clients would not talk to her and were wasting her time. Abigail helped her supervisee build awareness by exploring why they might not be talking to her.

Additionally, she processed what they may be seeing from looking at her as a "rich White woman coming in to tell me to make better choices when she doesn't know my experiences and why I'm making these choices." Abigail guided the therapist into allowing the clients to get to her know and get back the therapist's image to find other connection methods. She began with practicing skills of "finding commonalities between cultures." As a result, it led to a strong

relationship once they saw past what she represented. She also discussed having an older African-American woman as a supervisee who was working with low-income families. She illustrated her work with an African-American boy who came into school angry and screaming every day. The supervisee talked about how he needed a "spanking" and "just needs his butt whipped." Abigail confronted her belief system and how it got into treating the child by exploring what the child needed from the therapist clinically, why he was angry, and why he was afraid to see her, which made things challenging for her to make therapeutic decisions.

Meaning in awareness. Abigail directly asked about their multiculturalism and comfort level working with different cultures as an assessment. She then explored what that means, their expectations when using cultures as the foundation of awareness, thoughts about the different cultures they will encounter, and potential challenges they had. She noticed having an open conversation was most helpful, given that most people go into the field to help others. She directed her supervisees to ask about their background and how it was different from the supervisees. Abigail also acknowledged that all therapists held biases and countertransference about some parts. Therefore, this acknowledgment permitted all parties to approach supervision with a sense of humanism.

Being seen and not seen. As a Black-identified therapist, she experienced microaggressions from another therapist to apply for a job in an affluent neighborhood. The interviewer commented on her education and "speaking so well," which left Abigail leaving the office experiencing passive-aggressive racism because why would she not be educated given her qualifications. This specific incident was one of the various lived experiences Abigail faced. However, it was significant for her because it came from a therapist in the field who was supposed to be trained in multicultural counseling competence.

Abigail admitted how most women or people of color desired to see her. She perceived

some clients, such as White men, may be less likely to choose her because of her visible cultural

identities. She shared how "some African-American men or woman that doesn't want to see you

assuming that you're going to judge them or that they're coming into counseling." She noted

people's awareness of race when they seek out counselors. Therefore, she expressed the

importance of transparency.

> Being very transparent with your clients, you know, has that culture in that room for your
> clients to ask questions about how old are you? How's it like being Black? Where did
> you grow up? I keep saying this but have those open and honest conversations about it
> but training people to listen for those social cues… it bothered me when I was younger,
> but now I am okay with it. I welcome it. Like, oh yeah, you noticed this about me. What
> do you think about it?

Her supervisory philosophy was "know yourself, how others perceive you, know who you want

to be and what you bring into the therapy room, know your own bias, know your mental health

issues as those come into the room with you." Both these quotes helped illuminate individuals'

experiences and how identities are salient regardless of whether the topics were discussed.

Hence, both supervisors and supervisees were expected to unfold the multiple layers that make

up an individual and explicitly identify them jointly.

Empathy. She conceptualized her supervisees' meeting competence through their ability

to empathize with their clients and understand how the clients would feel. Incompetence looked

like placing judgment on her clients. She gave an example of a therapist who questioned a client

from the LGBT+ community about, "what would God think, what would your parents think

about that, how did you become this way, and how it was going against your religion and family

upbringing." She addressed incompetence by identifying their experiences working with

different populations, their thoughts on those training, how they handle various situations, and

what they learn. She also role-played with her supervisees and how to respond to specific scenarios.

Measurable goals. When evaluating her supervisees, Abigail set goals, discussed quantifiable progress, and transitioned into a more comprehensive way of seeing clients. She talked about having two supervisees of color who felt connected with Abigail because she was the only supervisor of color. She spoke of having an Indian supervisee who solely processed racial experiences with her. Developing trust and having their best interests at heart helped provide feedback. She framed feedback to facilitate growth and prevent supervisees from internalizing them in a shaming way. Instead, she found ways to connect with her supervisees by finding common interests.

Comfort level. The evaluation appeared different on a case-to-case basis. She typically asked questions at the beginning on their comfort level and what knowledge they hold. She documented and kept them in mind when going over their cases. She explored the clients' values, backgrounds, how they intersect with the supervisees' values and experiences, and how they keep them separate. She typically listed goals for the supervisees and checked in at another time to evaluate if any of the situations changed. She did not report to the program but kept them documented in case. Other ways she helped were through assignments, how they made the client feel, ways to ask questions, and equalizing conversations so clients can feel comfortable sharing.

Samantha (she/her/hers)

Samantha was a 28-year-old licensed mental health counselor who has had two years of experience supervising trainees and has been a licensed practitioner for one year. She received her master's in Psychological Counseling, where she worked in nonprofit organizations. Her client caseload was most referrals from her state's children's protective services from

marginalized backgrounds, specifically low socioeconomic classes. She gained her license as an LMHC and provided clinical supervision applying for the same licensure. She was currently working as a therapist and supervisor at a nonprofit social service organization.

The challenges of dissecting identities. Samantha had a positive experience in her master's program because of its strong commitment to multicultural counseling. She discussed having a renowned multicultural expert as a faculty member at the university. A core class had an experience where they dissected their identities which she found "difficult but worth it." She had to confront her biases and understand how she was in a place where she was "fighting to be seen as an American," referring to being a White-American. She was "just accepting the fact that no one sees me like White people don't see me as White, no one sees me as a White-American. They see me as American sometimes, what they see me as Korean-American. So really swallowing that part of my identity and looking at the difference between my race and ethnicity was huge." Samantha had a teaching assistant who challenged her because she cared about her personal growth despite feeling like she was struggling. Challenging dialogues lend themselves to change. However, it did not mean it was comfortable:

> It gets tough, especially when it's something you don't want to admit, like these biases, racism. It's hard to swallow, but I felt like she was on top of it and kept challenging me. I knew that it was because she cared and wanted to see me grow as a clinician. It helped me be able to challenge people in a supportive way. Seeing where everyone's limits are in terms of how far they can go, how far they're willing to go, how much they can take, and figuring out a case-by-case basis, that's challenging.

Samantha discovered empathic ways to challenge her clients and supervisors because of how these conversations were modeled and demonstrated by her supportive teaching assistant. It also fostered incremental development instead of generalizing for all scenarios.

Superficial layers in education. Multicultural training included looking at racial identity and development and doing the inner work. She understood some well-intentioned professors wanted

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to incorporate it into classes and acknowledge the different ways groups are impacted by addiction. She reflected on examples of the 'war on drugs' and the impact on the Black community, and the difference in treatment between groups such as Black men vs. White women. She remarked how it could be stereotypical with how it was set up. She wanted the professor to further explore the clinicians' views as a clinician on the groups, such as reflecting on preferences towards a group or biases that may come up. Exploring how the work that was being done was not oppressing clients even more through asking essential questions. However, she felt there were superficial layers of "this is the history that clinicians should know to work with clients" and the deeper level of "how does this work with me as a clinician and be used within the practice." She believed in getting both pieces of training of the surface level information and the deeper level training.

Listening is equally important. Samantha saw that licensing exams were not caught up on multicultural competence and were viewed through a White-focused lens, making it hard to support clinicians who valued multicultural work. Multiculturalism was how people have come to view the world through the personal, social, and historical lens and their interactions. As a clinician, multicultural counseling competence was the ability for them to "do the inner work." It extended beyond reading stereotypes and knowledge of a culture. Samantha sensed it had to do with the therapist and explored what was salient to the client, what they saw as a big part of their identity, and meeting them where they are. She believed that knowledge is helpful. However, "you can learn things from your clients." She implied that, as a Korean person, something in Korea might not directly impact her. Samantha listened to the client and learned how to incorporate that into her work to make sure she was not pushing her biases or anything she "is going through."

Frustration with systems. Samantha stated the agency's evidence-based model and how to work within that model to find her voice as a therapist and build awareness for the client. She was frustrated by the system because of the lack of care and support by agencies who did not care about multicultural counseling and multicultural-competent supervisors. When she was limited by what she could do given other things that need to be addressed, she argued that multiculturalism must be a primary framework. Samantha stated MCC was not an augmentative therapy as it impacted everybody. Within her agency, she perceived it as only focused on the outcomes.

Submissive Asian woman. She explored internal questions of "what am I bringing into the room, making sure not to impose those things onto the client, and sharpening the interview skills." Self-awareness was helpful for her as she looked at the groups she identified with and the microcosms of those groups. She became more aware of her identities as an Asian American woman and the oppression she experienced that she pushed aside. She expressed how she was supposed to be quiet, submissive, and not in leadership positions. She shared now being comfortable with how she is accomplished and her level of expertise. As a clinical supervisor, she felt difficulty with not knowing if she'll have a voice or if people will listen. She expressed fear of getting steamrolled, especially with White male supervisors. However, she has had positive experiences with them. She discussed being aware of the racial identity development model, checking in with where people are, and reminding herself that she was there 4-5 years ago. As a result, it has allowed her to be more patient and empathic with meeting people where they are at and challenging them.

Emotions related to supervision. Supervisors who self-disclosed and disclosed their struggles in becoming a counselor were helpful. The most challenging parts of multicultural

counseling were over-identifying her clients from certain groups and having many feelings. She also had a lot of anger towards White people and worked through those emotions with her supervisors. She reflected on having a White professor and saw the power dynamics playing it out in the room.

Samantha discussed how one of her Black supervisees struggled because she was over-identifying with her clients and spoke to them as if they were peers. Samantha struggled to provide feedback to her supervisee and just focused on the skills-based model. She wished she brought the cultural pieces into the room and what was happening. Now she intended to initiate cultural broaching. She reflected on how clients wanted to switch therapists because of the visual identities she held. At first, she questioned if she was doing the right thing, and it was hard to experience. However, she shared being able to take ownership of it and not being scared to bring it up to open more room for conversation.

Nothing is taboo. She set the stage and processed how nothing was off-topic or too taboo to bring up in supervision. Having full transparency has been influential in her supervisory experience. She learned a lot from her supervisees and wanted to have a more feminist way of conducting supervision. Thus, it provided a sense of equal power within the dynamics. When she sensed a power-dynamic shift happening or a multicultural issue, she bought them up and was more direct about it. Trust and respect were two values in developing a positive supervisory relationship. She expressed how the supervisor-supervisee relationship is not just 'top-down.'

In opening up conversations, being honest about the cultural identities had been helpful. She processed how comfortable someone is in having that conversation and if they were willing to go there. As a supervisor, she felt like it was her responsibility to bring it up and challenge it in a productive way to where the supervisee can hear it. She feels one of the biggest challenges

of learning is discussing countertransference related to the multicultural domain. She admitted how it is much easier for people to discuss countertransference related to their mother but much more difficult if it is about their cultural identities.

Exploring history and experiences. She described multicultural counseling competence as more than knowing about every culture, how one conceptualizes the client, and how they see their identities. Questions such as:

> How do that work with your own identities and what you've been through? How will we make sure the work you're doing will not come from a place of hurt, anger, or rejection, or whatever it is that they had to go through from their own identities? How do we make sure we're teasing out when we're in supervision together, so we're not negatively influencing the client? It could be someone is sharing their experience, and the supervisee is uncomfortable because they are in a position of power, or someone close is going through similar experiences. It is also important not to allow it to impact what is happening between the supervisee and the client detrimentally.

Incompetence looked like holding biases and not acknowledging them, such as blindness to the -isms. She was wary of therapists who are "okay with everything." She noted that while "humans are humans" was true, many years of history and trauma come with a person's background and how the world/society viewed them. She found it difficult not to address the racism and other -isms. She discussed layers that often got neglected were religion and spirituality. In a learning space, it was less about knowing everything but exploring, listening to learn, and recognizing how others are being impacted.

Motivational interviewing in supervision. Motivational interviewing was more beneficial compared to directly telling someone they were sexist or racist, "it seems like you're really with this, what was it like, walk me through it, and then let's go from there? How do you feel when this happened? What was coming up for you? Where in your body are you feeling it? Where in your life have you felt similar to this?" Samantha followed patterns of what was happening to the clinician as ways to conceptualize their MCC.

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Checking in routinely. Evaluation came from presenting their reactions and thoughts to what was occurring in the therapy space. She evaluated how they were dealing with who they were as a clinician and bringing it into supervision. Because she came from an evidence-based agency, there were questions that clients filled out regarding the therapist's understanding of cultures and values. However, checking on the clinician's growth was more important. She reviewed how the clinician viewed the first session, ongoing sessions, and challenging their biases. Utilizing inclusive language was another way to evaluate their ability to progress towards multicultural counseling competence. Having explicit cultural discussions as a supervisor by sharing what was coming up for her, what she saw, what identities were at play, and what she saw as essential in moving forwards were ways of facilitating multicultural supervision.

