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THEIR IMPACTS ON SUPERVISEES AND
THE SUPERVISION RELATIONSHIP

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CRITICAL INCIDENTS IN MULTICULTURAL SUPERVISION
AND THEIR IMPACTS ON SUPERVISEES AND THE SUPERVISION RELATIONSHIP

by

Monica Becerra

B.A., University of California, Irvine, 2016

A Thesis

Submitted in Partial Fulfillment of the Requirements for the
Master of Arts

Department of Counseling Psychology
in the Graduate School
Southern Illinois University Carbondale
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CRITICAL INCIDENTS IN MULTICULTURAL SUPERVISION
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Monica Becerra

A Thesis Submitted in Partial
Fulfillment of the Requirements
for the Degree of
Masters of Arts
in the field of Counseling Psychology

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AN ABSTRACT OF THE THESIS OF

MONICA BECERRA, for the Master of Arts degree in PSYCHOLOGY, presented on
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TITLE: CRITICAL INCIDENTS IN MULTICULTURAL SUPERVISION AND THEIR
IMPACTS ON SUPERVISEES AND THE SUPERVISION RELATIONSHIP

MAJOR PROFESSOR: Kathleen Chwalisz, Ph.D.

Multicultural competency is essential in the field of psychology and a major component of training involves multicultural supervision. Neglecting cultural issues may led to negative consequences in the development of the supervisor and supervisee relationship and in turn affect the work done with clients. Using a stratified random sample of 59 graduate students in APA accredited programs and internship sites, the researchers explored the specific supervisor behaviors and interventions that represent effective and poor multicultural supervision. This qualitative replication study incorporates Chu and Chwalisz’s (1999) critical incident questionnaire (CIQ) and a demographic questionnaire. The qualitative data was analyzed using Grounded Theory Method to create positive and negative categories of multicultural supervision experiences and associated processes and outcomes. Recommendations will be given for practice, research, and training purposes.

Keywords: *multicultural counseling competency; multicultural training; multicultural supervision; supervisor; critical incidents*

DEDICATION

I first dedicate this thesis to God, who has been a major source of peace and strength in my spiritual and academic journey. To my parents Agueda Sánchez López and José Luis Becerra Yerena, for trusting and supporting my decision to leave home in order to pursue higher education. To my brothers Cristian and Orlando, who have always reminded me to have a sense of humor during difficult times. To my cohort members Missy and Chelsey, who have supported me with their friendship, uplifting words, countless hugs, and wonderful back massages. To my close friends Jennifer, Stephanie, and Julio for your infinite compassion, kindness, encouragement, and love. To my SIU grad student mentor family, who ground me with their humility and remind me constantly of my inner strength. To my Latinx community in Talpa de Allende, who always remind me to continue “hechándole ganas.” To all my professors and mentors who have contributed to my personal and professional growth. To Dr. Greer and Dr. Reed, for their time and feedback. A very warm thank you to Kathie, for her patience in my development as a scholar, her guidance throughout my graduate school experiences, and the homemade food and cookies.

Finally, I dedicate this thesis to all the future Latinx leaders who are trying to pave their way in higher education. ¡Sí se puede!

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CHAPTER 1

INTRODUCTION

The field of counseling psychology has emphasized the importance for mental health professionals to be multiculturally competent in order to respond to the demographic shift that has occurred in the United States. However, the American Psychological Association (APA) did not officially require trainees to receive multicultural coursework and training until the early 1980's. Specifically, it was not until Sue and colleagues (1982) highlighted the need for "cross-cultural counseling competencies" that APA started to formally recognize the importance of cultural factors as fundamental elements in mental health training. The first multicultural perspective to gain attention in the counseling psychology fields was termed *cultural difference* (Stone, 1997; Sue & Sue, 1990). Then, in the early 1990's the Association for Multicultural Counseling and Development (AMCD) and the American Association for Counseling and Development (AACD) published a joint article outlining the need and rationale for a multicultural perspective in counseling (Sue, Arredondo, & McDavis, 1992). The purpose of the article was to: (a) advocate for multicultural approaches to assessment, practice, training and research, (b) propose specific multicultural standards and competencies, and (c) to promote strategies that implement multicultural standards in the AACD (Sue, Arredondo, & McDavis, 1992).

Studies in multiculturalism led to the legitimization of cultural competencies, which have been operationalized as a combination of multicultural awareness, knowledge, and skills (D'Andrea & Daniels, 1997; Sue, Arredondo, & McDavis, 1992). There are various definitions of multiculturalism in social sciences that can be summed as "an expanded and more detailed picture of the social, cultural and intellectual history of our country and the world" through

different lenses and from different times and places (Olukayode & Tina; 2013, p. 36). There are many reasons why counseling psychology needs to be understood from a multicultural perspective, including the diversification of the United States, training approaches for diverse students in graduate programs, sociopolitical issues (e.g., historical, political, and current experiences of racism and oppression in the United States), ethical issues, and multicultural conceptualizations in research (Sue, Arredondo, & McDavis, 1992).

Research on multicultural counseling emerged around the 1970s and 1980s in the United States, but despite the developments in multicultural supervision up to the 1990s, there has been relatively little attention to multicultural supervision during this time period. Leong and Wagner (1994) reviewed the literature on multicultural counseling supervision and multicultural supervision competencies and pointed out several limitations in the literature about supervision. The main limitation discussed by Leong and Wagner (1994) included a lack of empirical research on multicultural supervision since most of the knowledge was based on theory. Due to the lack of empirical research, not much was understood about multicultural supervision as a potential developmental process and the roles of a supervisor. Moreover, the lack of empirical research did not provide supervisors the answers they needed to best train multicultural counseling psychologists or how to conceptualize multidimensional psychology variables (e.g., personality, racial identity, ethnicity) between the supervisor-supervisee-client triad.

Scholars in the fields of cultural diversity issues and counseling psychology have been more active in the advocacy for multicultural-based counseling psychology practice, research, and training. The work of Sue et al. (1982) laid the foundation of the multicultural competencies field. As a result of the work developed by Sue and colleagues, APA modified its accreditation requirements to integrate multicultural psychology training in the mental health

field in order for professionals to be prepared to work with clients from diverse backgrounds (Chao, Wei, Good, & Flores, 2011). Between 1947 and 1948 APA began to accredit graduate psychology programs and established the first professional training standards accepted by APA's governing Council of Representatives (Mills, 2017). Then, in 1950 APA issued the standards for predoctoral internships, which were published in a November issue of the *American Psychologists* (Mills, 2017). A few years later, APA approved the first licensure model of professional psychologists in 1955 and released the first list of approved clinical internships one year later in December (Mills, 2017). However, it was not until the 1980s when APA established a formalized need for supervision of practicum and internship. In 1983, *The Clinical Supervisor* journal began, which provided a plethora of research and ideas on supervision across multiple clinical fields (Edwards, 2013). Furthermore, some of the first acknowledgements of cultural influence in clinical supervision occurred during the late 1980s and early 1990s there was significant push for clinical supervisors to seek knowledge and skill of cross-cultural supervision (Edwards, 2013; Fong & Lease, 1997). Now, all current APA accredited professional psychology programs integrate multicultural topics and supervised training to some degree in their curriculum and encourage trainees to seek opportunities to gain experience working with diverse populations.

Although most programs in counseling psychology integrate multicultural courses into their curriculum as part of the APA accreditation requirements, much of the multicultural training in programs is still in its early stages of development. Researchers have indicated that counselor-training programs often assume that cultural competency can be acquired by obtaining basic multicultural knowledge and basic counseling skills (Garrett, Borders, Crutchfield, & Torres-Rivera, 2001). Indeed, counseling psychology programs across the United States

emphasize the importance of integrating multicultural topics in training to better prepare mental health professionals to enter a diverse workforce, but there is lack of consensus on best training practices (Sue, Arredondo, & McDavis, 1992). Some graduate programs may require students to only take a minimum of one multicultural course, whereas others may be more invested in promoting multicultural counseling through various courses and facilitating exposure to diverse client populations for students to gain experience. Sue and Sue (1999) recommended that supervisees engage in self-exploration and self-understanding through appropriate training and culturally competent supervision. There are many factors involved in multicultural competence (MCC), but particularly important is the role of a supervisor in a supervisee's training and professional development.

Although the counseling psychology literature emphasizes the importance of understanding and respecting cultural differences with clients, literature on multicultural supervision is scarce and even more so is the salient issues that occur during the supervision process (Fukuyama, 1994). Research in multiculturalism and multicultural counseling competencies suggests that integrating multicultural discussions specifically during supervision facilitates the application of multicultural theoretical knowledge to actual practice (Cook & Helms, 1988; Martinez & Holloway, 1997). However, it is not clear if there are differences in the critical incidents that emerge from multicultural supervision as a result of advances in multicultural psychology theory and research throughout the years. Moreover, one must also take into account that perhaps supervisory issues were shaped by the climate from two decades ago. It is expected that supervisors are now better trained and are more efficient compared to two decades ago and the critical incidents that emerge during multicultural supervision will have different themes. The purpose of the current study is to identify the specific interventions and

behaviors that can facilitate multicultural supervision through critical incidents that occur during supervision.

CHAPTER 2

REVIEW OF THE LITERATURE

Although related, counseling and supervision consist of different skills, theory, and development process. Hence, the training of counselors is different from that of supervisors (Bernard & Goodyear, 1992; Bernard & Goodyear, 2009; Ellis, 1991). Supervisor training provides the supervisor with essential skills to effectively *train* and *evaluate* a supervisee (Bernard & Goodyear, 2009). In contrast, counselor training requires coursework and instruction in certain core areas of psychology and specialized instruction of various theories, according to APA and other professional guidelines. Essentially, supervision and counseling training have their own models, techniques, interventions, and unique purposes. During the early 1980's, there was a lack of literature on supervision training and development that caused many practical problems (e.g. parametric statistical procedures, uncertainty about supervisory training and how it occurs) in the field (Ellis, 1991), but research in counselor supervision training has increased over the past two decades. Furthermore, in the early 1990's, research on supervision integrated an auxiliary dimension: multiculturalism, which most likely resulted from contributions to the field of multicultural counseling (e.g. Cook & Helms, 1998; Daniels, D'Andrea, & Kim, 1999; Leong & Wagner, 1994; Sue, Arredondo, & McDavis, 1992). By integrating multicultural variables in the research of supervision practice and training, the bloom of multicultural supervision emerged.

Multicultural supervision can be seen as a professional movement and as a form of study and practice. It emerged as a result of cultural diversification, conflict in the promotion of well-being across different cultures, and the need for professionals to be multiculturally competent in the workforce (D'Andrea & Daniels, 1997). Considering the changing demography in the

United States, it was only a matter of time before potential cultural differences and conflict between supervisors and supervisees were addressed in the literature. Vander Kolk (1974) was the first to identify the need for cultural integration during supervision (Goodyear & Bernard, 1998; Helms & Cook, 1999). Soon after, scholars began to formulate conceptual frameworks with an emphasis on multicultural aspects of supervision (e.g. Constantine, 1997; López, 1997).

In a case study by Daniels, D'Andrea, and Kim (1999), recommendations were given for the further examination of common issues that occur during multicultural supervision. There are many elements that compromise the supervision process (e.g., lack of trust, perceived racism, power differences), and most of the earlier literature on supervision was found lacking in terms of multicultural elements (e.g. Heppner & Roehlke, 1984; Rabinowitz, Heppner, & Roehlke, 1986). Certainly, integrating a cultural dimension in the supervision process may disperse some common issues that occur during supervision. However, there are current challenges that continue to be present in supervision, especially when a cultural dimension is not part of the supervision process. Challenges include overstepping boundaries of the supervisory relationship, faith and value conflicts, parallel processes (i.e., supervisee experiencing moral distress due to contrasting feedback from multiple supervisors), supervision through the use of technology, evaluation, and termination of the supervisory relationship (Openshaw, 2012).

Multicultural and Cross-Cultural Supervision

What is multicultural supervision? There are two aspects of supervision that must be integrated with multicultural considerations: (a) supervision that influences the work done with clients, and (b) the work done with the supervisee and the fostering of the supervisee's development (Constantine, 1997; Fukuyama, 1994). However, the experiences and perspectives of supervisees are often unheard or misunderstood in multicultural supervision (Hird et al., 2001;

Killian, 2001). Some of the central issues and dynamics associated with multicultural supervision include understanding various identity issues, differences in developmental models, and multicultural competence (D'Andrea & Daniels, 1997). Moreover, literature linking multiculturalism and supervision is insufficient due to the majority of research on multicultural supervision focusing on racial minorities as supervisees and Whites as supervisors. To address the issues surrounding multicultural supervision, identifying multicultural counseling competencies became a target for researchers in order to formulate what makes effective and successful multicultural supervision.

The term *multicultural* has been used interchangeably with *cross-cultural* (D'Andrea & Daniels, 1997; Leong & Wagner, 1994). Both terms describe the process in which practitioners collaborate with others to enhance their knowledge of effectively working with a diverse client population (D'Andrea & Daniels, 1997). Yet, there are also differences between the terms. According to Leong and Wagner (1994), "cross-cultural counseling supervision is defined as a supervisory relationship in which the supervisor and supervisee are from different cultural groups" (p. 118). On the other hand, multicultural supervision refers to a *situation* in which supervisor and trainee are influenced by multiple cultural factors relevant to effective counseling (D'Andrea & Daniels, 1997; Leong & Wagner, 1994). For the purposes of this study, the term multicultural supervision will be used, since it more accurately represents the supervisory process in which supervisor and supervisee have an understanding of the complex challenges during the supervision process and work done with clients.

Multicultural supervision generally refers to a training situation where supervisors initiate, address, and facilitate the discussion of culture, ethnicity, race, gender and demographic variables like socioeconomic status to serve both trainees and clients (D'Andrea, Daniels, &

Heck, 1991; Ivey, D'Andrea, & Ivey, 2011; Sangganjanavanich & Black, 2011). Multicultural supervision happens when two or more individuals with different cultural and demographic backgrounds are brought together in the supervisor-supervisee relationship, in which content, process, and outcomes of the supervision process are related to cultural dynamics (Bernard & Goodyear, 1998; D'Andrea & Daniels, 1997). Multicultural supervision includes recognition of differences in backgrounds and how power influences diversity (Liu & Pope-Davis, 2003). During supervision, trainees combine knowledge and skills learned during training based from their experience in working with a diverse client population (Allen, 2007). Especially when a supervisor trains a supervisee from a different cultural background, the knowledge and skills of the supervisor become important in developing a style of supervision that is culturally congruent (Allen, 2007). Three main dimensions become important to facilitate MCC development, which include beliefs and attitudes, knowledge, and skills (Sue, Arredondo, & McDavis, 1992). It is important for supervisors and supervisees to reflect upon their own development in the mental health field in relation to their identity and attitudes, and how this in turn influences the supervisor-supervisee relationship and the work done with clients (Lago & Thompson, 1997; McNeill, Hom, & Perez, 1995). Nevertheless, the field of counseling psychology should strive for a more comprehensive understanding of culture as it is integrated in the supervisory process.

Despite the growing research on multicultural training, much of the literature on supervision lacks a multicultural component, and not much is known about the critical incidents that occur during multicultural supervision. Most of the literature on multicultural counseling supervision is theoretical (Leong & Wagner, 1994), and stems from the concern that race, ethnicity, and culture conflict with supervision and client outcome (Constantine, 1997). Furthermore, existing research has focused on the supervisor's multicultural competence and

their lack of multicultural knowledge and skills (D'Andrea & Daniels, 1997). Research has also focused on supervisor's attitudes and beliefs about the supervision process (Helms & Cook, 1999). It is also important to explore relevant critical incidents during multicultural supervision. In the context of the supervision literature, critical incidents allow us to understand what events result in changes in the supervisees' confidence as a competent counselor (Heppner & Roehlke, 1984). Critical incidents have been widely used by scholars and provide a better understanding of issues that occur during counseling supervision (Fukuyama, 1994). Discussing cultural issues allow both supervisors and supervisees to reflect on the work done during sessions and with clients. At the same time, the quality of the supervision process can welcome the dialogue of positive or negative outcomes for both clients and supervisees.

Culture matters in supervision, especially in multicultural supervision interactions. When culture is integrated in the supervision process, various beneficial outcomes follow. Discussing cultural concerns during supervision facilitates rapport, a good working alliance, and underlines the importance of gaining cultural competency skills (McRoy et al., 1986). Especially when conversations about culture occur early in supervision, biases and assumptions can be cleared before they undermine the supervision process (Constantine, 1997; Fukuyama, 1994; Leong & Wagner, 1994; Remington & DaCosta, 1989). It is reasonable to assume, that supervisors are responsible for the facilitation of cultural discussions.

Some of the responsibilities supervisors have, in order to facilitate multicultural supervision, include fostering a collaborative learning environment, challenging traditional assumptions, and creating an egalitarian supervision process (Hird, Cavalieri, Dulko, Felice, & Ho, 2001). Due to their position of power, supervisors are responsible for facilitating the exploration of cultural attitudes and beliefs during supervision since failure to do so may lead to

supervisees feeling misunderstood and confused (McNeil, Hom, & Perez, 1995). It becomes essential for supervisors to share some level of professional vulnerability (e.g., share culture related experiences) to yield some power to the supervisee (Hird, et al., 2001). Supervisor self-disclosure can be reassuring to supervisees who are unsure about bringing their own identities, experiences, or beliefs into the supervision dialogue, and again, emphasize that they are both part of a learning process. It is clear that discussions about multiculturalism allow supervisees to explore their own identity and how culture influences their work with supervisors and clients.

There are several disadvantages that occur during supervision when culture is not part of the conversation during supervision. When supervisors omit discussions of culture, supervisees may experience frustration and avoid bringing up culture related topics (Hird et al., 2001) and at the same time, supervisors may seem culturally insensitive (Helms & Cook, 1999; Killian, 2001). Furthermore, neglecting cultural issues during supervision can lead to transference and countertransference problems in addition to confrontation resistance (Remington & DaCosta, 1989) and to misunderstandings, assumptions, and disconnections (Constantine, 1997). The implications of cultural differences needs to be addressed during supervision in order to prevent a negative impact on the supervision process and enrich the experience for both supervisor and supervisee. Given the limited research activity on the discussions that occur during multicultural supervision, important areas remain unexamined.

