2022

Pre-licensed Counselor Experiences of Effective and Multiculturally Competent Clinical Supervision

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PRE-LICENSED COUNSELOR EXPERIENCES OF EFFECTIVE AND MULTICULTURALLY COMPETENT CLINICAL SUPERVISION

A Dissertation

Presented to the Faculty of

Antioch University Seattle

In partial fulfillment for the degree of

DOCTOR OF PHILOSOPHY

by

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September 2022

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Antioch University Seattle
in partial fulfillment of requirements for the degree of

DOCTOR OF PHILOSOPHY

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ABSTRACT

PRE-LICENSED COUNSELOR EXPERIENCES OF EFFECTIVE AND MULTICULTURALLY COMPETENT CLINICAL SUPERVISION

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Clinical Supervision is a critical cornerstone of ethical and competent counseling. A significant element in the practice of effective supervision is the necessity for clinical supervisors to provide multiculturally competent clinical supervision. Therefore, the purpose of this study was to capture the lived experiences of pre-licensure counselors describing effective clinical supervision and how the multicultural competence of their supervisor(s) impacted their experience of effective clinical supervision. Semi-structured interviews with four participants and an interpretive phenomenological analysis (IPA) were utilized. The results indicated four primary/ordinate themes. First, there are specific qualities of effective supervision. Second, it is important to supervisees that multicultural factors are considered in supervision. Third, the supervisory alliance is an important aspect of effective clinical supervision. Fourth, group supervision is essential for quality clinical supervision due in part to the diverse perspectives and collaborative power dynamic. In keeping with the phenomenological frame of IPA analysis, subordinate themes of note also emerged, indicating supervisee attention to their own clinical skill acquisition and developmental levels, rightness of fit with clinical supervisors, experiences of ineffective and sometime harmful clinical supervision, and how supervisees will exercise autonomy in seeking out effective clinical supervision. The findings provide a useful perspective for pre-licensure counselors, counselor educators and supervisors. This dissertation is available

Keywords: clinical supervision, multicultural supervision, supervisee experience of clinical supervision, clinical supervision theories/models, multiculturally/culturally sensitive clinical supervision models, best practices in clinical supervision

Dedication

This work is dedicated to William “Bill” Alvin James Kennedy (1960–2021), a brave companion of the road for this whole journey, and here in spirit for the final lap.

This work is also dedicated to the inspiring people who were my first clinical supervisors when I was first learning and growing: Gwendolyn Jones, PhD, Dexter Camejo, MA, and Jerry Evergreen, MA. My path as a Clinical Supervisor and my passion for this work began with all of you, and your teaching and mentorship.

And last but not least, this work is dedicated to the many students and supervisees who have trusted me to be a part of their journeys as clinicians in training, honoring me with the opportunity to join their learning and fine work as clinicians, a legacy which renders me equal parts humble and proud.

Acknowledgments

As the saying goes, it takes a village. And I have an incredible one. I would like to thank and to recognize the many wonderful people who supported me through my PhD program and this dissertation.

First, I wish to offer heartfelt thanks and gratitude to my Dissertation Committee, who put in countless hours helping me bring this study to fruition. I was truly fortunate to enter the AUS CES PhD program at the perfect time to be able to work with these wonderful folks:

To Dr. Ned Farley, it was such an honor and delight to get to work with you, having you watching over my work and guiding me through this astonishing experience.

To Dr. Colin Ward, as I am fond of saying, this was all your idea. And I am so grateful for your unfailing faith in me and your energetic and thorough oversight of my research.

To Dr. Jane Harmon Jacobs, in this work and in the other academic spaces where we have worked together, you have been an inspiring mentor and guide. I am so very grateful you joined this journey.

I would also like to thank other AUS Faculty.

To Dr. Stephanie Thorsen-Oleson: I am so grateful for your tireless work as dissertation coach and guide, generator of optimism, and bringer of the light showing the last steps on this road. Thank you so much.

To Dr. Mariaimeé Gonzalez: It has been such a privilege to work with you and take inspiration from your passion for social justice, your clinical wisdom, and your leadership. Thank you for your incredible support.

To Dr. Katherine Fort: Thank you for your guidance and wisdom and for lighting the way for me on so many paths, including this one.

To my CES PhD program colleagues: Having all of you as my beloved comrades in this work has been one of the most wonderful parts of this extraordinary process. To Dr. Dani Baker-Cole, Dr. Erin Berzins, Dr. Keiko Sano, Dr. Lisa Rudduck, and (Drs. to be), Leah Batty-Hibbs, MA, Cleopatra Bertelstein, MA, and Michael Drane, MA: Thank you so much friends!

And thank you to my whole Antioch Familia, especially the DCT team Dr. Rachel Hughes and Shirlee Baluyot.

To the three women who raised me and who are with me now: Carol Hope Byrd (1940–2008), Mabel Hope Byrd (1904–1978), and Harriett Jeanette Ledbetter (1914–2010).

And thank you to my family—the Byrds of Wrangell, AK.

And thank you to the rest of my village, my dear friends: Rebecca Alexander, Greg Beatty, Kyle Beatty, Jan Bultmann, Stuart Eskenazi, Rebecca Gleason, Laura Grove, Alan Hamlet, Andrew Himes, Jane Hinton, Dmitri Iglitzin, Carys Kresny, Heidi Mair, Stephanie Kurtz Mascis, Brooke Miller, Cristofer Munson, Richard Paddon, Kate Raphael, Bill Ratcliffe, Scott M. Reid, Janiece Sneegas, Lani Stone, Midori Sumida, Bruce and Ngaire Taylor, Jennifer Towner, Whitney Trepel, Malyn White, Alix Wilber and last, but by no means least, the late, great Professor of Slavic Languages and Literature, Willis Konick, who started me on my journey into the workings of the human mind by way of Pushkin, Dostoyevsky, and Tolstoy, and all of those happy and unhappy families. Спасибо!

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CHAPTER I: INTRODUCTION

According to the National Alliance on Mental Illness (NAMI, 2020), 12 million U.S. adults had serious thoughts of suicide in the year 2020. Moreover, one in five adults reported that the pandemic had a significant negative impact on their mental health. In addition, one in 15 adults experienced both a substance-use disorder and mental illness. Among people aged 12 and older who drink alcohol, 15% reported increased drinking and 10% report increased drug use. NAMI further emphasized the critical necessity of mental health services and counselors to serve the millions of people and their families impacted by mental illness to include 26.5 million adults who received services, 3 million youth (ages 12–17) and 3.6 million young adults (ages 18–25) who reported experiencing serious suicidal thoughts. NAMI further reported the annual prevalence of mental illness among adults in the U.S. by demographic group to include Non-Hispanic Asian at 13.9%, Non-Hispanic White at 22.6%, Non-Hispanic Black or African American at 17.3%, Non-Hispanic American Indian or Alaska Native at 18.7%, Non-Hispanic mixed/multiracial at 35.8%, Non-Hispanic Native Hawaiian or Other Pacific Islander at 16.6%, Hispanic or Latino at 18.4%, and Lesbian, Gay, or Bisexual at 47.4%.

Approximately 26.3 million U.S. adults received virtual mental health services in 2020 (34% of those with mental illness, 50% of those with serious mental illness). Among adults who received mental health services, 17.7 million experienced delays or cancellations in appointments, 7.3 million experienced delays in getting prescriptions, and 4.9 million were unable to access needed care (NAMI, 2020). Given the recent exponential increase in suicidal ideation and substance abuse, as well as the expansion of the number of clients seeking services for a range of mental health concerns, there is a clear demand for services from qualified, culturally competent counselors to address these needs. With the critical need for more mental

health providers, able to provide culturally attuned services for a range of clients, comes the imminent need for skilled and dynamic clinical supervisors. Effective clinical supervisors have the opportunity to foster emerging professionals forming clinician identities that will increase a multitude of representations of identities within the counseling professions, as well as launching skilled providers who will offer more mirrors of representation to clients.

Delegates at the American Counseling Association agreed on a unified definition of counseling as a professional relationship which empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (ACA, 2010). Clinical supervision is a cornerstone of ethical and competent counseling, as the practice of a more senior practitioner overseeing guiding, teaching, mentoring, co-constructing, and discovering the clinical practice of clinicians in training, attending to the ongoing maintenance and challenges of supervisees developing post licensure clinical practice skills. Clinical supervision also serves as a most significant element of gatekeeping in the service for the well-being of the mental health consuming public, as the clinical supervisor shoulders the legal responsibility for the professional conduct and competence of pre-licensed clinicians in training (Bernard & Goodyear 2009; Falender & Shafranske, 2014; Guiffrida, 2015).

A significant element in the practice of effective supervision is the necessity for clinical supervisors to provide multiculturally competent clinical supervision. As defined by Bernard and Goodyear (2009), multiculturally competent supervisors have skills to address and transcend the miscommunications and mistrust that can sometimes arise when people are different from one another. Multiculturally competent supervision is critical to effective supervision and this competence has been found to positively correlate with the strength of the supervisory alliance (Crockett & Hays, 2015; Inman, 2006; Tsong & Goodyear, 2014).

In a 2011 report, the Association for Counselor Education and Supervision (ACES) Task Force published *Best Practices for Clinical Supervision*. This comprehensive report identified 12 key areas of focus for clinical supervision to include the necessity for the supervisor to explore cultural identity, including issues of power and privilege, and how these affect values and beliefs about counseling and supervision. With regard to diversity considerations, the ACES (2011) guidelines endorsed the concept that all supervision is multicultural and emphasized that the supervisor should initiate conversation about multicultural considerations and the impact on counseling and supervisory relationships. This clearly indicated that such multicultural considerations are an expected part of supervision conversations. With regard to the working alliance between supervisor and supervisee, these best practices guide supervisors to address parallel process issues, transference and countertransference in ways that are developmentally appropriate and productive (ACES, 2011). Moreover, it is essential for those who train and supervise counselors and mental health professionals to be culturally competent and to effectively work with diverse service recipients (Sangganjanavanich & Black, 2011).

On the topic of multicultural incompetence, Ladany (2014) asserts that with advances in multicultural training at the graduate level supervisors could be the least multiculturally adept member of the supervisory dyad. Thus, there is a necessity for supervisor training, without which, supervisors may not be equipped to facilitate multicultural growth in trainees. Further, it is essential for supervisors to increase multicultural knowledge or skills in psychotherapy (Ladany, 2014), Additionally, Falender et al. (2014) reported a gap between supervisor perception of multicultural competence in supervision, and the actual behaviors taking place. According to results, trainees reported the onus of bringing discussion of diversity in to supervision. Encouraging the ongoing process of self-awareness, a supervisor’s transparency in

acknowledging gaps or limitations in knowledge or challenges in implementing culture sensitive approaches to treatment provides and opening for mutual discussion. Additionally, modeling competence and commitment to enhancing multicultural competence is essential (Falender et al., 2014).

As supervisory multicultural awareness and competence is highlighted as a fundamental feature of effective supervision, this research study seeks to learn from the trainee perspective. There is a clear need for multiculturally competent counselors to address the increased need for mental health services for clients of all ages, races, gender expressions, cultural origins, and abilities. The practice of clinical supervision is evolving alongside with the expansion of the definition of clinical competence. Therefore, the aim of this research was to understand the supervisee perception of effective supervision, and specifically the supervisor's multicultural competence to include if the supervisor demonstrated an ability to raise and hold topics of gender, racial, ethnic, and cultural identity differences across supervisor, supervisee, and clients within the clinical supervision process. And if so, how that experience impacted the supervisee perception of effective clinical supervision.

Statement of the Problem

Research and scholarship have focused on the experience of effective supervision from the point of view of the supervisor, who is attending to the developmental progress of the supervised and/or assessing the efficacy of the working alliance between the supervisor and supervised. For example, in a content analysis of 52 models of supervision, Simpson-Southward et al. (2017) found that the models focused primarily on the developmental stages of supervisees rather than the supervisee emotional experience of supervision and the behaviors and development of supervisors themselves. While both of these foci are important in discerning the

quantifiable aspects of effective clinical supervision, this study sought to capture some of the qualitative aspects of the clinical supervisees' lived experience, in the context of development and trust in supervisor, and also in the words and context of the supervisee. Moreover, the exploration of multiculturally competent supervision has uncovered the phenomena that some supervisees are actually more competent in addressing the contextual issues of multicultural competence than the supervisor (Ladany, 2014). This study will seek to learn about the experiences of supervisees reporting on effective supervisory experiences and how/if supervisory multicultural competence was inherent in effective clinical supervision.

One perspective informing this study is Holloway's Systems Approach to Supervision (1995) model, which describes social role models of supervision to include the function of supervision as encompassing a set of roles that serve to establish consistent expectations and beliefs about the counseling supervision process, which in turn promotes an experience of behavioral consistency and certainty for the trainee. This is similar to Falender and Shafranske's (2012) guidance for supervisees to broach topics of diversity, particularly if the supervisor is not doing so. Holloway (1995) emphasized that training should offer ways in which both supervisor and trainee take responsibility for discussing issues of power and culture as they relate to interactions with clients.

With an everchanging world, it is important to meet the needs of diverse populations. According to the recent census (U.S. Census, 2020) while White alone, not Hispanic or Latino people make up 57.8% of the total population, the second largest racial or ethnic group is Hispanic or Latino (18.7%), and the third largest racial or ethnic group is Black or African American alone (12%). American Indian and Native American, Asian, Hawaiian and Pacific Islander, Other, and two or more races made up the remaining percentages. As compared to

2010, the 2020 census indicated an increasingly precise understanding of the U.S.'s racial make-up to include a 567.2% change, increase of 17,257,368 people identifying as two or more races, Hispanic or Latino and a 127.1% change, increase of 7,582,502 people identifying as two or more races, not Hispanic or Latino. Racially sensitive and multiculturally competent counselors working with skilled clinical supervisors should address and support the needs of this diverse population.

