

THE EFFECTS OF MULTICULTURAL DISCUSSIONS AND SUPERVISORY WORKING  
ALLIANCE ON MULTICULTURAL COUNSELING COMPETENCE

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This study examined the influence of multicultural training, multicultural discussions in supervision, and the supervisory working alliance on multicultural counseling competence. The sample consisted of 57 doctoral counseling interns, doctoral graduate students and post-doctoral students in counseling and clinical psychology. Participants completed several instruments including a demographic questionnaire, the Supervisory Working Alliance Inventory - Trainee, and the Multicultural Counseling Inventory. They filled out two questionnaires created for this study, one assessing multicultural discussions in supervision and another quantifying their multicultural training experience. Data analyses included multiple hierarchical regression, utilizing the Hayes PROCESS macro. Multicultural discussions in supervision moderated the relationship between the supervisory working alliance and multicultural counseling competence, but did not significantly moderate the relationship between multicultural training and multicultural counseling competence. Findings suggest that when multicultural discussions in supervision are positive, they significantly increases the strength of the relationship between good supervisory working alliance and multicultural counseling competence in psychology trainees. The findings may inform supervision practices and improve multicultural counseling competence in psychology graduate student trainees.

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## TABLE OF CONTENTS

	Page
LIST OF TABLES AND FIGURES.....	v
CHAPTER 1. LITERATURE REVIEW .....	1
Multicultural Competence .....	2
Multicultural Training.....	4
Supervision .....	5
Supervisory Working Alliance .....	7
Multicultural Supervision .....	9
Multicultural Discussions in Supervision .....	18
Rationale .....	20
CHAPTER 2. METHOD .....	22
Participants.....	22
Procedure .....	23
Instruments.....	24
Demographic Questionnaire .....	24
Supervisory Working Alliance Inventory – Trainee (SWAI-T).....	25
The Multicultural Counseling Inventory (MCI) .....	25
Multicultural Discussions in Supervision Questionnaire (MDSQ) .....	27
Multicultural Training Scores.....	28
Salience of Race/Ethnicity to Identity .....	28
Salience of Sexual Orientation to Identity .....	28
Study Design.....	29
Research Hypotheses .....	29
CHAPTER 3. RESULTS .....	31
Preliminary Analyses .....	31
Description of the Scales .....	31
Hypotheses Testing.....	34
CHAPTER 4. DISCUSSION.....	37
Differences in Cultural Factors.....	41

Limitations .....	42
Future Research .....	43
Concluding Thoughts.....	44
APPENDIX: MEASURES .....	50
REFERENCES .....	55

## LIST OF TABLES AND FIGURES

	Page
Tables	
Table 1. Demographic Characteristics of Participants ( $N = 57$ ) .....	46
Table 2. Demographic Characteristics of Supervisors ( $N = 54$ ) .....	47
Table 3. Means, Standard Deviations and Alpha Coefficients for Continuous Variables.....	47
Table 4. Intercorrelations for Independent and Dependent Variables .....	48
Table 5. Hierarchical Regression Analysis Summary for Multicultural Discussions moderating Supervisory Working Alliance and Multicultural Counseling Competence ( $N = 52$ ).....	48
Table 6. Conditional Effects of Supervisory Working Alliance on Multicultural Counseling Competence.....	48
Table 7. Hierarchical Regression Analysis Summary for Multicultural Discussions moderating Multicultural Training Experience and Multicultural Counseling Competence ( $N = 54$ ) .....	49

### Figures

Figure 1. Interaction effects for multicultural discussions in supervision moderating the relationship between supervisory working alliance and multicultural competence .....	49
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## CHAPTER 1

### LITERATURE REVIEW

Educators, researchers, and practitioners alike acknowledged the racial and ethnic diversity of the United States, which resulted in vast expansion of multicultural emphasis within the study and practice of psychology. In fact, the American Psychological Association (APA) encouraged trainers of psychologists and other psychological service providers, educators, and researchers to gain skills to work effectively with individuals and groups of varying cultural backgrounds (APA, 2002). Clinicians in training programs theoretically developed multicultural counseling competence by the systematic infusion of multicultural concepts throughout training objectives (APA, 2002; Arredondo, 1999; Arredondo & Arciniega, 2001; Ridley, Espelage & Rubinstein, 1997). The APA Commission on Accreditation (APA-CoA) monitored graduate programs and doctoral internships in an attempt to increase diversity among training candidates and to incorporate multicultural considerations throughout training objectives. Despite the growing emphasis on multiculturalism in applied psychology doctoral programs, racial/ethnic minorities are underrepresented among doctoral psychology graduates programs.

The latest report from the National Center for Educational Statistics (2012-2013) indicated that of the 6,323 doctoral degrees conferred in 2012 in Psychology over 72.2% were to White students. Of the remaining 27.8% of degrees 7.8% were conferred to Black students, 7% Hispanic (7%), Asian/Pacific Islander (5.5%), American Indian/Alaska Native (0.07%), Multi-racial (1.3%), and non-resident aliens (5.5%) classified students. Further, women received 74.3% of doctoral degrees in psychology while men received the remaining 25.7%. Findings demonstrate that minorities and men are unrepresented at the doctoral level of psychology. The

paucity of racial minorities awarded psychological doctoral degrees is in contrast to the recognized need for racially diverse mental health providers.

To meet the growing needs of multicultural clients, graduate trainees in applied psychology require adequate training in multicultural therapy. However, there is considerable variation in the multicultural training opportunities offered amongst psychology training programs (APA, 2006; Magyar-Moe, 2005; Pope-Davis, Reynolds, Dings, & Nielson, 1995). Beginning clinicians become familiar with the tenets of multicultural competence through curriculum coursework, didactic training, and relevant reading. In addition, exploration of multicultural dynamics in clinical supervision is a key way in which supervisors facilitate the multicultural counseling development of trainees in direct clinical practice. In fact, supervision is the primary way through which clinicians in training gain knowledge from professional counselors and psychologists (Holloway, 1995). There is a scarcity of research regarding multicultural supervision or discussions of multicultural factors in supervision (Ancis & Marshall, 2010; Inman & Landany, 2013; Sangganjanavanich & Black, 2011). Supervision is a critical source of skill development for trainees in mental health; therefore, it is essential to explore how supervisors address multicultural factors in supervision. The current study seeks to address the gap in the literature by examining the process of multicultural supervision. In particular, trainee perspectives of helpful multicultural discussions in supervision, and the impact of multicultural training and the supervisory relationship on trainee multicultural competence.