The formal endorsement of multicultural training in counseling psychology has been possible by APA, the Association for Multicultural Counseling and Development, and the American Association for Counseling and Development (Sue, Arredondo, & McDavis, 1992). Such progress over the past two decades reflects how the profession has recognized the importance of effective MCC training and preparing trainees to work with a diverse client

population. Indeed, there has been a considerable amount of progress in the area of multicultural supervision, yet there are few articles that explore multicultural supervision (Leong & Wagner, 1994; Stone, 1997). The few studies that have been conducted to better understand multicultural counseling supervision have only been focused on White supervisors with supervisees of color (e.g., Leong & Wagner, 1994; Fong & Lease, 1997). Reynolds (2005) concluded that research in multicultural supervision has expanded over the past two decades, but the supervisory relationship needs to be studied more thoroughly, and counselors have yet to determine how to effectively infuse multicultural factors in practice. Reynolds (2005) urged counseling psychologists to challenge the current definitions and assumptions about supervision and therapy.

Many people of color consider race as an intimate part of their identity, but may be hesitant to share how race affects their lives due to being seen as oversensitive, particularly in Predominantly White Institutions (Sue & Constantine, 2007). Other reasons why supervisors (particularly White supervisors) may be hesitant about engaging in multicultural practices during supervision may be due to being uninformed about cultural issues and discomfort, which resulted in supervisors ignoring or avoiding multicultural discussions during supervision (Fong, 1994; Fong & Lease, 1997). In order to facilitate meaningful dialogues among supervisors and supervisees, fears related to race need to be faced, challenged, and processed. Such conversations would improve the supervisor-supervisee relation and the work done with a diverse client population. Examination on supervisee perspectives of multicultural supervision indicates that supervisors do wish to discuss cultural differences in the supervision relationship, but often feel angst when culture is brought into the discussion (Hird et al., 2001).

On the other hand, multicultural supervision can present with problems, such as over interpreting or under interpreting the influence of culture, avoiding issues related to culture, and

racist labeling (Leong & Wagner, 1994). Supervisors may exclude discussions of race and ethnicity due to the nature of the topics in society in general (Martinez & Hollway, 1997). Remington and DaCosta (1989) especially emphasized that supervisors should take initiative in welcoming discussions about racial and cultural issues and not wait for supervisees to introduce such topics during supervision. Practicing cultural competency requires supervisors to facilitate challenging dialogues and have the skills to monitor those dialogues during multicultural supervision practice.

Multicultural Counseling Competence

There are different variations of multicultural competency in the literature, but most mental health researchers refer to multicultural competency as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency or amongst professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations” (Cross et al., 1989, p. iv.). Multicultural competency reflects an ongoing commitment of proper practice for diverse populations. It is also presented as a spectrum that individuals can adhere to in order to modify the effectiveness and efficiency of culturally diverse-based work (Brach & Fraiser, 2000; Cross et al., 1989). The main idea of multicultural competency is for professionals to move beyond the one-size-fits-all perspective and consider various factors that need to be taken into account when addressing the individual needs of a diverse population (Brach & Fraiser, 2000). Multicultural competency goes one step beyond awareness, respect, and sensitivity of diverse cultures, as it includes cultural knowledge and the necessary skills to work efficiently in cross cultural situations (Brach & Fraiser, 2000; Cross et al., 1989). It can also be seen as a matter of social justice and a way to reduce racial ethnic minority health and social disparities. Nevertheless, it took researchers in the field of counseling psychology some

time before they realized the importance of integrating multicultural variables into counseling psychology practice and supervision research, skill development, and training.

Since the early 1980's, multiple models on multicultural counseling competencies have been proposed. As mentioned previously, Sue and colleagues (1982) were the first to include an understanding of racial and ethnic groups as part of multicultural counseling competencies. Since then, other researchers have contributed to the field of multicultural counseling and have made suggestions to improve practitioners' competencies (e.g., Pope-Davis & Coleman, 1997). In 1998, Sue and colleagues operationalized a total of 31 multicultural competencies (e.g., research in racial and ethnic identity models, social change and advocacy, informal and formal mentorship, mission statements, action plans, interpersonal and institutional racism) and added 119 explanatory statements. In 2002, APA sponsored the *Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology*. With that conference, there was a big push to move the competency movement forward (Cornish, Schreier, Nadkarni, Metzger, & Rodolfa, 2010). As a result of the conference, there was consensus around eight core competency domains: (a) professional development, (b) supervision, (c) psychological assessment, (d) intervention, (e) scientific foundations of psychology and research, (f) ethical, legal, public policy/advocacy, and professional issues, (g) individual and cultural diversity, (h) consultation and interdisciplinary relationships. After the conference in the same year, the APA Board of Educational Affairs began to emphasize the importance of assessing competencies and the Association of Directors of Psychology Training Centers responded with an outline of competencies for graduate field placements (Cornish et al., 2010; Hatcher & Lassiter, 2007).

In 2003, the Association for Multicultural Counseling and Development created an updated version of multicultural competencies, which was later adopted by APA during the same

year to develop a list of Multicultural Competency Guidelines (Cornish et al., 2010).

Undoubtedly, it is not possible for every mental health professional to acquire all competencies necessary to tailor to the needs of every specific subgroup in a diverse population. However, it is possible for mental health professionals to have a basic overview of multicultural counseling competencies. Multicultural counseling competencies are not static, they are constantly evolving and as mental health practitioners, we need to find ways to be aware of the ever changing dynamics of our diverse society.

Many scholars have contributed to the current development and understanding of what it means to be an effective and competent mental health practitioner in our current diverse society (Cornish et al., 2010). However, despite the progress in the field of counseling psychology, inconsistencies remain on what constitutes an effective, competent, and ethical practitioner. Racial, ethnic, and cultural themes are only some of the few overlooked aspects of diversity (Cornish et al., 2010). Sometimes forms of oppression are subtle. For example, the exclusion of terms such as racism, ageism, sexism, and transphobia in research publications claiming to promote cultural competence (Cornish et al., 2010). Being an effective, competent, and ethical practitioner would require awareness, knowledge, and skill to address social justice issues (D'Andrea & Daniels, 1997; Sue, Arredondo, & McDavis, 1992). But above all, it would require redefining what multicultural competence means in our current society.

The current training offered to graduate students is not perfect, as practitioners and researchers question graduate student's ability to provide services to a diverse population. For instance, disability is often dismissed as an aspect of diversity (Cornish et al., 2010; Smart & Smart, 2006) and spirituality and religion are scarcely included in multicultural competency training (Bartoli, 2007; Cornish et al., 2010). Moreover, the needs of female clients and older

adults remain unmet. Many still believe that women's issues were something only occurring during the 1970s and 1980s (Cornish et al., 2010). Moreover, literature on older adults is largely underrepresented (Cornish et al., 2010; Smith, 2007). There is a clear biased nature in mental health services provided and a lack of understanding for the experiences of diverse populations (Garret et al., 2001).

Constantine (2001) examined the contributions of prior multicultural psychology training, counselor theoretical orientation, and cognitive and affective empathy attitudes in predicting counselor's ability to conceptualize client's mental health issues from a multicultural perspective. Participants in the study consisted of mainly White racial composition (76.9%). A survey packet was administered containing a demographic questionnaire, Perspective-Taking and Empathetic Concern subscales of the Interpersonal Reactivity Index, and the Multicultural case conceptualization ability exercises. The results of the study highlighted three major findings, including that the amount of multicultural psychology training received is associated to the counselor's capacity to treat a multicultural client. Second, counselors with eclectic/integrative theoretical orientations demonstrated better multicultural case conceptualization skills. Third, cognitive and affective empathy attitudes contributed to a positive variance to etiology and treatment ratings on multicultural case conceptualization ability (Constantine, 2001).

In contrast, some researchers have found that racial ethnic trainees demonstrated higher levels of multicultural competency than their White counterparts or that there was no significant difference across racial groups on MCC scores. Manese, Wu, and Nepomuceno (2001) used the Multicultural Counseling Awareness Scale to measure multicultural awareness, knowledge, and skills of 24 predoctoral interns. The interns completed the scale before and after their internship ended. Results revealed no significant differences between scores on MCC between White and

racial ethnic trainees (Manese, et al., 2001). Moreover, in a study by Neville, Spanierman, and Doan (2006), the researchers examined the relationship between color blind racial ideology and self-reported multicultural counseling competencies. Their sample consisted of 130 applied psychology students and 162 mental health workers. Using the Color-Blind Racial Attitudes Scale and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS), the researchers suggested no difference between racial ethnic trainees and Whites on MCKAS-awareness, but there was a difference in MCKAS-knowledge from which racial ethnic trainees scored higher. Moreover, a meta-analysis examining the effectiveness of multicultural education by Smith, Constantine, Dunn, Dinehart, and Montoya (2006) revealed no significant differences between racial ethnic and White trainees on MCC. Perhaps the differences in scores on multicultural counseling competency have to do with the amount and level of multicultural training, personal experiences, and exposure rather than the race of the trainee.

Some researchers suggest that racial ethnic trainees benefit less than their White counterparts from multicultural-based trainings. Bellini (2003), explored the relationship between counselor's multicultural competency outcomes by taking into account counselor-client similarities and differences. The counselor sample consisted of 155 vocational rehabilitation agency counselors and the client sample consisted of all clients in the state vocational rehabilitation agency. Using a demographic questionnaire and the Multicultural Counseling Inventory, Bellini (2003) revealed that greater levels of counselor multicultural competence is correlated with better outcomes only when the counselor was White, especially when compared to Hispanic/Latino and African American counselors. Another study by Chao, Wei, Good, and Flores (2011) used a sample of 370 psychology trainees to examine whether multicultural training (a) moderated racial/ethnic differences on multicultural counseling competence and (b)

modified the relationship between color-blindness and multicultural counseling competence. The researchers used four scales and found that multicultural training led to higher levels of multicultural competence for Whites than for racial ethnic individuals. However, in the same study, the researchers clarify that results could have been due to two potential interpretations: (a) a ceiling effect for racial ethnic minorities and (b) higher levels of multicultural awareness may take additional training to develop for White trainees (Chao, et al., 2011).

The question of how much multicultural training is needed in order for health professionals to have efficient multicultural skills remains unclear. A good start to develop counseling training programs with a multicultural emphasis is through a checklist. The checklist developed by Ponterotto, Alexander, and Grieger (1995) is applicable to both doctoral and master's level training and includes six categories: minority representation, curriculum issues, counseling practice and supervision, research considerations, student and faculty competency evaluation, and physical environment. Items from the checklist can be assessed quickly and completed individually by training directors or by faculty (Ponterotto, Alexander, & Grieger, 1995). Another point to consider is that most of the research on multicultural counseling competency has been quantitative and perhaps a qualitative approach would be better suited in understanding the advancements in the field. It is challenging to address multicultural issues from a comprehensive perspective, which is why the researchers of this study aim to identify specific behaviors and interventions to facilitate the supervisor-supervisee relationship and integrate multicultural components in the process.

Supervision and Multicultural Supervision

One of the most influential figures in counseling psychology research was Edward S. Bordin. He had a wide variety of interests that led future scholars to build upon his research,

including supervision work (Constantino, Ladany, & Borkovec, 2010). Bordin (1983) dedicated several years studying the factors that led to change in counseling and psychotherapy and developed a model that could also be applied to counseling supervision. Based on Hess' (1980) work of psychotherapy supervision, Bordin (1983) extended the goals of the therapeutic working alliance to the supervisory working alliance. He proposed eight supervisory goals: (a) mastery of specific skills, (b) enlarging one's understanding of clients, (c) enlarging one's awareness of process issues, (d) increasing awareness of self and impact on process, (e) overcoming personal and intellectual obstacles toward learning and mastery, (f) deepening one's understanding of concepts and theory, (g) provide a stimulus to research, and (h) maintenance of standards of service. Although Bordin's (1983) work was stated from a supervisee's point of view, it became evident how supervisors influenced therapy research on the supervision process and supervisory events. However, he was aware of the need for more sophisticated research regarding supervision, which led to extended research in the field of counseling psychology supervision.

Heppner and Roehlke (1994) were some of the first researchers to examine the supervision relationship and process. They investigated the critical incidents that occurred during session among supervisors and practicum trainees through three separate studies over a 2-year period. These studies were not focused on multicultural supervision, but they set a starting point for other researchers who began to study the supervisory relationship from a multicultural standpoint. For all three studies, supervisees were graduate students in an APA accredited counseling psychology program, where the levels of supervisees (beginning practicum, advanced practicum, doctoral interns) were taken into account (Heppner & Roehlke, 1984). Results from the combined studies indicated that different types of critical incidents emerge based on student trainee level (Heppner & Roehlke, 1984). In general, the results from the first study indicated

that past supervisory experiences did not influence the supervisee's perceptions of their supervisor as well as to later ratings of impact. In the second study, supervisees perceived an effective supervisory relationship when supervisors provided support as well as skills training. The last study indicated different critical incidents depending on the supervisees' level of training. Beginning and advanced trainees reported issues of support and/or self-awareness. On the other hand, doctoral level interns reported critical incidents regarding personal issues/defensiveness that affected therapy. Considering the combined results of these studies, the data is congruent with a development progression depending on supervisees' level of training (Heppner & Roehlke, 1984).

As professional psychologists started to turn their attention to multicultural counseling competence, the psychology training community turned its attention to supervisors' multicultural competence. Suddenly, there was a shift on research focused on supervision in general to multicultural supervision. In one of the early studies of multicultural supervision, Cook and Helms (1988) aimed to provide information relevant to training issues through an exploratory investigation. In the study, four types of racial identity interactions were used to predict aspects of the supervision process and outcome: (a) regressive relationships (i.e., supervisee has an advanced racial identity status in comparison to the supervisor), (b) progressive relationships (i.e., supervisee has less advanced racial identity status in comparison to the supervisor), (c) parallel-low (i.e., supervisee and supervisor share similar racial worldviews and are at a lower racial identity development stage), and (d) parallel-high (i.e., supervisor and supervisee share similar racial worldviews and are at an advanced racial identity development stage). Specifically, racial identity dynamics were used to predict the supervisory working alliance and the supervisor's influence on the supervisee's multicultural competence. A total of 225 supervisees completed

surveys that included the Barret-Lennard Relationship Inventory (BLRI), Worthington and Roehlke's measures of satisfaction, and a personal data sheet, which included the type of training program in which respondents were enrolled, race of supervisor, and other demographic variables. Results indicated that supervisees' perception of the supervisory working alliance varied depending on their race or ethnicity, indicating that supervisors' interactions (parallel-low and parallel-high) with supervisees were influenced by the supervisees' race or ethnicity. Cook and Helms (1988) suggested that this finding might be due to supervisors having difficulty with cross-cultural supervision. For instance, supervisors may not relate well to supervisees who are not of their race. The researchers concluded that it is difficult to determine how supervisors ought to be trained to conduct cross-cultural supervision.

During the early 1990's the importance of respecting cultural differences among clients was understood, but little was known about multicultural supervision and counseling trainees (Fukuyama, 1994; Leong & Wagner, 1994). Researchers started integrating multicultural factors to further understand the critical incidents that occur during multicultural interactions in supervision. Critical incidents are events that are created, not discovered. Events become critical incidents after some interpretations of the meaning of an event. That is, to make something critical is based on a value judgment and the meaning one attaches to the significance of an incident or situation (Tripp, 2011). Critical incidents are brief events that people remember to be significant. It is not necessary for critical incidents to be unusual or histrionic as events can be reflective of everyday events, but are categorized as critical due to the research analysis (Gilstrap & Dupree, 2008). Critical incidents have the potential to reflect episodes or moments that are highly emotional and have significant consequences associated for personal change and development (Sikes, Measor, & Woods, 1985). Critical incidents impact the learning

environment and address culture while underlying social context that drive the critical reflection process (Gilstrap & Dupree, 2008). Important processes and behaviors can also be identified in the counseling psychology supervisor-supervisee interaction through critical incidents (Goodyear, Crego, & Johnston, 1992).

Fukuyama (1994) conducted a pilot study to explore the utility of eliciting critical incidents in multicultural supervision research. He included 18 ethnic minority interns who finished their predoctoral internship year at an APA accredited site. A questionnaire survey was mailed and ten surveys were returned. The participants were asked to describe a positive and a negative critical incident that occurred during supervision and was related to multicultural issues. The positive responses included openness and support, cultural relevance, and opportunities for multicultural activities; the negative responses included lack of supervisor's cultural awareness and questioning supervisee abilities (Fukuyama, 1994). The findings from Fukuyama's study highlighted the importance of multicultural competency training for supervisors.

Overall, the study of critical incidents has been used in various situations, including multicultural counseling training and counselor development (e.g., Goodyear, Crego, & Johnston, 1992; Leong & Kim, 1991). However, critical incidents in the context of counselor supervision refer to emotional or behavioral interpersonal experiences that are meaningful enough to make an impact on the effectiveness of the supervisee (Heppner & Roehlke, 1984; Fukuyama, 1994). Assessing the teaching and learning process through the analysis of critical incidents during supervision will allow a more thorough understanding of the relationship between supervisor and supervisee in counseling psychology.

As research on counselor training and counselor supervision continued to expand over time, new areas of research started exploring *how* racial and cultural issues are addressed in

supervision. In a quantitative study Ladany, Brittan-Powell, and Pannu (1997) investigated 105 supervisor-supervisee racial interactions, processes, and outcomes from the perspective of the supervisee, as well as the influence of racial matching and racial identity development in the supervisory relationship and the supervisee's development of multicultural competence. The study involved the same four types of racial identity interactions for supervisory dyads used by the Cooks and Helms (1998) study on regressive relationships, progressive relationships, and two types of parallel interactions. The majority of participants and supervisors were White (i.e., 70.5% and 76.2%, respectively). Results indicated that racial identity interactions predicted some features of the supervisor-supervisee relationship when supervisees were engaged in parallel-high interactions. The study by Ladany and colleagues (1997) integrated racial identity developments as well as important factors that occur during supervision. The study marks a transition from studies that look at multicultural supervision to more complex studies that look at the various factors involved in multicultural supervision. However, the authors failed to identify specific supervisor behaviors and the study lacks a diverse representation.

Certainly, supervision research has informed the field of counseling psychology about the supervisory process, and researchers have slowly started to tap into the dimensions of multicultural supervision. Due to the lack of research on multicultural supervision, Constantine (1997) developed an exploratory study in which she attempted to identify multicultural differences during supervision, the level of formal academic training and cultural competency in intern supervisors, intern and supervisor perceptions of multicultural dialogues during supervision, and intern and supervisor views on how the supervision process can be improved to discuss multicultural issues. Surveys were sent to internship training directors with a demographic section and open-ended questions, and a total of 22 internship-training programs

were represented in the sample. Results indicated that 30% of interns and 70% of supervisors had never completed a course on multicultural counseling. In regard to multicultural issues, both supervisors and interns reported that the supervision relationship could be enhanced through more discussion of multicultural issues and racial differences as well as more exposure to ethnic minority populations.