Quantitative research has also explored measurement tools such as the Supervision Outcome Scale, developed to validly measure the outcomes of clinical supervision to include decrease in client symptoms, increase in supervisee competence and improvement in supervisee multicultural competence (Tsong & Goodyear, 2014). This qualitative study could enhance the exploration of the phenomena and possible outcomes of effective supervision by pursuing two related lines of inquiry with participants who are under requisite clinical supervision, as they are not yet fully licensed. The participants were invited to describe experiences of effective clinical supervision and to comment on supervisors engaging in multiculturally competent clinical supervision, to include attuning to racial and cultural differences across the supervisor, supervisee, and client triad.

Theoretical or Conceptual Framework

The concepts and practice of multicultural supervision is foundational to this study. In order for clinical supervision to serve the client, as well as the trainee, the supervisory experience must strive for multicultural competence. Identified best practices to promote multicultural competence in clinical supervisors include self-awareness of one's own multiple cultural identities (Falender et al., 2014). Further, it is important to explore the impact of supervisor worldview on supervision and clinical work. Additionally, it is essential to adopt a position of

cultural humility, exercise meta-competence, and not erroneously assuming one is competent in facilitating culturally responsive supervision (Falender et al., 2014).

It is also of note that the theoretical foundations for this study are based on multiple models of clinical supervision to include Person-Centered Supervision, Integrated Developmental Supervision, and the Systems Approach to Supervision. Drawing from the work of Carl Rogers, and the theme of unconditional positive regard, Person-Centered Supervision provides a climate of safety and trust in therapeutic setting so that the supervisee can use the supervisory relationship for self-exploration and growth, assuming resources and abilities on the part of the supervisee and a mostly egalitarian and collaborative stance on the part of the supervisor within the process. Bryant-Jeffries (2005) asserts in the person-centered approach unconditional positive regard and clearly understood supervisor empathy are important features to foster an effective supervisory relationship. The collaborative and supervisee directed process of Person-Centered Supervision lends itself to an invitation for the supervisor and supervisee to explore the multicultural factors between the two of them. Therefore, the process of this study invited the participants into a collaborative narrative regarding the supervision experience by, for example, asking co-researchers to describe the experience of effective clinical supervision.

Stoltenberg and McNeill's (2010) Integrated Developmental Model (IDM) of clinical supervision, lays out clear benchmarks for the supervisor to frame the direction and expectations of the supervisee's work. Developmental models of clinical supervision such as this guide supervisors to match the intentions, structure, and style of clinical supervision to the supervisee developmental level. This model does not ask the supervisor to deny the phenomenological experience of the supervisee or the nuances of the supervisory relationship. However, it focuses on facilitating supervisee development by attending to overriding structures and specific domains

during each level of the supervisee development, with attention to how theories of learning, processing, motivation, and development inform and understanding of these structures (Stoltenburg & McNeill, 2010). While the analytic focus of the data gathered for this study was not dictated by these developmental structures, the author was alert to the emergence of themes and patterns in the data that mirrored the developmental expectations of this model. Co-researcher responses were analyzed regarding the impacts of effective clinical supervision and multiculturally competent consultation taking place within the supervisory dyad in the context of the co-researcher's self-report of confidence in competence, which can in turn be viewed through a developmental model of counselor in training levels of competence and skill.

As referenced earlier, Holloway's systems approach to supervision model (1995) operates as a useful bridge between a person-centered and a developmental approach to clinical supervision. Moreover, Falender and Shafranske's (2012) guidance for supervisees to broach topics of diversity, particularly if their supervisor is not doing so, could inform some of the questions within the interview structure of this study. For example, co-researchers were asked to describe if topics of diversity and cultural differences were raised within the specific supervisory relationship(s) and how those conversations may have impacted the supervisee clinical supervision and the client experience. Also foundational to this study is constructivist supervision which empowers supervisees to engage in a narrative process via the establishment of a mutual understanding between supervisee and supervisor in a context in which the supervisee may think about an experience, critically evaluate it, formulate a logical framework and create words to express the experience (Guiffrida, 2015; Whiting, 2007).

Statement of Purpose

The purpose of this study was to capture the lived experiences of trainees and novice counselors describing what they identified as effective clinical supervision. Using a semi-structured interview schedule, this study sought to explore how reported experiential phenomena of "effective clinical supervision" was defined and identified by the study participants in the particular context (Smith et al., 2009) of clinical supervision. In this instance the participants were pre-licensed counselors under required supervision. Along with the context of effective clinical supervision, the interviews prompted the participant supervisees to examine and report on the context of multicultural competence in clinical supervision.

Research Questions

Research question one asked, how do pre-licensed counselors and therapists in-training experience effective clinical supervision? In addition, how do these pre-licensed counselors and therapists perceive the multicultural competence of clinical supervisor(s) impacted their professional development and clinical work? This focus could help understand the lived experience of those with effective clinical supervision. The significance will be further explored in the next section.

Significance of the Study

Clinical supervision is a critical component in counselor education, counselor training, ongoing competency acquisition and oversight, impacting the well-being of the public/clients as well as the well-being of developing and experienced clinicians. In clinical training and education settings, supervisors and supervisees must manage a range of competing foci in order to best serve the clients. This includes ongoing training in records systems, measurable outcomes, productivity, and adhering to activities dictated by contracts from funding sources.

Given the immense pressure on time and resources for clinicians, qualitative data that illuminates the experience of clinical supervision might refine best practices for clinical supervision.

Identifying clinical supervision as an essential aspect of ethical and effective counseling and the cornerstone of continuing professional development is an important step for this profession (Wheeler & Richards, 2007). One study explored counselor perceptions of the impacts of clinical supervision on work with clients to include the findings that supervision does directly and indirectly impact client outcomes with high levels of counsellor congruence and confidence in the supervisory relationship (Vallance, 2004). Moreover, this correlated with increased congruence and confidence in the counselling relationship as the counselors reported utilizing supervision for emotional support, leading to clinician regulation within the counseling alliance (Vallance, 2004). Another small sample, but intensive, observation study identified the effectiveness of Cognitive Behavioral Therapy (CBT) supervision in terms of its impact on a supervisee and client dyad (Milne et al., 2003). Plus, a recent study endorsed the importance of the client and clinician therapeutic alliance as a fundamental component of effective therapy (DePue et al., 2022). Findings also revealed a relationship between the supervisory working alliance and client outcomes, noting that the nature of that relationship changed based on whether the therapeutic alliance was measured using the client or therapist perspectives. When utilizing the client perspective of the therapeutic alliance, there was a direct relationship between the supervisory working alliance and client outcomes. Moreover, a strong supervisory working alliance based on therapists' viewpoints was positively related to client change scores based on the clients' viewpoint (DePue et al., 2022). These findings are important in the context of this study in seeking to further understanding the lived experiences and discernments that arise for supervisees under requisite supervision.

Definition of Terms and Operationalized Constructs

Falender and Shafranske (2014) define effective supervision as "a practice that encourages supervisee development and autonomy, facilitates the supervisory relationship, protects the client, and enhances both client and supervisee outcomes" (pp. 1031–1032). Furthermore, an infusion of awareness in the role that diversity plays in clinical and supervision practice is endorsed, including consideration of multicultural identities of supervisor, supervisee, and client as a component of supervision. Going a step further, Falender and Shafranske (2014) defined supervision diversity competence to include, an encompassing process entailing: awareness, knowledge, and appreciation of the interaction among the client, supervisee/psychotherapist and supervisor assumptions, values, biases, expectations, and worldviews. Integration and practice of appropriate, relevant, and sensitive assessment and intervention strategies and skills, consideration of the larger milieu of history, society, and socio-political variables are also relevant. The participants were pre-licensure postgraduates having completed accredited Master's level degree programs, and at the time of the interviews, were accruing supervised hours towards licensure. The participants were initially recruited based on the preliminary affirmative response to if they had experienced effective supervision. This criteria assisted with exploration of the lived experience of counselor trainees in clinical supervision with an emphasis on effective supervision and curiosity about supervisory multicultural competence.

CHAPTER II: REVIEW OF LITERATURE

Introduction to the Literature Review

Literature was reviewed regarding qualities of effective clinical supervision and supervisee experiences and perspectives. In addition, multicultural supervision practices as part of the theoretical orientation were reviewed. Further, literature on supervisee behaviors within clinical supervision were examined. Supervisor experience, clinical supervision practices and contrasting supervisee and supervisor experiences were also included.

Theoretical Orientation

One useful aspect to consider is the multicultural supervision theoretical framework. A Delphi study with 13 university counseling center supervisors with significant experience in multicultural supervision examined multicultural frameworks (Dressel et al., 2007). This was defined as a supervisory situation in which the participants in the supervisory dyad were ethnically different. In round one, 34 potential panelists were sent definitions of successful and unsuccessful multicultural supervisory behaviors and requested to generate a list of as many specific behaviors as they could. In round two, the 21 panelists who responded to the first round were sent the lists of successful and unsuccessful multicultural supervisory behaviors and were asked to rate the amount that each of the behaviors might contribute to successful or unsuccessful multicultural supervision. In the third round, the eighteen panelists who responded in the second round were sent the two lists of successful and unsuccessful supervisory behaviors along with the mean ratings for each behavior. Data analysis identified 35 behaviors that characterized successful multicultural supervision. Some of the supervisory tasks characteristic of successful multicultural supervision include the commitment required of the competent multicultural supervisor and aspects of the personal and professional growth and the supervisor's

support of the same growth in supervisees. The data further demonstrated the participant's consensus regarding unsuccessful supervision and lack of awareness of their own racial, ethnic, and cultural bias as a detriment to multicultural supervision. Moreover, behavioral statements with a supervisor's lack of sensitivity to the impact of culture. In addition, overlooking or becoming defensive about multicultural issues. The limitations inherent in the study included the categories of successful and unsuccessful supervisory behaviors that were generated, and ratings limited by the composition and size of the participant sample. Future research could look at the working alliance in supervision (Dressel et al., 2007).

Employing multiple self-reporting tools, Crockett and Hays (2015) sought to develop and test a mediation model depicting relationships among supervisor multicultural competence, the supervisory working alliance, supervisee counseling self-efficacy, and satisfaction with supervision. There were 221 participants who met the criteria for participation to include enrollment in a counseling practicum or internship experience, accruement of at least 10 direct client hours, and receipt of at least one hour of individual supervision per week during the semester in which participants completed the study. Participants were solicited from a randomly generated list of 2,000 American Counseling Association (ACA) graduate student members who were sent a link to participate by completing the Working Alliance Inventory–Short Form, the Counselor Self-Estimate Inventory, and the Trainee Personal Reaction Scale–Revised. There were three major findings to include that the mediation model provides a better fit to the data than the alternative model, highlighting the complex relationships among the study variables and contributing to the evidence suggesting that the supervisory working alliance somewhat explains the relationship between supervisor multicultural competence and outcomes. A second major finding was that the supervisory working alliance mediation impacts the relationship between

supervisor multicultural competence and supervisee satisfaction. On the basis of the mediation model, supervisees who perceive their supervisor as being multiculturally competent develop a stronger supervisory working alliance. The study also found that supervisor multicultural competence moderately contributes to the development of supervisee counseling self-efficacy, but the working alliance does not influence self-efficacy. Additionally, the strength of the supervisory working alliance did not influence supervisee satisfaction or self-efficacy. Thus, there is a complex relationship between supervisor multicultural competence and supervisee counseling self-efficacy. Future research could focus on obtaining data from other more culturally diverse groups of participants. In addition, it is important to explore how the mediation model is useful for both clinical supervisors and counselor educators to support supervisee and student development (Crockett & Hays, 2015).

In looking further at supervisee reflections, one study utilized a discovery-oriented qualitative approach to examine supervisee experiences of supervisor multicultural competence and the impact on supervisee clinical work with specific attention to the cultural content discussed and multicultural interventions used in clinical supervision (Soheilian et al., 2014). The 102 participant supervisees were asked, via an open-ended questionnaire specifically developed for the study, to describe an experience in which they felt their supervisor was multiculturally competent to include the topic that was discussed, what the supervisor said or did that was deemed multiculturally competent, and how that supervisory experience impacted supervisee work with clients. Three overarching domains illustrated the specific content of cultural topics discussed in supervision emerged from the data to include race as one of the most commonly explored topics during a moment identified as multiculturally competent in supervision. The second and third most frequent topics addressed in multiculturally competent

supervision were gender-related discussions and talking about issues related to ethnicity and religion/spirituality. In discussion it was noted other demographic domains included socioeconomic status and sexual orientation were minimally addressed in supervision, leading to a hypothesis that the possible homonegative bias of the supervisors could contribute to a lack of awareness of how sexual orientation impacts clinical supervision, heightening heterosexism in the clinical and supervision fields. The qualitative nature of the study, as well as use of a convenience sample and inherent selection bias, renders the results less generalizable to all supervision experiences. Related research could measure specific interventions yielding the most improvement in the multicultural counseling competency of supervisees and also delve in to both supervisee and supervisor perspectives through dyadic matching (Soheilian et al., 2014).