### Multicultural Competence

Before the development of cultural competence, mental health research ignored minorities or conceptualized them as genetically deficient and/or culturally deficient (Hernstein,



1971; Shockley, 1972; Smith, 1977; Sue, 1975; Sumada, 1975). Not surprisingly, ethnic minorities were less likely to seek mental health services and were more likely to terminate treatment after one session than white clients (Pine, 1972; Priest, 1994; Sue, Allen & Conaway, 1978; Sue & McKinney 1974). In the 1970's members of the Division of Counseling Psychology (Division 17) developed the Education and Training Committee to increase the effectiveness of therapeutic services offered to the increasingly diverse U.S. population (Collins & Arthur, 2010; Sue et al., 1982). The committee aimed for the inclusion of cross-cultural counseling training in graduate schools and provided a framework for the development of multicultural counseling competency. The initial structure included eleven characteristics or competencies, of the culturally competent counselor. Authors organized the framework according to three dimensions; beliefs/attitudes, knowledge and skills (Carney & Kahn, 1984; Collins & Arthur, 2010; Sue et al., 1982).

Approximately ten years later, the original framework underwent considerable expansion to encompass thirty-one competencies. Committee members organized the characteristics of a culturally competent counselor along the three dimensions. The components consisted of a) counselor awareness of own assumptions, values, and biases, b) understanding of the worldview of the culturally different clients, C) active development of appropriate, relevant and sensitive intervention strategies and techniques in working with culturally different clients (Sue, Arredondo & McDavis, 1992). The committee updated the competencies to include explanatory statements for each skill to provide direct guidelines on how to achieve and demonstrate each competency (Arredondo et al., 1996). A fourth competence category, organizational development, was also included to expand multicultural competence to all areas of clinician preparation and practice (Arredondo et al., 1996; Sue et al., 1998).

In 2002, APA officially endorsed the work of the Educational Committee and published the *Guidelines on Multicultural Education, Training, Research, Practice and Organization Change for Psychologist*, which purposed a comprehensive overview of the now six core principles of Multicultural Competencies. The first two principles remain the same and form a foundation for the remaining principles, which focus on four specific practice contexts: education, research, applied practice and organizational development (APA, 2002).

### Multicultural Training

Training programs facilitated the development of multicultural competence in multiple. Suggestions from APA's guidelines included, culture-centered curriculum and didactic courses, integrating multicultural concepts into research, assessment, and clinical coursework, and facilitating culturally sensitive and inclusive learning environments (APA, 2002; Arredondo, 1999; Constantine & Yeh, 2001; Manese, Wu, & Nepomuceno, 2001; Pope-Davis & Coleman, 1997; Ridley et al., 1997; Sue, 1997). Furthermore, graduate training programs and internships in counseling, clinical and school psychology are required to report their efforts to educate students about the role of cultural and individual diversity in psychology and to create an ethnically/racially diverse faculty and student body to APA's Committee on Accreditation (COA), (APA, 2006).

While APA's publications have increased the awareness of the need for and implementation of multicultural training for practitioners, they presented guidelines as recommendations and aspirational principles, not mandatory standards. Furthermore, APA accreditation is a voluntary process for degree programs and internships (APA, 2002; APA, 2006; Collins & Arthur, 2010). Subsequently, there is considerable variation between

multicultural training curriculum in graduate training programs and internships. Consequently, training programs are still lacking an empirically supported consensus of how to best train counselors for multicultural practice. However, students experienced increased multicultural awareness, better-developed racial identity, reduced colorblind racial attitudes, and/or increased perception of multicultural competence when training programs incorporated multicultural training (Chao, Wei, Good & Flores 2011; Constantine & Yeh, 2001; Manese, Wu & Nepomuceno 2001; Pope-Davis et al., 1995; Pope-Davis, Reynolds, Dings, & Ottavi, 1994; Sadowsky, Kuo-Jackson, Richardson, & Corey, 1998).

### Supervision

The three key elements to the training of mental health practitioners are theories of counseling, evidence-based research, and practice guided by the knowledge of expert professionals, or supervisors. The complementarity of these components comprises the basis of the scientist–practitioner model (Thomas, 2010). Graduate programs traditionally taught counseling theories and evidence-based research via classroom or academic training, many aspects of the provision of mental health services are learned through direct practice. However, practice alone is insufficient for gaining necessary therapeutic skills and requires supplementation with consistent feedback and guided reflection provided through supervision (Thomas, 2010). Supervision is comprised of an evaluative hierarchical relationship that extends over time with the dual purposes of enhancing the supervisee’s professional functioning and monitoring the quality of their clinical work (Bernard & Goodyear 2014). Supervision is a widely accepted, often required, process for the training of mental health clinicians focused on the development of counseling competencies.

Historically, in service of the professional development of the supervisee, supervisors took on the following roles: lecturer, teacher, collegial peer, case reviewer, monitor, psychotherapist, coach or educator (Hess, 2008). Supervisors are tasked with facilitating learning, specifically through technical skill building and theoretical, conceptual knowledge (Henderson et al., 1999). They accomplished this in multiple ways, such as encouraging exploration and experimentation, knowing when to self-disclose to trainees, and understanding supervisees' characteristics (Henderson et al., 1999). Supervisors should also have a firm understanding of the dynamics of the supervisory relationship. Evaluation, a primary component of supervision, should include constructive criticism balanced with encouragement, systematic feedback, and discussion of mutually agreed upon goals for supervision (Falender & Shafranske, 2004).

Supervisors facilitated supervisee development by attending to the developmental model (Haynes, Corey, & Moulton, 2003; Littrell, Lee-Borden, & Lorenz, 1979; Stoltenberg, 1981; Stoltenberg & Delworth, 1989). From a developmental perspective, the novice supervisee benefited from directive, highly structured, technical skills-based training. As the supervisee advanced in skill and confidence, they preferred less structure, and emphasized personal and professional development, advanced theoretical conceptualization in therapy, and issues of countertransference with clients and supervisors (Falender & Shafranske, 2004).

While many characteristics of supervision are universal across supervisory relationships, supervisees and supervisors each have their preferred style of supervision. Although supervision style can vary just as widely as therapeutic style, researchers categorized three meta-styles: attractive, interpersonally sensitive and task oriented. Attractive styles were warm and friendly with an approach that was positive and supportive. Interpersonally Sensitive styles were reflective, intuitive, creative and resourceful. The third style, task oriented was goal-directed,

didactic, evaluative and concrete (Friedlander & Ward, 1984). Supervisees' satisfaction with these forms of supervision can also vary. Lochner and Melchert (1997) found an association between supervisee preferred supervision style, their theoretical orientation, and their cognitive style. Supervisees who were psychodynamic/psychoanalytic and endorsed cognitive styles of intuition, feeling and perception were inclined to prefer a more attractive, insight oriented approach whereas supervisees who were more behaviorally inclined and endorsed cognitive styles of sensing, thinking, or judgment, preferred a more task oriented approach.

Supervisors delivered supervision in a variety of formats and included a multitude of activities to meet the developmental needs of supervisees. Supervision provided individually, allowed for more personalized feedback, whereas group supervision allowed for collective growth processes. Regardless of the form of supervision, the purpose remained constant: to facilitate the growth and development of professional efficacy of the supervised clinician (Watkins, 1997). The nature and complexities of supervisory relationships require further explication in an effort understand how supervision may influence multicultural discussions, knowledge, and competencies. More specifically, a key element requiring further illumination for the purpose of the current study is supervisory working alliance.