Motivated by ideas surrounding racial segregation in education, Kleintjes and Swartz (1996) conducted an in-depth qualitative case study examining multicultural supervision. Twenty-two hour-long semi-structured interviews were conducted with seven self-identified Black trainees and former trainees (four male and three female). Issues raised by each participant were explicated and summarized, and then grouped based on themes and trends to have a better understanding of Black trainees' supervision experience. Various themes emerged from the data, including difficulty conversing on issues about race during supervision, stress and anxiety related to race, adequacy as a psychologist of color, and negative historical associations with being Black. Although the study presented a homogeneous population, it provided some insight into what occurs during multicultural supervision.

Kleintjes and Swartz (1996) provided several insights and recommendations for supervisors to take into account: (a) personal conflicts should be addressed during training to prevent nontherapeutic effects in professional work and practice; (b) trainees may enter clinical training being influenced by historical experiences, which may create a sense of valuelessness and inferiority; (c) difficulties concerning the trainee's race/ethnicity could be addressed during supervision if the relationship is supportive. Furthermore, Kleintjes and Swartz (1996) suggested that supervisors should encourage trainees to work towards resolving challenges that are color-related and may cause conflict with clients and in therapy. However, the study overall lacked a

diverse representation of trainees, which is important to take into account considering the current political climate in the nation and increase of diversity in clinical settings.

Expanding on the critical incident study by Fukuyama (1994), Chu and Chwalisz (1999) integrated a more general definition of culture and employed a more systematic qualitative data analysis compared to previous studies. The researchers gathered accounts of positive and negative critical incidents in multicultural supervision interactions. Employing grounded theory methods, Chu and Chwalisz (1999) identified specific supervisor behaviors and interventions that reflect the effective practice and application of multiculturally competent supervision as well as behaviors that demonstrated a lack of cultural competence. The study included 47 counseling psychology graduate students from APA accredited training programs and internship sites. Measures included demographic questions, about the trainees and supervisor involved, and a critical incident questionnaire. The types of positive critical incidents included supervisors being supportive of the supervisee's culture, supervisors working through the supervisees' cultural issues, showing respect for client's culture resulting in supervisee also feeling respected, supervisors encouraging consideration for cultural variables, being supportive of culturally relevant work with clients, supervisor self-disclosure, and addressing cultural issues in the supervisory relationship. The types of the negative critical incidents included criticizing the supervisee based on their culture, well-intentioned cultural interventions gone wrong, conceptualizing based on stereotypes, generalizations, or personal biases, ignoring client's culture, cultural issues between supervisor and supervisee, and inappropriate supervisor behavior. The researchers also cataloged various outcomes of positive and negative critical incidents. The study provided insight into the types of issues that surfaced from multicultural interactions in supervision and laid important groundwork for future research.

Initiating dialogues about culture and properly facilitating such dialogues is of utmost importance in counseling psychology, especially for the purposes of training professionals such as therapists and psychologists who will work with diverse populations. Various problems occur when: (a) supervisors do not discuss topics pertaining to racial and ethnic issues and (b) the influence of culture and race is over interpreted during supervision (Daniels, D'Andrea, & Kim, 1999; Leong & Wagner, 1994). Daniels and colleagues (1999) examined the types of issues that occurred during multicultural supervision settings in a single case study. The authors analyzed the dynamics between European American supervisors and Asian American supervisees. Some of the problems that emerged included different cultural values present during interpersonal interactions, counseling goals that were conceptualized differently due to cultural differences, and the different expectations of the supervision process. Although this study had some the limitations (i.e., author's personal bias due to multiple roles in the study, analysis of the data was mainly observational, limited generalizability), this case study addressed important concerns that emerged from counseling supervision. Over the years, there has been early identification of the cultural conflicts that occur during supervision; yet, research findings suggest that supervisors are usually reluctant to introduce and discuss cultural issues with supervisees (e.g., Constantine, 1997; Hird et al., 2001). The degree to which supervisors improve and promote MCC depends on the willingness of supervisors to initiate multicultural dialogues (Daniels et al., 1996; Daniels et al., 1999; Leong & Wagner, 1994).

Addressing cultural issues during supervision is important, and there are various steps that supervisors need to take in order to obtain cultural competency and address problems in a cultural context. In general, supervisors and supervisees need to be aware of clients' multiple group identities and receive adequate training and exposure (Ivey, D'Andrea, & Ivey, 2011).

Being aware of multicultural models, such as the RESPECTFUL model, influences the worldview of the client and the practitioner (Ivey, D'Andrea, & Ivey, 2011). The RESPECTFUL model is a counseling framework that emphasizes the practical utility of diversity in the mental health profession and was developed by Michael D'Andrea and Judy Daniels around 1997 (D'Andrea & Daniels, 1997, 2001). It integrates ten factors including religion, economic class identity, sexual orientation, psychological maturity, ethnic/racial identity, chronological changes, trauma-related experiences, family and history, unique physical characteristics, and location of residence as well as language differences/barriers. The model was developed through a quantitative study that asked four questions about multicultural counseling supervision. Although the model focused on the counselor-client relationship, the model also provides supervisors and supervisees guidance for them to be aware of their multiple identities, attitudes, and beliefs about cultural issues and the work they do with clients. Supervisors need to work progressively with diverse trainees and to do so supervisors should recognize any ideas that he or she has established about a specific population based on their race, gender, sexual orientation, or religion.

There are various identity models proposed in the literature that describe the developmental stages counselors move through as they obtain cultural sensitivity training (D'Andrea & Daniels, 1997). Considering the training and development supervisees undergo, supervisors play a vital role facilitating supervisee progress. In addition to exposure to cultural issues, the promotion of ethnic diversity in programs can serve as a means to support ethnic supervisees by clarifying institutional policies concerning race (Peterson, 1991). Furthermore, formal discussions between supervisors can be helpful in supporting the development of counselors in training (Remington & DaCosta, 1989). Certainly, an essential part of counselor

training and learning is done during supervision. D' Andrea and Daniels (1997) suggest that supervisors should consider how cultural identity development and multicultural competence skills influence supervision.

Effective multicultural supervisors will monitor the practice of multicultural counseling skills and dialogues concerning MCC (Inman & Ladany, 2014; Inman & Soheilian, 2010). Understanding supervision from a multicultural competence standpoint involves the distinction of process and outcome (Inman & Ladany, 2014). The process of multicultural supervision focuses on what happens during session and the outcome focuses on the results after supervision (Inman & Ladany, 2014). Based on the work of Bordin (1979, 1983), a three part comprehensive model of a multicultural working alliance in supervision has been developed by Constantine and Ladany (2001) to include: (a) an emotional bond, (b) mutual agreement on the goals of supervision, and (c) a mutual agreement on the tasks of supervision. The three part comprehensive model could be integrated during the process of multicultural supervision and serve as a potential guideline to monitor the progress of the supervisory relationship after supervision. Yet, it is important to note that supervisors and supervisees must have an idea of the expected outcomes when practicing multicultural supervision. The multicultural outcomes in supervision are mainly focused on the changes that occur in knowledge, self-awareness, and skills in trainees (Inman & Ladany, 2014). Thankfully, studies have been done to better inform supervisors and supervisees of what makes a competent multicultural supervisor and an effective multicultural supervisory experience for trainees.

Hird et al. (2001) explored multicultural supervision through a qualitative approach to understand multicultural issues that occur during supervision, and to understand the needs and perspectives of supervisees for the integration of culture during supervision. Three questions

were explored: (a) How is multicultural supervision conceptualized and experienced? (b) How do cultural differences affect the dynamics of supervision relationships? and (c) How might a supervisor or supervisee introduce cultural issues into the supervision relationship? The literature on multicultural supervision reveals that there is no consensus on what constitutes supervision that is multicultural. The researchers interviewed four psychologists in training who were supervisees in multicultural supervision relationships. In the qualitative study, supervisors effectively engaged in multicultural supervision, where they emphasized the role of culture and context as a means to understand the multiple cultural aspects that client, supervisor, and supervisee bring to the counseling and supervision process. In regard to the Hird and colleagues' second question, findings indicated that integrating culture and power differences during the supervision process influenced the dynamics of the supervisor-supervisee relationship. For instance, supervision dyads can be rated poorly when a supervisees' racial identities are more advanced than that of the supervisor. Furthermore, White supervisors can control the supervision process by disregarding other cultural perspectives.

Hird et al. (2001) suggested that multiculturalism could be integrated into supervision through a collaborative approach. Particularly, discussions should address worldview influences, expectation and goals of supervision, assumptions, identity, values, and challenges. Pope-Davis and Coleman (1997) suggested that supervisors pay attention to their own style and adjust to the needs of the supervisee. For supervisees, Pope-Davis and Coleman (1997) recommended that trainees could benefit from attending workshops and conferences on multicultural counseling training to apply some of the skills during supervision and guide the supervisor. Furthermore, multicultural self-awareness plays an important role during multicultural supervision, as it can

lay the foundation for expectations and requirements from both the supervisor and supervisee during the supervisory relationship development.

An important aspect of multicultural supervision competence is the facilitation of cultural dialogues between supervisor and supervisee. However, moderating such dialogues is not so simple and failing to address cultural issues during supervision leads to various issues and problems. Poorly handled dialogues about culture and race relations may lead to resentment, hostility, and misunderstanding when individuals are not properly trained to facilitate discussion of such topics (Young, 2003). Although there has not been much attention directed to poorly handled multicultural dialogues in supervision, the more general literature about cultural dialogues can be a guide. Sue and Constantine (2007) explored some of the challenges that surface when initiating dialogues concerning racial and ethnic issues, especially for White Americans in educational settings. Some of the challenges include: (a) the fear of being perceived as racist, (b) realizing that one is racist or has some racist tendencies, (c) the fear of confronting White privilege, and (d) the fear of taking personal responsibility to end racism (Sue & Constantine, 2007). On the other hand, positive outcomes and opportunities for critical thinking may rise when dialogues about race are handled with skill (Young, 2003). Discussions of multiculturalism enhance the training environment and supervisory experience (Constantine, 1997). Everyone may have some level of discomfort when initiating dialogue pertaining to race, but some literature suggests white individuals tend to experience more discomfort (Utsey, et al., 2005). Understanding the nature and influence of multicultural dialogues during supervision is essential as such dialogues make it possible to pinpoint the different variables that are commonly discussed during multicultural supervision and which ones are often excluded.

Gatmon, Jackson, Koshkarian, and Martos-Perry (2001) explored race/ethnicity, gender, and sexual orientation variables to see if discussions during supervision included such variables and how the discussions impacted supervisory working alliance and satisfaction. The researchers emphasized the importance of supervisors welcoming discussions about culture and explore cultural similarities and differences of the supervisory dyad. The exploratory study consisted of 289 predoctoral psychology interns, and measures included the Supervisory Working Alliance, the Supervision Questionnaire-Revised, discussion of cultural variables questions, and demographic questions. The researchers explored three cultural variables (ethnicity, gender, and sexual orientation) and split participants into two groups based on their responses. One group discussed similarities and differences about cultural variables and the other did not. Results indicated that supervisees who discussed both ethnic similarities and differences with their supervisors reported a stronger working alliance. However, there was no difference in the working alliance whether participants discussed topics related to gender and sexual orientation or not. In regards to satisfaction, results indicated no significant difference associated with discussions about ethnicity. However, discussions about gender and sexual orientation contributed to higher levels of satisfaction with supervision. Moreover, supervisees who did discuss sexual orientation similarities and differences during supervision viewed their supervisors as more competent. Additional analysis revealed no significant differences on supervisee's satisfaction with the supervision process between groups who matched and did not match on cultural variables. Notably, these researchers found a general lack of initiation of dialogues about culture, particularly discussions about sexual orientation.

Gatmon and colleagues (2001) also noted that current supervisees might be better trained to address cultural issues in supervision than their supervisors, due to the improvement in

training requirements of MCC in graduate programs; hence, supervisees may initiate most cultural discussions during supervision. There are many reasons why supervisors may have difficulty initiating dialogues about cultural variables, but lagging cultural competence may be one reason and further training may be needed to increase supervisors' competence. In order to facilitate therapeutic competence in a supervisee, critical cultural issues must be acknowledged, discussed, and explored during supervision (Constantine, 1997). Initiating multicultural dialogues is not just about resolving problems, but also about creating opportunities to further enhance training and practice (Stone, 1997). At the same time, such dialogues are crucial to develop multicultural competencies. An effective way to investigate the impact of multicultural dialogues is through critical incidents.

In a qualitative study by Ancis and Marshall (2010), a total of four trainees in counseling and clinical psychology programs were interviewed about their supervisory experiences to assess their perceptions of culturally competent supervision. All participants had a minimum of two supervised clinical experience in various settings (i.e., college counseling centers, private hospitals, community mental health agencies, and outpatient private practice) and had received individual and group supervision from at least four different supervisors. All participants also completed at least one course in multicultural issues. The study was based on a grounded theory approach (Creswell, 1998) and the interview questions were based on Ancis and Ladany's (2001) multicultural framework for counselor supervision. The interviews were semi structured and lasted approximately 45 to 60 minutes. Through a comparative methodology, results were organized into themes: (a) supervisor-focused personal development, (b) supervisee-focused personal development, (c) conceptualization, (d) process, and (e) evaluation (Ancis & Marshall, 2010). Based on the themes found, discussing multicultural issues during supervision greatly

influenced client outcomes by increasing the quality of therapy with diverse client populations (Ancis & Marshall, 2010). Specifically, a collaborative relationship between the counselor and client was established to facilitate discussions base on multicultural issues. Positive outcomes result when the supervisor-supervisee relationship is engaging and allows for the disclosure on the limits of their multicultural knowledge (Ancis & Marshall, 2010).

Wong and colleagues (2013) investigated what helped and what hindered cross-cultural supervision utilizing an expanded version of the critical incident technique with phone interviews. Participants were graduate students of color (19 women and six men) from masters and doctoral level counseling psychology programs with at least one year of supervision experience. After coding procedures and analysis a total of 150 positive incidents and 191 negative incidents were identified. Five positive themes emerged from the interviews (a) personal attributes of the supervisor, (b) supervision competencies, (c) mentoring, (d) relationship, and (e) multicultural supervision competencies (Wong, et al., 2013). The main negative themes that emerged from the study included: (b) personal difficulties as a person of color, (b) negative personal attributes of the supervisor, (c) lack of safe and trusting relationship, (d) lack of multicultural supervision competencies, and (e) lack of supervision competencies (Wong et al., 2013). The authors suggested modifying multicultural supervision models to integrate both training and treatment of supervisees could help the counseling psychology field to better understand the supervision process from minority students' point of view. Multicultural supervision allows trainees to develop cultural expertise, which is why it is important to examine if current supervisor behaviors and interventions are yielding effective multicultural practices.

Indeed, encouraging supervisors to initiate discussion and practice in a multicultural competent fashion will benefit supervisor-supervisee professional development and the work

done with the client (Inman & Ladany, 2014). It is especially important to understand how supervisors educate supervisees about multicultural competence and how supervisees perceive the experiences of the supervisor and the supervision experience (Inman, 2006). It is recommended that supervisors integrate cultural context in discussions and practice in order to promote multicultural competence in supervisees and the work done with clients (Inman & Ladany, 2014). Supervisors and trainees should learn how to see multicultural competence as a perspective that respects the complexities of individual cultural differences and learn how to think critically about the role of culture during practice and training (Inman & Ladany, 2014).

Some important factors that need to be taken into account during multicultural supervision are the cultural content discussed, the type of interventions used in supervision that are reflective of multiculturalism, and the impact on client work. To address themes discussed during multicultural supervision and the supervisory interventions by supervisees, Soheilian, Inman, Klinger, Isenberg, and Kulp (2014) used a discovery-oriented qualitative approach with responses from 102 online surveys. From the surveys, 92% of the supervisees reported taking at least one multicultural course or multicultural workshop and the majority were European Americans (68%) and self-identified as heterosexual (88%). Participants were asked to describe the cultural topics discussed during supervision, multicultural supervisory interventions, and the impact on client work during supervision. Three general themes emerged from the data: (a) cultural topics discussed during supervision, (b) multicultural supervision interventions, and (c) the impact on client work. The first theme comprised nine cultural topics including race, gender, ethnicity, religion/spirituality, general culture, sexual orientation, socioeconomic status, age, and other. The second theme included subthemes such as the facilitation and education of specific cultural issues, culturally appropriate case conceptualization/treatment plan, facilitation of self-

awareness, challenging and encouraging cultural openness, therapeutic alliance, external learning, general cultural issues, and self-disclosure. The last theme revealed subthemes such as supervisee modified treatment approach, supervisee recognizing personal limitations and self-awareness, enhancing empathy with client, including cultural factors in case conceptualization, and the strengthening of the therapeutic alliance between supervisee and client.

Soheilian and colleagues (2014) provided important information to consider in light of multicultural supervision. However, considering the sample in the study was predominantly European American and heterosexual, it would be important to also understand the implications of the study if the majority of participants were minorities not only based on race, but also in to other factors, such as sexual orientation. Furthermore, the researchers did not control for the level of participants' prior multicultural counseling training and only included supervisees' perspective, which are considerations that should be taken into account for future studies related to supervisor multicultural competence.

The Proposed Study

Martinez and Holloway (1997) observed that in comprehensive multicultural training, it is critical to include systematic changes at the institutional, curriculum, and instructional levels. Despite advances made in multicultural supervision, many practitioners and faculty members continue to struggle in their efforts to effectively use supervision as a medium for multicultural competence development among trainees (Reynolds, 2005). Various researchers have found that professional psychology trainees and practitioners are dissatisfied with the way supervision has been used to improve multicultural competence (Fukuyama, 1994; Heppner & Roehlke, 1984; Inman & Ladany, 2014; Rabinowitz et al., 1986). Constantine (1997), expressed concerns that many supervisors were not being adequately trained to initiate multicultural conversations or

address multicultural concerns during supervision. Others have suggested that supervisors do not know how to apply their knowledge and skills about race and culture during supervision even though they may effectively apply those same skills during teaching and training (Chen, 2005; Helms & Cook, 1999; Reynolds, 2005).

Supervision is a vital component of counselor personal and professional development, and it is important to integrate multiculturalism during supervision in order for trainees to explore identity issues. Focusing on racial ethnic minority trainees, Fukuyama (1994) provided an initial examination that allowed the identification of issues that occur during multicultural supervision. Previous use of critical incidents in counseling and supervision has allowed researchers to identify processes and behaviors in counseling psychology relevant to professional development. Undoubtedly, advances have been made in the field of multicultural supervision, but exploring critical incidents that occur during supervision is central to a thorough understanding of the supervisory process where issues of race and culture can be discussed.