In further examining how supervisees reflect on the impacts of supervisor multicultural competence, another study looked at supervisor cultural humility (Cook et al., 2020). The study participants were post-master's counselors seeking licensure in professional counseling, psychology, social work, marriage and family therapy, and other, with ages ranging from 24 to 67 years with the majority of participants identifying as female, with 21 participants identifying as male and one participant identifying as nonbinary. A 19-item survey gathered demographic data for both the participants and supervisors and prompted participants to describe details about their supervision experience, to include average time allotted for weekly supervision, how they located the supervisor, and how administrative and clinical consultation needs were attended to in supervision. The study utilized the Cultural Humility Scale–Supervision Version and the Supervisee Nondisclosure Scale (SNDS). Respondents were also given the option to select "not applicable" for each item. The results established a statistically significant link between supervisees perceptions of the supervisor's cultural humility and supervisee willingness to

disclose in clinical supervision, noting that the participants' favorable perception of their supervisors as being culturally humble predicted fewer nondisclosures of supervision feedback and clinical concerns, not just nondisclosures related to cultural issues. Limitations were identified as the sample size (with 10.5% of participants invited fully participating), the homogeneity of the sample to include being majority identifying and white and female. Future research could entail recruiting from a larger and more diverse sample of supervisees, potentially capturing the lived experiences of more supervisees and supervisors of color, while more effectively factoring in differing supervision requirements from each state that could influence data (Cook et al., 2020).

Considering the reported experiences of supervisees of color working with White supervisors, an earlier study explored the supervision experiences of 69 supervisees working with White identified supervisors who identified as racial/ethnic minority counselors (Nilsson & Duan, 2007). Employing multiple self-reporting tools to include the Counseling Self-Estimate, a 37-item instrument, using a Likert-type scale to assesses counselors' perceptions of their self-efficacy in counseling situations, and the Majority-Minority Relations Survey (MMRS) a 38-item instrument, using a Likert-type scale that measures for proximal affiliation with majority group ranging from: assimilation to strong affiliation with one's minority group, to suggesting rejection of American culture. The Perceived Prejudice subscale was used in the present study to assess the degree to which racial and ethnic minorities feel accepted by people in the majority culture; whether they feel overlooked for recognition because of their ethnicity; and whether they feel their history, values, and lifestyle are not cared for by the majority culture. Data was collected in conjunction with a larger study that focused on international students in counseling training, but that also included inviting U.S. Caucasian and racial and ethnic minority students to

participate in the study. The results demonstrated perceived prejudice was significantly correlated with both role ambiguity and role conflict, indicating that more experiences of prejudice were associated with more uncertainty regarding supervisor's expectations and evaluations and how to manage the sometimes-contradictory roles of being a student, supervisee, colleague, and counselor simultaneously. It was noted that these findings are consistent with previous research indicating role ambiguity was associated with perceptions of counseling self-efficacy among international students, indicating similar experiences for U.S. racial and ethnic minority supervisees. The results from this study showed that at least some U.S. racial and ethnic minority supervisees experienced prejudice associated with their experiences in supervision, specifically in the context of the necessity of White supervisors explicitly informing supervisees about expectations and discussing the roles that supervisees play in the supervisory relationship. Identified limitations included a small sample size, no data regarding the method the survey was randomly distributed to the participants, and due to sample size, all U.S. racial and ethnic minority participants were collapsed into one group rather than more deeply investigating great diversity within this group to take into account the likelihood that students from different racial and ethnic backgrounds have unique experiences of prejudice, and that experiences in counseling training may also differ. No data were collected on supervisees' and supervisors' prior multicultural training and experiences or on the supervisors' gender. Future research could include a more extensive and detailed exploration of how all of these variables influence the supervision experience in the context of trans racial supervision (Nilsson & Duan, 2007). These perspectives help to provide a more objective view of supervision.

Review of Research Literature and Synthesis of the Research Findings

The elements of effective clinical supervision are illuminated by exploring the skills of supervisors, the qualities of the supervisory alliance, and the experiences and resulting behaviors of supervisees, as well as impacts on clients.

Qualities of Effective Clinical Supervision

One study examined the development of trust in the supervisory relationship between doctoral-level supervisors and master's level students (Riechel et al., 2018). Participants included master's level practicum students, enrolled in coursework and the first clinical practicum during the second semester of a five-semester program. Ages of participants ranged from 22 to 25 years old. Interviewers conducted 10 video recorded in-person interviews with 10 participants. A phenomenological approach with interviews was utilized to collect data. Themes were validated through member checks, frequency count of codes, extended engagement in the field, as well as through triangulation of information, and a review of relevant research literature. Six themes emerged from data analysis: focus, investment, safety, honesty, expertise, and evaluation. The interviews yielded significant data on the importance of focus in the supervision to include both the direction of the supervision and attending to supervisee's needs. Moreover, the importance of supervisor investment in the learning and development of the supervisee. In addition, the safety facilitated by the supervisor to foster a trusting collaborative experience and the necessity for honesty, as defined in the interviews, as indicating a congruence between the supervisor's summative and evaluative feedback of self-assessments. To a lesser degree, the interviewees identified the supervisor's expertise in counseling skills and experience as important. Plus, evaluation was identified as a significant source of anxiety for the supervisees. A limitation was

the potential for dual relationships (classmate/instructor) while future research could explore the potential dual nature of supervisory relationships (Riechel et al., 2018).

Another study investigated the supervisory relationships and therapeutic alliances using structural equation modeling to examine the contribution of supervisee supervisory relationship levels to therapeutic alliance (TA) scores with clients in practicum (DePue et al., 2016). After removing missing values from the data, the participants included 110 counseling trainees and 235 clients. Data were matched between counseling supervisees and clients, creating 110 counselor-client dyads. Participating clients and counselors each completed the WAI-S after the third session. The WAI-S includes a client and counselor version measuring the client-counselor relationship based on client-counselor agreement between three counseling-related subscales: (a) Tasks, with four items measuring the relevance and effectiveness of the counseling trainees' tasks; (b) Bond, with four items measuring the affective bond between patient and therapist; and (c) Goals, with four items measuring the endorsement of the outcome. According to the findings, the supervisory relationship scores positively contributed to the TA. Client and counselor ratings of the TA also differed. The counselors rated the TA lower than clients did on all three of the WAI-Subscales consistent with previous findings that have shown counselors in training report lower TA than their clients. A second finding was that the supervisory alliance (supervisees' perspective) was positively associated with the supervisee perspectives of the TA with clients. Therefore, supervisees who rated the supervisory relationship as high were more likely to rate the TA as high. Limitations include causation not being determinable from the data as the design was correlational; the limitations of the sample rendering the data less generalizable, and the possibility that social desirability and client perception could contribute to high client scores. Duplication of the study recruiting participants from multiple counseling sites to increase

generalizability of the research findings is encouraged and employing a desirability measure to manage for social desirability impacts (DePue et al., 2016).

A qualitative study of power dynamics in clinical supervision explored supervisee understanding and power and its impact on the experience of clinical supervision by interviewing nine recently graduated master's level counselors using a semi-structured interview protocol, within a consensual qualitative research method (De Stefano et al., 2017). The participants were all women, from social work, counselor education, and psychology programs, identifying as Caucasian with some mixed heritages also. The analysis of the data revealed five interrelated categories first to include the supervisor's advanced knowledge and power as an important source of power. Unrecognized and unacknowledged supervisor errors were shown to erode supervisee perception of supervisor expertise and misuses of power on the part of the supervisor evoked self-preservation reactions in the supervisees. Supervisees experienced power being shared as a trust in the supervisee abilities, and supervisor transparency and nurturance to reduce the power differential. As the study used qualitative methods and a purposeful sample of supervisees was interviewed, generalizability is not sought or the goal of the study. Likewise, while the results included supervisee experiences of supervisor positive uses of power in supervision, there was a bias toward narratives of trainees who had specifically had negative experiences. Future research could include foci on different stages of supervisee development and how supervisee understand of power dynamics in clinical supervision might shift across those stages (De Stefano et al., 2017).

Another study contrasted supervisor, supervisee, and patient perspectives regarding within-session supervision communication in the training of clinical psychologists, hypothesizing that the use of frequent telephone call-ins and walk-ins would be associated with a

poorer supervisory style and fewer positive therapeutic behaviors (Hunt & Sharpe, 2008). Over a three-year period, data was collected on the perception of 32 responding clinical psychology interns and 49 responding patients in their care, in a psychology clinic, regarding the experience of communication in sessions between interns and supervisors during the therapy. Two surveys were developed for the study with the intern survey containing 14 items asking interns to rate the presence of desirable supervisor behaviors on a 5-point scale from strongly agree to strongly disagree. Overall, neither telephone call-ins nor walk-ins were a frequent practice in supervision and the hypotheses were not supported, as in general interns had a positive view of supervisors and the patients endorsed a positive view of intern therapists regardless of the reported supervisor practices. Limitations included the small participant sample and in examining the relationship between the variables of interest there was a lack of variability, particularly in terms of the ratings of interns by patients and of supervisors by interns. Future research could further identify and control for individual supervisor and intern characteristics and could more deeply explore the context of supervisory events that were viewed as counterproductive by either the intern or the patient (Hunt & Sharpe, 2008).

A case study comparing two approaches seeking to detect excellent episodes in clinical supervision utilized brief episode analysis in relation to the challenge of measuring excellent supervision (Breese et al., 2012). For data collection, there was one significant learning period in one supervisee's development, comparing brief and long versions of the episode approach. The participants were a 56-year-old male supervisor practicing in North America as a licensed clinical psychologist, with 22 years of experience in the field, and a 35-year-old female supervisee; a trainee clinical psychologist on the postdoctoral course, training at the clinic providing cognitive behavior therapy to both male and female clients. Seeking to try to identify

the best level of analysis for identifying excellence in supervisions, the qualitative design employed and compared two approaches to qualitative observation through episode analysis: the brief approach and the relatively long approach, based on Aristotle's reasoning about change. Audiotape recordings were made of one supervisor's routine weekly supervision for an 11-month period and analysis was compiled from a sample of supervision sessions in the middle of this period. A critical events analysis to define a period of excellent supervision was first applied and then consecutive clinical supervision sessions were studied with the episode. These two analyses were then reviewed in terms of respective ability to illuminate each excellent event, including the time it took to complete each approach. The results suggested that the longer episode approach demonstrated greater sensitivity to the observed changes that followed supervision than the briefer approach. A limitation was the small sample or one dyad. Further considerations include the possibility that change process may not always be observable via audiotapes, and other change mechanisms could take place outside of the supervision, as well as further possible limitation being that this approach sought to understand major phenomena based on the analysis of simpler components. It is possible, logically, this construct may fail to reflect or explain phenomena due to unknown and examined factors. It was suggested this approach could be viewed as part of multiple levels of analysis in tandem with other qualitative methods for evaluating excellent supervision (Breese et al., 2012). This is useful as the current study aims to understand effective supervision. There is merit to looking at what is going well.

Supervisee Experiences and Perspectives

Examining the reported experiences of supervisees, one study yielded perspectives on the lived experiences of trainee clinicians practicing under clinical supervision (Rogers et al., 2019). Approximately 73 master's-level students currently enrolled in practicum or internship courses

in clinical mental health, school, and clinical rehabilitation counseling tracks participated in a study. The data analysis showed that attachment anxiety correlated to an increase in use of cognitive distortions, with most frequently utilized by the participants as mindreading, discussed as when a person assumes negative about them on the part of the other, mental filtering focusing only on negative information, emotional reasoning as in believing something to be true because it feels a particular way, and catastrophizing without much evidence of a negative outcome. The results also showed attachment anxiety leading to an increase in cognitive distortions, which accounted for more difficulty with corrective feedback during clinical supervision. Results from the mediation analyses illustrated that the use of cognitive distortions as well as concerns related to attachment, such as fears of being rejected or abandoned, decreased the students' ability to effectively utilize corrective feedback. Therefore, counseling programs could utilize formal or informal assessment of attachment as part of evaluation and strategies to facilitate productive working relationships with faculty, peers, clients, and supervisors. Limitations included a small and homogenous sample. A larger sample would have allowed for additional data analysis factoring in such characteristics as age, type of program, and other demographic variables. Future research could explore validated supervisor-reported measures of supervisee level of difficulty with receiving corrective feedback and examine how variables of interest among supervisors to include attachment and theoretical orientation may influence the experience of supervisees (Rogers et al., 2019).

A different approach was to conduct phenomenological interviews with six master's level counseling students, recruited from internship courses in mental health, school, and marriage and family counseling, about the experience of ambiguity in counselor preparation (Jahn & Smith-Adlock, 2018). According to the results, there were five relevant phenomenological

themes related to counselor education student tolerance for ambiguity. These themes included prior personal or professional experiences in preparation for tolerating ambiguity and ability to recognize the built-in ambiguities in counselor preparation, as well as feelings of being overwhelmed by ambiguity, strategies for coping with ambiguities, and reconciling ambiguity tolerance through self-assurance. The interviewees reported as they engaged with ambiguity more over time, self-understanding emerged as a way to deal with uncertainties and they developed the awareness that they would benefit from tolerance of ambiguous situations, supporting the suggestion from counselor development literature that the struggle of beginning counselors with ambiguity is an essential developmental task. As the study was qualitative research, and the participant sample was small and homogenous, the results are not broadly generalizable. The participants were of a narrow age range, from a single university setting, with limited diversity of race, ethnicity, and culture. Future research could further evaluate the effectiveness of specific educational interventions for tolerance of ambiguity during counselor preparation (Jahn & Smith-Adlock, 2018).