Julia (she/her/hers)

Julia was a 34-year-old licensed marriage and family therapist who has had three years of experience supervising trainees and has been a licensed practitioner for seven years. Julia attended a cognitive-behavioral therapy-focused master's program. She worked with families with low socioeconomic status and individuals who needed free/reduced fee care. She trained as a marriage and family therapist, helping individuals with their relational health challenges. She also gained experience in intensive in-home care focusing on services for children with high needs. She also provided assessments and practiced CBT and family systems theory. She worked at an outpatient agency caring for foster and adopted children. She later practiced at an integrated care setting, working with psychiatrists doing perinatal mental health work. Julia was currently an owner of a multicultural-focused private practice providing clinical care and supervision for interns.

Desiring more inclusive learning. In Julia's multicultural training experience, she experienced it as great and lacking in some ways. She depicted her program/faculty as all White, many of which were White men. While not relating it to racism, she felt her curriculum was not geared towards multiculturalism in her classes. Overall, she was supported by her program and did not feel dismissed but wished for more inclusive learning.

In graduate school, she took one course on cultural competency as "flatter" and "too surface-level" because it didn't go:

> Deep enough, it didn't challenge us as a therapist in training. It didn't challenge us to think about our own cultural identities or whether we are culturally competent, or what we know now is better, which is culturally humble. Culturally humility wasn't even a thing yet. BIPOC faculties are needed because they will challenge students to do those things, and there wasn't that presence to have that kind of experience.

Julia found a lack of guidance, information, and research challenges while learning about multiculturalism. She also perceived learning would be more informative for cultural competency classes for someone who is not a person of color. The information was centered on helping White individuals understand.

Julia wished to learn therapy from a social justice lens because she believed there was a lack of guidance in working with clients across their race, ethnicity, and culture. She specified experiences working with clients who express bigotry and feeling "thrown out to the wolves." She desired more commitment to teaching these concepts and prioritizing them to align with ethics. She voiced how the field dismisses ethical obligations when talking about multiculturalism:

> It doesn't line up with our ethics, kind of like our country, like of, like America. We have this idea of what we're supposed to be or what we can be, and then nobody lines up with that. I see the same thing play out across the disciplines of mental health where we don't arrive, but the ethics say that we are supposed to be here, and so few of us are.

Thus, Julia shared how there is a mismatched in ideals and actions related to multicultural training.

Racial trauma. Julia discussed her lived experiences, "hard knocks," as the most valuable moment in becoming a supervisor. She lived in a rural county and would have to drive past multiple Confederate flags on the way to work in 2015 during the Trump campaign. She shared feeling "incredibly aware of my Blackness in that space," especially when most of her clients were White. Microaggressions were something she experienced often. Her supervisor did not have any formal training working with supervisees of color. However, her supervisor was self-aware and done work in anti-racism to explore concepts herself, so it was helpful to share her personal experience with her supervisor.

Julia's passion for social justice was infused into the therapy process. She reflected on her therapeutic alliance with a White man who commented about using the N-word with his friends, which was not discussed. This led Julia to feel lost and confused about responding during a "super heightened racial tension of America." Working with her supervisor gave her permission to be mad and tools to express anger in a healthy way that could be useful in the therapy room.

Corrective and learning experience. Julia's supervisory experience working with a White woman was "powerful" because she honored Julia's experience while also honoring the client's experience even though he was causing harm to her supervisee. Julia described being in a "racially traumatizing space," resulting in freezing and skipping over what was said. The supervisor explored with her on considering how the client could be doing similar things to other people, not just from a cultural place, but hurting people in general with his words and being unaware of his actions. These explorations helped her broaden her thinking and operationalizing

her emotional experience to help the client move towards their goals on why they are seeking services. She learned how to utilize empathy to provide her clients with tools and use herself in therapy. Julia felt validated to "pause and sit in the emotions and think through the countertransference to understand what to do with it."

Additionally, she did not want to beat herself up for having a trauma response. As a result, Julia increased her understanding of using the therapeutic relationship to effect change. This experience led to her desire to supervise other counselors. Motivational interviewing was a skill Julia found most helpful as a trainee to help them move along in their stages of change.

Awareness at all times. Serving clients required the attention of her worldview and how it was based on her culture, similar to how others' worldviews are based on theirs. Also, it acknowledged that "different people put different emphasis on how much their culture impacts their worldview." As a therapist, it was crucial to think through all of the layers to serve efficiently. Multicultural counseling competence required culture to be at the "top of the mind to process;" otherwise, it limited the therapist's ability to practice without the knowledge and self-awareness. She expressed the importance of being aware of her cultural identities and believing it is "constant work and not something you arrive at." She affirmed bringing her whole self into the room and not ascribing to the blank slate approach because it "is an eraser of people of color" to expect BIPOC to do that.

Putting therapist-self first. She believed developing the self as the therapist was most helpful in caring for the public and ensuring safety for the therapist. Keeping the therapist safe was often forsaken, which can create many therapists unable to reach full licensure due to the lack of tools to survive in the field. As a result, prioritizing care for the therapist helped people stick around and protect their investments, specifically for practitioners who paid their way for

advanced degrees. Working through personal traumas and owning the position of power in the room could be challenging to manage. As a Black-identified therapist, it had propelled her to supervise other clinicians of color to navigate the field to help increase representations in mental health services.

Relational value. Her training as a marriage and family therapist endorsed the supervisory relationship as vital for her supervisee's experiences. From a collectivistic perspective (especially for communities of color), collaboration helped her supervisees find what was helpful for them, what they were good at, and how the supervisor could help support them in important areas. She also believed it was the responsibility of the supervisor to model vulnerability. An indication of the power dynamic was someone who holds more power. Therefore, the supervisor should display positive behaviors to help supervisees follow what the supervisor does and speak.

Julia discussed valuing supervision. She wanted to help people identify with people of color because racism impacted all as it was created "to brainwash everyone." Supporting facilitating multicultural counseling competence appeared to be challenging supervisees to grow, providing reading materials to slow down the process and guiding them towards working with clients to think "outside of themselves." Julia broached supervision by explicitly discussing how she was a Black person. Additionally, exploring what came up for her when her White-identified supervisees said something. This provided an open dialogue between two individuals to give feedback collaboratively.

Revisiting dynamics and cultural identities. Julia determined her supervisees moved towards multicultural counseling competence by questioning what they've done for themselves, especially anti-racism work. Additionally, this work was not done solely for White people but all

races as well. Julia brought up various issues with her supervisees' clients. She evaluated their

thought process of moving towards being multiculturally humbled through challenging

themselves to think outside of their cultural worldview. She also observed how they

conceptualize their cases and how they integrate those variables into the points. Multicultural

counseling competence looked like the therapist being themselves and not apologetic for their

cultural identities while acknowledging that "it is there." Also, recognizing the clients' cultures

and identities may or may not align with the therapist. Then it was about addressing the

dynamics that occur in the room, not just once, but revisiting it as needed.

When she observed her supervisees were approaching incompetence, she helped them

identify the oversight and explored, "Had you thought about that? Maybe they were thinking this

way because of a difference in cultural worldview?" She also desired to help her supervisees find

answers for themselves compared to telling them the answer. She explained how the "way the

world is, it is an interesting and exciting time as far as growth for my supervisees." Julia

discussed how "they have been refreshed and challenged in that way because of the current racial

tense and some things that have come about where they are like "I did not realize I had so much

more work to do." The current sociopolitical climate provided her supervisees with information

on navigating situations and how they can manage their emotional reactions.

Progress as a benchmark. The evaluation looked like following the supervisees'

evaluation forms, which did not speak to cultural competence productively or helpfully.

Typically, Julia reflected on the "self as therapist" and placed more values in those areas.

However, she did not feel like she had "any kind of benchmarks." She explored the person's

caseload and checked to see if they consistently conducted work. Her main goal was to see

improvements because arrival at competence was not possible. She assessed where they are at

the beginning of the semester and how they ended by acknowledging the supervisee's culture in the room and acknowledging the clients' cultures. She preferred to do formal evaluations every three months. Much of her supervision was experiential, and she understood how some things could not be taught, instead learned. She expressed compassion for her supervisees and states, "I am not holding my supervisees to some standard that they can't meet yet because they haven't experienced it, because I know what that's like."

Conclusion

Ten clinical supervisors shared their training experiences and how they informed the supervision process. They provided context into the process of conceptualizing, supervising, and evaluating their supervisee's multicultural counseling competence. Five major themes outline the narratives: (1) lack of in-depth incorporation of culture, (2) dissatisfaction towards training, (3) multicultural self-awareness, (4) explicit, vulnerable, multidirectional discussions, and (5) growth-orientation. The first two themes are related to the supervisors' professional training history. The last three themes are regarding how the supervisors' conceptualize, supervise, and evaluate MCC.

The majority of the supervisors overlapped in reoccurring themes of a lack of support or guidance in multicultural conversations, lack of integration of coursework to applied cases, the importance of multicultural awareness, and openness to feedback and growth. They reflected on their personal development in their multicultural understanding and how they have reached their current process. Some discussed the difficulties with learning about their cultural identities and the impact of the privileges. Others processed experiences where they felt dismissed as a trainee of diverse identities by their White-centric educational program. Majority of the supervisors shared discontentment towards the multicultural training they received because of the

inadequacies throughout their experiences. As a result, these issues lend itself to the message regarding how the varied training in MCC of their development resulted in difficulties with evaluative procedures. Thus, most of the findings centered on their personal training and awareness development which informed the way they conducted their supervision.

Despite these varied experiences, all the supervision agreed on one message. The value of multicultural supervision and MCC is central to counseling for therapeutic change, whether explicitly discussed. The supervisors also agreed with the ambiguity that comes with evaluating MCC due to scarce literature and modeling. Thus, the discipline must improve multicultural training at the forefront and provide positive supervisory experiences that allow the next generations to continue incorporating the knowledge, skills, awareness, and humility into their work. The results of this study indicated the discrepancies in multicultural training in a field where it is considered an ethical obligation and value and responsibility of current supervisors to facilitate multicultural-competent training where programs fail. I discuss relationships between the results of the study and the research questions in Chapter Five.

CHAPTER V

DISCUSSION

The purpose of this narrative study was to explore clinical supervisors' experiences in conceptualizing and supervising their supervisee's multicultural counseling competence. The stories of their professional history were analyzed to discover how they apply their experiences to the supervisory process. All ten mental health professionals were licensed in their state of residence, located in the United States, had at least one year of supervised experience and clinical experience as a licensed professional, worked with diverse populations, and interested in multicultural counseling competence. I initially discussed the significant findings to the research questions and how they are relevant to the current literature in multicultural supervision. Then, I considered the study's strengths and limitations. Finally, I shared reflections on future implications for multicultural training and supervision.

The interviews were analyzed to answer the following questions:

1. *What training experiences inform clinical supervisors' supervision of MCC?*

2. *How do clinical supervisors conceptualize MCC?*

3. *How do clinical supervisors supervise MCC?*

4. *How do clinical supervisors evaluate MCC?*

The narrative inquiry was used to increase understanding of clinical supervisors' academic and training experiences. This approach allowed the participants to be co-researchers by sharing their personal/professional experiences within a relational component of this methodology. The study investigated how their training influenced their own supervision experiences as they develop into supervisors.

This chapter discusses the findings concerning the four main research questions that guided this inquiry. This chapter aimed to identify the existing literature on multicultural training, conceptualization, and evaluation with the study's findings. Relationships between the results and other scholarships are detailed below.

My Position as the Researcher

To strengthen the research findings, I attempted to minimize personal bias by using researcher reflexivity to avoid significantly impacting the study. To recap my personal positionality as an Asian-American individual in a predominately White academic and professional field, I found myself aligning with many of the participants of diverse backgrounds. Therefore, I wanted to ensure my visual presence as a researcher did not overly influence the participants' assumptions. Conversely, it may have helped the participants feel more comfortable sharing their experiences with another person of color.

When collecting and analyzing data, I was both a supervisee and a supervisor with a practicum student under the supervision of licensed psychologists at an APA-accredited internship program for doctoral candidates. These unique positions with passionate supervisors shaped my study. I wanted to explore how supervisors developed their understanding of multicultural counseling competence throughout their training and how that translated into their work as licensed supervisors. My first interest in supervising future clinicians inspired me to conduct this research to continue incorporating culture and diversity into training. While interpreting the data, it became clear how impactful the investigation was and how I digested the information as a future practitioner. The power of a strong supervision relationship and how adequate supervision can be on a supervisee's development is evident.