Topics related to multicultural supervision-supervisee relationship and dialogues about race emerged in the literature about 20 years ago, and guidelines for multicultural supervision have been evolving since then. Unfortunately, most of the literature on supervision and the dyadic interaction between counselor and supervisee has been about minorities as trainees and Whites as supervisors or the majority of supervisors being White (Chao, Wei, & Glen, 2011). Various approaches have been used to investigate multicultural supervision in training and understand the impact in the supervisor-supervisee work that is developed. Nevertheless, not much qualitative work has been done to understand how critical incidents impact the supervisee-supervisor relationship through a multicultural emphasis.

Theorists, researchers, and trainers agree that multicultural supervision is important, but there is little consensus regarding how the training should be or how much training is necessary. There has been a growing call for multicultural issues to be discussed during supervision (Garrett, Borders, Crutchfield, & Torres-Rivera, 2001). It is imperative to assess whether counseling psychology programs that promote multicultural supervision training are doing so effectively. One of the main reasons for supervisee's ineffectiveness in working with a diverse client population is due to the lack of culturally sensitive material included in their training and the extent to which the material is processed (Sue & Sue, 1999). Considering the progress that many graduate counseling psychology programs have made in integrating culturally sensitive training and courses, it is expected that current supervisors and supervisees are more suited to address multicultural issues during the supervision process than they were two decades ago.

The proposed study is a qualitative investigation replicating a previous study of multicultural supervision interactions by Chu and Chwalisz (1999), in which psychology trainees were asked to describe positive and negative critical incidents in multicultural supervision contexts. Specifically, grounded theory method will be used to examine accounts of reported critical incidents. The purpose of this replication study is threefold: (a) to better identify specific supervisor behaviors and interventions for effective multicultural practices, (b) to identify effective and ineffective supervisor behaviors and interventions in multicultural counseling and supervision situations, and (c) to produce findings that can be compared with critical multicultural supervision incidents from nearly 20 years earlier. It is expected that there will be differences in multicultural supervision and supervisors' influence on trainees, given the advances in multicultural counseling and supervision training. That is, supervisors should be better trained (e.g., ask culturally appropriate questions, facilitate multicultural dialogue,

demonstrate familiarity with forms of cultural communication, have a better understanding of cultural values) and supervise trainees more effectively than supervisors did in the 1990's.

Much debate exists among the research community, when it comes to the value of qualitative studies. More often than not, quantitative research has been widely considered as superior, which is more rigid and systematized than qualitative research. Even when researchers use a mixed-methods approach, there is often criticism about using both qualitative and quantitative methods (Sale, Lohfeld, & Brazil, 2006). It is not a matter of what research method of investigation is best, but why a researcher chooses a specific methodological approach. The research question or questions should determine the type of method used, but there are many other reasons such as understanding the inner experiences of participants, making sense of formed meanings from a multicultural perspective, and to discover variables (Corbin & Strauss, 2008). Individuals who conduct research usually submerge themselves in the academic process in order to make an impact, inspire change, or contribute to knowledge. Qualitative and quantitative research have their own unique approaches and purposes and neither is perfect, but they both make unique contributions.

According to Corbin and Strauss (2008), qualitative research is a thorough process that examines and interprets data in order to extract value, a deeper understanding of a phenomenon, and produce knowledge based on pragmatic evidence. Unlike quantitative research that requires testing, qualitative analysis cannot be rigidly codified, as it requires a general intuition for what will emerge from the data, flexibility, and creativity (Corbin & Strauss, 2008). Qualitative methodology allows researchers to explore, discover, understand, and connect to the human experience more thoroughly through the shared experiences of participants. Learning occurs during the process of qualitative research since hypotheses are usually generated. Researchers

make their own interpretations of data, but as mentioned by Corbin and Strauss (2008), constructions of reconstructions do not refute findings and what can be gained from them.

The research question in a qualitative study identifies what will be explored in the context of what is known about the topic. In this case, we know that negative and positive critical incidents occur during multicultural supervision, and there is some knowledge about how trainees interpret those negative or positive critical incidents. However, it is predicted that those critical incidents and responses will be different from those provided two decades ago, since there have been developments in MCC training for both counselors and supervisors.

There are many sources of data in qualitative research, including surveys, interviews (structured and unstructured), focus groups, documentaries, photography, art, diaries, and biographies. Qualitative researchers can use any of the sources mentioned or combine them. However, because the goal of the current study is to produce findings that can be compared with critical incidents in multicultural supervision from nearly 20 years earlier, a replication study is the most reasonable method. In the proposed study, the aim is to explain the experiences trainees have during multicultural supervision and how they experience and interpret negative and positive critical incidents during multicultural interactions in counseling supervision.

The value of replication studies has been widely underappreciated by many researchers. In fact, many psychology journals do not accept replication studies for publication. In replication studies, researchers attempt to reproduce the results of previous studies to verify that the findings are not the result of error and can be reproduced under the same conditions. A growing discussion in the scientific community is the replication crisis, which brings into awareness the lack of replication studies being conducted and published (Martin & Clarke, 2017). Martin and Clarke (2017), found that out of 1,151 journals in psychology only 3% accepted

replications, 63% did not state that they accepted replications nor discouraged replications, 33% discouraged replications by emphasizing on scientific originality, and 1% actively discouraged replications by stating that the journal does not publish replications. The replication crisis is indeed a crisis as the foundations of scientific research are slowly crumbling under slovenly research methodology. Replication studies are necessary for the progress of science as they allow information to become demonstrable knowledge that is reliable and consistently obtained (Martin & Clarke, 2017). In the case of the proposed study, the methodology will be replicated, but the findings are expected to change, given changes in the profession. Considering the different political, cultural, and academic advances in multicultural psychology, a replication study will add significant knowledge to the field of psychology by producing findings that can be compared with critical multicultural supervision incidents from two decades ago and validate the qualitative methods used.

CHAPTER 3

METHOD

Participants

Participants were graduate students in APA accredited counseling psychology programs or internship sites. Participants represented a stratified random sample of training programs. Participants included 59 graduate students, since that was the approximate sample size for the study being replicated. Given that the analyst constructs qualitative findings from the data, qualitative researchers are often considered participants in the study (see Appendix C).

Materials

Demographic Information. Participants were given a demographic questionnaire inquiring about age, race, ethnicity, sex, sexual orientation/identity, generation, and current state of residence (see Appendix A.) The demographic questionnaire also included questions inquiring about their cultural backgrounds and the cultural backgrounds of the supervisors involved in each of the critical incidents described in the study. The option of “unknown” was available, if participants were unsure of their supervisor’s cultural background on a particular dimension.

Positive and Negative Critical Incidents. The Critical Incidents Questionnaire for this study (see Appendix B) was a qualitative instrument designed to gather accounts of positive and negative critical incidents in multicultural supervision. Participants were asked for descriptions of events considered as critical incidents that occurred in supervision interactions that involved some kind of multicultural phenomenon (e.g., client/counselor cultural differences, counselor/supervisor cultural difference, culture-related content). There were two open-ended items to get more information about the impact of each event. Participants were prompted to describe both a positive and negative critical incident and the experiences surrounding each incident. The questionnaire for this study was developed to collect descriptive data of critical incidents via traditional methods (e.g., Anderson & Nilsson, 1964).

Procedure

Grounded Theory Method. This study, like the original, was conducted using grounded theory method. The theory aligns with the post-positivist paradigm. Post-positivism challenges the traditional notion of an absolute truth of knowledge and that one cannot be certain about claims of knowledge when learning about human behavior (Corbin & Strauss, 2008). Researchers, who studied problems on the basis of post-positivism, involve the identification and evaluation of the causes that influence outcomes in research (Corbin & Strauss, 2008). The work of post-positivists is reductionist in that a general idea is broken down into sections that can be tested in order to form hypotheses and research questions (Corbin & Strauss, 2008; Creswell, 2013).

A qualitative research design generates descriptive results and uses a rigorous in-depth study of small groups to generate hypotheses based on the behaviors and perceptions of a targeted audience (Corbin & Strauss, 2008; Creswell, 2013). In the case of this study, as in the original study, the goal was to catalog and elucidate different types of critical incidents that occurred during multicultural supervision and their effects on supervisees, so the study was concluded with the views of the participants.

Data collection. The data was collected via an online survey, which was a slight departure from the original study, which involved a paper-and-pencil survey sent via U.S. Mail. It was expected for the online survey to be an improvement in terms of ease and cost of distribution and completion of the surveys, but it was not expected to change the nature of the responses. The online survey included a consent form, demographic questions, and the critical incident questionnaire. The online survey was distributed via Qualtrics research software. An email invitation to the online survey was sent to training directors from APA accredited programs and internships across the United States, according to stratified random sampling

strategies as were used in the original study (i.e. random sampling of programs within regions of the U.S.). Training directors were asked to forward the survey link to advanced graduate students and/or interns from their programs. A follow up email with the survey link was sent to each program approximately two weeks after the initial online survey distribution to remind training directors to encourage participation. The email for recruitment highlighted the potential benefits of the study and offered a chance to win one of the four \$25 gift cards as an incentive to encourage participation.

Data analysis. The qualitative data consisted of descriptions of experience during multicultural supervision and be analyzed using the grounded theory approach. Grounded theory is a research method that will allow ideas to emerge from the data through an organized process of data analysis, coding, and organizing concepts in groups that will be identified by the researchers. Grounded theory enables the discovery of emerging patterns in the data through constant comparison, which will help generate theory in the future. Like the original study, the current study was considered to be in an exploratory stage. Therefore, the analysis followed an inductive approach (i.e., generate substantive codes from the data).

Open coding. Open coding allowed the researchers to identify the basic units of analysis and conceptualize and categorize the units. The initial stage was to identify the concepts seen in the raw data. The researchers started by reading over the data to have a general idea of how participants responded to the online questionnaires. After reading over the personal narratives, each protocol was broken into thought units, which are segments of text that represent individual ideas contained in the data. Each unit of thought can range from a single word or phrase to a full paragraph representing an idea. The thought units are the basic data elements that are subjected to grounded theory analysis. During the open coding stage, different units of information were

sorted and grouped together based on similarities. The researchers reviewed the participant's answers to identify common ideas, which are the simplest units of data conveying a single thought or experience (Corbin & Strauss, 2008). Each idea was conceptualized based on their unit of interpretation through the data analysis process. Specifically, categories were developed based on the characteristics of a category (properties) and the location of a property along a spectrum (dimension).

To group similar ideas, the constant comparative method (Glaser & Strauss, 1967) was used. The constant comparative method allowed the researchers to ask questions and do comparison between ideas to determine similarities and differences. Ideas that had predominant similarities were grouped together under a single descriptive category. As the researchers categorize ideas, the idea was compared to other units in that same category. Then, a careful examination of each unit aided the researchers to question if the addition of one unit would change the nature of the category and/or require a subcategory. A variety of concepts were considered for the same data unit to ensure the most accurate representation of the unit. Based on the complexity of the participant's answers, some labels evolved over time based on the original concepts or new ideas that emerged. Moreover, the researchers kept track of how many participants contributed to each category to determine how accurate each category reflected participants' responses.

Axial coding. Axial coding allowed for the consideration of a phenomena based on its conditions, properties, strategies, and consequences. In this stage of analysis, the analysts connected open coding level categories based on the phenomena's conditions, properties, the strategies by which the phenomena was handled, and the consequences of the strategies used. The researchers then made and tested hypotheses based on how the open coded categories related

against the general data and look for potential variations in the phenomena. Analysis ended with this stage, rather than progressing to the Selective Coding stage, in which the grounded theory was developed. The goal of this study was to catalog types of critical incidents and associated outcomes, rather than to develop theory.

Establishing trustworthiness. Trustworthiness in qualitative research is often considered similar to concepts of validity and reliability in quantitative research. Various scholars have demonstrated how qualitative research can incorporate measures that address validity and reliability issues (e.g., Corbin & Strauss, 2008; Lincoln & Guba, 1985; Shenton, 2004). Usually, qualitative research places a larger focus on the quality and the credibility of its methods, rather than on validity and reliability (Corbin & Strauss, 2008). Corbin and Strauss (2008) emphasized the importance of credibility in qualitative research, as the findings can be deemed trustworthy and truly reflective of the participant's experience. Certainly, qualitative research allows the researchers to obtain rich data that can be analyzed through novel lenses. In this study, I aimed to capture the complexity of positive and negative critical incidents during multicultural supervision, rather than oversimplifying participants' experiences.

To ensure the four elements of trustworthiness posited by Lincoln and Guba (1985) were rigorously applied in the present study, techniques to establish trustworthiness included researcher triangulation, peer debriefing with the auditor and inquiry/confirmability audit (external audit involved in the research process to provide feedback and foster the validity of the research study). Lincoln and Guba (1985) defined trustworthiness as the researcher's ability to provide reliable and valid findings, which can be broken down into four elements: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. Credibility is the confidence in the validity of the findings. Transferability relates to the generalizability of the findings in other

contexts. Dependability is similar to reliability in qualitative research to make sure the findings are consistent and can be replicated. Last, confirmability is the degree of objectiveness or the extent to which the results are purely reflective of the participants rather than the researcher's subjectivity. Lincoln and Guba's (1990) constructs have been accepted by many qualitative researchers and have been instrumental in establishing the rigor and trustworthiness of such studies (Shenton, 2004).

Osborne (1990) provided a clear explanation of bracketing and its usefulness for qualitative research from which this study will borrow some ideas. In qualitative research, the researchers are also participants, as their ideas contribute to the nature of the results. The researchers of this study are both in an APA accredited counseling psychology department (faculty, Ph.D. and graduate student, B.A.). Potential biases are possible to occur during data interpretation due to the own experiences of the researchers. However, instead of controlling or eliminating potential biases, the researchers of this study identified the potential biases and articulated them through bracketing (rigorous self-reflection). It is difficult to interpret the data in a purely objective manner, but at the same time there were benefits in analyzing data subjectively. The concept of bracketing will help readers understand the researchers' perspectives in the interpretation of the data (Osborne, 1990). Statements of subjectivity will help the reader understand what the researchers brought to the study and to identify and bracket the biases. The data that was gathered for this study was based on participants' written experiences. Hence, we were vigilant about the potential underlined meaning behind the shared experiences of the participants.

Triangulation. As mentioned before, triangulation increases the credibility of qualitative research findings (Lincoln & Guba, 1985). There are four types of triangulation: (a) data

triangulation, (b) researcher triangulation, (c) theoretical triangulation, and (d) methodological triangulation (Denzin, & Lincoln, 2005). For the purposes of this study, the focus was on theoretical triangulation. Theoretical triangulation refers to different perspectives that contribute to the interpretation of the same data (total of three for this study) and facilitates the validation of the data. During the interpretative stages of the data, the researchers and the auditor held meetings to evaluate the data and initiate the open coding process.

CHAPTER 4

RESULTS

Following the methodology used in the original study by Chu and Chwalisz (1999), each participant reported a negative and a positive critical incident that occurred during a multicultural

supervision interaction and explained what made the incident particularly negative or positive, as well as the outcome of the experience. Participants also reported demographic information associated with the supervisor involved in each negative and positive critical incident (see Tables 2 and 3). Most participants and supervisors for the negative and the positive critical incidents identified as a White heterosexual cisgender woman.

The analysis and auditing processes are described in Chapter 3. After data were collected, the researcher thoroughly read the negative and positive critical incidents. The researcher recorded impressions and thoughts throughout the open and axial coding processes. The open-coding process yielded five categories of negative critical incidents (Table 4) with seven categories of outcomes from negative critical incidents (Table 5) and six categories of positive critical incidents (Table 6) with six categories of outcomes from positive critical incidents (Table 7).

Participants provided information about how the negative and positive critical incidents affected them. These outcomes were categorized at the open-coding level, and the findings were subjected to a similar auditing and review/revision process. The auditor was not informed of the researcher's experience regarding the open and axial coding process to avoid creating bias or influencing the feedback. Agreement on the placement of a critical incident or outcome was reached based on comparing and contrasting similar critical incidents or outcomes and creating a definition that was reflective of each open-coding or axial-coding category level. The types of outcomes associated with different types of critical incidents were examined using a qualitative analysis technique known as a process-outcome matrix (Miles & Huberman, 1994), in which categories of critical incidents and categories of outcomes were laid out in a grid and cross-referenced from the participants' event accounts. Associated categories of outcomes are

presented along with each type of critical incident. Conceptualization of negative and positive critical incidents during multicultural supervision interactions were delineated and will be further discussed.

Negative Critical Incidents and Related Outcomes

There were a range of negative critical incidents regarding multicultural experiences among the supervisee, the client, and/or the supervisory relationship. The critical incidents seem to primarily reflect a lack of cultural awareness from the supervisor's part as incidents reflected a range of behaviors, from disrespecting and microaggressing both client and the supervisee, to abuse of power. In addition, the types of negative critical incidents appear to range in terms of supervisor intentionality. For example, some incidents were directed towards the supervisee or the client by making biased assumptions or microaggressions. Microaggressions are verbal, behavioral, or environmental humiliations that communicate hostility, derogatory, or negative racial slights and insults towards people of color and may be intentional or unintentional (Sue et al., 2007). In other instances, the supervisor disregarded cultural factors in the experiences of the client and/or the supervisee. Some participants reported critical incidents that were classified in various sub codes under one category (e.g., negative feelings: (a) anger, (b) hurt, (c) powerlessness). It should also be noted that six participants reported no negative multicultural supervision experiences and ten participants referred to the same supervisor for both the positive and negative critical incidents.

Disrespecting Supervisees

The negative event category labeled *disrespecting supervisees* included incidents (12% of described incidents) that occurred inside and outside of supervision sessions. Supervisors disrespected supervisees by engaging in things such as questioning the supervisee's competence

without reason and/or by behaving disrespectfully towards the supervisee verbally and/or through hostile actions. For example, one supervisee who identified as a heterosexual Black cisgender woman described a supervisor's response to her work with an African American client who was exploring her feelings of needing always to be quiet and not speak up (e.g., "I received similar messages growing up and expressed understanding my client. In supervision my supervisor yelled at me for promoting my client's 'passiveness'."). Another supervisee described a situation where the supervisor would suggest interventions for her client and place the blame on the supervisee when interventions were ineffective (e.g., "[The] supervisor would yell at me when she became overwhelmed or displeased about situations that were out of my control.").