Another study explored pre-licensed experiences prioritizing information for clinical supervision (Cook & Sackett, 2018). The sample was recruited via a purposive snowball sampling. The seven participants were pre-licensed counselors, under supervision, seeking state licensure in Virginia. The participants all identified as White or Caucasian women, ages ranging from 25 to 29 years old. Regarding clinical supervision, one participant reported that in addition to formal supervision, the supervisor regularly provided live supervision via observation while all other participants reported supervision sessions conducted exclusively via supervisee self-report. The participants were all interviewed twice, making for a total of 14 interviews. In the first interview, the participants were asked to describe their experiences in clinical

supervision, to include how they prepare for supervision, how they present cases, and how they manage clinical and administrative content, as well as what supervisees specifically share with supervisors and why they believe that information to be most salient. The participants were also asked to provide a rationale for choosing to share cases and information (and if they chose not to share a case, the rationale for that choice), and what they hoped to gain from presenting material such as a case or developmental concern. The second was identical to the first with the addition of one question regarding if clients discussed in the current supervision were the same as previous supervision, and potentially two follow-up questions depending on the participant response to include if why the participant might have chosen to present the same case again or conversely why the participant had chosen to present a different case in this supervision. The participant interviews were analyzed using Interpretive Phenomenological Analysis (IPA) with all steps of data analysis using NVivo 11. In addition to the three emergent themes, the data analysis further yielded discussion of how supervisees and supervisors might strive to maximize the effectiveness of clinical supervision in the context of limited time and the limitations of supervisee self-report as the primary source of information, via strategic preparation and structuring of the supervision experience. Limitations included a small and homogenous sample. Future studies could replicate this with counselors seeking licensure in different states and could further explore how counselors at different levels of professional development and clinical experience might differ in prioritizing factors of clinical supervision (Cook & Sackett, 2018).

Utilizing interpretive phenomenological analysis (IPA) another study examined the experience of four master's level students in four different professional psychology programs in South Africa (Nel & Fouche, 2017). The participants were three females and one male with ages ranging from 24 to 39 years. Data was gathered via three in-depth, open ended, semi-structured

interviews, and reflective writings documented in weekly journals that were collected from the participants over a one-year period. The themes that emerged from the findings showed that supervision served as an essential purpose for the participants and was identified as the main contributor towards professional developmental. Emergent themes included emotional support, self-acceptance, autonomy, and personal growth as well as the quality of the supervisory relationship as a fundamental component of good supervision. These relationships were described as nurturing, safe, open, and comforting. Interpretation of the findings yielded themes of significance across cases to include emotional support, self-acceptance, autonomy, and personal growth. While the small sample size was an inherent limitation, the method of interpretative phenomenological analysis (IPA) facilitated the representation of the participants' subjective experiences and documented the meaning that such experiences held for them. Future research could seek to further explore the experience from the supervisor's perspective and focus on the nature of the supervisory relationship, as well as additional research into the phenomenological experiences of clinical interns (Nel & Fouche 2017). A balance of perspectives can provide depth in the literature.

Supervisee Behaviors Within Clinical Supervision

Additionally, exploring supervisee perspectives yields reflections of supervisee behaviors resulting from clinical supervision. By analyzing transcripts using Interpretive Phenomenological Analysis (IPA), Singh-Pillay and Cartwright (2019) examined the subjective experiences of participant trainee regarding supervisee non-disclosure in clinical supervision of interns in South African hospitals or community centers. Purposive sampling targeted trainees currently in the second internship year at a hospital or counseling center, participants were part of a mutually consenting supervision dyad, and participants were able to reflect on experiences of

non-disclosure within current supervision. Of the eight participating trainees, five identified as female and three as male, with four participants identifying White, and four identified as African with an age range among participants of 43 years. Participants were individually interviewed in a semi-structured framework for approximately 90 minutes on experiences of non-disclosures within their current supervision relationship. Four identified themes emerging from this data were the confirmation of purposeful non-disclosures, the factors that prevent and facilitate trainee disclosures, the impacts of learning from the supervisor, and the implications for the trainee's learning and therapy. It was concluded that the phenomenological exploration of non-disclosure from the trainee perspective revealed how the power dynamics within the supervisory relationship appeared to perpetuate a cycle of non-disclosures. The analysis of the participant data illuminated the concept that non-disclosures are part of a repeated cyclical process. This stemmed from a sense of insecurity within the supervisory alliance, wherein the trainee experiencing powerlessness, in relation to a real or perceived powerful supervisor engages in an anxious need to control the interaction and the exchange of information in supervision leading to material being withheld which can foster a greater sense of inadequacy in the trainee. This could result in a greater motivation to not disclose. Future related research might explore further understanding of non-disclosure from the supervisor's perspective and the levels of supervisor awareness non-disclosure in the supervisory relationship and how this element managed. Additional purposive samplings in different cultural contexts to include different but similarly ethically and culturally diverse supervisor/supervisee dyads could illuminate if the conclusions emerging from this data is generalizable (Singh-Pillay & Cartwright, 2019).

Another study examined specific relational supervision strategies (Shaffer & Friedlander, 2017). In the first investigation the participants were 72 PhD and PsyD students in clinical or counseling programs, with an average age of 29.42, with primarily women and identifying as European-American/White. Most participants indicated that their supervisors were European-American/White (82.4%) and men (56.8%). After the investigators developed a relational behavior rating scale addressing 11 behavioral sequences, the participants were asked to rate these sequences in terms of which behavior was used in recent supervisory sessions. These participants were also asked to complete the Supervisory Styles Inventory which asks participants to rate their primary supervisor's style of supervision. The results for this part of the investigation indicated significantly higher for psychodynamic/psycho-analytic/humanistic supervisors as compared with cognitive-behavioral supervisors. The second investigation recruited 141 participants from different levels of training including counseling and clinical psychology doctoral programs and master's programs in mental health counseling, social work, and couple and family therapy, and utilized a relational behavior scale, a working alliance inventory for trainees and revised trainee personal reaction scale. Similar to the first investigation, the second yielded scores that were significantly higher for psychodynamic/ psychoanalytic/humanistic supervisors than for cognitive-behavioral supervisors. Identified limitations included the possibility that participants in the two non-random studies were not able to recall supervisor relational behaviors accurately or specifically, and that the results could not be generalized to post-graduate professionals in supervision or to the group format of supervision. Future research should replicate this study and further examine the utility in understanding the supervisory experience. Moreover, research could investigate the use of relational behavior in various contexts and with a more diverse sample. Future investigations

could see whether there are supervisors who tend to use relatively more relational behavior than others and how these supervisors came to conduct relationally oriented supervision (Shaffer & Friedlander, 2017).

Supervisor Experience and Clinical Supervision Practices

Examining reported experiences of clinical supervisors, and their assessment of effective supervision further yielded perspectives on the elements of effective clinical supervision. Employing a qualitative analysis of data gathered via semi-structured interviews based on an ethnographic interview model, McCrea and Bulanda (2008) found 18 supervisors overseeing staff in community residential care facilities endorsed a compassion-based model of supervision. The supervisors' subjective report of caregiving for staff was explained using a second-level analytic concept termed a "caregiving heuristic," meaning that the supervisor's beliefs, values, and guidelines for action as a caregiver included compassion as a foundational element. Data was analyzed in three waves to include first a compilation of common themes across supervisors to includes beliefs about what constituted a good supervisor. This resulted in the finding that the interviewees regarded compassion as a central strength in good supervision. The next wave of qualitative analysis compiled the specific components of supervisors' beliefs about caring and yielded results showing that while the supervisors did not prioritize implementing formal theories, they endorsed systemic beliefs, values and guidelines, and conceptualized as a caregiving heuristic. The third phase of analysis examined supervisor discussions of compassion, examples in practice, and utilized negative case analysis to explore responses that did not align with the more prevalent themes. The facilitation of staff self-care and staff empathy and responsiveness to clients included supervisor support staff navigating disappointments in relationships with clients and staff accuracy in assessing client needs and progress. The

supervisors endorsed compassion as a central element by which they could prevent compassion fatigue, develop their staff's caregiving heuristics, and improve job satisfaction and quality of client care. While the relatively small sample size and qualitative analysis allowed in-depth analysis of patterns of meaning within and across almost all interviewees, due to these factors, the data was limited (McCrea & Bulanda, 2008).

Another study investigated supervisor experiences of providing difficult feedback in cross-ethnic/racial supervision via a semi-structured interview protocol to facilitate participant discussion and employ consensual qualitative research (Burkard et al., 2014). Seventeen clinical supervisors were interviewed regarding experiences of providing difficult feedback in cross-ethnic/racial supervision. Nine participants identified as European American, three as African American, two as Asian American, one as Biracial, one as international, and one as Latina, with all reporting having worked with supervisees who were culturally different from themselves. The type of feedback offered by the two samples of clinical supervisors was different. When describing difficult feedback events, European American Supervisors reported data that occurred during supervision with supervisees of color (three African Americans, one Asian American, two Asians of international origin, one Middle Eastern, and two Latina), and described sharing concerns that supervisee interpersonal skills may negatively affect clinical and/or supervision work. Moreover, supervisors observed the supervisee struggling in clinical work with culturally different clients. The Supervisors of Color described supervision events that occurred in clinical supervision with six European American supervisees and one supervisee of Middle Eastern descent, to include European American supervisees who demonstrated insensitivity toward clients of color. In addition, concerns were shared with those supervisees regarding the negative impacts on the supervisee clinical work. Both sets of participants reported

their supervisees struggled with cross cultural issues. Supervisor reaction to offering difficult feedback differed. While the European American Supervisors reported discomfort delivering the difficult feedback, this category did not emerge for the Supervisors of Color. Both samples of supervisors endorsed the difficulty in providing this feedback as stemming from a concern about imposing their own culture. While European American Supervisors reported they were afraid feedback might be hurtful to the supervisee, this concern emerged on a variant basis for Supervisors of Color. There were several reported impacts of the difficult feedback on the supervisory relationship to include the European American Supervisors typically describing their relationships with supervisees becoming more mutual and open, and variant reporting of an impasse that emerged in the supervision as a result. In contrast, the Supervisors of Color reported supervisee reactions to the feedback remained negative, often leading to a supervision impasse and only rarely to a more mutually open and engaged supervisory relationship. Limitations included findings that cannot be generalized to the experiences of all supervisors, and within the scope of the study, it was not possible to confirm if the feedback supervisors provided was warranted or skillfully delivered, indicating the utility of replicating this research via quantitative and qualitative methods in order to further identify factors that may affect the feedback process in cross-ethnic/racial supervision to include as how supervisory and cultural competence, as well as cultural sensitivity, impact the giving and receiving of difficult feedback (Burkard et al., 2014).

Another supervisory behavior examined was the ruptured supervisory alliance and supervisor apology as a reparative intervention. Seeking to propose how supervisor apology might operate as a reparative intervention in a ruptured supervisory alliance, Watkins et al. (2015) analyzed a case reported by a 30-year-old Mexican-American male about his clinical

supervision experience with a 45-year-old Caucasian male clinical supervisor and a counseling psychologist. The analysis utilized 10 elements of apology (apologize, naming the offense, taking responsibility for the offense, attempting to explain the offense but not trying to explain it away, conveying emotions, addressing the emotions of and/or damage to the offended party, admitting fault, promising forbearance, offering reparation, and requesting apology acceptance vis-à-vis the supervisory situation) and the applicability of the concepts of simple and complete apology for supervision alliance rupture repair. Eight statements that linked apology and forgiveness with supervision alliance rupture and repair conceptualization were proposed, and the case example of communicating the reparative effectiveness of supervisor apology was described. In the case example, the supervisee reported based on some experiences with this supervisor he had not felt trust in the supervisory alliance and had found the learning environment unsafe and resolved to remain quiet in anticipation that the supervision would eventually end. The supervisor disclosed to the supervisee he was initially unaware of having engaged in rupture inducing behavior, but as the supervision experience unfolded, he became aware that he had unknowingly created a rupture; and proceeded to provide an apology as a primary means of alliance repair. From the supervisee's reported perspective, the Supervisor brought feedback from another supervisee to the session, endorsing deep regret that he may have been harsh or unnecessarily critical and creating an unwelcoming, inhospitable environment where the supervisee would not feel safe to disclose difficulties. The supervisor asked how to collaborate to create a safer supervision environment. The supervisee reported initial surprise, wondering about the reliability and sincerity, but risking engaging in providing feedback to the supervisor. Moving forward, the supervisory relationship continued and the supervisee reported working to be more open and vulnerable, and that the supervision experience was more favorable

for both of them, noting significantly that the supervisor had modeled how apologizing, corrections, and self-awareness were inherent in responsible professional practice. A limitation was the single case design. Further, future research could include the necessity of supervisor participants who are open and have committed an alliance rupturing behavior and are open to examining their behavior, acknowledging errors, and seeking to remedy them. The proposed utility of apology as a repair mechanism is acknowledged as inevitably Western influenced and a more inclusive understanding of Western and non-Western interpretations impact the apology/alliance repair relationship in supervision is an issue to be addressed (Watkins et al., 2015).