### Supervisory Working Alliance

Researcher considered the supervisory working alliance an essential component of successful supervisory relationships (Falender & Shafranske, 2004; Henderson, Cawyer & Watkins, 1999; Neufeldt, Beulter, & Banchemo, 1997; Worthen & McNiel, 1996). The first mention of the working alliance in supervision referred to it as the collaboration between supervisor and supervisee as they worked toward a mutually shared educational goal (Fleming &

Benedek, 1964). Bordin (1983) expanded on the idea by proposing a concept of a supervisory working alliance that was similar to his concept of the therapeutic working alliance. The therapeutic working alliance defined a collaboration for change with three aspects: 1) mutual agreements and understanding regarding the goals of the change process, 2) the task of each partner and 3) the bond necessary to sustain the enterprise. Bordin hypothesized that in therapy, the clarity and mutuality of the agreement would contribute to the strength of the working alliance as well as, each party's clear mutual understanding of the task required of them to complete their shared goals.

The working alliance in supervision works similarly in that many of the same concepts apply. Bordin's supervisory working alliance consisted of three parts: 1) the supervisor-supervisee bond that included their shared feelings of trust, respect, and caring, 2) the collaborative establishment of supervision goals and 3) the agreed upon tasks that promote the achievement of those aims. Similar to the therapeutic alliance, the supervisory alliance is at times ruptured and requires repair, which can lead to a stronger supervisory bond over time (Borden, 1983; Watkins, 2011b).

Many theoretical approaches to supervision acknowledged the importance of the supervisory alliance (Gilbert & Evans, 2000; Hyman, 1968; Stoltenberg & McNeill, 2010; Watkins, 2014a), and some suggested that supervisory working alliance was a common factor in psychotherapy supervision, similar to the therapeutic alliance in psychotherapy (Watkins, 2014). Researchers hypothesized that since counseling supervision took place in a relational context, the supervisory relationship was of paramount importance (Inman & Ladany, 2008; Ladany & Inman 2012; Watkins, 1997) and seemed to play a role in supervision outcomes. Supervision pairs with strong emotional bonds experienced less role conflict and role ambiguity implying that

the emotional bond assists pairs with resolving conflict and communicating roles more efficiently than those without such a bond (Ladany & Friedlander, 1995). Furthermore, supervisory alliance affected the supervisor's evaluation of supervisees' competence (Goodyear & Bernard, 2014).

Studies that address conflict in supervision reported two common factors, multicultural dynamics and weak supervisory working alliance (Ancis & Marshall; 2010; Burkard et al., 2006; Inman 2006; Ladany, Mori & Mehr, 2013). Supervisees reported negative training experiences when supervisors were remote and uncommitted to supervision, they experienced a lack of support, and when there were role conflicts (Ladany, Mori & Mehr, 2013; Nelson & Friedlander, 2001). In a study of counterproductive events in supervision, all supervisees in cross-cultural or cross gender dyads reported conflictual misunderstanding based on gender or culture (Gray, Ladany, Walker & Ancis, 2001). Furthermore, supervisees who experience conflictual events reported a rupture in the therapeutic alliance. Supervisees who felt the event was typical of their supervisor reported a weak alliance with their supervisor before the event (Gray, Ladany, Walker & Ancis, 2001).

### Multicultural Supervision

Multicultural supervision refers to supervisory relationships in which supervisors, supervisees, or clients differ on one or more cultural variables (e.g., ethnicity, sexual orientation) and examine relevant cultural dynamics within the supervisory experience (Constantine, 1997; Estrada, Frame, & Williams, 2004; Leong & Wagner, 1994; Toporek, Ortega-Villalobos, & Pope-Davis, 2004). However, supervision in and of itself is fundamentally multicultural. That is, it reflects a triadic process involving supervisor, supervisee, and client who each contribute their

unique cultural backgrounds (Hird, et al., 2001). The supervisee served as the channel of information and processes between the two relationships (Bernard & Goodyear, 2014). Attending to the multicultural dynamics of the supervision process is no small task for supervisors, as they are charged with being aware of their multicultural identity development, their supervisee's multicultural identity development and their supervisee's awareness of their client's multicultural identity development.

Nevertheless, research on multicultural competence in supervision has lagged behind research on multicultural competence in psychotherapy literature. In the last decade, there were 25 theoretical articles, 12 empirical articles and 2 books focused on the topic, which was a two-fold increase from the previous decade (Inman & Ladany, 2013). Although multicultural competence encompasses multiple aspects of diversity, studies on race and ethnicity are the most prevalent. Cross-racial supervision has been a particular concern for researchers, perhaps due in part to the way in which sociopolitical issues regarding race and ethnicity still impact society while additional aspects of diversity still require considerable attention.

Cross-cultural supervision conducted before APA's release of the Guidelines for Multicultural Competencies focused on supervisor/supervisee perceptions concerning their differences (Cooks & Helm, 1988; Helms, 1982; Remington & DaCosta, 1989; Ryan & Hendricks 1989; Vanderfolk, 1974) Minority supervisees felt vulnerability, especially when their supervisors were white, and placed high importance on their white supervisor's perceived liking of them (Cooks & Helm, 1988). Black supervisees anticipated less supervisor empathy, respect, and congruence than white supervisees before supervision (Vanderfolk, 1974). Data warranted the concerns as white supervisors perceived Asian, Black and Hispanic supervisees as less able



to accept constructive criticism, less open to self-examination and less likely to keep appointments than white supervisees (Helms, 1982).

Psychology experienced a cultural shift in focus with the advent of multiculturalism as the fourth force in psychology (Pedersen, 1990). Supervisors were called to promoting multicultural competence in supervision by discussing racial and ethnic issues in supervision (Sue et al., 1982; Inman & Ladany, 2013; Pedersen, 1990). Supervisees developed competencies when cultural issues and dynamics were addressed and explored in positive supervisory context. Supervisors and supervisees also reported a desire for more discussion of multicultural dynamics in supervision (Constantine, 1997; Sue & Sue, 1999). However, discussions of multicultural issues also lead to conflict in supervision when supervisors and supervisees did possess the multicultural competence necessary to sustain the endeavor. There was considerable variability between supervisors' and supervisees' report on the frequency and quality of multicultural discussions (Duan & Roehlke, 2001; Toporek, Ortega-Viallabos & Poe-Davis, 2004).

Toporek and colleague's (2004) qualitative study sought to explore this concept. They sampled 17 supervisees from master's programs in school, rehabilitation, career or community counseling enrolled in practicum at a university counseling center and 11 supervisors who were doctoral level students in counseling psychology, counselor education or rehabilitation counseling from the same university. All participants were in multicultural supervision relationships, and five supervisees and supervisors were currently in a supervisory relationship together at the time of the study.