My second, yet equally important, interest is the conceptualization and development of the construct of *multicultural counseling competence*. As one of the progenitors of The Process Model of Multicultural Counseling Competence (Ridley et al., 2021), this was a prioritized focus during my graduate school training as a scholar. Consequently, it allowed me to dive deeply into multicultural literature. I directly attribute the formulating of my dissertation topic to intellectual experience of participation on the research team that developed the process model. During this scholarly journey, I found myself increasingly curious about how other professionals understand the components of multicultural counseling competence, especially within supervisory roles. As a promising result, operationalizing MCC would allow for a better understanding of how this plays out in supervision and therapy sessions to provide supervisors and counselors more direction in facilitating multicultural counseling competence. While my knowledge base substantially increased as a member of the multicultural research team, the experience had a seemingly paradoxical impact on me. I realized the amount of information I still had yet to learn, which correlated with the idea of cultural humility discussed in Chapter 4. My experience appeared to parallel with the participants who expressed interest in MCC and have had years of experience, yet felt there were still ambiguity.

Summary of the Study

The study focused on clinical supervisors' multicultural training and their supervision experience as supervisors, especially exploring how they conceptualize, supervise, and evaluate their supervisee's multicultural counseling competence through a narrative inquiry. Each of the ten narratives provides a unique yet consistent story into their professional development and translation into their supervision process. Common themes emerged from these narratives that highlighted the clinical supervisor's training within their academic program and practicum

experiences regarding multiculturalism (Theme 1: *Lack of Incorporation of Culture*; Theme 2: *Dissatisfaction with Training*). The themes also illustrated how supervisors use their experiences in conceptualizing, supervising, and evaluating their supervisees' MCC (Theme 3: *Multicultural Self-Awareness*; Theme 4: *Explicit, Vulnerable, Multi-interactional Discussions*; Themes 5: *Growth-Orientation*).

Many of the supervisors expressed having a negative experience in their coursework where they were left on their own or were not challenged to examine themselves. As a result, much of their learning came from supervision in practicum or internship experiences. Several supervisors discussed strained relationships with their professors or supervisors, which led them to become supervisors once they were licensed. Their poor supervisory experience motivated them to make actionable goals towards change in the field.

As they developed their identities as mental health practitioners, they learned the value of self-reflection of their privileged and oppressed identities, which impact interpersonal relationships. The supervisors who held marginalized identities expressed validation when these were integrated into supervision, leading them to facilitate conversations with their supervisees. Many participants reflected on their own racial and cultural identity development and where they are in their journey of understanding their positions in society, specifically in the United States.

The theme's degree of prevalence was exhibited in all of the narratives. However, some were more prominent than others. Notably, the themes were not selected based on the frequencies, rather their significance and relevance to the questions. It is also important to note these themes from the ten clinical supervisors interviewed do not proclaim them as the only experiences for other clinical supervisors. Traditionally, the last chapter shares the culmination

of the study. There may be potential generalization due to condensing the ten stories into a division of themes.

The table below summarizes the significant findings of this research and how they relate to the four research questions. The findings below are woven through each question reviewed in the Results section (Table 3). Table 4 is organized to indicate which findings were more predominant within the specific research question. See Table 4 on the next page.

Table 4. *Summary of Significant Findings Organized by Research Questions*

| Research Questions	Findings
1: What training experiences inform clinical supervisors' supervision of MCC?	There was inadequate and isolated multicultural training in programs that created barriers to learning. The lack of diverse representation within programs and curriculum created surface-level knowledge, skills, and awareness. The self-examination of one's intersectional identities, privilege, power, and oppression required supportive guidance, direction, and openness from supervisors/professors. Supervisors expressed negative experiences and criticized the level of training they received in multiculturalism due to the lack of integration and limited support.
2: How do clinical supervisors conceptualize MCC?	The supervisee's openness to understanding how their personal, professional, and political aspects are integrated. The supervisee demonstrates development stages of self-awareness and broaching cultural issues in therapy/supervision The supervisee desires to unlearn, learn and empathize with clients from different backgrounds/identities.
3: How do clinical supervisors supervise MCC?	Supervisors' responsibility to initiate direct and explicit multicultural conversations while sharing power with their supervisees. The bidirectional relationship between supervisor and supervisee is vital in creating an environment where the challenge is accepted through authenticity and vulnerability. They utilized a developmental model of their supervisee's understanding of MCC by teaching constructs, modeling self-awareness, and broaching social locations.
4: How do clinical supervisors evaluate MCC?	Trainees having critical self-awareness of their identities, privileges, power, and oppressions pivotal in developing multicultural counseling competence. Trainees' willingness to be challenged and growth-oriented outside of their comfort zone. Regular attendance to their biases, stereotyping, personal experiences, and social justice values in their work with clients and within supervision.

The following section expands on the findings in the table above.

Interdependence of the Five Major Themes

Five major themes were found in this study: (a) Lack of Incorporation of Culture, (b) Dissatisfaction with Training, (c) Multicultural Self-Awareness, (e) Explicit, Vulnerable, Multi-interactional Discussions, and (f) Growth-Orientation. While these five themes can be described orthogonally, they also share conceptual interdependence. See Figure 1 on the next page. This figure frames the themes conceptually and how the themes interact with each other. This is adjacent to how supervisors develops their professional identity and clinical/supervisory practice. There are overlaps within each theme that connecte it to other themes. For example, "Openness; Lack of resistance" in *Explicit, Vulnerable, Multi-interactional Discussions* can also converge into "Accepting challenges to grow" in *Growth-Orientation,* as individuals cannot accept challenges in their cultural learning without being open to new ideas. However, they are separated into different themes because individuals can be open to feedback yet remain stagnant in their growth. They simply may not be willing to accept those challenges. Therefore, these themes cannot be viewed as entirely independent, as the degree of significance for each piece depends on the individual and its interaction with other themes.

Figure 1.

Supervisor's Training Experience Influences on their Supervisory Practice of MCC
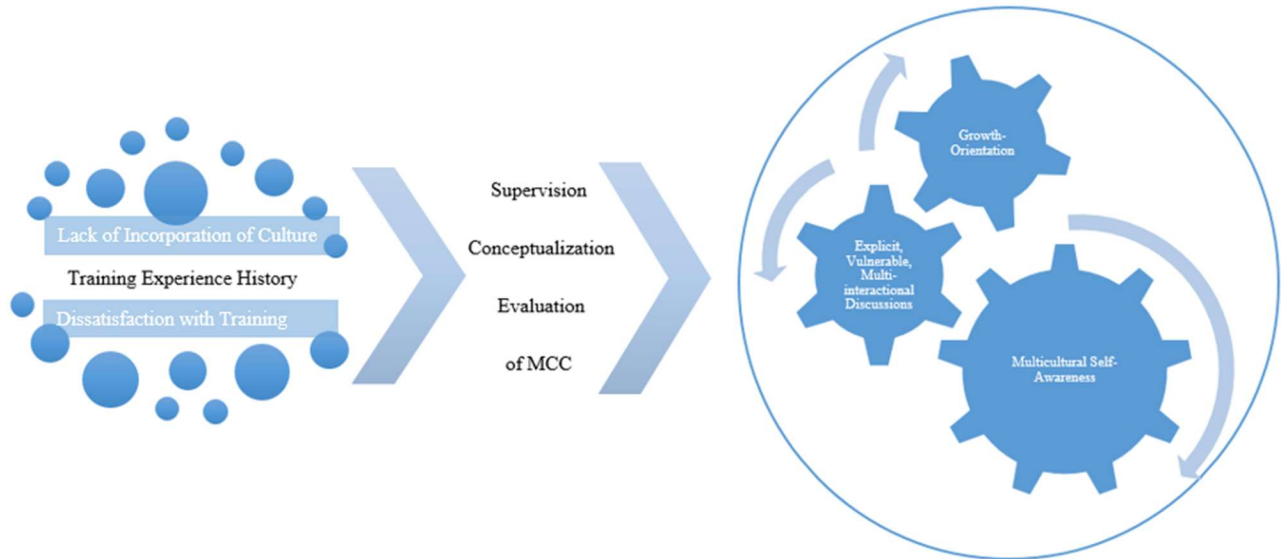
Note. The figure attempts to illustrate a synthesis of the study's findings. It reveals the influence of the supervisors' collective and progressive training experiences on their supervisory practices of MCC. The clusters of circles symbolize the various experiences related to the culture supervisors received during their clinical training that may have informed their supervisory work. The supervisors emphasized the two themes of *Lack of Incorporation of Culture* and *Dissatisfaction with Training* so profoundly that the researcher framed them as superordinate themes. The arrows demonstrate temporal movement and transition between their experience as trainees and supervisees to trainers and supervisors. Three other themes became apparent: *Multicultural Self-Awarenss, Explicit, Vulnerable, Multi-interactional Discussions*, and *Growth-Orientation.* These were present in their supervision, conceptualization, and evaluation of multicultural counseling competence. The gear-like structures and arrows represent how these themes are independent and interactional. Yet the interaction of the themes manifests itself uniquely with each supervior and their context.

Research Question: One

The first two themes of *Lack of Incorporation of Culture* and *Dissatisfaction towards Training* answered the question, "What training experiences inform clinical supervisors' supervision of multicultural counseling competence?"

Lack of Incorporation of Culture

This central theme refers to the participant's perception of the quality and nature of the content they received in their courses, training, and supervision. The essence of this theme revolved around the content of training. Specifically, the supervisors' uniformity described having a lack of guidance in applying the information they were taught to practice and translating it into multicultural counseling competence. They shared not gaining much from the educational materials because the information felt categorical and isolated between race/ethnicity, often neglecting clients' lived experiences. Participants also expressed awareness of their privileges, adjacency to power, biases, and cultural identities were often not addressed, resulting in superficial learning of culture, primarily when they were geared towards teaching White-identified students. Many supervisors shared how the information could lend itself to furthering more bias and stereotyping because of how the data was presented.

There are three subthemes under this category. The first subtheme is *categorical, stereotypical, or westernized training of culture*. For example, in the primary textbooks, they list characteristics of several groups. While these traits may be true in general, they could lead to stereotyping due to individual differences within each group. They shared not gaining much from the educational materials because the information felt categorical and isolated between race/ethnicity, often neglecting clients' lived experiences. Terms the participants used included "cookie-cutter," "simplified," "reduced," "like a recipe to memorize," and "inapplicable." The

participants shared feeling like the materials were oriented and reflected on the White student populations and not enough support for the students of color.

The second theme is *superficial and surface-level knowledge, awareness, and skills*. This theme referred to how participants also expressed understanding of their privileges, adjacency to power, biases, and cultural identities were often not addressed, resulting in superficial learning of culture, primarily when they were geared towards teaching White-identified students. As a result, participants felt much of the training was knowledge-based. As a result, the content did not dive into the nuances of providing multicultural competent care because of the distancing of the learner. The conclusion shared how much of the content avoided the practitioner's presence in the room and minimal tools to intervene in a culturally appropriate way.

The third subtheme is the *need for prescriptive guidance,* which discussed the lack of guidance in translating the information into practice. Several participants discussed feeling like they were left to figure things out independently without proper direction from their professors and supervisors. Many discussed lacking feedback and too much autonomy in the early stages of development. Julia expressed feeling like she was "thrown to the wolves" regarding the lack of support and direction. Davis felt there was not enough supervision.

This study aligns with the current multicultural literature of the need to re-conceptualize the construct of MCC to provide more prescriptive guidance to the field (Beagan, 2018; Chu et al., 2016; Jones, Sanders, et al., 2013; Ridley, Mollen, et al., 2021). The vast majority of the literature describes what clinicians should do as multicultural practitioners. Still, it is not prescriptive in directing practitioners in how to demonstrate their multicultural counseling competence. The study sought to build on preceding research that asserted the need to operationalize these multicultural constructs better to offer more precision by exploring how

clinical supervisors understand them based on their training. Several participants (i.e., Ash, Noah, Sawyer, and Adeline) cited the tripartite model of D.W Sue and colleagues (1982, 1992) as ways they learned about multicultural counseling competence. The problem here is that trainees can be trained in the tripartite model without having a sound understanding of multicultural counseling competence because the model provides no such definition. This aligns with Ridley and colleagues' (2021) criticism of how training programs accept this model to guide their understanding of MCC. The participants agreed their definition of MCC is based on what they were taught in their courses and supervised in their practicum experiences. The supervisors concluded with the model's utility yet still felt much was missing in practice as some components were more emphasized than others in training. Like Adeline expressed, multicultural counseling competence was "hard to put the finger on it," which is indicative of the complex, equivocal essence of the construct itself. Thus, this study provided additional evidence of the need for a precise and comprehensive definition of the construct to remove the ambiguity.