These disrespect critical incidents were associated with a wide variety of negative outcomes. For instance, participants described experiencing *self-doubt* (e.g., "It made me doubt my ability to be a clinician and made me scared of supervisors."). In addition to self-doubt, participants experienced *negative feelings* such as anger or hurt (e.g., "[I felt] hurt and upset that the supervisor would make those assumptions."). Such experiences resulted in the *supervisee questioning the supervisor's competence* (e.g., "It made me doubt the multicultural competency requirements for supervisors at my internship cite.") and the *supervisor impacting the supervisee's learning experience* (e.g., "I wasn't practicing genuinely."). Unfortunately, the accumulation of negative experiences resulted in the *supervisor damaging the supervisor-supervisee relationship*, which meant that the supervisee did not feel safe with the supervisor (e.g., "I felt not only that it was unsafe to bring multicultural issues to her, but also that it was unsafe to bring any delicate or complex issues to her at all."). However, despite the negative experiences some disrespect critical incidents motivated supervisees to see the negative

experience as a learning lesson and had a *positive impact* on their attitude moving forward with the situation. For instance, one supervisee described the negative event resulting in an increase of cultural awareness (e.g., “[My experience] expanded my perspective of the need to engage in advocacy, both towards clients and towards supervisors and the overall culture of organizations.”).

Power Differences

Critical incidents reflecting *power differences* involved specific instances where supervisors abused their use of power to micromanage the work of the supervisee or take away the supervisee’s autonomy. Critical Incidents of this kind were described in nine percent of the responses. For example, one supervisee who self-identified as a heterosexual Asian cisgender woman expressed her experience as a supervisee, “The frame of my supervision was set very hierarchical...and I could not help but think about the power differences in race between us. I felt micromanaged and domineered in slight ways, but that permeated our relationship.” Other power differences present during supervision were described as a lack of autonomy for the supervisee.

During our intake I had briefly asked about how it was for this client to be working with me [White woman] as his concerns were around the police and recent shootings. My supervisor stated that it was not my place to discuss this during the initial session and that I should have waited to develop a more solid therapeutic relationship with [my client] first.

Participants reported that these power related critical incidents were associated with *negative feelings*. One participant described feeling various emotions such as disappointment, resent, and anger (e.g., “I felt disappointed in my training experience, small, and unheard. I also

felt resentful and angry that I was having to encounter this difficult and complicated experience that my White peers did not experience.”). The negative experiences described also *impacted the supervisee’s learning experience*. For instance, a supervisee described not feeling genuine in her therapeutic approach because she decided to follow the suggestions of her supervisor instead of applying what she felt was appropriate for a particular session with a client (e.g., “I was nervous to address this topic with my client again and waited until the third session, which he did not come back again after that.”). The critical incidents were also associated with *supervisees not relying on their supervisor* (e.g., “I was seeking supervision on something related to my client’s distress and my supervisor ignored me. I continued to seek crisis skills resources from DBT workbooks, instead of my supervisor.”). Moreover, the negative critical incidents resulted in the *supervisor damaging the supervisor-supervisee relationship*. A supervisee described being overly hypervigilant during supervision sessions (e.g., “I had to pay extra attention to my language and how I was thinking about clients.”). Another supervisee who identified as a Latino male, described the damage in the supervisor-supervisee relationship as a loss of respect and/or trust towards the supervisor due to the racist comments made towards his speaking and speech patterns (e.g., “It has made me more cynical and pessimistic of White people, largely.”).

Supervisor Lacked Cultural Awareness

Critical incidents where a *supervisor lacked cultural awareness* fell into two types and were the most frequently described by participants (36% of described negative incidents). These critical incidents typically involved a lack of sensitivity from the supervisor. For example, one supervisee described how her “Supervisor advised [the] client that his experience as an immigrant was not essential to focus on in treatment for depression, feelings of loneliness, and isolation.” Although less frequently, supervisors also disregarded how cultural factors influence

a supervisee. For example, a participant who identified as a bisexual biracial cisgender woman described how her racial identity had been disregarded (e.g., “She treated me like I am not a woman of color – in my opinion – because I am half White. I never really brought this up with her, but it left a really bad impression.”)

There were a variety of described outcomes associated with these critical incidents related predominantly to clients. Based on the critical incidents described by the participants, it should be noted that negative multicultural incidents resulted in supervisees experiencing all outcomes associated with the supervisor’s lack of cultural awareness. It seems that having a supervisor who demonstrates multicultural competence is a crucial factor for the practice of effective multicultural supervision. The supervisor’s lack of cultural awareness was associated with outcomes that affected the supervisee internally and externally. For instance, the *supervisee experienced self-doubt* (e.g., “It also made me wonder about how others see me.”), experienced *negative feelings* such as anger (e.g., “The repetition of the questioning frustrated and angered me.”), and the *supervisor impacting the supervisee learning experience* (e.g., “I felt like it was a missed learning opportunity.”). Moreover, the supervisee was affected externally due to the deterioration of the supervision experience. For example, *supervisees questioned the supervisor’s competence* (e.g., “It made me doubt the multicultural competency requirements for supervisors at my internship site.”) and *supervisee not relying on the supervisor* (e.g., “It made me feel that I would have to do more personal work to incorporate cultural considerations in practice and not rely on a supervisor too much.”).

More importantly, participants reported *supervisor damaging the supervisor-supervisee relationship*. The damage resulted in the loss of the supervisor-supervisee relationship, which seemed difficult to rebuild once broken (e.g., “I do not communicate with the therapist that was

the aggressor in that session nor do I have a strong relationship with that supervisor/faculty either.”), as well as not feeling safe with the supervisor (e.g., “I wondered retroactively about how safe it was for me to have shared certain experiences and thoughts with her that I would have expected to be safe.”). Interestingly, there were some positive outcomes as a result of the supervisor’s lack of cultural awareness (e.g., “It made me re-commit to talking about my clients with respect in front of others, so I don’t make others feel the same way my supervisor made me feel.”). As a reflection of the described outcomes, it is evident that a supervisor’s lack of cultural awareness is strongly tied to the quality of multicultural experiences that occur during supervision. Equally important, it should be highlighted that a supervisor’s lack of cultural awareness may be damaging for clients. As one supervisee described, “I believe that [my supervisor’s] approach is harmful to the self-efficacy of people of color and should not be repeated for that reason.”

Supervisor Disrespected Clients

Supervisees described negative critical incidents where the *supervisor disrespected clients* 16% of the time. Critical incidents in this category included instances where the supervisor used derogatory terms and/or made derogatory comments to describe clients (e.g., “A supervisor once used language that I considered fat shaming to my client.” “Consistently used the wrong pronouns, referring to a client as she/her and also frequently mentioned or insinuated how difficult/inconvenient it was to use they/them pronouns.”). In all critical incidents, the participants described their supervisors being oblivious to the lack of respect they directed for the client being discussed during supervision. In some instances, supervisees described their supervisors using humor as a way to minimize the disrespect towards a client (e.g., “Mimicking the way clients with disabilities speak.”).

There were five outcomes of critical incidents in which the supervisor disrespected clients. In most cases, the supervisee described efforts to practice culturally appropriate interventions with a client. Yet, the supervisor would dismiss the intervention and suggest something that seemed disrespectful. For instance, the supervisor continued to use inappropriate pronouns for a client despite the supervisee correcting the supervisor several times. As a result, outcomes of critical incidents in which supervisors disrespected clients included instances where the *supervisee experienced self-doubt* (e.g., “Made me question my own cultural competence.”) and *negative feelings* (e.g., “Made me feel guilty.”). Moreover, supervisees described witnessing indirect disrespectful behavior from their supervisor towards a client during supervision as a lack of cultural competence. Specifically, such critical incidents resulted in supervisees *questioning the supervisor’s competence* (e.g., “Made me question my supervisor’s commitment to cultural competency.”) and a *damaged supervisor-supervisee relationship* due to the loss of trust/respect towards the supervisor (e.g., “I lost respect for the supervisor.”). Furthermore, participants also reported *supervisor damaging the supervisor-supervisee relationship* due to a loss of trust/respect towards the supervisor (e.g., “I lost respect for the supervisor.”) and due to the supervisee feeling uncomfortable during supervision (e.g., “It made me feel uncomfortable discussing culture with my supervisor.”). Nonetheless, such negative critical incidents also resulted in a *positive impact* (e.g., it somewhat empowered me that I was able to voice some discomfort without being disrespectful.”).

The quotes described in this paragraph are brief, but the overall context of critical incidents described by supervisees suggests that they felt the need to advocate for their clients, but felt uncomfortable doing so in front of a supervisor who had the nerve to make inappropriate comments about a client even if it was not intentional (e.g., “While [my supervisor and I] agreed

that the client needed to learn to communicate in a way that would be easily understood by the people who had jobs to offer, I disagreed on whether it was necessary to reject or demean his existing cultural enculturation to achieve that goal.”).

Supervisee Experiencing Microaggressions

Supervisees described experiencing microaggressions from their supervisor in 17% of the negative critical incidents. During the initial stages of open-coding most critical incidents seemed to be experiences of microaggressions, especially during critical incidents where the supervisor lacked cultural awareness and/or was described as being disrespectful towards the supervisee and/or the client. However, what differentiated this event category from others is the explicit language used by supervisees to describe the negative critical incidents. The auditor and the researcher paid close attention to particular patterns that were reflective of the definition “microaggression.” While some comments and behaviors may be general disrespect, microaggressions express prejudice towards a member of a marginalized group. Some examples of supervisees experiencing microaggressions included forced multicultural conversations in an appropriate manner. For example, one self-identified Asian supervisee described, “My supervisor brought up diversity issues and simply stated ‘I was told by my supervisor to talk to you about multiculturalism – what are your thoughts on multiculturalism?’” Such an event was reflective of a microaggression because the context of the incident suggested that (a) conversations about multiculturalism must be discussed with people of color, (b) the supervisor communicated that they felt obligated to discuss something unimportant, and (c) conversations about multiculturalism is something unlikely to be discussed with a White individual. Another example of a supervisee experiencing a microaggression included direct comments (e.g., “I had

an older White male training supervisor suggest that I take extra measures in order to be viewed as a competent clinician at my practicum site.”).

These microaggression critical incidents were associated with six out of the seven identified outcomes. Outcomes included *supervisees experiencing self-doubt* (e.g., “I felt like my competence and clinical abilities were dependent on my gender and looks, and the statement made me feel deficient and self-conscious.”). Experiencing self-doubt was especially true for supervisees who identified as people of color and/or as non-heterosexual (six out of eight participants). Two of the eight participants self-identified as White, but one experienced a microaggression due to her disability and the other was discouraged from participating in diversity-related experiences because of his race. Moreover, microaggressive critical incidents resulted in *negative feeling* outcomes such as powerlessness, hurt, lack of motivation, and anxiety (e.g., “It reminded me that I was completely powerless as a student. I lost some of my passion for the work and started to dislike graduate school. I grew anxious that future supervisors would not treat me well.”). These critical incidents negatively affected *the supervisee’s learning experience* (e.g., “It negatively impacted my learning process.”) and resulted in the *supervisee not relying on the supervisor* (e.g., “The next semester I found myself bringing up [my experience] with a new supervisor, who suggested the word ‘microaggression’ to refer to that first supervisor’s need to know my identity and acting offended that I hadn’t explicitly come out to her at the start.”).

Outcomes also included *supervisor damaging the supervisor-supervisee relationship*, which manifested in various ways including the supervisee being hypervigilant (e.g., “I think this incident made me a little more guarded in the sharing of personal information in supervision.”), the supervisee feeling uncomfortable (e.g., “I felt uncomfortable and confused at

the moment. I didn't know what to do.”), and the supervisee not feeling safe with the supervisor (e.g., “This situation has reinforced my hesitancy to share my sexual orientation for fear of being overlooked or disregarded.”). However, despite supervisees describing microaggressive outcomes, one supervisee who self-identified as a White heterosexual male described a *positive impact* (e.g., “I found myself being more mindful of diversity issues in clinical practice and supervision.”).

General Poor Supervision

Finally, three reported critical incidents appear to represent general negative supervision. The first two negative critical incidents involved the supervisor self-disclosing unnecessary information and making use of supervision as a space to vent (e.g., “My supervisor disclosed a set of legal difficulties she and her family were experiencing. I felt uncomfortable during this interaction and this ended up happening multiple times during supervision.”) Another supervisee described how she was scolded during group supervision in front of her peers and other supervisors because she allowed a stranger to use her phone after clinic hours. Outcomes associated with these reported critical incidents included *supervisee experiencing self-doubt* (e.g., “I felt stupid, naïve, incompetent.”), *negative feelings* (e.g., “I humiliated, guilty, and ashamed.”), and *supervisor damaging the supervisor-supervisee relationship* (e.g., “I felt uncomfortable during supervisions. It felt like boundaries had been neglected and we were no longer behaving as professionals.”).

Positive Critical Incidents and Related Outcomes

Participants described various positive critical incidents with different focuses. Most critical incidents highlighted the development of the supervisee, some on the client, and others on the relationship between the supervisor and supervisee. Two categories involved two or more subtypes. The categories of positive critical incidents are presented in Table 6 and the categories

of associated positive outcomes are presented in Table 7. Four supervisees did not report a positive incident.

Supervisor Created a Safe Space

Supervisors were able to create a safe space for their supervisees by listening attentively and allowing supervisees to discuss concerns by encouraging an open dialogue. Safe space critical incidents were 12% of the positive critical incidents described by supervisees. For example, one supervisee, who identified as a heterosexual Asian cisgender female, explained how a negative incident became a positive incident after she expressed the disappointment she felt in the relationship with her supervisor.

When I had an explicit conversation about this, and told her I felt concerned that she wasn't interested in getting to know me fully (including about my ethnicity), and she expressed her appreciation and I did not feel retaliated against. I felt safe enough to talk about this with her and have an open dialogue because of her empathetic stance towards me.

In the above example, it can be noted that the supervisee expressed her discomfort because she felt that her supervisor would listen. Although many supervisees did not explicitly state that their supervisor would not retaliate against them, most supervisees described feelings of acceptance as an important factor in creating a safe space. In another event, it can also be noted that supervisees assess how safe the space is during supervision before deciding to disclose concerns. For example, a supervisee who self-identified as a bisexual and biracial cisgender woman shared her experience in assessing how her supervisor would react to her concerns.

I was working with a supervisor with whom I was hesitant to be open about multicultural issues – she was Black – and I worried that compared to her knowledge base and

experiences, I would come across as ignorant or naive no matter what I said. I told her in supervision that I had been nervous to discuss multicultural issues with her, and she was open and understanding about my concerns related to her race.

All of the types of positive outcomes but one were represented in association with safe space critical incidents. One supervisee described how safe space experiences resulted in a *strengthening of the supervisor-supervisee relationship* (e.g., “It made our relationship stronger and gave me a better view of my previous supervisors.”). In this particular example, the supervisee shared with the current supervisor past negative experiences he had during supervision. The outcome suggests that the supervisee felt comfortable discussing his negative experiences because the supervisor communicated an interest in learning about his work with previous supervisors and how supervision could be tailored to the supervisee to improve his experience. In another category of outcomes, the *supervisee became aware of personal biases* (e.g., “I learned more about my own biases that I was not aware of.”). During this particular type of outcome, the supervisor created a safe space by self-disclosing her own biases and encouraging other students to talk about their own biases in a non-judgmental space. Moreover, the *supervisee felt supported by the supervisor* (e.g., “I felt more validated and safer that I had a supervisor that was understanding and cognizant of cultural differences and how influential they can be in case conceptualization.”).

It is important to highlight that feeling supported by the supervisor was a key factor in helping supervisees feel they were safe during supervision. In most cases, supervisees described supervisor support as an element that is part of a safe space. Safe spaces usually lead to conversations of multiculturalism, which allowed outcomes such as *supervisee learned to think multiculturally* (e.g., “It helped illustrate how rewarding, impactful, and important it is to include

cultural factors in case conceptualization and treatment.”), and *supervisee gained confidence* (e.g., “Her guidance has helped me to develop confidence and competence while also growing in my professional identity. I hope I can provide the same nurturing supervision experience during my career as a psychologist.”). A common theme across the positive outcomes was the supervisor’s willingness to understand how cultural factors influenced the supervisee in their work with their clients and to demonstrate an interest in knowing them not only for training purposes, but also personally as a future colleague.

Supervisor as a Teacher

Most participants (51% of the positive incidents) who described positive experiences during multicultural supervision described their supervisor as someone they could learn from. Event categories of this nature were coded as *supervisor as a teacher*. This category of critical incidents includes characteristics where the supervisor made efforts to create a learning environment for the supervisee in order for them to gain multicultural competency. Three subtypes emerged within this category: (a) collaborative learning, (b) encouraged learning, and (c) introducing supervisee’s identity into the learning experience.

Collaborative learning was the first subcategory described by participants as moments where the supervisor understood the challenges the supervisee was experiencing in their work with clients. In such critical incidents, the supervisor provided support and guidance to the supervisee by helping them explore and process the nature of the challenges and pointing out factors that the supervisee was unaware of (e.g., emotional cues the client was emitting during video, pointing out patterns that occur during sessions, offering intervention strategies, providing resources, etc.). Moreover, a common theme during collaborative learning was the supervisor’s intent to help the supervisee gain confidence. Supervisors did direct the supervisees on what to

do, but instead, communicated their *intent to be an ally* in their supervisee's learning experience. They also reassured the supervisee about their skills and normalized challenges as part of the training experience by being non-judgmental. For the collaborative learning subtype of teaching critical incidents, one supervisee explained the collaboration process between her and her supervisor (e.g., "In treating a client of a different ethnic background, the supervisor continually collaborated with me to ensure that we were being culturally mindful. This experience included modifying exercises when applicable, brainstorming novel ways to relay psychoeducation that were culturally mindful, and addressing cultural differences between myself and the client directly in session.").

Encouraged learning was the second subcategory of the *supervisor as teacher* critical incidents. This particular subcategory included teaching moments where the supervisor suggested the consideration of multicultural factors in the supervisee's work with a client. Supervisors were less engaged during these critical incidents, but they helped the supervisee brainstorm ways to gain more multicultural knowledge and experiences working with diverse populations. Some suggestions the supervisors made to the supervisee included attending critical incidents within certain communities, encouraging specific readings, or learning more about the client's demographics. One example of encouraged learning involved efforts to help the supervisee consider the importance of multicultural elements (e.g., "My supervisor encouraged me to address cultural differences with the client and how the client felt it might impact the counselor and client relationship.").