Participants provided data on supervisor and supervisee multicultural factors, counseling experience and experience with supervision. Next, they recalled critical incidents in multicultural supervision and wrote a paragraph describing the experience (e.g. positive, negative, helpful,

challenging, supportive, offensive harmful or threatening), and rating the experience on a Likert scale ranging from one to five. They also discussed the incident's influence on their multicultural competence and provided recommendations, for improving supervision concerning multicultural issues (Toporek et al., 2004).

Primary data analyses consisted of coding, categorizing, and summarizing themes in the critical incidents. Secondary analyses consisted of interpreting ratings of critical incidents to understand the influence of critical incidents on multicultural competence and categorizing how influential experiences in multicultural supervision were to supervisees. Next, authors reviewed matched supervisor and supervisee dyads reports of critical incidents. Finally, a naïve researcher audited the data in each category for inconsistencies.

Researchers categorized critical incidents into ten situation/content categories. The categories included theoretical discussions, interpersonal discomfort between a supervisor/supervisee or supervisee/client, insight oriented interventions, issues raised due to course material, self-disclosure, contact with cultural differences, reaction, positive communication, negative communication, and supervisor or supervisee initiated the discussion (Toporek et al., 2004). Next, they grouped the incidents in terms of the participant's report of the multicultural development that resulted from the critical incident in supervision. Multicultural development categories included Awareness, Exposure, Skill Development, Knowledge, Recognition of Need for Additional Training, Negative Influence, and Confidence. They concluded that multicultural incidents in supervision affect the supervision process and the multicultural competence of supervisor and supervisee in complex ways.

Fifty percent of the participants gained Awareness, described as a "change in personal awareness and gained understanding, attention, or insight on how culture affected them or the

counseling and supervision process” (Toporek et al., 2004, p. 74). Negative influence was the second most commonly reported result of critical incidents reported by 15% of the respondents. Categorized as “conflict, negative communication, insight-oriented intervention and lack of supervisor intervention around the cultural variables of race, gender or physical disability” (Toporek et al., 2004, p 78). Skills development, experienced by 10% of the sample, described as acquired skills to address multicultural issues in counseling or supervision effectively. The 7.5% of the sample experienced a change in Knowledge, increase or change in knowledge regarding multicultural competency in counseling or supervision.

Five percent of the sample experienced “Exposure” defined as the first introduction to multicultural situations in counseling or supervision. It is important to note that while many supervisees did not endorse exposure as influential to their development, supervisors endorsed exposure as an important factor in trainee multicultural development. Five percent of respondents experienced “Confidence”, characterized by positive changes in beliefs about one’s own ability in multicultural counseling. Two point five percent of participants experienced the final influence category, Recognition of Need for More Training, described as the participant’s desire for more multicultural training and education after experiencing a critical incident.

The comparison of supervisor/supervisee reports in culturally different supervision dyads (race/ethnicity or gender or both) showed that three out of five of the pairs identified different critical incidents, but both parties in each pair reported similar outcomes. Of the remaining two pairs, one dyad reported similar incidents and outcomes, and the other pair reported no critical incidents occurred. This finding is consistent with reports of different perceptions of the supervisory relationship in supervisor/supervisees pairs (Duan & Roehlke, 2001).

The supervisory relationship may play a pivotal component in supervisee's perception of multicultural discussions in supervision. Supervisees who were satisfied with the working alliance in supervision indicated a higher degree of self-disclosure regarding multicultural factors and greater positive attitudes towards their supervisor. Furthermore, adverse experiences in supervision center on a conflict in communication and lack of intervention around cultural factors by the supervisor. Moreover, while over 90% of supervisors reported addressing multicultural issues in supervision, only 50% of trainees acknowledged these discussions in cross-racial supervision dyads. Similarly, supervisors reported efforts made to learn more about their supervisee's culture and acknowledgment of power differentials, but a disproportionate few supervisees reported having these discussions (Duan & Roehlke, 2001). Additional differences in perception included, supervisors reporting higher levels of interest, value, and respect for supervisees than supervisees perceived and supervisees regarding their supervisors as more expert than supervisors perceived themselves to be.

Cross-cultural supervision research often focused on communication concerning multicultural factors in supervision. Constantine and Sue (2007) sought to explore Black trainees' perceptions of racial micro-aggressions in cross-cultural supervisees with White supervisors. Trainees perceived supervisors as invalidating of racial/cultural issues by minimizing, dismissing or avoiding discussion of racial/cultural issues in therapy. Supervisors often made stereotypical assumptions about the supervisees and their Black clients. Supervisees' reported that supervisors often seemed reluctant to give any performance feedback or appeared to focus primarily on weaknesses with no mention of strengths. Trainees also reported that their ethnic minority clients offered culturally insensitive treatment recommendations and/or blamed for problems that realistically, may have emanated from cultural oppression.

Supervisees in Constantine and Sue's study reported that their supervisor assumed that since they were black, they would have more insight or expertise on their black clients. One supervisee recalled receiving high ratings in multicultural competence from a supervisor who consistently avoided the supervisee's attempts to discuss multicultural issues in supervision (Constantine & Sue, 2007). Likewise, when supervisors reported their perceived level of multicultural competence in cross-cultural supervision, white supervisors reported less multicultural competence than racial/ethnic minority supervisors (Hird, Tao & Gloria, 2004). Supervisor's multicultural competence is linked to positive supervision outcomes. Supervisees who perceived their supervisor as multicultural competent built stronger working alliances with their supervisors, which led to increased counselor self-efficacy and feelings of satisfaction with supervision (Crockett & Hays, 2015)

Supervisees reported benefit from participating in cross-cultural supervisory relationships when their supervisor was an ethnic minority. When supervisees rated themselves and their supervisor's multicultural competence, they perceived greater multicultural competence in their ethnically different nonwhite supervisor (Pope-Davis, Toporek & Oretga-Villalobos, 2003) Likewise, trainees rated ethnic minority supervisors as more influential in the development of multicultural competence (Ladany, Brittan-Powell, & Pannu, 1997).

In the early 90s, researchers explored the concept of racial identity development as a more robust predictor of multicultural competence than race (Cook, 1994; Constantine, Warren & Miville; Helms, 1990). Racial identity is a multidimensional psychological construct that goes beyond race and ethnicity to encompass an individual's feelings and beliefs about their race and the socio-political constructs that underscore the dynamics between people of dominant and non-dominant cultures (Helms, 1990). Theoretically, racial identity corresponded closely to concepts

of multicultural counseling competence such as counselor self-awareness, beliefs/ability about one's own culture, and knowledge of other cultures and socio-political dynamics (Sue et al., 1982; APA, 2002). Cook hypothesized that both White and racial/ethnic minority supervisors with less developed racial identities would focus on shared human factors and ignore race of the client, supervisor, and supervisee. Supervisors at more advanced stages of racial identity development would be better equipped to help supervisees process and advance their own racial identity and that of the client (Cook, 1994).

Several studies have supported Cook's hypothesis with different racial groups. Racial identity matching in supervision pairs produced stronger emotional bonds and greater supervisee multicultural competence in an ethnically diverse sample (Ladnay, Brittan-Powell & Pannu, 2007). Researchers organized supervisees into dyads by their racial identity and their perception of their supervisor's racial identity. They divided dyads into four groups: progressive, parallel high, parallel low and regressive interactions.