To elaborate on Ridley, Mollen, Console, and Yin's (2021) identification of problems with the current literature's definition, this study provides potential answers to some of their question on if evaluation of MCC is possible without a definition. They articulated:

> How one theorizes this construct directly influences the advice for developing this competence and constructing measures of it. Those who see multicultural counseling competence primarily as a characteristic of the clinician are likely to focus on increasing the therapist's awareness, flexibility, and communication. Those who see the construct primarily as a skill of the clinician are likely to focus on the suitability of interventions. Those who see the construct primarily as a process are likely to focus on the type of interactions that occur between clinicians and clients (pp. 518-519).

Within this study, I found that the supervisors based their evaluation of their supervisees' multicultural counseling competence rooted in their understanding and what they were and were not taught. While I would typically expect some variation in how multicultural counseling

competence is taught across professors and graduate programs, this finding raises the problem of the lack of standardization in evaluating the construct. How do supervisors know that they are actually evaluating MCC if they cannot define it? How can supervisors certify the MCC of trainees if they cannot ensure that their evaluations are valid? While there are procedures for providing proper training through site visits and reviews, no guarantee programs following up with problematic areas? As a result, there is little governance in how concepts are taught, which later translates into how emerging practitioners theorize the construct. The findings from this study align with the quote above as there is a continuous influence on how one develops their understanding. Therefore, it could be possible the supervisors are properly evaluating MCC. However, it may be unclear which component. Thus, they rely on their interpretation which may not be comprehensive of multicultural counseling competence. This research found much of their understanding primarily related to the increasing self-awareness, which resulted in Multicultural Self-Awareness as a significant theme.

The same idea can be applied to supervisory experiences as they may vary based on the devotion and training of the supervisor. Supervisors' level of multicultural counseling competence can impact their ability to supervise under that domain. Except for Samantha, nine participants indicated their program did not provide extensive academic training in multiculturalism and diversity. Pieterse and colleagues (2009) addressed the current status of multicultural training and the common use of the single-course approach, which resonated with how the current supervisors felt about their only multicultural course. This means that not much has changed since a multicultural course was required as a part of the curriculum. The participants reported taking only one multicultural course, which was also not integrated into other coursework. Many participants also shared grievances about how the chapters or lessons

within the course supplied superficial understanding and categorical information construed into biases or stereotypes. The majority of the supervisors gave examples of being taught distinct cultures and characteristics within one culture instead of identifying how the intersectionality of diverse variables, power, privilege, and oppression contributes to mental health and client's experiences. As a result, race/ethnicity and other diversity variables were isolated into bits of information. This could lead to stereotyping and assumptions. These findings are consistent with those of Dameron et al. (2020). Participants who took a single multicultural course had lower mean scores of perceived multicultural competency than those who had an infused multicultural coursework. As it appeared in this study, those who had more surface-level multicultural training and did not get a multiculturally corrective supervisory experience were less likely to provide substantial information related to how they supervised their supervisee's multicultural counseling competence.

The participants in this study declared to move past knowledge and skills-based education of multiculturalism as it removed the clinician away from understanding how their cultural presentations interact in the room with their clients. Similar to what Yoon et al. (2014) explained, "if instructors prematurely focus on knowledge or skills without adequately working on awareness, students may develop a premature sense of mastery and risk stereotyping different cultural groups based on limited knowledge acquired from reading and lectures" (p. 361). Additionally, the insufficient integration of multiculturalism into the training provided few opportunities for trainees to develop a strong MCC foundation. Therefore, the findings from this study aligned with the directional change away from knowledge-based acquisition due to the potential stereotyping and surface-level incorporation that could occur if that is how culture is taught to new counselors.

Dissatisfaction with Training

This theme also pertains to the content of MCC. However, unlike the first superordinate theme which emphasized the specific information taught, the emphasis in the dissatisfaction with training is on the process and delivery of the training. The majority of the participants felt their multicultural training was inadequate due to the reasons listed in the first theme. They also spoke about the lack of diverse representation within their program and professors and their neglect of meaningful cultural dialogues. The participants expressed negative emotions about how multiculturalism and diversity were handled in their coursework and desired more integration of multicultural awareness between professor, supervisor, and student. Many of them emoted feeling isolated, neglected, anger, resentful, dispassionate, and disappointed in their training. Much of the dissatisfaction stemmed from the issues discussed in the previous theme. The participants felt multiculturalism was not integrated into their education which left them feeling like it was not a priority in their programs and supervision sites, despite the ethical obligation.

Three subthemes fell under dissatisfaction with training, the first of which is *inadequate multicultural training/supervisors/programs*. Because of the knowledge-based multicultural education, participants shared grievances on how the information was provided. It did not give a holistic view of culture and diversity, explicitly noting few conversations on power, privilege, oppression, and benefits of Whiteness. The majority of the participants noted the lack of diversity and representation of various cultures within their programs, such as classmates and professors. As a result, this led to shallow conversations around culture. Since most of the professors did not receive formal training on multiculturalism or multicultural supervision, the participants shared their teaching "hinged on the expertise of the professor." Abigail noted her multicultural course was centered around sexual orientation because her professor was interested

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in it. All of the participants of color expressed how their training was geared towards White individuals. Several felt they were one of the few minority students within their program, which further exacerbated feelings of not belonging.

The second subtheme is *lack of integration*. This theme addressed how multiculturalism, diversity, and culture were not infused throughout training. All of the participants specified only taking one multicultural course. They reflected on wanting more integration of multicultural awareness into their courses from their professors and within supervision with their supervisors to increase cultural dialogues. As a result, this led to the participants feeling like multiculturalism was not a priority despite acknowledging the ethical obligations. Participants identified it as unidirectional and done in isolation without much integration into the other courses.

The third subtheme is *treating MCC as a peripheral.* Sawyer shared, "It always felt like diversity was a little on the fringe and the periphery of graduate school." So much of their experience was not focused on MCC and learning about the culture. It was more about here is something to know, and that's that. Check. Therefore, if programs are not prioritizing it, how are students supposed to place value on the area unless they are interested in themselves?

Consequently, multiculturalism was seen as incidental instead of integral within their programs. Several participants described having well-intentioned professors and knowledge-based learning as the foundation of their training. Despite these experiences, many felt something was missing from their multicultural training but did not have the language or information to conclude the missing pieces. Supervisors concluded knowing about culture was not enough. However, their programs did not facilitate the exploration level in multicultural courses, which resulted in shifting responsibilities to practicum and internship supervisors. Kayla, a White-identified participant, saw how her program consisting of dominant identities

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resulted in fewer cultural conversations. It wasn't until she entered diverse spaces during her internship that she grew in this area because of the challenging conversations.

These emotional responses are consistent with the findings in Melamad's (2021) study, which investigated conflicts around multicultural conversations in classrooms related to identities and counselor obligations. She found those who experienced professional misrepresentation also felt frustration towards their program, professor, or the academic institution for incorrectly handling conflicts. This study's finding of 'inadequate multicultural training/supervisors/program' also backs the necessity to address conflicts regarding professional identity development of multicultural training for students, professors, supervisors, programs, and institutions. For example, Adeline indicated feeling discriminated against because of her race and experiencing multiple conflicts between her peers and professors, which ultimately led to her leaving the doctoral program to pursue a different institution.

These findings also are consistent with Yoon and colleagues (2014), who examined critical issues when teaching multicultural counseling courses. They addressed challenges balancing teaching a class that required multiple approaches to engage students in multiculturalism and diversity. They discussed how the course materials could elicit strong emotional reactions of potential guilt, anger, shame, and despair. They found less heightened responses when discussing cultural perspectives (e.g., worldviews, group differences) than sociopolitical dynamics, which created tension. Therefore, they argue content may not be as important as the process of MCC (Tatum, 1992). However, echoing the participants' message, both content and process need to be addressed in academic training to understand the totality of the clients and their experiences. Therefore, the second central theme of Dissatisfaction with

Training is aligned with the current literature that suggests the importance of addressing the process-orientation of multicultural training and the content material.

Previous research argued the White-centric and Westernized conceptualization of multiculturalism and supervision (Pettifor, 2007; Marsella & Pedersen, 2004). This study's findings aligned with their postulations as to the participants of color/diverse backgrounds vocalized how the training and education were geared towards the White students or the privileged identities. As a result, they experienced less support and more marginalization. Participants who did not identify as White indicated feeling "othered" by their program or classmates. Jenson (2011) defined othering as:

> Discursive processes by which powerful groups, who may or may not make up a numerical majority, define subordinate groups into existence in a reductionist way which ascribe problematic and/or inferior characteristics to these subordinate groups. Such discursive processes affirm the legitimacy and superiority of the powerful and condition identity formation among the subordinate (p. 65).

Jenson's definition of othering provides some context into how the participants may feel like they fit into their program or with their classmates. They felt disconnection and a lack of belongingness which contributed to difficulties asking for assistance. Consequently, these subtle, insidious dynamics may maintain their influence as they transition into clinical work if not intervened, potentially impacting therapeutic outcomes. Participants who identified as White were not challenged to think about how their White identities may impact their clinical work and clients' experiences. Ash noted how examining their Whiteness and unpacking their identities were several reasons that led them to practice from a multicultural framework. Additionally, participants expressed concerns with having mainly White supervisors and professors as their educators. Some participants shared experiencing microaggressions and macroaggressions from their professors.

In contrast, others, such as Julia (Black-identified participant), expressed gratitude for the White professors/supervisors who prioritized "doing the work" of understanding their White identities' impact on trainees of color. Noah reflected on how he used his privileged identities to uplift the voices of others as an ally. As a result, they reflect on what it means to hold these identities and how they can increase their MCC when supervising clients and supervisees of diverse backgrounds. Consistent with O'Brien (2001), White instructors who talk about racism and White privilege may not find much resistance for their students because of how much more they are taken seriously than instructors of color. Several participants relayed these experiences motivated them to become supervisors themselves to provide more representation in the field. Some pointed out how the mental health professions began with people in positions of power and privilege. As it shifted to include more folks from diverse backgrounds, the training is delayed to include the underrepresented voice. Therefore, having people in power who have examined their worldviews give opportunities for supervisees to learn from each other and develop a better sense of multicultural counseling competence.

Research Questions: Two / Three / Four

The following themes, (a) *Multicultural Self-Awareness*, (b) *Explicit, Vulnerable, Multi-interactional Discussions*, and (c) *Growth-Orientation*, answered the three research questions of:

1. How clinical supervisors conceptualize their supervisee's multicultural counseling competence?

2. How clinical supervisors supervise their supervisee's multicultural counseling competence?

3. How clinical supervisors evaluate their supervisee's multicultural counseling competence?

Since these themes are interconnected with each other, there are overlaps between sections and research questions.

Multicultural Self-Awareness

This theme describes the participants' emphasis on critical reflexivity and perception of their intersectional identities and how they influence their work with clients. They suggested that supervisees' engagement in self-awareness was a significant indicator of their movement towards MCC. This theme also concerns the supervisors' own self-awareness and how they choose to bring their identities and experience supervision as they may impact their work with the trainees. The supervisors engage in cultural broaching (i.e., counselor's open and committed attitude with inviting client to explore diversity) in supervision which provides modeling for their supervisees to develop language and directions on how they can begin incorporating cultural conversations within their work. As a result of reflection on their identities, power, privileges, and institutional/systemic oppression, the supervisors find naming these components to allow for deeper cultural conversations in how they impact the dynamics between client, therapist, and supervisors. Supervisors described the ongoing evaluation of the client, counselor, and supervisor as a critical element of MCC because it requires constant checking in with all the parties involved and how each is impacted.

The third central theme of multicultural self-awareness is about insights into how the individuals' look at themselves (or create a picture of themselves) in light of their identities and their supervisees and the clients and how those identities influence the supervisory and therapeutic relationships. Supervisors perceive their supervisees as progressing in their MCC by engaging in these levels of deep introspection of themselves (their values, worldview, beliefs,

biases, and identities) and the various parts that intersect with each other. Underneath this theme includes three subthemes.