Third, teaching critical incidents where the *supervisor introduced the supervisee's identity* included moments where the supervisor would encourage the supervisee to think about their own identities (e.g., being a male or female, race, religion) and how they played a role in their work

with a client who either had a similar or a very different cultural background. Introducing the supervisee's identity during supervision also meant that the supervisor encouraged the supervisee to use their multiple identities during therapy, particularly in discussing the dynamic of the counselor-client relationship and how cases are conceptualized. The identity-based subtype of teaching critical incidents can be illustrated by an example from a supervisee who identified as a heterosexual Black cisgender woman who explained how her supervisor took into account one of her identities (e.g., "I was asked to reflect on how my experiences as a Black woman was impacting how I worked with a particular client.").

Supervisor as a teacher critical incidents were associated with all of the types of positive event outcomes described by the participants. These data suggest that supervisor as a teacher is strongly tied to the positive experiences that occur during multicultural supervision. Outcomes reflect an effective working alliance between the supervisor and the supervisee where the supervisee felt supported. For example, the critical incidents associated with supervisor as a teacher yielded outcomes associated with *strengthening of the supervisor-supervisee relationship* (e.g., "It increased my trust in, and supervisory relationship strength with this supervisor.") and *supervisee felt supported by the supervisor* (e.g., "It felt like I had a resource and someone to help me."). Supervisees also gained valuable knowledge as evident by outcomes where the *supervisee became aware of personal biases* (e.g., "I learned more about my own biases that I was not aware of due to the readings and discussions."), *supervisee gained multicultural skills* (e.g., "I have now supervised two counselors-in-training during my coursework, and I rely a great deal on the lessons I learned from working with this supervisor. Certainly, I have my own style of supervision, but her modeling of multicultural competence and supportive exploration of therapist identity(ies) was highly influential on the work I do now."), and *supervisee learned to*

think multiculturally (e.g., “It encouraged me to think about SES with future client interactions.”).

An important outcome from supervisor as a teacher included *supervisee gained confidence* (e.g., “I would absolutely lead similar groups in the future and feel that competency in addressing these topics in therapy has improved.”).

Supervisor Validated Supervisee Experiences and Identities

Some positive critical incidents involved *supervisors validating supervisees’ experiences* or specific aspects of their *identities* and were described 12% of the time. In these critical incidents, the supervisor demonstrated an effort to explore the supervisee’s cultural identities, which also facilitated client work. These critical incidents were on a continuum from a general understanding of supervisee’s worries to validation of supervisee’s experiences and reassurance of their skill level (e.g., “She validated my concerns and made [supervision] feel a lot safer.”). These critical incidents also allowed the expression of the supervisee’s identity (e.g., “After politely interjecting my opinion, she made it a point with great humility to step back and give space to my contribution among our group supervision group. It was a pretty validating moment, and stuck with me since.”). The overall critical incidents in this category also reflected a respectful demeanor from the supervisor when talking to the supervisee, which allowed supervisees to feel comfortable discussing their multiple identities (e.g., “I feel safe discussing challenging experiences with clients without worrying about being judged or feeling incompetent.”). The supervisor demonstrated respect by listening attentively without judgement, showing an interest in knowing the supervisee by asking relevant questions of their cultural background, maintaining appropriate boundaries, showing empathy and humility despite being in a position of authority, admitting when they don’t know an answer, and communicating that they are also willing to learn from the supervisee.

When supervisors validated the experiences and identities of the supervisees, the *supervisee became aware of personal biases* (e.g., “It has changed how I view these types of moments in a group. I tend to recognize my biases better and allow the group to talk more without interfering.”). Particularly, supervisees gained awareness of their own biases when supervisors talked about their own biases during supervision (e.g., “The supervisor was open about having biases.”) and when supervisors gently pointed to the supervisee potential biases they were experiencing (e.g., “I became defensive when clients expressed prejudice against Muslims. My supervisor validated my defensiveness.”). Moreover, outcomes included *supervisee feeling supported by the supervisor* (e.g., “having someone in a position of authority both acknowledge and defer my perspective was empowering as a minority student.”) and *supervisee learned to think multiculturally*:

It showed me that empathy and humility are incredibly important, even when you are in a position of authority while training others. It also demonstrated to me that cultural competency is an ongoing process and we have to be ready and willing to admit when we don't know what we don't know.

There were instances where the supervisee was encouraged to think multiculturally to expand their cultural awareness (e.g., “My supervisor gave me the advice that I could consider [my client’s] approach to me in therapy as an attempt to establish a small zone of control in an environment where she had none.”). However, most of the time supervisees learned to think multiculturally by mirroring the practices of the supervisor:

My supervisor, being a woman of color as well, was very thoughtful in helping me recognize some of the implicit barriers that she may be experiencing given my cultural similarities to past clinicians who have ‘not understood’ her history and her pain...this

really helped broaden my lens in terms of how culture impacts the work, rather than just focusing on the two dimensional relationship between client and myself.

Furthermore, an important outcome included the *supervisee gained confidence* (e.g., “I was more able to discuss multicultural issues with her and felt more competent myself as a supervisee.”). Gaining confidence as a result of an event involving the supervisor validating the supervisee’s experiences and identities was especially true for people of color and individuals who identified as LGBTQ+ (five out of seven).

Supervisor Encouraged the Consideration of Client’s Culture

Supervisors involved in positive multicultural interactions also attended to clients’ culture and identities (described ten percent of the time). Supervisors attended to the client’s culture and multiple identities by incorporating and demonstrating a multicultural orientation in the supervisee’s training and client case conceptualization as well as treatment planning. One supervisee described, “I had a supervisor who repeatedly discussed diversity issues with me about each client case. We discussed how these diversity factors could specifically affect interpretation of test results and treatment considerations.” In other cases, it appeared that some supervisors made cultural considerations a routine aspect of case conceptualization, for example:

My supervisor would always bring issues of identity, context, and multiculturalism to the forefront when discussing clients in supervision. These issues were never on the back burner or a second thought, but rather, they were the primary lens through which we understood clients.

Such examples not only suggest to the supervisee to consider multicultural factors in their work with clients, but also demonstrate to the supervisee how a client’s culture can be considered and *integrated* within counseling practices. As noted in one of the quotes, supervisors can integrate a

client's culture in case conceptualizations. Other participants described their supervisor encouraging the integration of the client's culture when building rapport, diagnosing, providing relevant resources, addressing them with the appropriate pronouns, and developing a therapeutic approach.

Outcomes associated with these critical incidents include predominantly instances where the *supervisee gained multicultural skills* (five out of six described outcomes). One supervisee described increase multicultural awareness in order to provide multiculturally sensitive therapy (e.g., "Made me more aware of how I should behave and interact with my patients to ensure that they feel welcomed and respected."). Another outcome included *supervisee learned to think multiculturally*. Although only one supervisee described learning to think multiculturally, she emphasized the importance of implementing multicultural work moving forward (e.g., "I plan to take a multicultural perspective in all of my clinical work going forward, both for myself and my clients."). The outcomes in this category suggest that supervisees are willing to consider a client's cultural background with greater significance when the supervisor exhibits the importance of such factors during supervision. It is not sufficient for supervisors to suggest the implementation of a client's culture, but to also explained how it is used and why it is used in counseling.

Learning Opportunities from Mistakes

Learning opportunities from mistakes refers to critical incidents where the supervisor guided the supervisee to grow from their mistakes through collaborative learning and a supportive non-judgmental attitude. These were among five percent of the positive critical incidents reported by supervisees. One supervisee, who identified as a heterosexual Asian

cisgender female, described the general collaborative learning attitude that characterized supervisors involved in the critical incidents in this category.

One of my supervisors always listened to me and respected my decision. She was encouraging and motivating me to step out of my comfort zone. She gave me the opportunity to try and allowed me to make mistakes. Meanwhile, she would give me guidance along the side and be supportive.

In the above example, the supervisor seems to keep in mind the developmental level of the supervisee and where she is in her training when challenging her to try new interventions with the client. Another supervisee reflected on the way her supervisor supported her learning experiences.

When I found myself in a situation where I made a huge mistake during an assessment, he calmly walked me through my mistake and showed me how to correct it. He was always cautious to make sure that I was working to my potential but that he wasn't asking for unreasonable goals.

Again, in the above example it seems that the supervisor is aware of the supervisee's level of professional development and uses it as a tool to guide the supervisee without making her feel incompetent or question her skills as a clinician.

The two types of outcomes associated with these learning opportunities from mistakes critical incidents included experiences where the relationship between the supervisee and the supervisor grew and helped the supervisee gain confidence in their skills to do clinical work. For instance one supervisee highlighted the rapport they have with their supervisor in the outcome *strengthening of the supervisor-supervisee relationship* (e.g., "I have a great working relationship with my current supervisor. This experience just reinforces that."). Another

outcome included *supervisee gained confidence* (e.g., “I gained more confidence from this experience.”). In both examples, supervisors treated supervisees non-judgmentally and collaborated with them in their learning experience when addressing the mistakes made.

Supervisor and Supervisee Self-Disclosure

During these self-disclosure critical incidents, which represented 15% of the positive critical incidents, the supervisor utilized self-disclosure to initiate multicultural dialogue and encourage supervisees to discuss their cultural background (e.g., “I had one supervisor, a young Black woman, who noted that multicultural counseling was a large part of her theoretical orientation and she noted that we would often be discussing topics centering about the influence of multicultural aspects in therapy.”). However, there were other times when the supervisee self-disclosed, and the supervisor utilized that as an opportunity to build rapport.

My second supervisor in the program was working with my group co-facilitator and I on the elderly positive life look-back group we were beginning. She made a point to address specifically how we each felt about elderly people in general and more narrowly, our experiences with elderly people in our lives. I got the chance to speak about losing two grandparents to cancer in the same year, and my co-facilitator spoke about being raised by his grandmother for several years.

There were three associated outcomes. Most categories of positive outcomes were represented in association with supervisor and supervisee self-disclosure. Specifically, there were instances where the supervisor made minimal, but appropriate self-disclosure to relate to the supervisee’s experiences and show empathy. At other times, the supervisor self-disclosed as an invitation for the supervisee to share more about their identities and experiences as related to supervision work. Self-disclosure resulted in the *strengthening of the supervisor-supervisee*

relationship (e.g., “It showed me that powerful connections can be made when we self-disclose information in a professional way to our colleagues.”) and *supervisee became aware of personal biases* (e.g., “I learned more about my own biases that I was not aware due to the readings and discussions.”). Moreover, utilized the information disclosed as an opportunity to *think multiculturally* (e.g., “It allowed me the space to be open about my own response on a day when my primary energies had been focused on patients. It helped me feel more ok with my feelings [as a woman of color].”). Lastly, two supervisees expressed *gained confidence* (e.g., “I felt more confident and supported and that I could move on to focusing more on clinical work and less of a blockage.”). Overall, associated outcomes derived from personal conversations between supervisor and supervisee and how lived experiences influenced the work with clients. It was equally important for supervisors to acknowledge and validate supervisees not only as clinicians or therapists, but also as individuals that have many roles in order to create a space for self-disclosure.

Finally, there were three positive outcomes from three different supervisees that did not match any category due to the lack of context. For instance, one supervisee described her supervisor’s experience in working with various sexual orientations and simply expressed, “It was refreshing.” Another supervisee stated, “It pleased me; however, we didn’t actually discuss multicultural components throughout or time together.” The third supervisee indicted, “I learned how a good supervisor could admit their own growth areas and work together with a supervisee to learn more about a specific population.”

Critical Incidents: Axial Coding Analysis

Overall, during the negative critical incidents there were two common patterns that resulted in a negative event for the supervisee. First, it was common for supervisors to not

demonstrate self-awareness regarding their negative behavior or notice the negative impact their words (e.g., microaggressions, assumptions, biases) had on the supervisor-supervisee relationship. Furthermore, supervisors did not take any immediate steps to correct the damage that was done due to their lack of insight. Initially, during the open-coding process, it seemed that all described negative critical incidents were incidents reflective of microaggressions and disrespect. However, after considering key words used and understanding the phenomena's conditions various categories started emerging based on common themes. Second, negative critical incidents occurred when the supervisor was unwilling to learn from the supervisee or show an interest in knowing them as an equal. Supervisor's unwillingness to know their supervisee was a theme noted during the auditing process. There were moments where most critical incidents seemed to fall under one category, but after comparing and contrasting similar themes, it was evident that there were certain supervisor characteristics that differentiated each category. For example, failing to integrate the supervisee's multiple identities and cultural background during supervision prevented the supervisor from establishing a strong supervisor-supervisee relationship. Moreover, by not integrating the supervisee's cultural background, supervisors unintentionally communicated that the supervisees' identities were irrelevant or unimportant to clinical work. During the auditing process, it was also noted that not integrating supervisee identities also made it difficult to create a safe environment where the supervisee could communicate concerns or address challenges.

During the positive critical incidents, there were three general common patterns that resulted in a positive supervisory experience for the supervisee. The most common pattern reported by participants indicated the supervisor's willingness to address the power-differences in the early stages of supervision. Although it was not directly stated by the supervisee, the

conditions and properties of many critical incidents suggested that positive critical incidents occurred, because the supervisor would not abuse their authority to make the supervisee feel inadequate or incompetent. There were many themes reflected in each event, but each event was eventually placed individually under a single category based on definitions that were created during the open-coding process and revised during the auditing process. Second, the supervisor demonstrated and communicated open-mindedness with the supervisee in the treatment of clients. Combining an attitude of collaboration and open-mindedness resulted in supervisees experiencing all positive critical incidents (Table 6). Common words noted during the open and axial coding processes that suggest an attitude of collaboration and open-mindedness included non-judgmental, empathetic, interested, humility, supportive. Third, supervisors demonstrated and communicated an interest for collaboration with a respectful demeanor. Initially, the event *supervisor as a teacher* was one single category, but after being revised during the auditing process it was determined that there were three major sub-categories. Collaboration was one of the main sub-categories presented in supervisor as a teacher. Furthermore, supervisees effectively gained multicultural skills and confidence during supervision as a result of the supervisor addressing the power differences, being open-minded, and demonstrating an interest for collaboration. Again, collaboration suggested to be a powerful tool to strengthen the supervisor-supervisee relationship and create the most effective multicultural learning environment.

CHAPTER 5

DISCUSSION

In this chapter, I discuss the results of this study involving negative and positive critical incidents described by supervisees during multicultural supervision experiences. As highlighted previously in the literature, the field of counseling psychology has evolved over the years, leading mental health practitioners and supervisors to seriously consider and demonstrate multicultural competence. However, despite the advances made in the field of multicultural supervision, many practitioners have struggled to effectively utilize supervision as a medium to develop multicultural counseling skills and attitudes among trainees (Reynolds, 2005). The struggle may be due to some counselor-training programs focusing only on basic multicultural knowledge and skills (Garrett, Borders, Crutchfield, & Torres-Rivera, 2001). Moreover, training programs may or may not have been effective in building multicultural supervision competence among psychologists as there is no specific agreement on best training practices (Sue, Arredondo, & McDavis, 1992). Not using supervision effectively and not training supervisors to practice effective multicultural supervision may be two main issues that hinder the progress of multicultural supervision. This chapter concludes with discussion of implications of this study, limitations for multicultural supervision, and future research.

Negative Critical Incidents During Multicultural Supervision

The main theme that emerged across negative incidents was the supervisor's lack of multicultural competency. Related to the supervisor's lack of cultural competency, findings from Chu and Chwalisz (1999) revealed that negative critical incidents were characterized by discarding a client's culture, cultural issues (e.g., microaggressions and disrespect) between supervisor and supervisee, as well as inappropriate supervisor behavior. In this study, the

frequency of negative critical incidents involving disrespect and cultural microaggressions strongly suggests that most negative critical incidents were rooted in the supervisor's lack of cultural competency. When combining the critical incidents that participants described as supervisors being disrespectful towards the supervisee (12%) and towards the client (16%), supervisors lacking cultural awareness (36%), and supervisees experiencing microaggressions (17%) results yield a total of 81% of negative critical incidents based on the supervisor's lack of cultural competency. This extensive lack of awareness is also consistent with the findings of Fukuyama's (1994) critical incident study. Being ignorant of cultural factors often resulted in supervisors disrespecting the supervisee or the client indirectly. In this study, the disrespect toward a supervisee manifested as microaggressions and general rude behavior (e.g., yelling, shutting the door on a supervisee's face, disregarding the supervisee, questioning the supervisee's competency). Supervisors disrespected clients indirectly through inappropriate comments made during supervision based on their cultural background, sexual orientation, and/or pronouns used by the client. The supervisor's lack of cultural awareness adversely affected the supervisor-supervisee relationship and the supervisee's learning experience mainly. Metaphorically speaking, it seems as though the supervisor's cultural incompetence resulted in supervisees having poor supervisory experiences, which in turn affected their view of the profession, hindered their training, and created anxiety around the idea of having future supervisors who would mimic poor supervisor behaviors like a domino effect.

Although less frequently reported, supervisees described critical incidents where the supervisor utilized their authority to exert control over the course of supervision or treatment of a client. Power differences that occurred between the supervisor and the supervisee were not strongly tied to the supervisor's cultural awareness necessarily. However, the moments where

supervisees described experiencing power differences during supervision suggest that supervisors did not place cultural factors in therapy or in supervision with high importance. That is, supervisors misused their power of authority to ignore cultural factors in therapy or supervision. Hird et al., (2001) suggested that it is essential for supervisors to share culture related experiences in order to balance the power between supervisor and supervisee, as failure to do so results in a delayed learning experience. In this study, most supervisors were identified as White and heterosexual, identities that are associated with considerable power and privilege in society and which made it difficult for them to share cultural experiences with supervisees of color and with other marginalized identities.

Supervisors minimizing the significance of cultural variables in supervision or in the supervisee's work had a variety of outcomes, including various negative feelings and a loss of respect and trust toward the supervisor. There were also several instances where the supervisee used their judgement and integrated cultural factors in session, but the supervisor would later criticize that work communicating that there is one right way to do therapy or be a therapist. Supervisees who received such feedback from their supervisor experienced two types of outcomes such as anger or low self-efficacy. Supervisees who felt grounded and secure in their own cultural values and competency felt anger, but they typically did not discuss their reaction with their supervisor. Nevertheless, most supervisees who felt confident did advocate for their client by utilizing the skills and interventions they felt was more appropriate. Parallel to the study by Gatmon and colleagues (2001), supervisees might indeed be better trained to address cultural issues in supervision than their supervisors, due to the improvement of multicultural training in graduate programs. On the other hand, supervisees who did not feel secure in their own cultural values and competency internalized the negative feedback and as a result seemed to

worry about how they would conduct therapy in the future. Similar to the findings by Cook and Helms (1988), racial identity dynamics can predict the supervisor's influence on the supervisee's multicultural competence when a supervisor and supervisee have a parallel-low relationship (i.e., both are at a lower racial identity development stage and share similar racial worldviews). Such outcomes can be a serious danger inherent in incompetent supervision. Specifically, supervisors who are incompetent can have a lasting negative impact on supervisees early in their training. Interestingly, these results contradict the findings by Heppner and Roehlke (1984), who suggested that past supervisory experiences do not influence a supervisee's perception of their supervisor. Heppner and Roehlke (1984) took into consideration the training level of the supervisee (i.e., beginning practicum, advanced practicum, doctoral interns), which may have influenced the way supervisees handled various critical incidents within the supervision process.