Progressive dyads consisted of supervisor with advanced racial identity development and supervisee with less advanced racial identity development. Regressive dyads included supervisors at lower levels of racial identity and supervisees with higher levels of racial identity. Parallel high dyads consisted of matched high racial identity in supervisor and supervisee. Parallel low dyads consisted of matched low racial identity development in supervisor and supervisee. Parallel high dyads had the strongest emotional bond and agreement on task. Progressive interactions were the second most successful, indicating that supervisors with developed racial identities were better able to provide empathy and sensitivity to their supervisee. Parallel Low and Regressive interactions predicted the weakest working alliance, with regressive interactions being least successful (Ladnay, Brittan-Powell & Pannu, 2007).

Parallel high and Progressive racial identity interactions were most influential on multicultural competence, indicating that supervisors with advanced racial identity development helped supervisees develop greater multicultural competence (Ladany, et al., 2007). Researchers found similar results in an all-white sample. Supervisees in advanced progressive and parallel high supervision dyads indicated higher self-reported multicultural competence and multicultural case conceptualization ability than supervisees in parallel low supervisory relationships (Constantine, Warren & Miville, 2005).

While research on cross-cultural supervision is far from extensive, fewer studies addressed other forms of diversity such as gender and LGBTQ considerations. Cross-gender supervisory relationships often involve stereotyping, prejudice, power, and privilege (Bernard & Goodyear, 2014). Male and female supervisor were less likely to encourage female supervisee's assumption of power than they were male supervisees. Female supervisees were also more likely to defer power to their supervisor than male supervisees (Nelson & Holloway, 1994). Regardless of gender, supervisors were twice more likely to ask male supervisees their opinion than female supervisees. Supervisors told female supervisees what to do more often than male supervisees (Granello, Beamish & Davis, 1997). Furthermore, female trainees with male supervisors reported the following problems involving discussion of issues related to sexual matters inappropriate sexual disclosure, inappropriate advances, and dismissiveness toward trainee's concerns regarding inappropriate sexual advances from clients (Nelson and Friedlander, 2001).

LGBT supervisees experienced similar issues as race/ethnic minorities in multicultural supervision (Messinger, 2004; Pilkington & Cantor, 1996). When LGB supervisees experienced affirming events, there were several positive effects such as enhanced and strengthened supervisory relationships, increased self-disclosure in supervision, and supervisee's desire for

further consultation with supervisors in the future. Researchers categorized affirming events as discussions of LGB factors in supervision, during which the supervisor responded in an accepting, affirming manner regarding the supervisee and/or client's LGB status. Events affected the supervisees' clinical work by increasing confidence with LGB clients and developing insight into the value of addressing conflict in therapy rather than avoiding conflict.

In contrast, LGB un-affirming events were discussions in which supervisors were biased or oppressive toward the supervisee, or their clients, due to their LGB status. Weak supervisor relationships typically preceded un-affirming events. After the event, supervisees experienced negative emotions such as fear, anger, or distress. They became less trustful, withdrew during supervision, and felt the supervision environment was disruptive and unsafe (Burkard, Knoz, Hess and Schultz, 2009).

### Multicultural Discussions in Supervision

To explore multiple aspects of diversity in supervision and their influence on supervisory satisfaction and working alliance quantitatively, researchers sampled 289 pre-doctoral psychology interns. Measures included the Working Alliance Inventory (Horvath & Greenberg, 1989), the Satisfaction with Supervision Questionnaire revised (Worthington & Roehlke, 1979), and the discussion of cultural variables questionnaire, a survey devised by the researchers. The discussion of cultural variables questionnaire focused on the initiation, occurrence, frequency, depth, safety, and satisfaction with discussions of multicultural factors such as ethnicity, gender, and sexual orientation. The scale presented questions in 7-point Likert-scale format. Participants provided demographic information about their gender, ethnicity and sexual orientation, and perceived difference/similarities with their supervisors on these variables.



Supervisors and supervisees were more likely to discuss ethnicity, gender, and sexual orientation when they matched on these cultural factors. Supervisors were more likely to initiate discussions concerning ethnicity and gender, but supervisees were more likely to initiate discussions of sexual orientation. Supervisees who discussed similarities and differences regarding their ethnicities with supervisors rated the supervisory alliance higher. There was no significant difference regarding sexual orientation or gender (Gatmon et al., 2001).

Supervisees who discussed gender similarities and differences ( $p = .04$ ) and those who discussed sexual orientation similarities and differences ( $p = .02$ ) reported higher levels of overall satisfaction with supervision. There was no significant difference regarding discussion of ethnicity on reports of satisfaction with supervision. Furthermore, those who discussed sexual orientation also viewed their supervisors as being more competent at providing good supervision ( $p = .03$ ) (Gatmon et al., 2001).

There were no differences between matched supervisor/supervisee pairs and non-matching pairs on cultural variables in satisfaction with supervision and supervisory working alliance. There were positive correlations between the quality of discussions, supervisory working alliance and satisfaction with the following variables: frequency of discussion, depth of discussion, feeling safe in discussion, satisfaction with discussion and integration of these cultural variables in the internship training for all three multicultural factors (ethnicity, gender, and sexual orientation). Centrality of ethnicity, gender and sexual orientation to supervisees identity and perceived importance of discussing these cultural variables in supervision were not related to measures of supervisory working alliance and satisfaction (Gatmon et al., 2001).

A recent study, focused on depth of multicultural discussions in supervision, found that racial-ethnic minority participants reported greater perceived depth of discussions of

race/ethnicity in supervision than white participants did. Gay, lesbian and bisexual participants also reported greater depth of discussion of sexual orientation compared to heterosexual participants. Depth of discussion of gender was associated with less role ambiguity, lower role conflict and greater working alliance rapport. Depth of discussion of race/ethnicity was associated with lower role ambiguity, supervisory working alliance. Depth of discussions of sexual orientation was associated with lower role ambiguity, lower role conflict greater multicultural intervention efficacy, and greater supervisory working alliance. However, sexual minorities reported lower working alliance client focus in general, when there were higher levels of perceived depth of discussion sexual minorities were closer to the scores of working alliance client focus reported by their heterosexual counterparts (Phillips, Parent, Dozier & Jackson 2016). The findings indicate that depth of multicultural discussions may help facilitate positive supervisory relationships.

### Rationale

The current study aims to expand upon the research in the field of multicultural supervision by exploring key variables in the development of multicultural competence. While, training programs vary in the quality and quantity of the multicultural training provided to supervisees, there is empirical evidence that multicultural training predicts greater multicultural competence (APA, 2002; APA 2006; Chao et al., 2011; Constantine & Yeh, 2001; Manese et al., Pope-Davis et al., 1995; Pope-Davis et al., 1994; Sadowsky et al., 1998). Furthermore, a positive supervisor working alliance in supervision is associated with greater multicultural competence in supervisees (Duan & Roehlke, 2001; Gatmon et al., 2001 Ladany, et al., 2007). Multicultural discussion in supervision is the method supervisors use to assist supervisees in achieving

multicultural competence (Inman & Ladany, 2013; Pedersen, 1990; Sue et al., 1982). The current study expands on these empirical foundations. Specifically, I investigated the roles of multicultural training, supervisory working alliance, and multicultural discussions in supervision in the development of multicultural competence in doctoral trainees in APA-accredited counseling and clinical psychology programs.