The first subtheme is *self-awareness and cultural broaching*. This refers to the supervisor's reflection of self and what they choose to bring up, and how their experiences may impact their supervisory work. For example, Adeline was vulnerable about her experiences and difficulties accepting her Asian identities, which led to wanting to assimilate into the dominant culture and identify as White. Based on her interview, she spent less time supervision discussing her own cultural identities and was less likely to broach the conversations with her supervisees. Cultural broaching is an individual's openness and commitment to inviting clients to explore their diverse variables. For others, they shared reflecting their identities with their supervisees to invite them into conscious awareness and bring up any reactions they may have. These experiences provided modeling for the supervisees to find the language to discuss with their clients as well. For example, Ash found it helpful to discuss issues with working across differences and help them evaluate their supervisees based on their level of comfort and resistance.

The second subtheme is *ongoing evaluation of self, supervisee, and supervisor.* This subtheme refers to the continuous check-in with the client, supervisee, and supervisor. The evaluation indicates observation across all parties involved with awareness about how each person interacts with one another. For Ash, this meant examining their Whiteness and how that impacts their work with clients of color, despite holding other marginalized identities. This evaluation also empowers supervisees to examine how their supervisors are doing their own work to benefit the supervisory process. Ultimately the goal is to move towards positive therapeutic outcomes, therefore evaluating how a client's presenting concerns are also impacted

by their identity statuses, experiences, and socialization allows the therapist to address factors that contribute to their mental health.

The third subtheme is a *reflection of intersectional identities, power, privilege, and oppression.* This was a consistent theme across most participants of how one thinks about their identities, power, privileges, and institutional/systemic oppression. This reflection often brought up feelings of guilt and shame for those who held privileged identities because of how they may have benefited from the system and allowed themselves to connect to more marginalized populations. Therefore, reflecting and acknowledging these various components provided the supervisors with opportunities the supervisors find naming these components to allow for deeper cultural conversations in how they impact the dynamics between client, therapist, and supervisors. For example, Kayla processed how she learned about social location from a heterosexual, Black-identified cisman and discussing privilege and oppression and how it may impact her clients' supervisory relationship, clinical work, and supervision.

The supervisors in this study conceptualize their supervisees as reaching MCC by developing self-awareness of themselves and others. They shared how it extends beyond knowledge of each culture and identity. MCC indicates supervisees' reflecting and acknowledging how their biases, worldview, upbringing, and beliefs impact how they function as practitioners. They consider the supervisee's individual development for that period of their training. This consideration provides the supervisee with opportunities to grow and display their motivation to continue learning about MCC. MCC is about taking the "blinders" off and admit to themselves their shortcomings, facilitating growth. Instead of staying behind the idea that they are a "nice" person and blind to the –isms (e.g., racism, classism, sizism, ableism, ageism, heterosexism, and other oppressions or prejudices) impact clients negatively.

Several participants such as Davis, Sawyer, and Julia expressed integrating advocacy/social justice components into their work as a form of competence. They argued how understanding multicultural factors is not enough to do multicultural-competent work because of how integral they are to the human experience. These findings are in agreeance with Fickling, Tangen, Graden, and Grays (2019), who argue "clinical supervision should explicitly integrate a multicultural and social justice framework. Supervisors, too, strive to grow as cultural beings and advocates for social justice and could benefit from using a framework that their supervisees could then transfer from the supervisory to the clinical context" (p. 310). This quote resonates with the concept of the supervisor's ongoing evaluation of multicultural awareness as cultural beings to provide modeling for their supervisees.

In this study, there was less focus on specific measures or assessments. Instead, the supervisors communicated their evaluation process and how they perceive the students as multicultural competent based on their understanding of MCC. Scholars in the multicultural literature encouraged increased reflection of one's identities and cultural worldview as ways to increase multicultural and social justice competence (Arrendondo, Tovar-Blank, & Parham, 2008; Lee & Rodgers, 2009). Across all the interviews, self-awareness of their identities, privileges, and power appeared to be the most significant theme of evaluation. Supervisors shared their supervisee's level of introspection and how it influences their work and conceptualization of clients as a part of MCC. This aligns with the claims of Ratts et al. (2015) with their Multicultural and Social Justice Counseling Competencies (MSJCC) in how counselors can understand the clients by exploring the sociocultural dynamics clients bring into the therapy room, specifically the first domain as "counselor self-awareness." The supervisors shared how powerful it was when their supervisors brought these factors into the room because it

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invited exploration of both cultural beings. This encouraged them to continue the practice to help

their supervisees broach culture when they are counseling because they could experience how it

may play out.

Many supervisors also brought up "broaching" which was a term Day-Vines et al. (2007)

coined as a "consistent and ongoing attitude of openness with a genuine commitment by the

counselor to continually invite the client to explore issues of diversity" (p. 402). They indicated

beginning supervision, having these conversations and sharing with the supervisees their

identities, and inviting the supervisees to share about their own if they feel comfortable.

Supervisors who specified broaching within their supervision reported their supervisees

appreciating the discussion and feeling more connected to their supervisors. Fickling and

colleagues (2019) stated three ways to broach in supervision: (a) between the supervisor and

supervisee, (b) asking the supervisee how they conceptualize their client's cultural context, and

(c) between the client and supervisee as the counselor. The participants in this study

demonstrated engaging in these three domains of questioning to help facilitate cultural

conversations within supervision and with their supervisees to encourage this frame of thinking.

The findings suggest the supervisors saw their supervisees moving towards MCC to

identify intersectional identities and systemic power/oppression that occur and how they impact

their clients. This suggests the inclusion of social justice components such as advocacy within

the supervisory and therapeutic space as an important evaluation area. This parallels with Greene

and Flasch's (2019) discussion of intersectionality and its utilization in clinical supervision as

they examine how to infuse these domains (e.g., power, privilege, oppression, intersecting

identities) into a developmental supervisory framework. Fickling and colleagues (2019) conclude

that "supervisors must attend to their own identities, increase their self-awareness, broach

cultural dynamics, and model advocacy with supervisees who, in turn, may do the same in their clinical work for the betterment of individual, family, group, and community wellness" (p. 314). This quote sums up the sub-theme *reflection of intersectional identities, power, privileges, and oppression* as it points out the impact of multicultural self-awareness on these relationships. The concept of intersectionality relates to the findings as the supervisors specifically noted the importance of understanding intersectional identities of self and others as a part of multicultural care. This allows practitioners and supervisors to identify the salience of each individual's identities, specifically those who have been silenced or marginalized. Consistent with Peters (2017), he discussed utilization of an intersectional lens within clinical supervision. He reflected on the intentionality behind exploring the social locations of the supervisee and supervisor as ways to individualize the supervision space. Additionally, it is used to identify the sociopolitical/sociohistorical impacts of those identities as ways address potential stigma, discrimination, or oppression and expand multicultural competence. The implications are the significance of viewing supervisees, supervisors, and clients holistically instead of their parts.

Explicit, Vulnerable, Multi-Interactional Discussions

The fourth theme is explicit, vulnerable, and multi-interactional discussions refer to their perceptions of fostering honest conversations around complex multicultural topics, issues, supervision, and therapy. For example, this can include discussions of power and privilege as shared in the previous subtheme. What can make multicultural topics difficult for beginning therapists because of the implications on personal values, beliefs, and worldviews, such as views on sexual orientation and feeling like discussing one's sexuality can be a taboo topic for some individuals. It can also relate to their proximity to power and privilege and how that can be uncomfortable to sit with, knowing that they benefit from the same system that oppresses others.

Therefore, the participants expressed the importance of having these discussions to identify where individuals are at in their process and help supervisors facilitate the ongoing development.

This theme means having explicit conversations about culture within supervision and clinical work as a factor that indicates supervisees are moving towards MCC. The value of these conversations increases opportunities for clients, supervisees, and supervisors to express vulnerability as ways to build rapport and trust within the relationship. This differs from cultural broaching because it is not restricted to diversity issues and may not be a direct strategy but rather a conglomerate on topics or exercises. Cultural broaching within supervision may primarily consider the salient identities within a particular relationship (Jones, Welfare et al., 2019). The theme broadens this interaction to discuss sociopolitical events and their impact on supervisees. Examples include supervisors sharing negative supervisory experiences with their students, case conceptualization, or relational-building activities to increase the insight of one's beliefs. I used the word 'multi-interactional' because of how these conversations influence the client-counselor-supervisor's processes. Thus, supervisors may discuss with their supervisees, impacting how the supervisor brings it up to their client.

The first subtheme is *initiating/sharing power during multicultural exploration*. Across the participants' interviews, they address providing multicultural supervision by starting the conversation first and laying down what the supervisees can expect regarding multicultural discussions. They provided examples of discussing social locations in the first few supervision sessions without expecting that the supervisee would feel comfortable discussing their own identities. However, they noted the importance of being the individual with the most power bringing it up. Davis identified sharing power to avoid creating a hierarchy was respectful towards each person's expertise and experience. For the therapist and client relationship, the

therapist would be the person to explore multicultural variables within the client, between their therapeutic relationship, and across other settings. For Sunny, this meant directly bringing up things that can be sensitive for her clients, such as their immigration status, in which she chooses to disclose information of herself to build trust.

The second subtheme is *safety in supervisory and therapeutic relationships*. Because of how personal identities can be, building trust was an essential part of the supervisory and therapeutic relationship. Because there could be a suspicion of "what are they going to do this the information if I give it to them?" Establishing trust within these relationships provides opportunities for making mistakes, saying the wrong things, not knowing everything about everything, and spaces for all parties to experience vulnerability, transparency, and authenticity. Several of the supervisors discussed how they disclosed something personal about themselves helped create trust. For Sawyer, he talked about being on a remediation plan. For Julia, she could have quickly been shut down by her supervisor when she expressed anger towards her client for using the n-word. However, her supervisor processed the rage and helped Julia feel supported in addressing these multicultural issues in supervision to facilitate the therapeutic process.

The third subtheme is about *openness and lack of resistance* within these difficult conversations. Supervisors found that supervisees who moved towards MCC were more likely to accept constructive feedback or reflected on new insights into themselves. Supervisors discussed the level of supervisee's resistance to accepting how they may have engaged in microaggression or said something racist and owning up to that. Participants shared the same sentiment of "being able to recognize the emotional stuff that comes with parts of your identity, whether that's pride, anxiety, or fear. Recognizing how that comes with you and the clinical space because there will be times clients will hit your stuff. How do you check that in session to overtake the work and

use that as a connection point? What do you do with that? How do you consult about it? How do you use it for good rather than for evil?"

In contrast, clients may bring up relevant information that may shape how counselors conceptualize with their supervisee. Subsequently, there is a sharing of power in having these cultural conversations. Most supervisors specified feeling responsible for initiating these topics with their supervisees because of their inherent power as the supervisor. Thus, as the trainees gain more experience, the supervisors evaluate their MCC based on their initiation of cultural conversations with their clients.

Safety in relationships provides a supportive environment for fostering potentially difficult conversations about identities, privileges, biases, discriminatory behaviors, or racist belief systems. Therefore, having safety within the relationship allows the supervisee to make mistakes and work through their process to prevent defensiveness/resistance. Similarly, clients who feel unsafe in the therapeutic relationship may choose not to disclose their experiences to avoid discrimination from their therapist. For that reason, counselors must engage in critical self-reflection of their worldviews to prevent harming the clients. Supervisors viewed supervisees who brought up these experiences and were open to constructive feedback as a movement towards MCC.

Supervisors recognize the challenge of bringing cultural factors into spaces, especially for new trainees. Nonetheless, these supervisors conceptualize their supervisee's MCC by their efforts to lean into the process and integrate the information into their work. They also perceived supervisees' motivation to deeply examine themselves and their intentionality of reviewing their client's cultural and diversity factors as additional contexts of MCC.

In accordance with Gayles, Kelly, Grays, Zhang, and Porter (2015), they explored faculties approach to teaching about culture and the potential lack of inclusion of diversity in faculties' coursework due to reported lack of preparedness and anxiety around facilitating diversity conversations (Sue, Lin, et al., 2009). They found that "difficult dialogues emerged as a valuable tool in helping students engage, personalize, and incorporate diversity content into their perspectives and professional practice. Engaging in difficulty dialogue is particularly important for uncovering how such discussions facilitate student learning" (p. 309). Similar to the findings of this study, the supervisors received the most helpful guidance in their practicum and internship experiences. They signified learning from their supervisors, exploring themselves, and exposing themselves to the lived experiences of the individuals. Having supervisors who were dedicated to their professional and professional growth was critical in building multicultural counseling competence. Each participant indicated confrontations with their biases and ways that have caused harm to others were uncomfortable. However, they agreed to the necessity of this discomfort to grow in their cultural awareness. Their supervisors challenged and offered a supportive space to explore their identities, personal experiences, and proximity to Whiteness and other privileges that benefitted the system. Without a supportive and safe experience, they may not have had the opportunity to explore because of potential fears. They felt these experiences helped them model how to have cultural conversations with their clients, which provided direction when things feel new and complex. Supervisors and professors who were vulnerable with their development normalized the participants' emotions during their process.