In this study, participants were not required to report their level of training or amount of supervisory experiences, which may have resulted in a sample of predominantly beginning practicum or advanced graduate students. Moreover, power related critical incidents that occurred during supervision also resulted in supervisees feeling ignored, disrespected, micromanaged, oppressed, cynical, nervous, and pessimistic. These findings are consistent with a systemic review of the literature on the training needs of students which suggested that supervisor's failure to address their position of power during supervision leads to supervisees feeling a range of negative emotions (McNeil et al., 1995). However, most of the research was focused on the supervision experiences between students of color and white supervisors. This study contributes to the literature by also including supervisory experiences between supervisors and supervisees that have similar or different cultural backgrounds and sexual orientations.

Positive Critical Incidents During Multicultural Supervision

The most common theme that emerged from positive critical incidents was the learning process inherent in these supervision critical incidents. Indeed, it is no surprise that most positive critical incidents integrated effective learning strategies and interventions, as past researchers have established training and learning as essential components of counselor training (e.g., Allen, 2007; Bordin, 1983; Gilstrap & Dupree, 2008; Hird et al., 2001). Although not explicitly stated, all positive critical incidents had some form of learning that occurred during supervision, as supervisees frequently described increased awareness of cultural variables that were previously overlooked or gained a new perspective on how to process and understand the role of multiple identities during counseling sessions and/or during supervision. Research findings by Inman and Ladany (2014) highlighted the value of helping supervisees gain perspective during supervision that allows them to think critically about the role of culture. In this study, there were often instances where the supervisor provided valuable interventions for the supervisee to learn. Something unique to this study is that supervisees described with examples what specific behaviors or interventions they found helpful from the supervisor in their learning process (e.g., supervisors disclosing their own growth areas, being non-judgmental about the supervisee's lack of knowledge while challenging them to grow by giving them tasks appropriate to their skill level, assigning specific readings, providing positive feedback when interventions with clients went well, helping the supervisee develop their own style of counseling and communicating that there is 'no one right way' to do counseling).

Supervisees highlighted specific traits and values of the supervisors involved in the positive critical incidents that left a lasting impression. It seemed that these supervisors valued having a collaborative relationship with the supervisee and understood the importance of

including the supervisee's identity in their training process. The findings of this study are consistent with previous researchers who highlighted the importance of a collaborative learning environment in order to facilitate a multicultural supervision process (Hird et al., 2001). This study and the one conducted by Hird et al. (2001) were both focused on understanding what makes effective and ineffective multicultural supervision practices, but there are a few differences. This study yielded an understanding the actual experiences of supervisees during multicultural supervision interactions, whereas Hird and colleagues (2001) focused on the reported needs and perspectives of supervisees for culturally integrative supervision. Furthermore, this study adds unique qualities by asking the supervisee not only a description of their supervisory experience, but also how the experiences impacted them and what unique factors made the experience positive or negative. Certainly, it is valuable to have supervisees describe what they consider to be multicultural supervision or how cultural differences affect the dynamic of the supervision relationship, but it is also important to understand what specific critical incidents have occurred in the lives of supervisees in order to have a more realistic understanding of what occurs during multicultural supervision.

In this study, supervisors involved in positive multicultural supervision interactions were specific in encouraging learning rather than directing the supervisee on what to do next. Based on the experiences described by supervisees, the results of this study suggest that the main difference between encouraging and directing is that the former takes into account the supervisee's opinion and developmental level while at the same time having the supervisee's best interest in mind. Directing, which was more likely to occur in the reported negative critical incidents, created pressure and communicated to the supervisee that the supervisor had more knowledge and expertise. Directing also communicated to the supervisee that their opinion was

unimportant or irrelevant. Moreover, this study revealed that supervisors who were also effective teachers created optimal conditions for the supervisee to gain multicultural skills, think multiculturally, and become aware of personal biases. Optimal learning conditions were present when supervisors identified and shared the strengths of the supervisee while also identifying areas of growth in a respectful manner.

Equally important, the supervisors involved in positive multicultural supervision critical incidents validated the supervisees' experiences and multiple identities by showing an interest in hearing the stories of the supervisee and empowering them to continue exploring their own identities. The effectiveness of the teaching undoubtedly helped strengthen the relationship between the supervisor and the supervisee, as supervisees described feeling supported and feeling more confident in their skills as a mental health practitioner. Results from the study conducted by Heppner and Roehlke (1984) also stated that an effective supervisory relationship developed as a result of skills training and support from the supervisor. Although the research conducted by Heppner and Roehlke (1994) was not focused specifically on multicultural supervision, they were some of the first researchers to investigate the supervision relationship. The early findings by Heppner and Roehlke (1994) suggest that some elements of supervision are not too different from the practices that are needed to conduct multicultural supervision.

According to these supervisees, opportunities to learn from mistakes was also valuable in strengthening the supervisor-supervisee relationship and gaining confidence. Supervisees who had these positive learn-from-mistakes supervision experiences suggested that their supervisor demonstrated how to correct the mistake and guided them in understanding the error. Supervisors in these interactions were cautious to not make the supervisee feel inadequate by encouraging them to continue doing similar or more challenging tasks and working to their

potential. The supervisor's support and motivation often encouraged supervisees to continue stepping out of their comfort zone and not be discouraged. Much of the supervisees' confidence gained from such critical incidents stemmed from supervisees understanding that mistakes are a normal part of their training experiences and that they were allowed to make them and process them during supervision. Unfortunately, there is a lack of research focused on how to best address supervisees' mistakes during multicultural supervision without hindering their development or adversely affecting their supervisory experience. Perhaps the findings of this research can stimulate efforts to identify elements that lead to positive outcomes when handling mistakes of the supervisor and the supervisee.

A particular pattern that emerged from this study revealed that a key factor in successful multicultural supervision is the supervisor's integration of the client's multicultural background. Supervisees from this study observed that when their supervisors encouraged them to think about their client's culture during the course of conceptualization and treatment, it communicated to them several things: (a) the supervisor recognizes the importance of culture in the life of the client, (b) it is encouraged to think in a multicultural global context given the nature of the field, and (c) it is critical that the interventions and skills applied during sessions are tailored toward the multiple needs of the client. When supervisors integrated the client's culture, supervisees in this study were also encouraged to speak of their own identities in relation to the work being done with the client. Having such conversations often strengthened the professional bond between supervisor and supervisee resulting in professional and personal growth for the supervisee.

The current study mirrors findings by Chu and Chwalisz (1999) where positive critical incidents included supervisors encouraging consideration for cultural factors for the client and

showing respect of the client's culture. This suggests that some patterns of effective multicultural supervision have continued over the past two decades. Also, similar to the findings by Constantine (1997), this study indicates that a supervisor relationship is enhanced through more multicultural dialogues. Reflecting on the patterns that emerged from this study, consideration of cultural factors during supervision is what generated multicultural dialogues, which in turn reinforced a strong supervisor-supervisee relationship. Many of the positive critical incidents in this study reflected the importance of integrating multicultural dialogue during supervision, but this process was important not only between White supervisors and supervisees of color. It was also important to integrate multicultural dialogues when the supervisor or the supervisee had similar or different cultural backgrounds, as the conversation aided the supervisee in building rapport with a client who either had a similar or different cultural background. Past research has suggested that the integration of culture during supervision has led to various benefits, including a good working alliance, and gaining cultural competency skills (McRoy et al., 1986). Indeed, multicultural dialogues strengthen the supervisor-supervisee relationship, but they also help the supervisee to gain knowledge and skills that may be used in session with a client to build rapport and develop the client-counselor relationship.

In this study, creating a safe space was an important aspect of positive multicultural supervision interactions, and a safe space was often reflected as something the supervisor practiced and not necessarily as something that was created. The concept of a safe space was only explicitly mentioned twice, but all of the accounts of positive experiences included suggestions that a safe space was practiced during the initial stages of building rapport. Past researchers have highlighted the significance of creating a safe and trusting relationship (e.g.,

Wong et al., 2013), but there is a large gap in multicultural supervision literature regarding exploration of the concept of safe space, what it is, or how it is created. It may be worthwhile for future researchers to study the concept of a safe space during multicultural supervision in order to understand its impact on the supervisor-supervisee relationship and the work done with clients. In this study, supervisees observed that the actions of the supervisor (e.g., being respectful, being empathetic, listening attentively, validating the supervisee's challenges, being non-judgmental, empowering without being directive) communicated and reinforced the concept of a safe space for the supervisee. Moreover, supervisees in this study implied that the safe space was something that had to be maintained and reinforced throughout supervision sessions. In all cases, a safe space flourished on the basis of respect and sometimes minimal, but appropriate, self-disclosure that made the supervisor-supervisee relationship a bidirectional learning opportunity. Supervisor self-disclosure, in particular, was also found in previous research to be reassuring for supervisees who bring their own identities into the supervision dialogue (Chu & Chwalisz, 1999; Hird et al., 2001; Soheilian et al., 2014). Trends in the literature indicate that self-disclosure is a concept fairly explored during multicultural supervision. This study reinforces the usefulness of self-disclosure in building a strong supervisor-supervisee relationship and provides descriptors and examples of how self-disclosure has been integrated during supervision.

Implications for Multicultural Supervision

This study may have several implications for multicultural supervision practices, research, and training. The most significant implication that emerged from this study of supervisees' multicultural supervision experiences was that a supervisor's lack of multicultural awareness and sensitivity has far-reaching negative impacts on the supervisee. Despite advances made in the

field of multicultural supervision, this study suggests that there is a need for more multicultural training for supervisors or a different approach to multicultural supervision training.

It was disappointing that nearly 40 years after the advent of multicultural psychology and multicultural counseling competence training, students are still experiencing the kinds of negative multicultural supervision critical incidents that were described in this study, and this replication yielded similar findings to those described for supervisors 20 years earlier (Chu & Chwalisz, 1999). Currently, all APA accredited professional psychology programs integrate the consideration of cultural factors, but much of the multicultural training in programs is still in fairly early stages of development. Perhaps these findings can be attributed to a lack of consensus on best cultural-competence training practices across professional psychology programs (Sue et al., 1992).

This study pointed to some particular behaviors associated to successful and unsuccessful multicultural supervision interactions, with implications for supervisor training and oversight. A collaborative and safe learning environment, characterized by respect for the supervisee and the clients, promotes positive supervision relationships and supervisee growth. A disrespectful environment, characterized by lack of cultural awareness, microaggressions, judgement-based behaviors and comments, abuse of authority, and micromanagement, yielded a variety of negative outcomes for supervisees including emotional distress, harm to the supervisory relationship, and self-doubt. Perhaps one of the most harmful aspects of supervisors who lack cultural competence was the negative impact on trainees' self-efficacy. Although more training is needed for supervisors to integrate multicultural factors during supervision, it would also be valuable if training programs and training sites had more oversight over supervisors in order to prevent harm to the supervisees' training experience and provide guidance on how to manage

ineffective supervision incidents if they occur. Particularly, it would be important for supervisors who are working with students in the critical beginning practicum stage to be cautious of potentially harmful behaviors or comments in order to avoid hindering the training and learning experiences of the supervisee, given the powerful effects of these negative critical incidents on supervisee self-efficacy. Supervisors are important influencers in laying the foundation for the rest of the developmental process that is counselor training. Supervisees in their early stages of training may be especially vulnerable to negative incidents that occur during multicultural supervision as they are usually in the process of forming their own identity and style as a mental health practitioner.

Limitations of This Study

Although the findings of the current study have significant implications for multicultural supervision practice, some limitations must be noted. First, there may be factors limiting the generalizability of the findings. The sample of supervisees consisted predominantly of White heterosexual women. Supervisors for both positive and negative incidents also consisted mainly of White heterosexual women. The lack of a diverse participants made it challenging, for example, to identify patterns that emerged in the supervisor-supervisee dynamic base on cultural background.

Another limitation is the short answer data collection strategy that was used. Although this online survey approach allowed for data to be gathered from a larger number of participants from a stratified random sample of professional psychology programs, it limited the nature and amount of data collected from each participant. The experiences that occurred during multicultural supervision were captured based on only three questions for the negative incidents and three questions for the positive incidents (see Appendix B). Future researchers should

consider additional questions or different strategies (e.g., interview) that can provide more detail and capture the complexity of multicultural supervision.

Another limitation of this study is that the negative and positive critical incidents were only described from the supervisee's perspective, and no data were collected from the supervisors. The experiences described were based on the truth as perceived by the supervisee, and it is possible that misunderstandings might have occurred, particularly with negative incidents. Moreover, there was no information about how certain negative incidents were handled afterward, if at all, as I did not ask such follow-up questions regarding the incidents. It might have been valuable to understand how the supervisees handled the aftermath of a negative incident and if the training programs or agencies provided any type of resources or support for supervisees who had negative supervision experiences.

Another limitation of this study is that there was no attempt to assess participants' definitions of multicultural supervision or supervisors' level of multicultural counseling and multicultural supervision training. It is important to highlight that it was difficult to assess what participants understood as multicultural supervision and what is their supervisor's level of multicultural training. I did not ask what supervisors or supervisees describe as multicultural supervision. It is possible that participants and supervisors had different levels of multicultural competence.

Future Directions

There is a need for consensus on best training practices for supervisors in sites that focus on training mental health practitioners and provide internship/practicum experiences. Agreement on best training practices would allow mental health practitioners to provide appropriate services tailored to the needs of a diverse population. Moreover, consensus on multicultural training

means that there will be future supervisors who will be better equipped to practice multicultural supervision. Studies like this one help the profession identify best practices that set apart culturally competent versus incompetent supervision. The critical incidents and outcomes that emerged for the reported negative and positive critical incidents in this study warrant further research on multicultural competency among supervisors. Specifically, future researchers should focus on patterns that make an effective supervisor, to provide adequate training and guidance for how to properly handle negative incidents if they occur. Moreover, future researchers should also consider exploring the particular qualities that create and sustain positive critical incidents from the perspective of the supervisor. Gatmon et al. (2001) suggested that supervisors should not assume that dialogues regarding multiculturalism should only take place when there is a cultural difference between supervisor or supervisee or when there is a perceived similarity. Further training of multicultural competence among supervisors should also integrate strategies for supervisors to effectively address the complex multicultural issues during supervision (Gatmon et al., 2001; Inman & Ladany, 2014; Stone 1997).

Given that these negative critical incidents were often associated with a lack of awareness, attitudes, or behaviors reflecting general cultural incompetence, a first step in building greater multicultural competence among supervisors is to increase the overall level of multicultural competence among psychologists, from whom supervisors are drawn. Professional psychology graduate programs differ in the amount of multicultural training provided. A good start would be for faculty in graduate programs to integrate, to a greater extent, multiculturalism in their classes in general. Many times, faculty will have only one class session dedicated to discussing culture, but multicultural issues are not integrated throughout the course. Having one chapter dedicated to culture in a class of psychopathology, for example, may communicate three things to a

student: (a) the instructor does not view culture as something important, which may influence the student to question the value of culture in mental health work, (b) culture as a subject that is mandatory rather than important, and (c) the integration of a student's multiple identities in their work as a mental health professional in training is not essential. Researchers have also pointed that it is not enough for supervisees to have basic multicultural knowledge through coursework and that what is needed is appropriate training and supervision in cultural awareness, knowledge, communication skills, and counseling techniques that promote self-exploration (Garrett et al., 2001, Sue & Sue, 1999).

There were a few participants who described critical incidents that occurred in groups supervision. Unfortunately, there has been even less attention directed toward multicultural competence of supervisors in group supervision formats. Research should be directed toward understanding how supervisor multicultural competence issues play out in group supervision as well. For example, when participants described an event that occurred in group supervision, they talked about the event from the group's perspective as well as their own. This finding suggests that given group dynamics, negative multicultural critical incidents can do even more harm in group supervision.

Certainly, there was damage done during the negative critical incidents described by these supervisees, but the extent of the damage is difficult to gauge. Understanding the positive and negative critical incidents that occur during multicultural supervision can lead to the development of better supervision practices. Particularly, factors that contribute to positive experiences for supervisees and create optimal learning conditions, as well as preventative factors to avoid negative supervision experiences for supervisees. Research in multicultural supervision has expanded over the past two decades, but these findings suggest that actual

supervision practice may not have kept pace. Critical incidents that occur during supervision need to be studied more thoroughly, as such incidents provide glimpses into what is happening in actual training situations. Professional psychology has a long road to travel before there are guidelines to effectively infuse multicultural factors into supervision practice.

Table 1*Participant Demographic Variables*

| Participant Demographic | % |
|---|------|
| Region | |
| Region I | 3.4 |
| Region II | 11.9 |
| Region III | 11.9 |
| Region IV | 20.3 |
| Region V | 11.9 |
| Region VI | 15.3 |
| Region VII | 13.6 |
| Region VIII | 3.4 |
| Region IX | 3.4 |
| Region X | 5.1 |
| Gender | |
| Cisgender Woman | 66.1 |
| Cisgender Man | 30.5 |
| Transgender Woman | - |
| Transgender Man | - |
| Genderqueer/Gender fluid | 1.7 |
| Other | 1.7 |
| Race | |
| White | 69.5 |
| Asian | 11.9 |
| American Indian or Alaska Native | - |
| Black or African American | 10.2 |
| Latina/o or Hispanic | 3.4 |
| Native Hawaiian or other Pacific Islander | - |
| Eskimo | - |
| Other | 5.1 |
| Age | |
| 20 – 30 | 72.9 |
| 31 – 40 | 20.3 |
| 41 – 50 | 3.4 |
| 51 – 60 | 1.7 |
| 61 + | 1.7 |
| Sexual Orientation | |
| Heterosexual | 76.3 |
| Lesbian | 3.4 |
| Gay | 6.8 |
| Bisexual | 1.7 |

Table 1. Continued

| | |
|--|------|
| Queer | 8.5 |
| Asexual | - |
| Pansexual | - |
| Other | 3.4 |
| Degree of Religiosity or Spirituality | |
| High | 15.3 |
| Moderate | 30.5 |
| Low | 44.1 |
| Other | 10.2 |
| Disabilities | |
| None | 89.8 |
| Physical | 5.1 |
| Learning | 3.4 |
| Other | 3.4 |
| Current Partner Status | |
| Single | 22 |
| Dating/Partnered | 40.7 |
| Married/In a domestic relationship/Civil union | 32.2 |
| Separated/Divorced/Dissolved | 3.4 |
| Widowed | - |
| Other | 1.7 |

Note: **Region I:** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont; **Region II:** New Jersey, New York, Puerto Rico, US Virgin Islands; **Region III:** Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia; **Region IV:** Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee; **Region V:** Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin; **Region VI:** Arkansas, Louisiana, New Mexico, Oklahoma, Texas; **Region VII:** Iowa, Kansas, Missouri, Nebraska; **Region VIII:** Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming; **Region IX:** Arizona, California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands; **Region X:** Alaska, Idaho, Oregon, Washington.