## CHAPTER 2

### METHOD

#### Participants

Participants included graduate students in psychology doctoral programs who had completed a practicum at a university counseling center and two post-doctoral students currently under supervision. The sample consisted of 57 participants. Of these participants 73% identified as female, 25% identified as male, and 2% of participants self-identified their gender as queer. The participants ranged in age from 25 to 60 years old. The mean age of the participants was 29.5 years ( $SD = 5.4$  years). Twenty-eight participants (49.1%) were current doctoral interns, 27 participants (47.4%) were doctoral students, and two participants (.5%) were post-doctoral clinicians currently under supervision. Participants' year in program varied from 2<sup>nd</sup>-year doctoral students to 10<sup>th</sup>-year students. The modal program year was 4 and the mean program year was 4.7 ( $SD = 2.5$  years). The majority of the participants, 74%, identified as white, 11% identified as Hispanic or Latin origin, 5% identified as African-American, Afro-Caribbean or African origin, 5% identified as Asian American or Asian origin, 3% identified as Multi-Racial and 2% identified as Middle Eastern. The majority of the sample, 84%, identified as heterosexual, 7% identified as bisexual, 7% identified as gay and 2% percent identified as lesbian.

The majority of participants were from counseling psychology Ph.D. programs (56%) followed by clinical psychology Ph.D. programs (39%) and Clinical Psy.D. programs (5%). Gender of supervisor, as identified by their supervisee participating in this study, was evenly distributed with 47% of supervisors identified as male and 47% identified as female; 5% of respondents did not provide any identifying information for their supervisor ( $n = 3$ ). Participants

endorsed that their supervisors were primarily white (75%), with smaller numbers of supervisors described as Hispanic or Latin origin (9%), African American or African origin (4%), Asian American or Asian origin (4%), and/or Bi-Racial (4%). Sixty percent of participants reported that their supervisors identified as heterosexual, 11% gay, 7% lesbian, and 2% Bisexual. 14% were unaware of their supervisor's sexual orientation. Time spent in supervision with the current supervisor varied from less than three months to five years, with the most frequent time spent in supervision reported as three to six months (31%) and nine months to one year (30%). A more detailed description of the sample demographics is available in Tables 1 & 2.

### Procedure

The UNT Institutional Review Board approved the research study. All data collection took place electronically using Qualtrics software (<http://www.qualtrics.com>). Qualtrics provided participants with a unique link and participant ID number to preserve their anonymity. Further, I chose advanced security options on Qualtrics such as not tracking or recording IP addresses or email addresses to secure anonymity. In addition, Qualtrics provided password protection, secure connections, and firewalls. I created two separate but parallel questionnaires, one for doctoral interns and one for graduate student trainees. The questionnaires differed in response options for demographic questions such as year in doctoral program and length of time with the supervisor.

I selected doctoral training programs from APA's online directory and identified the associated training directors utilizing university websites. I emailed requests that described the scope and structure of the study with embedded hyperlinks to the questionnaires to training directors of psychology doctoral training programs accredited by the American Psychological Association (APA) and an email solicitation posted to the Division 17 (i.e., Society of

Counseling Psychology) research recruitment Listserv. I requested that training directors forward the email to their students and doctoral interns who had completed a semester practicum training at a university counseling center. Data collection took place from December 2016 until June of 2017.

After completing the questionnaire, participants could choose to enter a drawing for one of four, fifty-dollar Amazon gift cards. I provided the participants with a separate link to participate in the voluntary drawing. I separated drawing information from survey information to assure participant confidentiality. Completion time for the study was approximately 30-45 minutes. I exported the data to SPSS version 23 for analyses and secured on a password-protected flash drive.

## Instruments

### *Demographic Questionnaire*

I designed a brief questionnaire (Appendix C) to obtain descriptive information about the sample. Participants gave information such as their age, gender, sexual orientation, ethnicity, year in the doctoral program and program type. Participants provided their perceived differences/similarities with their current supervisor on variables of gender, ethnicity and sexual orientation. Participants reported their multicultural training experience and their months receiving individual supervision with their current supervisor. They also estimated the frequency of their experience with clients from different genders, racial- ethnic backgrounds, and sexual orientations.

### *Supervisory Working Alliance Inventory – Trainee (SWAI-T)*

The SWAI-T (Efstation, Patton & Kardash, 1990) is a 30-item self-report measure of the supervisory relationship in counseling supervision. The items are written in a 7 point Likert scale format, anchored from 1 (*almost never*) to 7 (*always*). Subscale scores are reported as means of the total scores on each factor. Average scores on the Rapport subscales range from 1 to 7.

The SWAI-T has two factors, Rapport, and Client Focus. I administered only the Rapport factor in this study to reduce respondent fatigue. The Rapport factor examines trainee perception of the supervisor's attempts to build rapport by providing support and encouragement (Efstation et al. 1990). The Rapport factor is the strongest factor accounting for 30% of the variance in comparison to the Client Focus factor, which accounted for 8% of the known variance (Patton, Brossart, Gehlery, Gold & Jackson; 1992). Due to an error, I omitted three items from the online questionnaire resulting in a 9-item scale. The SWAI-T Rapport scale had strong internal reliability for the original twelve items of the Rapport factor with coefficients of .90 (Efstation et al. 1990) and .91 (Patton, et al. 1992) in mixed samples of university counseling center, outpatient clinics, and Veterans Administrative Medical Center, and medical center trainees. The SWAI-T Rapport factor displayed concurrent validity with the trainee version of the Personal Reactions Scale-Revised, a measure of supervisory relationship (PRS-R: Holloway & Wampold, 1984), at  $r = .85$ ,  $p = .001$  (Efstation et al. 1990). The SWAI-T Rapport factor alpha coefficient for this current sample was .97 indicating excellent internal consistency.

### *The Multicultural Counseling Inventory (MCI)*

The MCI (Sodowsky, Taffe, Gutkin, & Wise, 1994) is a 40-item self-report measure of

multicultural competencies. The items rated on a 4-point Likert scale (4 = *very accurate* to 1 = *very inaccurate*). Higher scores on each item indicate superior multicultural competence. Seven of the 40 items reversed scored to reduce the effects of a response set. The MCI is composed of four subscales: Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Knowledge and Multicultural Counseling Relationships.

The first subscale, Multicultural Counseling Skills, measures perceived success with multicultural clients. Multicultural Awareness assesses multicultural sensitivity, advocacy, and cultural enjoyment. Multicultural Counseling Relationships measures counselors' relationship with multicultural clients such as comfort level, trustworthiness, and worldview. The final factor, Multicultural Counseling Knowledge, measures culturally relevant case conceptualization and treatment strategies.