These supervisors discuss prioritizing multicultural supervision. They conveyed their responsibility and duty to facilitate cultural conversations with their supervisees. The majority of the participants reviewed social locations together and had cultural discussions of their shared

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and unshared identities within their first supervision session. The supervisors processed how it is helpful to address these factors because they are present in the dynamics whether it is talked about or not. Therefore, they are intentional in having a discussion to provide supervisees the opportunity to share anything that could be helpful for the supervisor to be mindful. However, the supervisors indicated not expecting their supervisees to be vulnerable if their cultural backgrounds or experiences taught them to be more private about their emotions. Supervisors sharing power allows for collaboration with their supervisees. This study resonates with Arczynski and Morrow's (2017) research, reflecting on how feminist supervisors conduct supervision that acknowledges the inherent power differentials in multicultural supervision. The authors shared several components related to this study's findings, such as building trust through openness, critical reflexivity, and bringing history into the supervisory relationship. Thus, there appears to be the value of supervisors sharing about themselves, such as Sunny bringing up vulnerable (yet relevant) information such as her first-generation status to positively impact their working alliance with supervisees who may share similar backgrounds. The partnership creates a place where the supervisee can bring up any grievances or struggles they may have without feeling like they will get reprimanded. A few supervisors expressed not expecting them to be at a certain standard without providing guidance and education. This gives their supervisees opportunities to learn and for supervisors to assess growth given their baseline of understanding. Thus, the supervisors may feel more comfortable having direct and explicit conversations about ways to engage in harmful behaviors or open up different perspectives for the trainees.

The bidirectional relationship between the supervisor and supervisee is essential. Helpful supervision in MCC requires a supportive supervisory relationship where supervisors and supervisees can voice themselves and their needs to best support the clients. This finding

supports the literature which stated how supervisors could create a safe and trusting environment for supervisees to receive feedback to improve their MCC in an egalitarian way through cultural humility and missed cultural opportunities (Borders et al., 2014; Crockett & Hays, 2015; King et al., 2020; Watkins et al., 2019). The supervisors reported the significance of modeling vulnerabilities and appropriately self-disclosing their struggles with their supervisees. This experience humanizing the supervisor and create a place where supervisees can reflect on their MCC. Challenges can be seen as threatening, and supervisees can be defensive if the supervisory relationship is not strong. Therefore, trust and openness are built to allow the trainees to grasp concepts more meaningfully. Supervision based around the relationship anchors the MCC development. As with a therapeutic relationship, authenticity is an essential facilitator of growth and relationship-building. There may be a parallel process when supervisees are challenged the same way clients are challenged to step outside of what they know to experience change. Deleveraging the power can help supervisees find their voice and feel supported by their supervisees to explore a complex, ongoing domain such as MCC.

They also conceptualized it as self-awareness of how they interact, think, and perceive others. Furthermore, this provided opportunities for the supervisors to reflect on their understanding and encouraged them to unpack their blind spots. They noted the integration of the personal, professional, and political exploration as necessary for increasing their supervisee's MCC. The supervisors want to know about how their supervisees are doing in their personal lives and how those experiences may impact how they show up in the clinical space. Similarly, it explores how open they are to examine these factors and see them as relevant to their work as a professional. Resistance to learning and understanding themselves or their clients provides supervisors insight into where they are at in their training. This may be an area for further

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research as there is limited information in the literature regarding students' or supervisees' resistant attitudes towards multicultural self-awareness despite acknowledging resistance exists in various levels of training (Dunn et al., 2014). The participants noted a lack of resistance in challenging dialogues or feedback as indicators of MCC. This often looked like supervisees acknowledging their areas of growth and making measurable actions towards change.

If supervisees continue to resist or be unwilling to learn, supervisors move towards remediation because of their roles as gatekeepers. When supervisors evaluate their supervisees, levels of openness provide contexts into their supervisees and how much they are willing to be challenged. Regarding multicultural self-awareness, it could be difficult to challenge as it may strike a nerve if it is an area that is personal, based on their belief system or what they knew growing up. Therefore, supervisees are encouraged to develop a growth-oriented mindset in supervision and multicultural coursework to develop curiosity.

Growth-Orientation

The meaning of this theme is MCC as the ongoing development of their multicultural knowledge, awareness, and skills and how they challenge themselves to grow in their clinical work. Supervisors found trainees who were open to feedback and accepted challenges to grow in their understanding were multiculturally component. This could look like the desire for learning to expand their knowledge and unlearning ideologies that could be harmful to clients. It could also look like developing in their awareness, knowledge, and skillsets. The supervisors evaluated the supervisees within a developmental framework where they assessed the baseline of where the trainee began and where they left at the end of supervision. Some supervisors utilized concrete tracking methods, such as setting goals with their supervisees, while others remain more conversational of where their awareness was compared to before. Many rejected the term

'competence' which they felt did not characterize "growth." They discussed the value of having cultural humility as a growth orientation in MCC because it indicated that all individuals are subjected to continued learning within cultures and identities. All of the supervisors discussed the importance of continuing to strive for growth instead of remaining comfortable in where they are at in learning about multiculturalism and diversity. The keywords here are ongoing, continuous, and progress. Four subthemes emerged.

The first subtheme is *accepting challenges for growth*. This referred to engaging in all the reflexivity, acknowledging their weaknesses, and accepting it as an opportunity to grow their understanding. As noted in the previous themes, having these conversations can be difficult. However, supervisors perceive their supervisees are moving towards MCC as those who are willing to lean into the process to become uncomfortable learning about other cultures and things they may be unfamiliar with. Accepting challenges could look like continuing to do reflective exercises, watching educational videos, revisiting the literature, educating themselves about various diversity and cultural topics.

The second subtheme is the *desire for multicultural learning*. This is about the motivation to learn about multiculturalism and not be told students had to for a course requirement. Still, a genuine inclination to know more about unfamiliar areas or do not have much training in; the supervisors used words such as "eagerness," "working on it to get better," "willingness to get challenged and wrestle with the conversations," and leaning into the discomfort as descriptors.

The third subtheme is *developing competence on a continuum*. Many of the supervisors had a strong reaction to the word "competence" because they felt that meant learning stops once they performed a set amount of tasks such as reading a multicultural book. Julia stated it is "constant work and not something you arrive at." Supervisors felt movement in a positive

direction indicated MCC and how one can always continue to grow and move forward. Sunny suggested it was the therapist's responsibility to expose themselves to different cultures and systems, not to remain stagnant. Kayla also discussed how supervisors could be held responsible for creating a growth-inducing, experiential space for her supervisee. The way this is measured differs across supervisors. For Abigail, she sets measurable goals for her supervisees. For Sunny, it is about looking at the racial identity and development and checking with her supervisees about the inner work. She shared how she recognized where she was five years ago, allowing her to be patient and empathetic with her supervisees on their development.

The final subtheme is *cultural humility*. As a recap, cultural humility refers to the dynamic process of reflecting and acknowledging biases to encourage curiosity rather than believing one is fully competent. They discussed the value of having cultural humility as a growth orientation in MCC because it indicated that all individuals are subjected to continued learning within cultures and identities. Through this process, both the supervisors and supervisees can collaborate to learn more about specific topics. For example, Davis approached them with humility when sensing a potential concern. He understood that everyone could make mistakes. Therefore, he was intentional about helping his supervisees reflect on why it happened.

The majority of the supervisors rejected the concept of "competence" because they believe that misleads practitioners into thinking that they are competent once they have completed training, read books, or research an area. This appeared to contradict Greene-Moton and Minkler's (2019) commentary article exploring the debate between cultural competence and cultural humility. They stressed the value of having both concepts to challenge disparities, discrimination, and racism that occur. Consequently, they argued the "both/and" approach rather than pitting the two concepts against each other. Despite this clarification in the interviews, the

clinical supervisors expressed MCC as openness in learning beyond what they know within their experience. Willingness to expand their comprehension of ideologies, prejudice, and other dogmatic views to transition into more celebratory stances of all backgrounds/identities was another theme across the interviews that informed supervisors of their trainee's MCC. When supervisees are resistant, supervisors are devoted to providing a rationale as to why it is crucial. They help the supervisees develop more multicultural knowledge through concrete training, reading, and educational materials.

Thus, supervisors view the supervisees striving for MCC by initiating learning about diverse variables/identities. They also view MCC as how these identities intersect and supervisees' dedication to unlearning any biases they may have held. This is a notable finding because it described cultural learning and MCC as on a continuum. This finding is congruent with Goode's (2004) adaption of Cross et al. (1989) definition of cultural competence as organizations and individuals' "various levels of awareness, knowledge, and skills along the cultural competence continuum" and described it as complex and as a process to indicate growth and positive movement (p. 1). Despite what the name may imply of competence, it was important for the supervisors to communicate that MCC is flexible and dynamic. Therefore, trainees can work through growth areas and develop a more robust understanding or awareness of particular identities. They also have the chance to explore beliefs that may be oppressive to specific populations because they were not previously exposed or had a narrow view of those individuals. These clinical supervisors indicated how they normalize their supervisees about how it is okay not to know everything. Though, the supervisees need to acknowledge how they can continue to grow in their understanding and awareness. These supervisors assess their supervisees' ability to reflect inward and utilize their data to integrate into their work.

Additionally, their willingness to work with people from different backgrounds and identities provide supervisors a better understanding of their MCC development. As knowledge and awareness cannot stand alone in MCC, the applications of these components provide supervisors with a sense of where they are at in their development.

Supervisors also utilize a developmental model of understanding where they are in their training, knowledge, and awareness. This provides the supervisors with a baseline on what tangible actions need to be taken to develop more MCC. Some supervisors set goals with their supervisees on what measurable items need to be met. Other supervisors guide by teaching constructs and related topics. At the core of their supervision is how they are open, honest, and reflexive with their supervisees regarding their emotional reactions and exploration of multicultural development.

Lastly, supervisors evaluate how they regularly attend to their advocacy, biases, beliefs, and values within supervision and with their clients. Supervisors agreed on how MCC is an ongoing process and requires attention. Therefore, evaluation of MCC is a consistent undertaking for both the supervisor and supervisee through summative and formative feedback. The supervisees may develop a better understanding of where they need more experience/knowledge, which can help them advocate for supervision. Supervisors evaluate their supervisees by reviewing their growth during their supervision timeframe and how much the supervisees have attended to any growth edges and multicultural development. They also check if any clients may be prematurely terminating to indicate an area for the supervisor to explore more with the supervisee. Supervisors have more interactions and rapport with their supervisees where authenticity and self-exploration can occur with their multicultural self-awareness.

Strengths of the Study

The strength of this study included the participants who chose to share their experiences to continue building the missing gaps in supervision literature and multicultural training in mental health programs. At the end of each interview, I asked the participants if they had anything else they would like to share about the topic. Many expressed the value of these questions and the joy of reflecting on their journeys. The passion and excitement shared within each participant for the study reiterated the importance of multicultural counseling and supervision. They made me feel my research topic was indeed a necessity in the literature. Many of us are told about the ethical obligation to provide competent multicultural care without the proper guidance for facilitating those conversations. Given the multidirectional nature of supervision and client-care, it was significant to understand supervisors' development and how they were trained before transitioning into their role as supervisors themselves.

The supervisors provided a deep dive into their past training experiences throughout the interviews illustrating struggles faced as graduate student/supervisee within their programs and practicum placements. The narrative inquiry methodology allowed participants to answer open-ended questions to provide the supervisors with the freedom to choose how and what they would like to share. This resulted in detailed descriptions of their lived experiences and provided a glimpse into their histories (Lieblick et al., 1998). This type of analysis allowed the researcher to gain a realistic view of someone's experience that cannot fully capture with numerical data. Through the narrative inquiry, participants gained the opportunity to construct their reality in how their training experiences shaped their current/future supervisory roles and reflect on the complexity of human experiences. As they processed the trajectory into their profession, they reviewed how they utilized their positive and negative experiences to impact their supervision

with trainees. The supervisors indicated the foundational questions used to conceptualize and evaluate their supervisee's level of MCC. Despite the ambiguous and subjective nature of conceptualization, elements from these interviews shared similar threads interwoven throughout their process.