Contrasting Supervisee and Supervisor Experience

Exploring parallel discussions and descriptions of multicultural orientation between supervisors and supervisee yielded areas of both common experience and strikingly different perspectives. In one study, the multicultural orientation of supervisors and supervisees was examined (King et al., 2020). Participants were 67 master's practicum students and their supervisors from a single accredited counseling program at a mid-sized minority-serving university in the southeast U.S. The supervisors were two faculty members and 18 doctoral supervisors in their second or third years in the PhD program. The practicum student supervisees ranged in age from 21 to 59 years old, and included 60 participants who self-identified as women and seven as men. Forty-two participants identified as White, 17 as Black or African American, four as Latinx, two as Multiracial, one as Asian, and one as Other. The majority of supervisees (83.6%) identified as heterosexual, with two identifying as gay, three as lesbian, four as bisexual, and two as other. They represented multiple counseling tracks or specializations: clinical mental health college, couple and family, and school counseling. The 20 supervisors ranged in age from

25 to 50. They self-identified as two as Asian, three Black or African American, and 15 White, five as men and 15 as women, 19 as heterosexual and one as bisexual. As part of the multicultural orientation items (see below), supervisees rank ordered up to three salient identities and indicated the level of importance they ascribed to each. All participants were also invited to report on their religious identity. Supervisees reported 27 supervisees identifying as Christian Protestant, 18 as spiritual, 12 as unreligious, four as Christian Catholic, three as "other," one as Hindu, one as Jewish, and one as Buddhist. Four supervisors identified "none" for their religious or spiritual background, nine chose Protestant Christian, with one identifying as Hindi, one as Muslim, and five as spiritual. The two groups were also invited to report on their disability status and levels of education and asked to rate their most salient identities. In the trainee group, participants were asked to rank their most salient identities with the largest percentage indicating gender as their most salient identity, followed by race/ethnicity and religion. Cultural humility was found to be a primary factor for explaining variance in supervision context with missed cultural opportunities adding a smaller percentage of impact as well. Supervisee growth in ethnocultural empathy and cultural behaviors was not correlated to supervisor cultural humility. Testing of correspondence between supervisor and supervisee assessments of cultural behaviors indicated that self-ratings contain biases, particularly for novice counselors. Limitations included the author developed measure of cultural behaviors scale and the necessity of further investigation and factor analysis of this tool over different time periods and post specific events. The sample was comprised of mostly White women studying at the same university, who commonly endorsed gender as the foremost salient identity ranking. Future research could invite a discussion of privilege and further diversify the identity dimensions to better document

intersectional identity formation, and recruit participants from multiple and varied programs (King et al., 2020).

Another study sought to compare supervisor evaluations of supervisee contribution behaviors with that of supervisees' self-assessments using the Adapted Supervisee Utilization Rating Form (SURF; Stark & Greggerson, 2016). Two hundred seventy-five participants, 118 supervisees and 157 supervisors, were recruited from random samples of 1,000 Licensed Professional Counselor (LPC) Interns and 1,000 LPC Supervisors, recruited via member lists of the licensing boards of two Southern (US) states. Data was gathered via parallel demographic surveys, including the Supervisee Demographic Questionnaire and Supervisor Demographic Questionnaire and the Adapted SURF Supervisee Form and Adapted SURF-Supervisor Form. The focus was to gather data regarding the relationship between supervision role and ratings of supervisee contribution and reliance on self-report. As an incentive for their participation, LPC Supervisors were offered an electronic copy of the instrument for personal use once the study has concluded. Researchers coded and entered returned surveys into SPSS manually. Supervisees were asked to self-report on how consistently they displayed behaviors in the context of their clinical supervision. There were statistically significant differences between the two participant groups. Results included a comparison of the means between the two groups yielded 10 items with a difference of .30 or greater. The supervisors rated the frequency of the behavior as occurring more frequently than the supervisees for each of the items. The researchers reported a higher rating from the supervisors regarding the supervisees' behavior contribution to supervision than the research participants who were identified as under supervision. Most of the behaviors with statistically significant differences fell into two of the primary areas of supervisee contribution: openness with supervisor and proactiveness. Moreover, the response differences

between the two groups as potentially caused by supervisors' view that "their supervisees' investments as a reflection of their own success as a supervisor" leading them to "inflate their ratings of their supervisees." Conversely, the researchers suggested that supervisees do not always follow supervisor direction and may be very hesitant to disclose mistakes and share work with supervisors. Supervisees may believe they cannot fail at a new counseling intervention if they do not attempt it, and mistakes in their work cannot be found if they do not make their work available to their supervisors. Implications for supervision include creating a safe milieu in which supervisees feel comfortable making their work available for feedback and expressing feelings about the supervisory relationship, as well as utilizing supervisor self-disclosure in order to normalize supervisees' struggles. Limitations include the participants originating in a limited geographical area (two southern U.S. States) and the majority of participants identifying as female. The researchers recommended future studies should recruit a more diverse participant sample and seek to involve matched pairs of supervisors and supervisees to determine whether there are differences in a given supervisory dyad (Stark & Greggerson, 2016).

In another study comparing supervisor and supervisee perspectives, Fickling et al. (2017) conducted a content analysis of 10 supervisor and 31 Master's level supervisee reports of the most and least helpful significant events in individual, group, and triadic supervision. The supervisees included three male and 28 female participants that worked directly with volunteer undergraduate clients in the on-campus clinical facility and received one hour of face-to-face individual or triadic supervision and an average of 1.5 hours of group supervision per week. The 10 supervisors were identified as three male and seven female doctoral students who had completed a didactic course in supervision and were enrolled in a supervision internship. After every supervision all participants completed identical questionnaires identifying the most helpful

and least helpful session events. For participants who were supervisees, evaluation/feedback and session intentionality and planning were the most commonly reported helpful events. Session management was the least helpful category, including topics or tasks that seemed less relevant to supervisees, as well as what they perceived as mismanagement of the time in session. Supervisors described events related to supervisee self-awareness as most helpful in individual supervision. Supervisors reported session management was the least helpful category, including topics or tasks that seemed less relevant to supervisees, as well as what they perceived as mismanagement of the time in session. All supervisors also named supervisor technique/activity as a least helpful event in individual supervision. Most supervisors and supervisees named events regarding supervisee self-awareness and evaluation/feedback as most helpful in individual supervision sessions. There was more disagreement about most helpful events. Nearly all supervisors, but only four supervisees, indicated at least one most helpful event around a focus on supervisee emotion. They also disagreed about session intentionality and planning; more supervisees than supervisors cited this as most helpful. Supervisors and supervisees agreed that both logistics and session management events were among the least helpful in individual supervision. Limitations included the homogeneity of collecting all data from students enrolled in the same CACREP accredited program. Additional research studies and recruiting participants from more varied and multiple programs could yield different results. Due to the longitudinal design of the study and the time intensive demands on the subjects, there was also a variation of frequency and completion of participation among participants, leading to some incomplete data. Supervision effectiveness was identified as an area for future research as it was noted that determining what was most helpful is not synonymous with or an objective measure of supervision effectiveness (Fickling et al., 2017).

The findings in this literature review illuminate the range possibilities of differences and similar experiences of supervisees and supervisors within the realm of effective clinical supervision, as well as some of the challenges and features of multicultural competence and humility as a supervisor. Learning more about the lived experience of clinicians under requisite supervision will further illuminate this phenomena.

Rationale

It is important to examine the supervisory working alliance (Riechel et al., 2018). Supervisor and supervisee evaluations can differ (Stark & Greggerson, 2016). The study at hand focused on the often-underexplored perspective of the supervisees. Moreover, it is essential to understand the influence of supervisor multicultural competence (Crockett & Hays, 2015). Therefore, it is important to understand how pre-licensed counselors and therapists in-training experience effective clinical supervision. In addition, it is imperative to understand how these pre-licensed counselors and therapists perceive the multicultural competence of clinical supervision.

CHAPTER III: METHOD

Research Questions

The research questions asked, how do pre-licensed counselors and therapists in-training experience effective clinical supervision? And how do these pre-licensed counselors and therapists perceive the multicultural competence of clinical supervisor(s) has impacted their experience and clinical work? This could provide more information on practices of effective clinical supervision.

Study Design

This qualitative research utilized an Interpretive Phenomenological Analysis (IPA) as defined by Smith et al. (2009). Phenomenologists engage in analysis by first looking at a particular experience as described in detail. Then searching out themes that are common to a variety of descriptions of that experience, the phenomenologist can compare and contrast these stories, writing about the nature of the experience in general. In addition, they can further reflect on the phenomenologist/researcher interaction with the stories (Halling, 2008). Interpretive Phenomenological Analysis (IPA) "is committed to understanding how particular experiential phenomena (an event, process or relationship) have been understood from the perspective of particular people, in a particular context" (Smith et al., 2009, p. 29).

Study Context

SurveyMonkey was utilized to gather initial demographic information and administer informed consent to participate in the research. Zoom Pro was utilized to conduct interviews and an audio recording was made via Voice Memo on the researcher's cellphone as back up. Recordings were stored on the password protected hard drive and Google drive of the primary

researcher. Interviews were transcribed via the Zoom transcription feature and then edited for accuracy by the primary researcher.

Participants

The author recruited participants, also known as co-researchers, using the Counselor Education and Supervision Network Listserv (or *CESNET*-L) and with a snowball sampling technique. The appropriate participants were master's level students attending or graduated from accredited counseling or therapy programs, under clinical supervision as either part of clinical internship, or under clinical supervision towards full licensure. Students who were in master's programs were eligible if they had completed at least one semester or two quarters of internship to insure they had some experience of clinical supervision. Selected participants endorsed a preliminary affirmative response to whether they had experienced effective supervision. While it would be interesting to learn more about trainees who have not experienced effective supervision, that investigation is for another study and beyond the scope of this analysis.

Data Sources

Potential participants responding to the initial email invitation or recruitment flyer (Appendices A) were asked to complete a demographic and criterion survey (Appendix B) via SurveyMonkey. This information served to verify appropriate participants and to gather demographic information regarding the research participants. Recruited participants were then emailed a link to the informed consent document (Appendix C) which outlined the purpose of the study, the methodology to be used, the potential risks and benefits, the fidelity to participant confidentiality, and contact information for the primary researcher, the dissertation faculty advisor, and Institutional Review Board Chair. Participants were then directed to complete a form via SurveyMonkey, indicating agreement in participating in the study, confirmation that

participation was voluntary, and confirming preferred methods of contact and the time zone in which the participant would be working. Semi-structured interview questions which asked about experiences of effective clinical supervision were also utilized for sources of data.

Data Collection

After obtaining Institutional Review Board approval, email requests for participation were sent that included an embedded link to a preliminary survey to determine appropriateness of fit between potential participants and this study (Appendix A). The Counselor Education and Supervision Network Listserv (or *CESNET*-L) and snowball sampling via professional collegial networks was utilized to recruit participants. In order to avoid conflict of interest and potential bias, this preliminary email introduction and request alerted potential participants that those who know the primary researcher professionally or clinically could not be recruited for the full study. This was important because this researcher has practiced mental health counseling and clinical supervision for over 20 years and is currently a faculty member in a position which entails frequent contact with area clinicians in training and supervision.

Potential participants who met the preliminary criteria were contacted via email by the primary researcher to be scheduled for a semi-structured recorded and transcribed interview to take place via Zoom Pro. This correspondence included an informed consent document, also administered via Survey Monkey, to be completed before proceeding with the study (Appendix C). All participants who completed the semi-structured interview for the study received a $25 gift card for their time. Data were gathered via semi-structured interview and conducted via Zoom Pro. A transcript was generated via Zoom at the time of recording. The transcript was subsequently reviewed and edited for accuracy by the primary researcher.

Data Analysis

Interpretive Phenomenological Analysis was designed to create data collection events which elicit detailed stories, thoughts, and feelings from research participants (Smith et al., 2009) Semi-structured interviews have tended to be the preferred means for collecting such data, allowing a rapport to be developed and giving participants the space to think, speak, and be heard. The interviews were transcribed and then analyzed by a data analysis team, following IPA protocols as laid out by Smith et al. (2009). The data analysis team was comprised of three members, all of whom were associated with the same West Coast University. The ages of the team ranged from 37 to 59 years old, and all identified as White. Two team members identified as female and one member identified as male. Two of the team members identified as current Counselor Education and Supervision PhD candidates. Two team members identified as current Clinical Supervisors supervising pre-licensed supervisees.

The team completed bracketing forms identifying areas of potential bias. One team member identified as having methodological expertise and having reviewed previous research on the topic. Another bias identified by the team included an endorsement of the necessity of aspirational multicultural competence. The primary researcher, who conducted the semi-structured interviews, was also a member of the data analysis team and identified a favorable bias towards the interview subjects.

The team met as a group, weekly for a period of four weeks. The first step in analyzing the data was for the primary researcher to review all the transcripts, referencing the recordings to correct errors created by the transcription software. The primary researcher compiled the individual transcripts into a single document that could be formatted with line numbers, insuring

shared identifiable content for the data analysis team. The data team determined the next step in assessing the data would include reviewing the transcripts individually.

The team members examined semantic content and language, fostering a growing familiarity with the transcript(s), that offered the opportunity for the data analysis team to identify specific ways by which the participants talked about, understood, and thought about the subject; identifying key words or phrases and noting similarities and differences of language across the interviews. Each analyst reviewed transcripts independently, noting key words and phrases and documenting line numbers for potential themes.

Each analyst then identified ordinal themes and subordinal themes to bring back to the group. The team then met together to discuss their individual findings and reached agreement and consensus on the themes and subthemes identified in the data. The team came together to identify commonalities that resonated with the psychological essence and conceptualization of a participant's original words and thoughts and also the analysis team's emerging interpretation. Next, the analysts charted how four dominant themes seemed to dovetail one to another and grouped these themes as ordinate or primary, with subordinate themes also evident within some of the four. This dataset provided the foundation for the overall narrative of the study, illuminating the related lived experiences of the participants. Additionally, while the data team looked at patterns across cases, noting if the same themes emerged in different narratives, they also noted themes that were particular to individual cases, considering if higher order concepts had emerged across multiple or singular cases. This process yielded data with the dual qualities of shared themes across the interviews and also unique presentations reflecting shared higher order qualities such as values and best practices experiences by the individual in the context of effective clinical supervision.