Researchers identified internal reliability for each factor in two studies. The first study observed internal reliability of .88 for the full scale, .83 for Multicultural Counseling Skills, .83 for Multicultural Awareness, .79 for Multicultural Counseling Knowledge and .65 for Multicultural Counseling Relationship in a sample comprised of counseling, clinical and school psychology trainees, psychologist and masters level counselors in a Midwestern state. The second study sampled university center counselors across the United States. Internal reliability for the sample was .81 for Multicultural Counseling Skills, .80 for Multicultural Awareness .80 for Multicultural Counseling Knowledge, .67 for Multicultural Counseling Relationship and .86 for the full scale (Sodowsky et al. 1994). The full-scale reliability coefficient for the present study was similar in the Good range at .83.



### *Multicultural Discussions in Supervision Questionnaire (MDSQ)*

The MDSQ is a 16-item questionnaire developed specifically for this study to measure the quality of multicultural discussions in supervision. Questions selection for this scale was informed by previous research finding concerning the effects of multicultural discussion in supervision on supervisee multicultural development, relationship with supervisor and sense of safety (Burkard et al., 2006; Cook, 1994; Constantine, Warren & Miville; Helms, 1990; Duan & Roehlke, 2001; Gatmon et al., 2001; Ladany et al., 1997; Toporek et al., 2004). The multicultural discussions in supervision questionnaire focused on the supervisee perception of characteristics of discussions concerning race/ethnicity and sexual orientation such as the occurrence, initiation, frequency, safety, and outcome. The scale also explored the effect of multicultural discussion in supervision on clinical development and impact on the supervisory relationship. The questionnaire also included items to address supervisee racial identity and sexual identity.

The scale asked participants questions concerning their experience of discussions in supervision concerning race/ethnicity and sexual orientation. Participants recorded responses on 4-point, 5-point, and 7-point Likert scales (see Appendix I). Sample items from the scale include “Do you discuss race/ethnicity during individual supervision?” “Is race/ethnicity significant to your identity?” “Are you satisfied with the outcome of discussion of race/ethnicity in supervision?” Scores range from 16 to 75 with higher scores indicating better multicultural discussions in supervision. I standardized each scale item to  $z$ -scores by subtracting the mean from the raw score and dividing by the standard deviation to account for the differences in Likert scales.  $Z$ -scores were summed to create a total scale score ranging from -29.72 - 16.09. Internal consistency for the sample was .90.

### *Multicultural Training Scores*

Participants provided the number of multicultural courses, multicultural workshops/didactics, multicultural case presentations, and multicultural conferences they had attended or participated in since the beginning of their doctoral training. I added the number of multicultural training experiences to create a multicultural training experiences score. The multicultural training measure was created for this study due to a lack of existing measures to quantify multicultural training. The variability in self-report of multicultural training experiences as well as variability in quality, breadth and depth of similar multicultural training experiences across training programs may contribute to construct validity considerations.

### *Salience of Race/Ethnicity to Identity*

A single item measure created to assess participant's perception of the importance of their race/ethnicity to their identity. It asked participants "Is race/ethnicity significant to your identity?" Participants recorded responses on a 7 point Likert-like scale with anchors labeled as 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores indicated that the participant's race/ethnicity was highly significant to their identity. Scores were divided into two separate groups utilizing a cutoff score of 4 and below to identify participants who did not perceive their race/ethnicity as vital to their identity and scores of 5 and above as those who perceive their race/ethnicity as vital to their identity.

### *Salience of Sexual Orientation to Identity*

A single item measure created to assess participant's perception of the importance of their sexual orientation to their identity, a single-item measure. The item asked participants "Is

your sexual orientation significant to your identity?” The sample recorded responses on a 7 point Likert-like scale with endpoints ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores indicated that the participant’s sexual orientation was highly relevant to their identity. I divided scores into two separate groups by utilizing a cutoff rating of 4 and below to identify participants who did not perceive their sexual orientation as salient to their identity and scores of 5 and above as those who perceive their sexual orientation as salient to their identity.

### Study Design

The study utilized a correlational design to assess the relationship between different variables that may contribute to multicultural counseling competence. The predictor or independent variables were: 1) supervisory working alliance relationship as measured by the Supervisory Working Alliance Rapport Factor, 2) multicultural training as measured by the multicultural training score and, 3) multicultural identity salience as measured by each single item salience of multicultural identity question. The dependent variable in the hierarchical multiple regression models was multicultural counseling competence as measured by the Multicultural Counseling Inventory. The quality multicultural discussions in supervision as measured by the Multicultural Discussions in Supervision Questionnaire served as the moderator in the moderation analyses and a dependent variable in the bivariate correlational analyses.

### Research Hypotheses

This study tested the following hypotheses.

- Hypothesis 1: Multicultural discussions in supervision will moderate the relationship between supervisory working alliance and multicultural counseling competence such that high

quality of multicultural discussion will increase the direct relationship between supervisory working alliance and multicultural counseling competence.

- Hypothesis 2: Multicultural discussions in supervision will moderate the relationship between multicultural training and multicultural counseling competence such that high quality of multicultural discussions will increase the direct relationship between multicultural training and multicultural counseling competence.
- Hypothesis 3: Trainees who perceive their sexual orientation as significant to their identity will report higher multicultural discussion in supervision scores than trainees who do not view their sexual orientation as significant to their identity.
- Hypothesis 4: Trainees who perceive their ethnicity/race as significant to their identity will report higher multicultural discussions in supervision scores than trainees who do not see their race/ethnicity as vital to their identity.

## CHAPTER 3

### RESULTS

#### Preliminary Analyses

Initial analyses assessed data entry accuracy, out-of-range values, and missing data. The total number of missing responses on each scale was less than 5%; therefore, cases with missing data were excluded from the analyses. I ran frequencies for the categorical variables of ethnicity, sexuality, and gender.

I identified extreme outliers by implementing BoxPlots for each scale. I assessed each outlier for reporting or scoring errors, but no errors were indicated. I assessed continuous scales for normality of distribution. The SWAI-T Rapport factor scale was negatively skewed, and a log-linear transformation was implemented as recommended by Tabachnick and Fidell (2007) which resulted in a more normally distributed scale. The assumption of lack of multicollinearity was tested by running correlations on the variables. The data met the assumption of lack of multicollinearity as the variables were not highly correlated ( $r > .70$ ). See Table 4 for intercorrelations for independent and dependent variables.

#### Description of the Scales

Descriptive information for the dependent and independent variables was investigated to discern if scales met the assumptions for statistical techniques, performed comparatively to previous literature and to identify any potential measurement errors. Means, standard deviations, and internal reliability for all measures are presented in Table 3.