The second strength was how the blunt truths of these individuals demonstrated the parallels of development and arduous work as a supervisor. Meanwhile, these narratives provided a direction for training programs to revisit their curriculum, recruit more diverse faculty, and prioritize the need for multicultural counseling competence in every single program. Additionally, it paved the way for clinical supervisors to develop more insight into how other practitioners supervise. This could help add value in their supervisory role, encourage personal reflections on their experiences, and emphasize the responsibility of the supervisee to facilitate multicultural counseling competence with their supervisees.

Lastly, the third strength was the diversity of both professional affliations and identities within the sample of participants. A notable quality of this research elevated seven supervisors of color's voices through this narrative inquiry. There is power in diversity and reflective of the research's significance in recruiting more clinicians of color. I intentionally recruited a range of racially and ethnically diverse participants because I wanted to explore how their experiences may different from the dominant narratives of White individuals in the field. Based on the results of the study, it appeared majority of them share similar experiences with each other regardless of their professional affliations. I was able to interview supervisors from six academic disiplines which provided greater insight into how each of their training and experiences influenced their supervision of MCC. The cross-section of identities, location, training, professional affiliations, and current agencies are not comprehensive of supervisors' intersectionality. However, the

selection was purposive to showcase folks of different backgrounds and their work history into becoming a supervisor. Examples included traumatic experiences as a supervisee, self-awareness of their identities, mistakes made in learning about multiculturalism, and ways to improve multicultural supervision to serve the client population better.

Limitations of the Study

There were several notable limitations to this study. First, the conclusions of the supervisors' multicultural training experiences and their impact on their evaluation of supervisees were unique to their own experiences. This qualitative design provided transferability. However, the conclusions cannot generalize to the entire population of clinical supervisors (Connelly & Clandinin, 1990). While the small sample size allowed for a comprehensive investigation to answer the research questions, it limited the ability to draw broad generalizations that could impart essential changes in established systems such as universities and training programs. Despite this characteristic, the purposeful sampling strategy suggested acquiring more data does not necessarily equate to new information.

Second, while this research did not investigate statistically significant relationships, Barbour (2013) explained how qualitative research could paint a more wide-ranging picture to inspire quantitative studies to measure associations between variables, such as quality of multicultural training and evaluative practices of MCC. She explained how qualitative research "explain how the 'macro' (i.e. social class position, gender, and locality) is translated into the 'micro' (i.e. everyday practices, understandings, and interactions) to guide individual behavior" (p. 13). Therefore, this limitation could be addressed through further research studies. This could look like using the findings from this research to identify associations to develop psychometric measures for evaluations.

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Third, the narratives were fluid, which meant the interpretation of their experiences might change because of time passing. Each interview may be told differently from the same participant. With most research studies, specifically this study, qualitative researchers are often embedded in the contexts participants are in, increasing biases and conscious/unconscious assumptions. As a result, how data was collected, interpreted, and shared is through the lens of the qualitative researcher along with personal experiences, biases, and reactions. Thus, reflexivity and self-awareness were critical in this study. Additionally, the raw data was thoroughly reviewed on several occasions with several months between reviews to ensure adequate immersion and avoid contextual circumstances obscuring the analysis.

Fourth, the recruited participants may have shared similar demographics and a period of their training. Therefore, having a broader, diverse group of participants would have allowed for a better gauge of training experiences and their importance on providing multicultural competence guidance. For example, the ages of the participants were predominately between 25-44 years old, which typically indicates early-career practitioners. As discussed in the Literature Review and the Results sections, generations of supervisors before these participants may not have had enough training or prioritization for multicultural counseling competence. Thus, it potentially limited the age range of those who self-selected for this study. Due to the self-selection for participation, supervisors who had a significant interest in conducting multicultural-informed supervision were more likely to participate in this study. As a result, these supervisors may have had more experience and intentionality in multicultural counseling competence within supervision. As the field transitions the incorporation of multiculturalism, diversity, and anti-racism into their training, there may be an abundance of competent multicultural supervisors in the future.

Fifth, while there was a breadth in disciplines, I may not have had the opportunity to deeply explore each field regarding their evaluation of multicultural counseling competence. Therefore, it can be difficult to generalize a set of evaluative procedures as the "correct" way of conducting supervision. Furthermore, academic programs may also have their evaluative tools to measure multicultural counseling competence, and how supervisors choose to utilize them depends on them. Despite this limitation with the evaluation forms, it can conclude that all of the mental health professions advocate and demand multicultural counseling competence within research, training, and practice, which was evident in this study. This includes developing self-awareness of implicit biases and increasing multicultural training that provides more prescriptive information and guidance in learning. Ultimately, the goal is to develop MCC further and include multiple perspectives to garner comprehensive understanding. Through this understanding, more prescription training, supervision, and service delivery can occur.

Past, Present, and Future

Chapter 2 reflected on the journey of multicultural counseling competence and an overview of clinical supervision. It suggested sparse information about the integration of the two until recently. As the field continues to expand into professional supervision training, there appears to be an intersection of multiculturalism and supervision based on the participants' conversations. Most shared their intentionality in facilating cultural conversations, reflecting on lessons learned from their personal experiences, examining their roles and identities, and continuing to grow regardless of where they are. The discussions now may explore the construct of multicultural counseling competence, whether a consensus of the definition has been reached within supervisors, and how supervision training and academic courses are filling the gaps between learning and practice. The diversity of the various mental health professionals agree on

common points which argue for the necessity of a comprehensive definition and training of MCC. It may also be about how the field can challenge the status quo and represent the marginalized faces to provide multiculturally-competent care. So what now? Implications for future research and professional practice are offered.

Implications for Future Research

This study's findings contribute to the current body of knowledge by adding more evidence to support MCC's necessity in a field that values humanity and voice those whom the system may have silenced. It also urges action towards change within training programs by collecting stories from individuals from various backgrounds to share their personal experiences with how their multicultural training informed their understanding of MCC. As a result, this narrative inquiry further develops MCC as a construct to provide supplementary data on how professionals are using the term to facilitate their supervisee's counseling advancement. It also delivers a baseline of knowledge for the literature on how actual supervisors understand the constitution of MCC. As with many evaluations and assessments, having a baseline gives people, organizations, and programs a point of reference to set goals, recognize changes, maintain accountability, and see the progression. Therefore, the findings offer a general sense of the current state of the mental health field and potential grievances of programs/agencies on the lack of MCC training. As one of the originators of The Process Model of Multicultural Counseling Competence, this dissertation can further expand the field's conceptualization of MCC to provide more concrete direction in supervision and academic programs.

A few potential areas of research are suggested based on the results of this study. First, a survey that explores supervisees who train in predominantly White graduate programs and within cities with little diversity compared to programs located in highly diverse clientele with diverse

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supervisors/academic professors could be an area for future research. Based on some participants indicating the lack of diversity within the program and with clients, this may contribute to the literature by increasing insight into how representation and exposure could contribute to the supervisor's and supervisee's multicultural counseling competence. This research could help training programs identify how to improve multiculturalism and anti-racism training in their coursework and practicum experiences.

The present study recruited participants from across disciplines, geographical locations, and agencies to be inclusive in the mental health field. Researchers should replicate studies within one discipline (i.e., psychologists vs. social workers vs. family and marital therapist vs. counselors) and cross-examining the providers' experiences to evaluate their supervisory experience compared to other disciplines. Replicating this study on a larger scale and comparing the fields could help determine what areas are lacking and how disciplines emulate the strengths of the training program. For example, the results from the participants who held a social worker licensed differed in the way the incorporated culturally-responsive care and intervened from the psychologists. Therefore, this may indicate a different approach despite covering the same topic.

This study also only used verbal interviews as a source of data; however, a methodological variation may also provide additional information that could be helpful such as a mixed-method approach. Surveys used to assess multicultural counseling supervision would add a quantitative data component to inform the narratives' significant findings. In addition, textual clinical data such as progress notes, treatment plans, and written feedback for supervisees could also be helpful to collect for data analysis to supplement the research as it could provide other sources of information apart from verbal discussions. Written evaluative feedback can provide

vital information on how supervisors evaluate their multicultural counseling competence.

Implications for Professional Preparation and Practice

As discussed in previous sections, there is an ethical responsibility as gatekeepers to produce multicultural-competent practitioners equipped to provide care for the general population, yet a lack of consensus on how it is trained. The study's findings suggest several areas for improvement for preparing counselors, psychologists, and social workers for the profession. This includes (a) multicultural, diversity, and anti-racism training, (b) diverse representation in faculty, staff, and students, (c) multicultural self-awareness for supervisors and supervisees, (d) understanding of multicultural counseling competence, and (e) importance of standardized tools/procedures to facilitate the evaluation process.

First, multicultural, diversity, and anti-racism training in all programs should not be done in isolation or as a subordinate topic. The majority of training programs at both master's and doctoral levels require one course on multiculturalism. However, based on the participants' reports, multicultural counseling competence needs to be integrated throughout studies of ethics, psychopathology, assessments, and other required coursework. Reliance on practicum experiences to provide students with multicultural training is failing the students. This may mean licensing accreditations such as APA and CACREP reviewing programs to determine appropriate measures to ensure adequate multicultural training.

Second, the hiring and admission practices of diverse applicants are important for multicultural training. Representation allows for students to have unique cultural experiences and robust discussions with people. Through these discussions, students can have challenging dialogues that facilitate multicultural knowledge and awareness, leading to increases in MCC. White-centric education and colonized theories can negatively impact trainees. Students of color

and diverse backgrounds may feel "othered" or place into categorical boxes. It could also benefit students of all backgrounds to understand the influence of Whiteness and how dissecting these structures can allow for personal and professional growth as a clinician.

Third, self-awareness is not only reserved for supervisee's multicultural counseling competent supervision; supervisors must continue doing the work themselves to safeguard the professional duties. Continuous awareness of values, beliefs, and perspectives is fundamental in multicultural training and competencies. Therefore, there needs to be more emphasis on academic coursework and practicum experiences to have ongoing discussions of individuals' awareness. As a supervisor, one cannot feel comfortable in their knowledge and abilities. As many have mentioned in the interview, "competence" provides a false notion that they have reached a level of multicultural understanding that does not require challenging. Supervisors who can model multicultural self-awareness would help supervisees develop skills around discussing cultural data with themselves and their clients.

Fourth, multicultural counseling competence is a complex and multifaceted concept in which disciplines have not agreed on the components. However, within this group of supervisors, MCC prioritizes self-awareness, willingness to be challenged, openness to being corrected, and having conversations in supervision and sessions with their clients. Supervisors should have explicit and direct discussions with their supervisees of multiculturalism and diversity components. Additionally, supervisors should invite and initiate these conversations as the person with more power in the room. This would allow trainees to recognize the importance of multiculturalism, be mindful of their clients, and reflect on their personal experiences/cultural contexts/intersecting identities. Along the same thread, many of the supervisors had an adverse reaction to the word "competence." They desired a more modest construct such as "cultural

humility" to demonstrate that learning does not stop once someone completed a book, training, or stage of development.

Lastly, there was a considerable variation of evaluation procedures within these ten interviews. Some were evaluated weekly, with summative evaluations happening at the middle and end of the semester, while other supervisees did not have any written formal evaluations. As a result, it is complicated to assess the quality of multicultural training, feedback, and supervision regardless of the discipline. Therefore, having an interdisciplinary evaluation tool that can be tailored and implemented into programs/practicum/internships can be helpful in multicultural counseling competent supervision. This can provide supervisors with a basis to refer to and help supervisees concretely identify areas of growth.

Conclusion

This narrative inquiry study highlights the gap between the current literatures on multicultural training for supervisors/supervisees. It aimed to provide insight into how supervisors understand MCC based on their development to conceptualize and evaluate their supervisees. This research aspired to elevate the voices of the trainees who desired more multicultural training and bridge the gap between scholarship and practice. The narrative inquiry allows the participants to reflect and make meaning of their personal experiences. As extensively discussed throughout the study and literature review, there lacks of consistent guidance on how multiculturalism is trained and evaluated in clinical settings despite the ethical mandates set forth by licensing boards. It appears my findings are supported by previous studies that suggest the lack of guidance and differing stances on MCC. The range of understanding, knowledge, and efforts of MCC suggest the discrepancies between programs.