Table 2*Supervisor Negative Incidents Demographic Variables*

| Supervisor Demographic | % |
|--|------|
| Gender | |
| Cisgender Woman | 57.6 |
| Cisgender Man | 30.5 |
| Transgender Woman | - |
| Transgender Man | 1.7 |
| Genderqueer/Genderfluid | - |
| Other | 6.8 |
| Unknown | 3.4 |
| Race | |
| White | 69.5 |
| Asian | 3.4 |
| American Indian or Alaska Native | - |
| Black or African American | 3.4 |
| Latina/o or Hispanic | 10.2 |
| Native Hawaiian or other Pacific Islander | - |
| Eskimo | - |
| Other | 11.9 |
| Unknown | 1.7 |
| Approximate Age | |
| 20 – 30 | 10.2 |
| 31 – 40 | 30.5 |
| 41 – 50 | 22 |
| 51 – 60 | 22 |
| 61+ | 15.3 |
| Sexual Orientation | |
| Heterosexual | 67.8 |
| Lesbian | - |
| Gay | 1.7 |
| Bisexual | 3.4 |
| Queer | - |
| Asexual | - |
| Pansexual | - |
| Other | 8.5 |
| Unknown | 18.6 |
| Degree of Religiosity or Spirituality | |
| High | 3.4 |
| Moderate | 20.3 |
| Low | - |

Table 2. Continued

| | |
|--|------|
| None | 5.1 |
| Unknown | 71.2 |
| Disability of the Supervisor | |
| None | 50.8 |
| Physical | 5.1 |
| Learning | - |
| Other | 5.1 |
| Unknown | 40.7 |
| Current Partner Status | |
| Single | 6.8 |
| Dating/Partnered | 3.4 |
| Married/In a domestic relationship/Civil union | 59.3 |
| Separated/Divorced/Dissolved | 5.1 |
| Widowed | 1.7 |
| Other | 6.8 |
| Unknown | 16.9 |

Table 3*Supervisor Positive Incidents Demographic Variables*

| Supervisor Demographic | % |
|--|------|
| Gender | |
| Cisgender Woman | 55.9 |
| Cisgender Man | 18.6 |
| Transgender Woman | - |
| Transgender Man | - |
| Genderqueer/Genderfluid | 1.7 |
| Other | - |
| Unknown | 3.4 |
| Race | |
| White | 47.5 |
| Asian | 6.8 |
| American Indian or Alaska Native | - |
| Black or African American | 15.3 |
| Latina/o or Hispanic | 3.4 |
| Native Hawaiian or other Pacific Islander | - |
| Eskimo | - |
| Other | 3.4 |
| Unknown | 3.4 |
| Approximate Age | |
| 20 – 30 | 10.2 |
| 31 – 40 | 27.1 |
| 41 – 50 | 23.7 |
| 51 – 60 | 16.9 |
| 61+ | 1.7 |
| Sexual Orientation | |
| Heterosexual | 52.5 |
| Lesbian | 1.7 |
| Gay | 3.4 |
| Bisexual | 10.2 |
| Queer | - |
| Asexual | - |
| Pansexual | - |
| Other | - |
| Unknown | 11.9 |
| Degree of Religiosity or Spirituality | |
| High | 11.9 |
| Moderate | 10.2 |
| Low | 10.2 |

Table 3. Continued

| | |
|--|------|
| None | 3.4 |
| Unknown | 44.1 |
| Disability of the Supervisor | |
| None | 50.8 |
| Physical | - |
| Learning | - |
| Other | 5.08 |
| Unknown | 32.2 |
| Current Partner Status | |
| Single | 10.2 |
| Dating/Partnered | 10.2 |
| Married/In a domestic relationship/Civil union | 42.4 |
| Separated/Divorced/Dissolved | 3.4 |
| Widowed | - |
| Other | - |
| Unknown | 13.6 |

Note: Ten participants referred to the same supervisor for both the positive and negative multicultural critical incidents. Three participants did not specify if they referred to the same supervisor for both positive and negative critical incidents.

Table 4*Types of Negative Critical Incidents*

| Event Category | Definition | Examples |
|---|--|---|
| <i>Supervisors Disrespecting Supervisees</i> | Supervisee felt disrespected based on supervisor’s behavior and/or comments. | <ul style="list-style-type: none"> ○ “In supervision, my supervisor yelled at me for promoting my client’s ‘passiveness.’” ○ “I did not feel that my needs as a trainee were heard or respected.” |
| <i>Power Differences</i> | Abuse of authority that oppressed supervisee. | <ul style="list-style-type: none"> ○ “I could not help but think about the power differences in race between us. I felt micromanaged and domineered in slight ways.” |
| <i>Supervisor Lacked Cultural Awareness</i> | Neglected, disregarded or questioned the role of cultural variables. | <ul style="list-style-type: none"> ○ “Supervisor dismissed my experience of losing a family member to addiction.” ○ “She believes that there is a right and wrong English, and that if you want to succeed in America you have to learn right English.” |
| <i>Supervisor Disrespecting Clients</i> | Use of derogatory terms or comments to describe clients. | <ul style="list-style-type: none"> ○ “Mimicking the way clients with disabilities speak.” ○ “She would sometimes make derogatory comments about client’s cultural backgrounds.” |
| <i>Supervisee Experiencing Microaggressions</i> | Inappropriate multicultural conversations and/or made direct microaggressive comments. | <ul style="list-style-type: none"> ○ “I perceived many microaggressions where I felt minimized, and unseen.” |

Table 5

Types of Outcomes from Negative Critical Incidents

| Outcome Category | Definition | Examples |
|--|---|---|
| <i>Supervisee Experiencing Self-doubt</i> | Supervisees questioned their own cultural competence and skills as a clinician. Self-doubt was often the result of lack of support from the supervisor. | <ul style="list-style-type: none">○ “I started questioning myself all the time. I did not believe in myself and thought everything I did was incorrect.” |
| <i>Positive Impact</i> | Supervisees increased their cultural awareness and self-efficacy as a result of a negative experience to advocate for themselves and their clients | <ul style="list-style-type: none">○ “Helped me plan for multicultural interactions.”○ “I definitely aim to be curious about all aspects of identity the client brings in, but it has also made me aware that we really have to trust our clients.” |
| <i>Negative Feelings</i> | Any negative emotion triggered by the supervisor’s behavior or commentary. The main feelings reported included anger, hurt, and powerlessness. | <ul style="list-style-type: none">○ “I felt hurt and upset that the supervisor would make those assumptions or was not more tactful in her ability to address them.”○ “I was very uncomfortable, angry, and in disbelief.” |
| <i>Supervisee Questioning the Supervisor’s Competence</i> | Supervisors disrespected/judged clients and/or supervisees based on cultural assumptions made. | <ul style="list-style-type: none">○ “I made me doubt the multicultural competency requirements for supervisors at my internship site.”○ “I felt that my supervisor was not a sex-positive or socially just person.” |
| <i>Supervisor Impacting the Supervisee’s Learning Experience</i> | Supervisors made an attempt to teach supervisees alternative clinical skills/interventions, but caused damaged to the supervisees’ learning experience. | <ul style="list-style-type: none">○ “I was on edge in my work with clients.”○ “My practicum experience was not as beneficial because I was never given time to actually talk about my clients and have the ability to consult with my peers.” |

Table 5. Continued

| | | |
|---|--|--|
| <i>Supervisee not Relying on their Supervisor</i> | Supervisees considered their supervisors unreliable or unhelpful and consulted with another individual or sought out learning materials independently. | <ul style="list-style-type: none"> ○ “I continued to seek skill resources from DBT workbooks, instead of my supervisor.” ○ “It made me seek out more information about trans-affirming care and seek other mentors in my field.” |
| <i>Supervisor Damaging the Supervisor-Supervisee Relationship</i> | Supervisors failed to demonstrate basic supervisory skills and cultural sensitivity, resulting in supervisees feeling unsafe and uncomfortable as well as losing trust/respect towards the supervisor. | <ul style="list-style-type: none"> ○ “It felt like boundaries had been neglected and we were no longer behaving as professionals.” ○ “I did not feel connected to the supervisor.” |

Table 6

Types of Positive Critical Incidents

| Event Category | Definition | Examples |
|--|--|---|
| <i>Supervisor as a Teacher</i> | Created a learning environment for the supervisee to gain multicultural competence. | <ul style="list-style-type: none">○ “My supervisor has successfully created a supportive environment for me to learn and grow.”○ “My supervisor helped me work with this patient without negatively labeling him, but still treating him with dignity and respect.” |
| <i>Supervisor Validated Supervisee Experiences and Identities</i> | Demonstrated an effort to explore supervisee’s cultural identities. | <ul style="list-style-type: none">○ “The supervisor also encouraged me to critically examine my own identities in juxtaposition to my various clients.”○ “She made an effort to explore my cultural identities so that she knew how the client’s homophobic slurs may impact me as a gay man.” |
| <i>Supervisor Encouraged the Consideration of the Client’s Culture</i> | Incorporated a multicultural orientation in supervisee’s planning of client case conceptualization and treatment plan. | <ul style="list-style-type: none">○ “She encouraged me to further explore multicultural differences with my clients in real-time during our sessions in order to help them in their interactions and comfort levels with other Americans outside of therapy.” |
| <i>Learning Opportunities from Mistakes</i> | Guided supervisee to grow from their mistakes through collaborative learning and a non-judgmental attitude. | <ul style="list-style-type: none">○ “She gave me opportunity to try and allowed me to make mistakes. Meanwhile, she would give me guidance along the side and be supportive.” |
| <i>Supervisor and Supervisee Self-Disclosure</i> | Utilized self-disclosure to initiate multicultural dialogue. | <ul style="list-style-type: none">○ “It showed me that powerful connections can be made when we self-disclose information in a professional way to our colleagues” |

Table 6. Continued

| | | |
|--|--|--|
| <i>Supervisor Created a Safe Space</i> | Listened attentively and provided space for supervisees to discuss concerns by encouraging an open dialogue. | ○ “She broached the subject in supervision before I could so it was comfortable and a safe space to learn from and/or challenge each other.” |
|--|--|--|

Note: Outcomes of positive critical incidents add over 100% due to participants describing more than one outcome in their response. Each event that emerged was treated as a single response based on its conditions, properties, strategies, and consequences.

Table 7*Types of Outcomes from Positive Critical Incidents*

| Outcome Category | Definition | Examples |
|--|---|---|
| <i>Strengthening of the Supervisor-Supervisee Relationship</i> | Supervisors demonstrated open-mindedness, which allowed them to build rapport with the supervisee and create a safe environment for open dialogue and collaboration. | <ul style="list-style-type: none"> ○ “I felt comfortable with my supervisor and I felt our relationship was open.” ○ “The trust and respect increased for me towards my supervisor.” |
| <i>Supervisee Became Aware of Personal Biases</i> | Supervisors aided supervisees in identifying their biases related to client work. | <ul style="list-style-type: none"> ○ “I learned more about my own biases that I was not aware of due to the readings and discussions.” ○ “I tend to recognize my biases better and allow the group to talk more without interfering.” |
| <i>Supervisee Felt Supported by the Supervisor</i> | Supervisors behaved in a way that validated the contributions of the supervisee and communicated that their opinion was important. | <ul style="list-style-type: none"> ○ “I felt more validated and safer that I had a supervisor that was understanding.” ○ “I felt supported in working with my client.” |
| <i>Supervisee Gained Multicultural Skills</i> | Supervisors integrated the supervisee’s background into their own multicultural leaning process and practice and provided directives in applying multicultural interventions. | <ul style="list-style-type: none"> ○ “Her modeling of multicultural competence...was highly influential on the work I do now.” ○ “It changed the way I spoke with clients.” |
| <i>Supervisee Learned to Think Multiculturally</i> | Supervisors challenged supervisees to think outside of their own experiences and perspectives to understand the experiences of diverse populations. | <ul style="list-style-type: none"> ○ “[The supervision experience made me] more mindful in identifying and exploring possible cultural differences that may interfere with my effectiveness as a therapist.” |

Table 7. Continued

*Supervisee
Gained
Confidence*

Involvement support and non-judgmental feedback from the supervisor in the supervisee's ability to learn and grow)

- “This has made me feel more confident in my ability to address cultural differences with clients if it may add to the therapeutic relationship.”
 - “I feel more confident in my ability to notice and point out nonverbal behavior.”
-

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APPENDICES

APPENDIX – A

SUPERVISOR DEMOGRAPHIC INFORMATION

| Please check the characteristics of the supervisor involved in the less effective, negative incident (first you described) | Please check the characteristics of the supervisor involved in the effective, positive incident (second you described). |
|---|---|
| <p align="center">Gender</p> <p><input type="checkbox"/> Cisgender Woman <input type="checkbox"/> Cisgender Man <input type="checkbox"/> Transgender Woman <input type="checkbox"/> Transgender Man <input type="checkbox"/> Genderqueer/Genderfluid <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unknown</p> <p align="center">Race</p> <p><input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Latina/o or Hispanic <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Eskimo <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unknown</p> <p align="center">Approximate Age</p> <p><input type="checkbox"/> 20-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61+</p> <p align="center">Sexual Orientation</p> <p><input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Asexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unknown</p> <p align="center">Degree of Religiosity/Spirituality</p> <p><input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/> Unknown</p> <p align="center">Disability</p> <p><input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unknown</p> <p align="center">Current Partner Status</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Dating/Partnered <input type="checkbox"/> Married/In a domestic relationship/Civil union <input type="checkbox"/> Separated/Divorced/Dissolved <input type="checkbox"/> Widowed <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unknown</p> <p align="center">Other - Please describe</p> | <p align="center">Gender</p> <p><input type="checkbox"/> Cisgender Woman <input type="checkbox"/> Cisgender Man <input type="checkbox"/> Transgender Woman <input type="checkbox"/> Transgender Man <input type="checkbox"/> Genderqueer/Genderfluid <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unknown</p> <p align="center">Race</p> <p><input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Latina/o or Hispanic <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Eskimo <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unknown</p> <p align="center">Approximate Age</p> <p><input type="checkbox"/> 20-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61+</p> <p align="center">Sexual Orientation</p> <p><input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Asexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unknown</p> <p align="center">Degree of Religiosity/Spirituality</p> <p><input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None <input type="checkbox"/> Unknown</p> <p align="center">Disability</p> <p><input type="checkbox"/> None <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unknown</p> <p align="center">Current Partner Status</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Dating/Partnered <input type="checkbox"/> Married/In a domestic relationship/Civil union <input type="checkbox"/> Separated/Divorced/Dissolved <input type="checkbox"/> Widowed <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unknown</p> <p align="center">Other - Please describe</p> |

PARTICIPANT DEMOGRAPHIC INFORMATION

Current Region Location

Regions I-X

Gender

Cisgender Woman Cisgender man Transgender Woman Transgender Man
 Genderqueer/Genderfluid Other (please specify)

Race

White Asian American Indian or Alaska Native Black or African American Latina/o or Hispanic Native Hawaiian or other Pacific Islander Eskimo Other (please specify)

Age

(Text) fill in age

Sexual Orientation

Heterosexual Lesbian Gay Bisexual Queer Asexual Pansexual Other (please specify)

Degree of Religiosity/Spirituality

High Moderate Low Other (please specify)

Disability

None Physical Learning Other (please specify)

Current Partner Status

Single Dating/Partnered Married/In a domestic relationship/Civil union
 Separated/Divorced/Dissolved Widowed Other (please specify)

Other - Please describe

APPENDIX – B

MULTICULTURAL SUPERVISION

STIMULI QUESTIONS

(-) Please describe a supervision incident, anytime during your training, involving a multicultural interaction or issue (e.g., a cultural difference between you and your client or you and your supervisor) in which the supervisor behaved in a way that you would **not like** to see repeated. That is, **describe a behavior that if it occurred repeatedly, or even once under certain circumstances, would make you doubt the competency of the supervisor as a mental health practitioner. Please do not use names in your description to avoid potential identification of the supervisor being talked about. Talk about your experience in such a way that individuals cannot be identified.**

- a. What made this incident **particularly negative**?
- b. How did this incident **impact you**?

(+) Please describe a supervision incident, anytime during your training, involving a multicultural interaction or issue (e.g., a cultural difference between you and your client or you and your supervisor) in which the supervisor behaved in a way that you would **like** to see repeated. That is, **describe an exemplary behavior that you would like to see other mental health practitioners emulate. Please do not use names in your description to avoid potential identification of the supervisor being talked about. Talk about your experience in such a way that individuals cannot be identified.**

- a. What made this incident **particularly positive**?
- b. How did this incident **impact you**?

APPENDIX – C

STATEMENTS OF SUBJECTIVITY

Researcher:

I am a second-year counseling psychology doctoral student, and I completed this study under the supervision of a licensed counseling psychologist, who had been involved in the study that is being replicated with this study. We were the main people responsible for the interpretation of the data. However, the present study called for the cooperation of other scholars in the field of counseling psychology in order to ensure the most accurate interpretation of the qualitative data, and an additional doctoral student was involved in the analysis process, as an analyst or auditor of the data interpretation to control for potential misinterpretation of the data. All people involved in the research process reflected on their background and assumptions going into the study, producing statements of subjectivity before beginning work on the analysis.

Auditor:

I am a White, cisgender, heterosexual, non-citizen Latina. I have lived in the United States for four years. I have received and given supervision, and all my supervision interactions have been cross-cultural given I am an international student. I have experienced macroaggressions in the supervisory relationship, and I have also experienced many moments of growth during supervision. I had not read the critical incidents that were described by the participants before assisting the researcher, and was situated on the topic by the researcher before aiding with the analysis.

VITA

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Master of Arts, Counseling Psychology, November 2018

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Special Honors and Awards:
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Thesis Title:
Critical Incidents In Multicultural Supervision and Their Impacts On Supervisees and
The Supervision Relationship

Major Professor: Kathleen Chwalisz, Ph.D.