Assumptions and Limitations

It is assumed that data collection and analysis will help shed light on this important topic within counselor education. This study was however, limited by the small sample size and the specificity of the participant experience. Due to the qualitative nature of the data collection, the participants' and researchers' foreknowledge of the supervision process and bias could influence the data. A regular occurrence of bracketing took place each time the analysts met to account for this. The results are reflective of the individual participants' experience only, so not generalizable.

Ethical Considerations

Guided by the ACA Code of Ethics (American Counseling Association, 2014), this study was designed and conducted in a manner consistent with pertinent ethical principles, federal and state laws, and scientific standards governing research (G.1.a.). The researcher sought clear informed consent from participants via introductory materials that accurately described the purpose of the study, outlined the procedures and processes inherent in the study, identified for the participants the study format and potential target audiences for the dissemination of research findings, and clearly instructed the participants that they could withdraw their consent and discontinue participation in the project at any time without penalty (G.2.a).

The rights and welfare of the participants were protected according to the moral and ethical guidelines for research with human subjects to include protecting the data for participant anonymity (G.1.b). Prior to engaging in the research project, all participants were provided with contact information for the primary researcher and the CES Faculty research advisor. The primary researcher was prepared to make a referral for counseling or therapy services in the unlikely event of an emergent reaction for a participant as the result of participating in the

research process (G.1.e.). In order to manage for possible multiple relationships and potential risk of violating the student/supervisee participation ethical guide, the primary researcher took precautions to ensure that no volunteer participants were her students, her supervisees, or had any other professional or academic contract with her prior to the study interviews (G.2.b.; G.3.a.; G.3.b.; American Counseling Association, 2014).

CHAPTER IV: RESULTS

Responding to the semi-structured interview questions regarding effective clinical supervision, and utilizing interpretive phenomenological analysis, a team of researchers found four themes and subthemes emerged, identifying specific qualities of effective clinical supervision.

Demographic Information

The four study participants all self-identified as clinicians in training working under required clinical supervision. All identified as having completed a degree in an accredited Master's level Clinical Mental Health Counseling Program or Couple and Family Therapy Program. Participants had a range of time since completing their degree. For instance, 6 months (n = 1), between six and twelve months (n = 1), between 18 and 24 months (n = 1), and more than 24 but less than 60 months (n = 1). All four participants identified as White. In terms of gender identity, one female, one male, one identified as trans masculine, and one identified as non-binary.

Presentation of Research Results

This qualitative study, utilizing Interpretative Phenomenological Analysis (IPA), sought to illuminate the lived experience of pre-license counselors receiving clinical supervision. Four themes were identified. One theme was that there are elements of effective clinical supervision. Another theme highlighted the significance of multicultural competence in clinical supervision. A third theme focused on the importance of the supervisory alliance. The final theme identified the significance of group supervision as part of effective clinical supervision. Additional detail is highlighted below.

Theme One

The first theme identified that there are specific qualities of effective supervision. One participant noted, “So, I feel like the best supervisors that I’ve had are the ones that are able to tailor their approach.” Another participant emphasized a balance feedback, noting; “I would say that effective supervision combines supporting the supervisee and challenging the supervisee.” Participants identified the necessity of dedicated time for consultation and reflection as a critical element of effective clinical supervision. One participant stated,

> To be able to sit down and have that hour or you know, whatever time frame you sit down. In my case we sit down for an hour and actually have that time to discuss cases and for me to ask questions and ask questions about the counseling process and to feel like I can do that.

Another element several participants reflected upon was the parallel experience of the supervisor/supervisee dyad and the counselor/client experience. According to a participant,

> I know you’re not supposed to turn supervision into your own counseling. That’s not what supervision is. But there are aspects of the supervisory relationship that mimics some of that. And it is important to mimic [The Supervisor’s] openness about understanding my identity allowed me to understand my own identity.

Moreover, a participant endorsed the use of video recordings as part of effective clinical supervision: “I think that supervision is more effective if you do have a video to watch.” The participant further noted a sense of confidence derived from knowing the supervisor had viewed their clinical work via video and knowing the evaluation of the work was not reliant purely on the supervisee self-report.

Another participant pointed to their own growth as evidence of effective clinical supervision with

> Growth as a clinician for me is a sign of effective supervision. And that can come from various ways, whether it’s the actual learning kind counselor education stuff or the imparting of a different sense of wisdom. Our perspective being challenged or me feeling

> I can challenge that person, is a skill to develop because it's helpful to be as a therapist able to challenge. And you know when something is maybe questionable or confusing.

Another participant reflected on the impacts of supervisor expertise, "My supervisor has a much larger scope of practice than I do. And I've gotten very good at working with children through [supervisor] help." Participants also reported on the quality of the power dynamic in the supervisory relationship,

> What has been most effective for me is the minimization of power imbalances that exists between associate or trainee and licensed supervisor and kind of because you know it can be a very infantilizing experience going through the licensing process.

Supervisor self-knowledge was also highlighted as a quality of effective supervision and how this level of awareness impacts both supervisee and client. For instance,

> I think the effective supervisors have had an awareness of who they are and the ability to reflect on that identity and how it shapes their own counseling practice and how my own identity could shape my own practice differently than it would, theirs.

Theme Two

Another theme that emerged from results of the semi-structured interviews was an emphasis across all participants on the importance of multicultural factors in contributing to effective clinical supervision. One participant noted the efficacy of being able to discuss multicultural factors in clinical supervision with "We've talked about the multicultural piece which is super important. And I'm glad that we were able to have that conversation." Another participant emphasized the depth and scope of a supervisor's intentionality as very effective as, "[Supervisor] puts a conscious effort into every multicultural piece." Another participant endorsed the ongoing process of exploring multicultural perspectives within postgraduate clinical supervision. For instance,

> I think that that that has been a huge piece to my growth as a counselor and again it's not always so easy to be able to implement that stuff into an overall counseling program, but that that has also opened the doors for a whole lot of different conversations on the multicultural [aspects].

Several participants reported effective experiences of working with clinical supervisors who shared expertise in working with client populations with different identities. For example,

> Two of my group supervisors who I worked with on shorter term basis are Black and so that was really helpful because there they were the first people of color I've worked with as supervisors. And so that was really added a different depth of, I mean honestly, just where they come from and place in the world, since I had previously only worked with white supervisors and I am white.

Moreover, several participants highlighted the efficacy of supervisors intentionally engaging in multicultural explorations whether the supervisor brought specific expertise in working with particular populations or not. A participant described effective clinical supervision in the context of multiculturally competent supervision, as the supervisor who held a different identity to the supervisee being "really very helpful with multicultural … because [supervisor] had had experience over the country in different settings and different groups of people."

Theme Three

Another significant theme that emerged across the semi-structured interviews was the importance of the supervisory alliance to the participant supervisees. One participant reflected on the value of connecting with the supervisor on topics outside of the specific content of clinical supervision:

> I feel alliance when there can also be some playfulness in the dynamic … That matters you know and that it's more than just I am a therapist and we're going to talk about clients or what's up, but also, I am a human being and what I experienced outside of therapy work impacts me as a therapist.

Another participant equated the supervisory alliance to be impacted by shared clinical perspectives. For instance,

> I think I've just felt it [supervisory alliance] more strongly with some supervisors than others. And I think the ones I felt most strongly or more deeply were supervisors that I've worked with … conceptualized similarly, as I do.

A participant also reflected on the parallel qualities of supervisor/supervisee alliance and the therapeutic alliance fostered between clinician and client: "it is a lot of what we set up for therapeutic relationship there in regards of that you work with a client for a long time. You still have your boundary. You're not a friend, but there's a caring."

Theme Four

Another theme that emerged across the interviews was a strong endorsement among the participants for the inclusion of group supervision as part of clinical supervision as an opportunity to experience diverse perspectives and a counterpoint to one-on-one supervision. One participant emphasized the collective aspects of group supervision as, "having the space to do case conceptualization together, ask each other questions. It's almost like we have the space to do consultation and it strengthens our skills as new practitioners." Another participant similarly endorsed this type of supervision as expansive and effective, inviting supervisee voices into the process:

> The group supervision allows for more theoretical conversations and contextualizing in case conceptualization in the theoretical perspectives, because the new people, the supervisees, have more understanding of that because they've recently been in classes. And when we're in the group setting you get multiple perspectives and it's almost like that opens up [the supervisor's] idea of what this should look like. It gives differing viewpoints and it's really helpful because the way that someone who's been in the field for 20 years conceptualizes some things is entirely different from someone else. And we're not as entrenched in our own theoretical orientation.

Furthermore, a participant offered examples of how participating in group supervision offered multiple perspectives and learning opportunities:

> I enjoyed listening to my classmates work. It was a cool way to broaden my horizons a little bit and pick up on what I don't know. I feel like we were presented with a lot of information in school and we don't always retain everything that we see, but certain people will retain certain things, so then it's a nice little refresher and then you get to see it in practice, which was really cool.

A further description of group supervision included,

> I feel like it was just nice to get all different perspectives, when I was the one presenting because, I don't know, it was just suddenly a whole group of people who don't know the client and have a lot of insight on the way that things were going and what practices.. I could tweak and fix for next time.

The four themes and sub-themes will be discussed further in Chapter V. In addition, relevant literature is incorporated with the discussion. There are also concluding thoughts as to how these results can be useful for supervision.

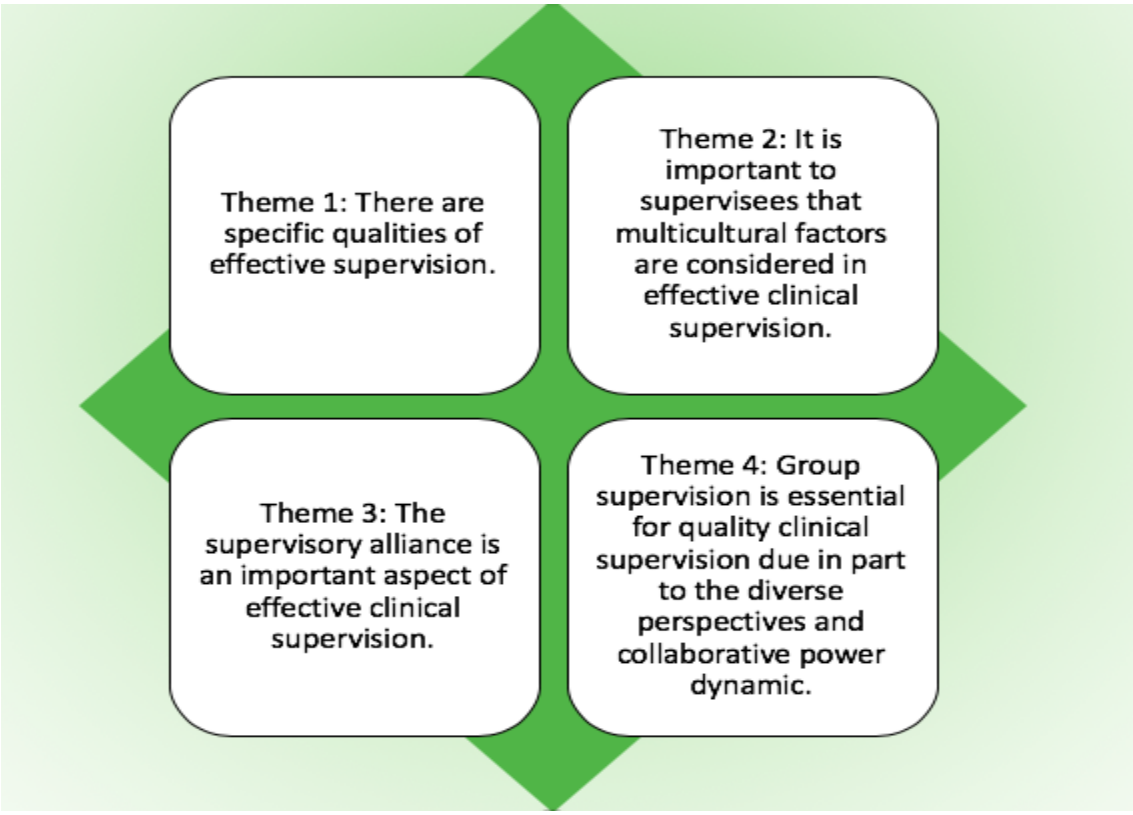
CHAPTER V: CONCLUSIONS

Interpretation of Data

It is imperative for supervisors to consider aspects of effective supervision. Four primary/ordinate themes emerged from the data analysis. First, there are specific qualities of effective supervision. Second, it is important to supervisees that multicultural factors are considered in supervision. Third, the supervisory alliance is an important aspect of effective clinical supervision. Fourth, group supervision is essential for quality clinical supervision due in part to the diverse perspectives and collaborative power dynamic.

Figure 5.1

Four Primary/Ordinate Themes



The findings also illuminated and a number of subordinate themes that were sometimes significantly present for some participants, but not for the entire sample. Some of these subordinate themes included the value of video recording as a supervision tool, attention to power dynamics in effective clinical supervision, the parallel process present in supervisee/supervisor corresponding clinician/client dyads, and the indicators for the experience of ineffective clinical supervision.