As a contribution, this narrative inquiry adds to the supervision literature, multicultural counseling literature, and the mental health field because of the detailed description of the lived experiences of supervisors who were once trainees themselves. Regarding their own training, the results of this study suggest the lack of consistency, supervisory guidance, and multicultural training across all disciplines of mental health. It also affirms the need for a collective definition of MCC to facilitate therapeutic change. Within their supervisory practices, several major aspects that emerge for supervisors in their conceptualization/evaluations are having (a) explicit cultural conversations, (b) critical deep-examination of self, and (c) ongoing development of awareness, knowledge, and skills.

Additionally, this inquiry adds value to the current body of knowledge because of its potential for supporting key changes in how supervisors and training programs intervened to increase multicultural counseling competence. It also allowed supervisors to share detailed events that influenced their supervision of MCC. My study intended to explain how their conceptualization and evaluation of their supervisee's MCC derived from their professional/personal experiences, identities and development as a part of a later system. This can also look like refining The Process Model of Multicultural Counseling Competence (Ridley et al., 2021) to include these themes that were prominent in my research to enhance the theoretical underpinnings of the model.

This study offers a unique perspective on supervision literature as previous studies on supervision primarily used supervisees' reports. Individuals within this qualitative study shed light on how they understood multicultural counseling competence based on their academic learning, practicum experience, and supervision, thus presenting insight into how those experiences are generalized into supervisory practices of evaluating their supervisees. The

optimistic goal is to arrive at a definite conceptualization to allow for more prescriptive direction

in facilitating these competencies and altering the shallow multicultural training in programs.

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Howdy,

My name is Vy Tran, a 4th year doctoral student in Counseling Psychology at Texas A&M University.

I am conducting a qualitative study titled "*Clinical Supervisors' Conceptualization and Evaluation of Their Supervisee's Multicultural Counseling Competence: An Exploratory Study*".

I am seeking **licensed psychologists and other mental health professionals who supervise pre-licensed trainees** to participate in my study.

Participation include:

- Completion of a short pre-screening demographic survey and contact information used to contact you if selected.
- One 60-90-minute interview over Zoom (audio-recorded for transcription purposes).
- A $20 electronic gift card to the vendor of your choice at the conclusion of the study.
- All participation is voluntary and your answers will be kept anonymous.

If you are interested, please follow this link for the survey and additional information:
_____

Additional questions about the study (IRB# IRB2020-0187M), please contact the researcher, Vy Tran at vytuongtran@tamu.edu, or the advisor, Dr. Charles Ridley, at cridley@tamu.edu.

Questions about research participant's rights, discussion of problems, complaints, or concerns about the research study, or to obtain additional information or offer input, please contact the TAMU IRB Office at General Services Complex, Suite 2701, College Station, TX 77840, irb@tamu.edu, (979) 458-4067.
I sincerely appreciate your consideration.

Thank you,

Vy Tran

Vy Tran '16, M.Ed. (she/her/hers)
Ph.D. Candidate | Counseling Psychology
College of Education and Human Development
Texas A&M University

Title of Research: Clinical Supervisors' Conceptualization and Evaluation of Their Supervisee's Multicultural Counseling Competence: An Exploratory Study

Principal Investigator/Faculty Advisor: Charles Ridley, Ph.D., Texas A&M University, cridley@tamu.edu, (979) 862-6584, 606 Harrington Office Building

Co-Investigator/Researcher: Vy Tran, M. Ed., Texas A&M University, vytuongtran@tamu.edu

Institutional Contact: Institutional Review Board Texas A&M University**,** General Services Complex, suite 2701, College Station, TX 77840, irb@tamu.edu, (979) 458-4067

1. Introduction and Purpose of the Study

There is an expectation for the applied psychology field to better integrate multiculturalism into their practice in the recent years. Integral to clinical training are supervisors' conceptualization and evaluation of supervisees' developmental progress. The purpose of this study is to explore how clinical supervisors conceptualize and evaluate multicultural counseling competence of their trainees in practicum settings.

2. Description of the Research

Participants will complete a short Qualtrics demographic survey and provide their contact information. The participant will be contacted via email and/or telephone as a follow-up by the researcher. The participant will be scheduling a time to meet with the researcher over Zoom videoconferencing which will be approximately 60-90 minutes for one interview. There will be 20 questions and is semi-structured. The interview will be recorded. After the participant completed the interview, the researcher will transcribe the data and send back to the participants for additional feedback.

3. Subject Participation

This study seeks between 8-10 participants who are licensed mental health professionals (psychologists, LPC, LMSW, etc..) in a supervisory role. Participants must have at least one year of supervising pre-licensed counselors, have more than two years of clinical experiences as a licensed practitioner, have worked with diverse populations, have an eagerness for multicultural counseling competence, and willingness to provide culturally competent supervision. The participant must have access to a computer with internet access and webcam. The participation will involve one visit over videoconferencing for approximately 60-90 minutes in length.

4. Potential Risks and Discomforts

There are no known risks involved in this study.

5. Potential Benefits

People who participate in this study may have better insight on how the training has impacted their current work with supervisees and clients. Additionally, they may have better understanding and appreciation for multicultural counseling competence and their impact on the field for future practitioners.

6. Confidentiality

The information taken from the study will be coded and a pseudonym will be used to protect the participant's name and identity. Names and other identifying information will not be used when discussing or reporting the information. All data will be kept in a locked, password-protected file and kept in the principal investigator's office. The data will be destroyed following transcription and full analysis after 5 years.

Authorization

By signing this consent form, you authorize the researcher to use and disclose of your records, observations, and finding found during the study for the research.

7. Compensation

Participants will be compensated with a $25 electronic gift card to the vendor of their choice at the conclusion of the study.

8. Voluntary Participation and Authorization

Participation in the study is completely voluntary. Deciding to not participate will not affect any relationships with the researcher.

9. Withdrawal from the Study and/or Withdrawal of Authorization

Participants may withdraw before or during the study at any time without any penalty. If withdrawing from the study, please inform the researcher in writing. If you no longer wish to have your data analyzed, you may inform the researcher on not wanting to be included in the study.

10. Cost

There is no cost for your participation in the study.

I voluntarily agree to participate in this research program □ Yes □ No

I understand that I will be given a copy of this signed Consent Form.

APPENDIX C: DEMOGRAPHIC SCREENER QUALTRICS SURVEY

1. Review of the consent above

2. Have you had at least one year of supervising pre-licensed counselors?

3. Have you had more than two years of clinical experiences as a licensed practitioner?

4. Have you worked with diverse populations and have an interest in multicultural training?

5. First and Last Name

6. The best email to reach you?

7. The best phone number to reach you?

8. Age

9. Are you of Hispanic, Latino or of Spanish origin?

10. Race(s)

11. Pronouns

12. Credentials (M.S., Ph.D., LPC, LP, LSW, LMFT, LSSP, etc)

13. Type of Graduate Program (Counseling/Clinical PhD, Master's in Counseling, Master's of Family Therapy, Master's of Social Work, etc)

14. City and State where you obtained your highest degree

15. In which state are you currently practicing in?

16. Current Agency

APPENDIX D: FOLLOW-UP EMAIL AFTER SCREENER

Subject Line: Selected for 'Multicultural Supervisor' Interview

Good morning [name of participant],

I am so appreciative for your participation in my study. I am excited to hear more about your story! My hope is that your narrative can improve multicultural training for future practitioners.

Would you mind providing 3 times & days in order of preference that would work best for our interview in the next week(s)? I can be available Monday-Friday 9 AM-7 PM Central Time.

Example:

1. Monday, 10:00-11:30 AM
2. Monday, 1:00-2:30 PM
3. Wednesday, 5:00-6:30 PM

What to expect:

- Once a time is selected, I will follow up with a Zoom link. Google Calendar invite, and the consent form. If the time does not work, please let me know and we can reschedule.
- After the semi-structured interview, I will provide the transcript for your review to check for any discrepancies or if there's additional information you'd like to give that you weren't able to during the interview.
- Following the review, I will send you a short form to fill to select which vendor you'd want the $20 electronic gift card from.
- At the conclusion of my data collection, the selected e-gift cards will be distributed to all participants.

Thank you again and I look forward to your response.

Best,

Vy Tran '16, M.Ed. (she/her/hers)
Ph.D. Candidate | Counseling Psychology
College of Education and Human Development
Texas A&M University

APPENDIX E: EXAMPLE OF FOLLOW-UP AFTER CONFIRMATION

Subject Line: Selected for 'Multicultural Supervisor' Interview

Hi [participant],

Thank you for your response! **Tomorrow, Friday, July 10th** (9:00 am-10:30 am CST) works for me.

I will send the Google Calendar invite shortly. Attached is the consent form you read prior to filling out the Qualtrics. You are not required to sign or resend this document as you've already consented. This is just for your records and if you have any questions/concerns regarding the study.

Here it the Zoom link: [link for video conferencing]

I look forward to meeting you! Have a wonderful day.

Vy Tran '16, M.Ed. (she/her/hers)
Ph.D. Candidate | Counseling Psychology
College of Education and Human Development
Texas A&M University

[Attachment included of IRB in PDF form]

APPENDIX F: EXAMPLE OF FOLLOW-UP EMAIL AFTER INTERVIEW

Subject Line: Selected for 'Multicultural Supervisor' Interview

Hi [participant],

First, I like to thank you again for sharing with me your experiences.

Action items to be completed by July 27th:

1. **Review the transcript for any discrepancies.** Please don't worry about grammar or sentence structures. I just want to make sure the content/words are correct. Additionally, if there's anything that you'd like to elaborate on or felt you didn't fully answer for the questions, please feel free to click on the "Review" tab and select "Track Changes" or add a comment on the side using the "New Comment" button. If everything is answered to your liking, please respond with "No further changes are needed."
2. **Fill out the short form for gift card:** [link to Qualtrics form]
3. **Respond to this email with the following information**:

   Gender identity:
   Nationality/Citizenship: What countries?
   Ethnic/Racial Identity:
   Religious/Spiritual Orientation:
   Sexual Orientation:
   Ability/Disability Status:
   Age:
   Years as a supervisor:
   Years as a licensed practitioner:

I appreciate you so much and thank you again for taking time out of your busy schedule to help improve multicultural education for training programs. We all know how important anti-racist and multicultural training is during this time.

If you filled out the gift card form, I plan to send those out at the end of the summer when I should have all my participants' transcripts and information. :)

Vy Tran '16, M.Ed. (she/her/hers)
Ph.D. Candidate | Counseling Psychology
College of Education and Human Development
Texas A&M University

[Attachment included their transcript]

APPENDIX G: TABLE OF PARTICIPANT'S DEMOGRAPHIC INFORMATION

Name	Age Range	Ability/ Disability Status	Religious/ Spiritual Orientation	Race/ Ethnicity	Sexual Orientation	Gender	Pronouns	Obtained Highest Degree	Current Location	Current Agency
Ash	35-44	Temporarily able-bodied	Agnostic	White	N/A	Genderqueer	they/them/theirs	Southwestern	Southwestern	University College Center
Noah	35-44	Temporarily able-bodied	Jewish	White	Heterosexual	Man	he/him/his	Southern	Southern	University College Center
Sawyer	35-44	Temporarily able-bodied	Catholic	Latino	Heterosexual	Man	he/him/his	Midwest	Southwestern	University College Center
Kayla	25-34	Individual with disability	Non-denominational Christian	White	Pansexual	Woman	she/her/hers	Midwest	Southern	University College Center
Sunny	35-44	Temporarily able-bodied	Catholic	Latina	Heterosexual	Woman	she/her/hers	Midwest	Midwest	School-Based
Adeline	35-44	Temporarily able-bodied	Christian	Asian	Heterosexual	Woman	she/her/hers	International	Western	Private Practice Clinic
Davis	25-34	Temporarily able-bodied	Buddhist Christian Agnostic	Asian	Unlabeled	Man	he/him/his	Northeastern	Northeastern	Community Mental Health Center; Private Practice
Abigail	35-44	Temporarily able-bodied	Spiritual Christian	African-American	Heterosexual	Woman	she/her/hers	Midwest	Southern	School-Based
Samantha	25-34	Temporarily able-bodied	Spiritual	Asian	Heterosexual	Woman	she/her/hers	Northeastern	Northeastern	Non-profit community
Julia	25-34	Individual with disability	Christian	Black	Heterosexual	Woman	she/her/hers	Western	Southeastern	Private Practice Clinic