In alignment with previous research and best practices (ACES, 2011) pre-licensed supervisees practicing under requisite clinical supervision described specific qualities of effective clinical supervision. In addition, Stoltenberg and McNeill (2010) identified the necessity for the supervisor to attune to the supervisee's developmental stage and needs for nurturing supervisee growth. Research also emphasized the impacts of supervisor expertise balanced with the presence of supervisor self-knowledge and humility (Watkins et al., 2019). Moreover, a balance of constructive critical feedback and support (Burkard et al., 2014) as key to effective clinical supervision. Interestingly, supervisees have also endorsed attention to the power dynamics in the supervisory alliance (Cook et al., 2018).

The participants also reflected on the value of supervisors engaging in their own training and anti-bias work. Other research has also emphasized cultural humility, the willingness to allow the power dynamic in the supervisory dyad to flatten, and for the supervisors and clinicians to engage in a collaborative supervisory relationship (Peters & Rivas, 2018; Rasmussen & Mishna, 2018). Some supervisees noted the parallel experience of the supervisor/supervisee dyad and the counselor/client experience. One participant described how the supervisor was able to help the supervisee focus on their own potential countertransference experience in the service of the supervisee's clients.

> And sometimes I will not be able to see that that my own anxiety is related directly to the client's anxiety and that's what's motivating me to try to solve this problem. And that's a mindset I get into when I'm emotionally activated instead of giving people the space to solve it themselves, to understand themselves. And having a supervisor be like: Hey, hey, I want you to pay attention to yourself so that you can pay attention to your client.

Participants also identified the necessity of dedicated time for consultation and reflection as a critical element of effective clinical supervision.

> We sit down for an hour and actually have that time to discuss cases and for me to ask questions and ask questions about the counseling process. And to feel like I can do that. That's that growth period to my experience.

Additionally, another participant noted the value in designated time within the supervisory sessions for the supervisee to co-lead the agenda. For example,

> Having that supervisor that is setting that time aside for sure. Like that set time aside that's yours to talk with them. There they are open to wherever that discussion is going to lead. Able to provide guidance and that, you know, neutral support, non-judgmental support.

Some participants identified their own developing confidence as clinicians as an indicator of effective clinical supervision. One participant spoke to how this impacted earlier development, including utilizing the supervisor's experience to try support their work as a less experienced clinician. For example,

> I struggle with confidence, so I feel like [clients] then had a more confident, and not directive, but not quite so submissive of a therapist. And also, like having kind of that mentor role where people would share their past experiences with a similar case or whatever, it was also really helpful for me because I was then able to kind of test the waters with my clients and see if it was similar, and then it kind of was, it took us down a few different paths.

Another participant reflected on their experience and confidence gained over a period of time:

> I would just say that I really do think that my experiences with solid effective supervision has positively impacted and really allowed me to feel confident in my work. That validation, the learning experiences; it really feels like I've grown a lot.

While not an area of focus for this study, data did emerge to illuminate indicators of ineffective and even potentially harmful clinical supervision (Cook & Ellis, 2021; Pieterse, 2018). Several participants shared either experiencing or hearing from other supervisees about the experiences of microaggressions within supervision. For example, one participant described advocating for a client's identity with a supervisor: "Because I had somebody who wanted me to be critical of someone's gender identity and I was like no, that's not what we're going to do. Thanks. Bye." This participant further explained they had taken their concern to a higher authority and "I tried to have that conversation. In fact, I tried to have that conversation with [department head] and they were not receptive to that conversation." The participant concluded they would continue their inclusive practice and seek supervision elsewhere, revisiting the power dynamics inherent I the supervisory relationship. Another participant noted that the experience of ineffective supervision inspired them to aspire to someday be an effective supervisor. For instance:

> I think part of the motivation is to give something to people. That's as good as what I got. But it's also this this very large attempt to make sure that the ineffective supervisors I had … making sure that I don't give someone that experience and to be better than those people who hurt me and my clients.

Consistent with past research, supervisees endorsed the efficacy of being able to discuss multicultural factors in clinical supervision and emphasized the depth and scope of a supervisor's intentionality as significant to multicultural competence in effective clinical supervision (Adams et al., 2022; Fickling et al., 2017; Peters, 2017). A participant further described the experience of competent multicultural supervision as

> the ability to bring it up in the conversation in supervision of what other dynamics are at play so that we're not just focusing on only what's being said, but also like what other things that aren't necessarily verbal, might have an impact on how things are going.

Several participants also highlighted the importance of having supervisors and clinicians who reflected and represented clients who are underrepresented in the counseling profession. A participant who identified as purposefully working as a clinician in LGBTQ spaces noted:

> There are just so many straight centric therapists -nothing wrong with that of course, but you know, there are so few spaces that focus on LGBTQ folks, especially clinicians, and so that's been that's been really important to me. I want to work with trans people I want work with queer people, and I want to have these colleagues and I want to exist in those spaces and circles. Because it's just a different understanding of that part of identity, development or awareness, and what it's like to exist in the world.

This participant went on to endorse a strong intention to become a clinical supervisor in the future. Further, the participants described the value of multiculturally competent supervisors broaching complex and sensitive topics in supervision with humility as very effective in preparing the supervisee to engage with clients.

Several participants made note of the meaningful quality of having contact with the supervisor on topics outside of the specific content of clinical supervision. One participant noted the value of a "dynamic where it's not just like we're all business all the time." The presence and necessity of humor as adjunctive to effective clinical supervision was described by one participant described this process as follows,

> A sense of humor and the ability to stop and just be stupid for a while, if that makes sense. I feel like that has been really impactful with certain supervisors if we were both able to just have fun every now and again, I know that has really helped a lot. In, I guess, maybe even just building rapport in some sense.

Another significant subtheme that emerged from some participants was the significance of rapport and mentorship between supervisor and supervisee in effective clinical supervision. One participant described the sustainability of this connection as

> The effectiveness of the supervision comes from building rapport, having good rapport with the supervisor; feeling accepted and understood. It is definitely a close bond. It is more of a mentor. I would say it's more mentorship role, that I can see even years down the road.

Participants also identified the qualities of the alliance between supervisor and supervisee as components of effective clinical supervision and contributing to multicultural competence. A participant made a comparison positive and negative supervisory experiences, highlighting the supervisory alliance as a key element to evidence of effect supervision. An attunement that included opportunity to disagree and have common theoretical ground was also brought to attention.

In considering the group dynamic, students in CACREP accredited clinical training programs are required to receive group supervision at both the Practicum and Internship Training levels (CACREP, 2016). The study participants endorsed the value of group and peer supervision as part of effective clinical supervision, also at the post graduate training level, highlighting the attributes of multiple perspectives and collaborative and collective strategies for addressing issues in group consultation (Gardner et al., 2021; Somerville et al., 2019). The participants identified the collective peer experience as helpful for their clinical development. For example, "I don't have to use those same modalities or see it always in the same way, but I can also take in what you're saying and help extend my perspective." Another participant identified group supervision as not only an opportunity for representation and community building, but also a space for supportive and constructive peer feedback on complex topics. For example,

> All of my group experiences have been in LGBTQ spaces … I process my privilege and, that holding and having other people in the group, giving you feedback, and just kind of coming together as a community.

A subordinate theme that emerged came from several participants who endorsed the value of being able to choose a supervisor to meet their needs as clinicians in training. The circumstances around these choices varied between participants. One participant was seeking a better fit for the supervision having determined they needed, citing inadequacy of previous supervisor as a motivation. Another participant discussed seeking out a range of experiences and supervision styles to enhance their own professional clinical development. For example,

> The only times I've switched supervisors was because I wanted a different experience usually, orientation wise. As opposed to the supervisor just isn't working for me … I worked with three different supervisors, by choice by my requests: Can I switch supervisors, this year? And each time it was for a different reason, because I was at a different place in my practice.

Another subordinate theme that emerged for some participants, was the use of video recordings as part of effective clinical supervision. This is further supported by other research (Crowe et al., 2018) both a process of verification of practice, but also a method by which the supervisee experiences relief and confidence in that their work has been witnessed and confirmed by their supervisor, rather than relying solely on self-report. As described by one participant,

> I think that supervision is more effective if you do have a video to watch. I think that that makes it easier and better, and it gives you clear things that you can point to. If I didn't have those videos, I could have told you the strengths and the weaknesses of each and every session. But nobody else would have been able to see them to know.

Overall, the findings on effective clinical supervision and the critical value of supervisory multicultural competence illuminate supervisee lived experience and highlight the preferences and discernments of supervisees under requisite supervision.

Theory and Research

The theories and practices of effective clinical supervision, though varied and specific, typically meet the needs of the supervisee and the profession along an anticipated trajectory of the student's or clinician in training's professional developmental progress. The integration of supervision models and theories that informed the structure and aspiration of this study included fidelity to supervisee developmental models that distinguish the autonomy and confidence of a beginning trainee from a more advanced supervisee. As previously noted, participant responses were analyzed regarding the impacts of effective clinical supervision and multiculturally competent supervision. The participants themselves at times referenced development of confidence and competence in these supervisory contexts, which can in turn be viewed through a developmental model of counselor in training levels of competence and skill (Stoltenburg & McNeill, 2010). This study sought to capture the lived experience of the supervisee participants through a phenomenological exploration; providing a semi-structured framework via the anticipated interview questions schedule, while also inviting the participants to co-construct the narrative of this phenomena. As the participants reflected on their lived experience, they organically spoke to their own sense of development and at times also reflected on what they understood they needed and perceived as effective at different stages of their development. Although beyond the scope of this study, it is interesting to note that the participants each (coincidentally) reported a different period of time working under post graduate, clinical supervision. Additional research could focus on the potential corollary findings of a clinicians developmental level—length of time working under supervision and perceptions of effective clinical supervision.

Multiculturally competent clinical supervision is a lynchpin to fostering current and upcoming counselors, so critically needed to address the needs of a clients from all populations. (Adams, 2022; Peters, 2017). The data yielded from this study resonates with previous research, as the participants highlighted the value and necessity of clinical supervision that encompasses competence in addressing multicultural concerns, and the dire experiences of incompetent and harmful (racist) behaviors on the part of clinical the supervisor (Cook & Ellis, 2021; Ladany, 2014; Overland et al., 2019; Pietierse, 2018). This research is in alignment with previous findings, including the consistent endorsement from the participants, that while there is not an expectation that clinical supervisors are going to be experts in all areas, competence and effectiveness can be assessed by supervisees as the willingness and effort for the supervisor to do their own ongoing professional development work and challenge their own biases and knowledge gaps (Hutman et al., 2021; Tangen et al., 2019).

Limitations and Recommendations

Limitations of this study include a small sample size of four participants that was racially homogenous, as all participants identified as White. The primary researcher did not collect data regarding age, so age range of participants was not an aspect of the study. Although the researcher did ask the participants to identify the length of their post graduate supervised experience, this data was not correlated with their responses and so no analysis of the relevance of time under post graduate supervision and corresponding endorsements of effective and multicultural supervision could be analyzed. While the data analysis team engaged in bracketing process to attend to bias, all members endorsed the value and necessity of clinical supervision and multicultural competence in supervision, and two of the team including the primary researcher professionally identify as clinical supervisors.

For future research, this study could be duplicated with additional factors to include correlating the length of time a participant has been working under requisite supervision and the levels at which participants might endorse concepts such as increased confidence, autonomy, and other factors that might align with theories of supervisee developmental levels (Stoltenberg & McNeill, 2010). This research matrix of supervisee level/time under supervision/training could further explore the best fit of effective supervision to fit the supervisee's developmental level. Further studies could pursue a more in depth exploration of elements of effective supervision to include elements of the supervisory alliance such as the use of humor, warmth, and self-disclosure on the part of the supervisor. Additionally further research could correlate the observations of both supervisors and supervisees to further explore how supervisory concepts of best practices and expertise operate and are similarly and differently valued within a supervisory dyad.

Importance of the Findings and Implications

This study sought to gather and amplify some of the voices/lived experiences of re-license counselors, under requisite supervision. The participants in this study related effective clinical supervision with multicultural competence on the part of the supervisor(s), noting the importance of humility, self-knowledge, and a commitment on the part of clinical supervisors to attend to their own new learning and increased competence. While the data was not specifically asking for reflections on ineffective supervision, the study participants also confirmed the experience of inadequate and sometimes harmful supervision as part of their pre-licensure/requisite clinical supervision experience, which in turn they reported informed discernment choices for seeking effective supervision and inspiring aspirations to be effective supervisors themselves.

The participants endorsed the relational aspects of clinical supervision, identifying key elements of the supervisory alliance to include elements found in the previous research. The participants emphasized how collaboration and compassion build the supervisory alliance to include the supervisee's confidence in the process and their own work. The participant data illuminated supervisee discernment and attention to how a supervisor is prepared for supervision, both in organization and engagement. The supervisee participants also discussed how they noted how the power differential between supervisor and supervisee was manifested in the supervision experience.

In endorsing group/peer supervision as a desirable form of clinical supervision, the participants identified the opportunity for collective and egalitarian consultation, with multiple points of view present and opportunities for community building and increased spaces to represent underrepresented populations of clinicians and the clients they seek to serve.

This study joins the ongoing evaluation and training process of determining best practices for clinical supervision to include standards of multicultural competence, approaching the topics from the supervisee point of view. Several implications that can be drawn from this data are relevant to this evolution. Supervisees are attentive to how prepared their supervisors are present in clinical supervision, both in the sense of supervisors engaging relationally and qualities of preparedness and agenda for clinical supervision. Supervisees attend to how actively supervisors are continuing to integrate new learning and interrogating their own biases and learning gaps, particularly around working with diverse populations and attending to multicultural concerns, both in relationship with the supervisee, and attending to the experiences of the client.

Supervisees will seek opportunities to find supervisors who are a better fit for their work, either out of necessity for seeking competence, or as part of their learning, seeking out different

supervision styles and theoretical foundations and areas of expertise. Supervisees value and depend on effective clinical supervision and can be inspired to contemplate becoming clinical supervisors themselves, based on both positive and negative experiences. Supervisees seek supervisors who hold different identities and similar identities, noting that for supervisees who are part of underrepresented communities, the value of having a supervisor who is part of one of those groups is beneficial to both supervisee and the clients who are part of those groups.

As previously noted, effective clinical supervision is critical to the development of the much needed counselors growing through and emerging from clinical training programs. While the data in this study was gathered from self-identified program graduates, the perspectives on effective supervision are applicable to clinicians in training in their clinical field work, under supervision with faculty and other professionals and could add to the foundations for curriculum development to support students engaging and better receiving feedback in their clinical training programs. Expanding the collective knowledge of how supervisees experience and receive effective clinical supervision, and how they evaluate experiences and trust and use the required oversight of clinical supervision could further contribute to our collective knowledge of how best to teach, mentor, and foster clinicians so deeply needed in our complex and challenging world.

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Appendix: Resources

Appendix A: Invitation to Participate -via email

Appendix B: Initial Survey and Demographics – via Survey Monkey

Appendix C: Informed Consent- via Survey Monkey

Appendix D: Semi-Structured Interview Schedule

Appendix E: Participant Demographics

Appendix A: Invitation to Participate - via email

Dear Clinical Supervisee:

My name is Michelle L. Byrd, and I am a doctoral candidate at Antioch University Seattle in the Counselor Education and Supervision PhD program. As part of my dissertation research I am conducting a qualitative phenomenological study called: *Pre-Licensed Counselor and Therapist Experiences of Effective and Multiculturally Competent Clinical Supervision* in order to better understand the lived experience of pre-licensed clinicians who have participated in effective clinical supervision and the impacts of clinical supervisor multicultural competence upon the emerging clinician's practice and (from the clinician's point of view) the clinician's clients. I am seeking to interview clinically supervised pre-licensed counselors and therapists who are have either been engaged in their clinical field work (internship) as part of the MA degrees for at least two quarters or one semester, or post graduates who are working towards full licensure, no more than five years out of their MA program.

It is my hope and intention that this study will contribute to the body of research and scholarship regarding Clinical Supervision, and highlight the lived experiences of supervisees.

In order to avoid a conflict of interest and bias, and to ensure that I do not waste your valuable time, I request that if you know me, Michelle L. Byrd, MA, LMHC, LMT (clinical supervisor, practicing clinician, instructor, and Director of Clinical Training for the MA Programs at Antioch University Seattle), that you not seek to participate in this study.

In order to ensure participant anonymity, identifying information will not be included in the final manuscript, and pseudonyms will be assigned to each participant. Interviews in this voluntary study will be conducted via Zoom pro. As necessitated by the utilization of Interpretive Phenomenological Analysis (IPA), the interviews will be recorded and transcribed in order for me to organize and interpret emerging themes and phenomena. Your participation in this study is completely voluntary. You can decide to withdraw from the study at any time.

Criteria for participation are as follows

1) You are either a MA level clinician in clinical training activities under supervision (having completed at least 1 semester or 2 quarters of this activity or you are a post graduate level supervisee, working under supervision for less than five years post-graduation.
2) You have experienced effective clinical supervision during your training and/or post graduate clinical work that you can explore with this researcher.
3) Exclusion Criteria is as follows: You do not know or have a professional or personal relationship with the primary researcher: Michelle L. Byrd, MA, LMHC, LMFT, who is located in Washington State, USA.

This study contains two participation levels:

1. Online Preliminary Survey-Approximately 20-25 minutes to respond to questions. Upon completion of the survey, you may select to enter for a drawing to win one of three $25 gift cards.

2. Individual Online Interview (10-20 participants only). A 45 – 90 minute interview via Zoom Pro which will include a semi-structured interview which includes preplanned questions and opportunity for participants to describe their experience very much in their words. Participants will be selected by this researcher based on willingness to participate. All participants who complete the interview will receive a $25 gift card.

If you chose to participate in this study, please access the survey from the link below.

If you are chosen to participate in the full interview process, you will receive a communication (via email or another preferred method) from the primary researcher to set up the interview and a full informed consent document which will provide additional specific details regarding the nature of this study.

If you have any questions or concerns about this study, you can reach me or my faculty advisor, Dr. Ned Farley.

If you have any questions about your rights or participating in this study, you may also reach the chair of the Institution Review Board, Dr. Mark Russell.

SURVEY LINK

Thank you so much for your participation and valuable time.

Sincerely,

Michelle L. Byrd, MA, LMHC, LMFT
Doctoral Candidate, Counselor Education and Supervision
Antioch University Seattle

Appendix B: Initial Survey and Demographics – via Survey Monkey

Pre-Licensed Counselor and Therapist Experiences of Effective and Multiculturally Competent Clinical Supervision

This question is inserted to ensure the integrity of this study by vetting for possible bias or conflict of interest on the part of the primary researcher. Participants who know the primary researcher are ineligible to participate in this study.

Do you know the primary researcher, Michelle L. Byrd, MA, LMHC,LMFT, Director of Clinical Training, Antioch University Seattle (Washington) either personally or professionally?

- Yes
- No

Qualification Criteria

1)What is your highest education level?

- Currently enrolled in Master's Level Clinical Mental Health Counseling Program or Couple and Family Therapy Program (CACREP accredited)
- Currently enrolled in Master's Level Clinical Mental Health Counseling Program or Couple and Family Therapy Program (Non-CACREP)
- Completed Master's Level Clinical Mental Health Counseling Program or Couple and Family Therapy Program (CACREP accredited)
- Completed Master's Level Clinical Mental Health Counseling Program or Couple and Family Therapy Program (Non-CACREP)
- Other (Please specify)

2) Are you currently receiving Clinical Supervision from a fully licensed clinical supervisor for either your graduate field work or your accumulation of hours towards licensure?

- Yes
- No

3) If you are current enrolled in a Master's Level Clinical Mental Health Counseling Program, have you completed 1 semester or 2 quarters of your clinical internship?

- Yes
- No

4) If you have completed your MA CMHC degree, how many months have you been under supervision, accruing hours towards licensure?

- 0-6 months
- 6-12 months
- 12-18 months
- 18-24 months

- More than 24 months, less than 60 months

Demographic Questions (None of this information represents data that would exclude you from participation in the study.)

1)Gender Identity:

- Female
- Male
- Trans gender
- Intersex
- Genderqueer
- Non-binary
- Intersex
- Choose not to answer
- Other (please specify)

2) Your racial Identity (check all that apply)

- Black/African /African American
- Asian/Asian American
- Arab/Arab American
- Hawaiian/Other Pacific Islander
- Latinx/Hispanic
- White
- Choose not to answer
- Others (please specify)

Consent for contact to participate in full study:

1.Do you consent to be contacted by the primary researcher to participate in a semi-structured interview regarding your experiences of effective supervision?

- Yes
- No

2.If you consent to be contacted, please indicate the preferred method for this contact to occur:

- Email (please provide)
- Phone (please provide)
- Other (please indicate

Consent for participation in the drawing for a $25 gift card.

1.Do you consent to be contacted by the primary researcher if you are randomly selected to receive a $25 gift card for your participation in this survey? If so, please provide email.

- Yes (please provide)
- No

Appendix C: Informed Consent- via Survey Monkey

Dear Clinician and Co-Researcher:

Thank you for your generosity in spending time reviewing this consent form and participating in this study. Please find the information about this study below. Thank you for your time and participation.

You are being asked to take part in an anonymous study which will include a 45 to 90 minute interview via Zoom Pro. This research is being conducted by Michelle L. Byrd, doctoral candidate in the Counselor Education and Supervision PhD program at Antioch University Seattle. It is the primary researcher's hope that this data will contribute to the scholarship and enhancement of effective and culturally competent clinical supervision.

About the Study

The purpose of this study is to explore how trainees and novice counselors experience and make meaning of effective and multiculturally competent clinical supervision and their perspectives on the impacts of both on the client experience of counseling.

Participation

Your participation in this study is voluntary. You may decline to participate at any time. Should you decide to not participate, you may withdraw from the study without acquiring any penalty or prejudice.

Confidentiality

The information in the study data records will be kept anonymous. Your name and contact information will only be used for communication, follow-up, scheduling and conducting interviews via Zoom Pro, and distribution of gift cards. Your name and contact information will be removed from the data.

The data will be stored securely and will be made available only to persons conducting the study. No reference will be made in verbal or written reports which could link you to the study.

During data analysis, audio or video recordings of the interviews will be stored on an encrypted secure server. After data analysis is completed, all audio and video recordings of the interviews will be erased/destroyed. The primary researcher will complete the data analysis utilizing the Interpretive Phenomenological Analysis (IPA) approach which requires that the interviews be transcribed so that that primary researcher can precisely identify themes and patterns emerging across multiple

interviews. These transcripts will be likewise be de-identified and securely stored to protect your confidentiality.
If you agree to take part you will be asked to attend a scheduled interview with the primary researcher and respond to a set of questions and open ended prompts regarding your experiences of effective supervision and culturally competent supervision for a period not to exceed 90 minutes. If you agree to take part you are agreeing to the recording of the interview and the transcribing of the interview. The primary researcher/interviewer will confirm your consent to be recorded at the time of the interview also, as per Antioch University Seattle's *General Guidelines for Audio/Video Recording*.

Risks and Benefits

There is minimal risk associated with this study. You will be invited to reflect upon your experience of supervision, the impacts upon your development and confidence as a clinician, and your perspectives on how this experience has impacted your clients. These topics could cause you some emotional discomfort. Regardless of what you will choose to share for this study, you are encouraged to seek appropriate support, such as supervision, consultation, and counseling as needed.

The intention of this study is to contribute new information to the growing research regarding effective clinical supervision and the context of supervisor multicultural competence. There is no guaranteed benefit for you in participating in this study.

All participants who complete the semi-structured interview will receive a $25 gift card.

Procedures

This process up to now has consisted of a preliminary on-line survey to determine rightness of fit for participates to the study. The next step will be the semi-structured on-line interview conducted by the primary researcher via Zoom Pro. As an emerging counseling professional, you will be asked about your experience of effective clinical supervision in the context of supervisory multicultural competence. The video interview will be scheduled within two weeks of the preliminary on line survey, based upon your agreement to participate.

Researcher

This research will be conducted by Michelle L. Byrd, MA, LMHC, LMFT and a doctoral candidate in the Counselor Education and Supervision PhD program at Antioch University Seattle. You may reach Michelle, as well as her faculty advisor, Dr. Ned Farley. You may also reach Dr. Mark Russell, the chair of the Institutional Review Board.

Agreement

By clicking the “Agree and Proceed” button below, you are providing the consent agreement to participate in the study described above.

By clicking the “Agree and Proceed” button, you are acknowledging that your participation in the study is voluntary, that you are 18 years of age, and that you are aware you may choose to terminate your participation in the study at any time and for any reason.

By clicking the “Agree and Proceed” button, you are giving consent for the primary researcher to contact you via your preferred method in order to set up the semi-structured interview.

Please confirm the time zone you will be participating in the interview from here:_____ (The primary researcher will be working in Pacific Standard Time.)

AGREE AND PROCEED BUTTON

Appendix D: Semi-Structured Interview Schedule

Schedule for semi-structured interviews, anticipated to last between 45 and 90 minutes.

This proposed study will be built around the primary research question posed to co-researchers who are supervisees:

1. Tell me about your experience(s) of effective clinical supervision? (*Possible Prompts*: What happened that you experienced this as effective? What did you notice about how you felt about yourself as a clinician? How do you think this affected your clients?)

   Sub-question:

   (a) How would you describe the alliance you have with your supervisor(s) and how do you perceive that alliance to have impacted the quality of supervision?

2. Describe how you would define effective clinical supervision? (*Possible Prompts*: What happened that you experienced this as effective? What did you notice about how you felt about yourself as a clinician? How do you think this affected your clients?)

3. Tell me about the similarities or differences (racial, cultural, ethic, other identifiers) between you and your effective supervisor(s)? Tell me about the similarities or differences (racial, cultural, ethic, other identifiers) between you, your effective supervisor (s) and your client (s)? Do you recall instances where either you or your supervisor broached the topic of these similarities or differences across the supervisor, supervisee, client triad? If so, please describe that experience.

4. Would you say your effective clinical supervision was related to multicultural competence as part of your clinical supervisor? (*Possible Prompts*: What happened that you experienced your supervisor as multiculturally competent or not multiculturally competent? What did you notice about how you felt about yourself as a clinician? How do you think this affected your clients?)

Appendix E: Participant Demographics

Education level completed	**Degree Competed/time under supervision**	**Gender**	**Race**	**Currently Under Supervision**
Completed Master's Level Clinical Mental Health Counseling Program or Couple and Family Therapy Program (CACREP accredited)	0-6 months	Female	White	YES
Same	More than 24 months, less than 60 months	Trans masculine	White	YES
Same	18-24 months	Male	White	YES
Same	6-12 months	Non-binary	White	YES