The Supervisory Working Alliance Trainee Rapport factor was examined to better understand trainees' perceptions of the quality of their relationship with their supervisor. The

data was negatively skewed showing that participants in the sample had a more positive working alliance with their supervisor with a mean score of 53.93. The scale was transformed using a logarithm transformation to achieve a normal distribution for hypothesis testing which resulted in a new mean of .755 and  $SD = .464$ . Transforming the scale for normality reversed the directionality of the scale in that lower scores corresponded to a higher supervisory working alliance, and higher scores indicated a lower supervisory working alliance. Independent samples  $t$ -test revealed no significant differences in responses for participants based on gender, ethnicity, and sexual orientation. There was also no significant differences in responses based on supervisor gender, and sexual orientation, there was a significant difference in responding based on supervisor ethnicity ( $t(50) = -2.11, p < .05, d = -.60$ ) indicating higher supervisory working alliance with white supervisors than racial-ethnic minority supervisors.

A Multicultural Training Experience score was created by summing trainees more common multicultural trainee experiences such as courses, didactic training, case presentations, and workshops. The scores on this measure ranged from two to thirty-two with a mean score of 10.93. The distribution of scores was slightly positively skewed indicating that it was more common for participants to have less multicultural training experiences.

Racial and Ethnic Identity Salience is a single item measure used to ascertain the importance of participant's race and ethnic classification to their identity. Independent samples  $t$ -test revealed no significant difference in responses for participants based on gender and sexual orientation. There was a significant difference in response for white and racial-ethnic minority participants, ( $t(52) = -4.36, p < .001$ ), generating a large effect size ( $d = -1.20$ ) and indicating that racial-ethnic minority participants were more likely to categorize race/ethnicity as significant to

their identity. There was no significant differences in responses based on supervisor gender, sexual orientation, or supervisor ethnicity.

Sexual Orientation Identity Salience is a single item measure used to identify the importance of participant's sexual orientation to their identity. Independent samples *t*-test revealed no significant differences in responses for participants based on gender or ethnicity. There was a significant difference in response between heterosexual and sexual minority identifying participants,  $t(52) = -5.670$ ,  $p < .001$ , generating a large effect size ( $d = -1.57$ ) and indicating that participants who were sexual minorities were more likely to categorize their sexual orientation as significant to their identity. There were no significant differences in responses based on supervisor gender, sexual orientation, or supervisor ethnicity.

Multicultural Discussions in Supervision explored trainee perception of the quality of their multicultural discussions with their supervisor. Scores on this measure were standardized to account for differences in Likert scale ranges. Participants' responses were normally distributed with a mean score of 61.49 for the sample before standardization and a mean of 0 following. Independent samples *t*-test revealed no significant differences in scores based on participant gender, ethnicity or sexual orientation. There was a significant difference between heterosexual and sexual minority supervisors, with higher Quality of Multicultural Discussions in Supervision scores reported by participants with sexual minority supervisors  $t(51) = -2.401$ ,  $p < .05$ ,  $d = .67$ . There was no difference based on supervisor gender or ethnicity.

Multicultural Counseling Inventory was examined to ascertain trainee perception of the quality of their multicultural discussions with their supervisor. Participant's responses were normally distributed with a mean score of 123.39 for the sample. Independent samples *t*-test were conducted to test differences in participants scores based on gender, ethnicity, sexual

orientation as well as supervisor gender, ethnicity and sexual orientation. There were no significant mean differences.

### Hypotheses Testing

To test Hypotheses 1 and 2 in SPSS 23, this study implemented the PROCESS macro developed by Hayes (2013). Simple moderation analysis was conducted using Model 1 to test Hypothesis 1, that multicultural discussions in supervision would moderate the relationship between supervisory working alliance and multicultural counseling competence. Specifically, that as multicultural discussions in supervision increased, the direct relationship between supervisory working alliance and multicultural counseling competence would increase. In the first step, I entered supervisory working alliance and quality of multicultural discussions. These variable accounted for a significant amount of variance in multicultural counseling competence,  $R^2 = 0.14$ ,  $F(2, 49) = 3.96$ ,  $p < .05$ . In Step 2, the centered interaction term between supervisory working alliance and quality of multicultural discussions was added to the regression model, which accounted for a significant portion of the variance in multicultural counseling competence, beyond that of Step 1,  $\Delta R^2 = 0.09$ ,  $F\Delta(1, 48) = 6.06$ ,  $p < .05$ ,  $b = -.33$ ,  $t(48) = -2.46$ ,  $p < .05$  (see Table 5).

The results supported the hypothesis that moderation was taking place. I explored the interaction further by testing the conditional effects of multicultural discussions in supervision one standard deviation above the mean, at the mean, and one standard deviation below the mean. As shown in Table 4, multicultural discussions significantly moderated the relationship between supervisory working alliance and multicultural counseling competence when multicultural discussions scores were one standard deviation above the mean ( $p < .05$ ) but not when at the



mean of the sample ( $p = .22$ ) or one standard deviation below the mean ( $p = .72$ ). The relationship was also negative ( $b = -11.09$ ) indicating that the moderation effect was significant when the supervisory working alliance was more positive as lower supervisory alliance scores indicated higher supervisory working alliance. The Johnson-Neyman technique (1938) showed that the relationship between supervisory working alliance and multicultural counseling competence was significant when multicultural discussions in supervision scores were greater than .61 standard deviations above the mean (see Figure 1 and Table 6).

To test Hypothesis 2, that multicultural discussions in supervision would moderate the relationship between multicultural training and multicultural counseling competence, specifically that as multicultural discussions in supervision increased, the direct relationship between multicultural training and multicultural counseling competence would increase, a hierarchical multiple regression analysis was conducted. In the first step, multicultural training and quality of multicultural discussions were entered. These variable accounted for a significant amount of variance in multicultural counseling competence,  $R^2 = .12$ ,  $F(2, 51) = 3.38$ ,  $p < .05$ . In Step 2, the centered interaction term between multicultural training and quality of multicultural discussions was added to the regression model, which accounted for a non-significant portion of the variance in multicultural counseling competence, beyond that of Step 1 indicating that the hypothesis was not supported, moderation did not occur.

To test Hypothesis 3, which proposed that trainees who perceive their sexual orientation as significant to their identity will report higher quality of multicultural discussion in supervision scores than trainees who do not view their sexual orientation as significant to their identity, an independent samples  $t$ -test was conducted. The hypothesis was supported. There was a significant difference observed in scores for the group that identified their sexual orientation as

salient to identity ( $m = 3.48, SD = 8.44$ ) and the group who did not identify their sexual orientation as significant to identify ( $m = -6.42, SD = 10.19$ );  $t(52) = -3.82, p < .001$ ). The magnitude of the differences in the means (mean difference =  $-9.89$ , 95%  $CI$ :  $-15.09$  to  $-4.71$ ) Cohen's effect size value ( $d = -1.06$ ) suggested a large effect size.

I conducted an independent samples  $t$ -test to test Hypothesis 4, that trainees who perceive their ethnicity/race as significant to their identity will report higher quality of multicultural discussion in supervision scores than trainees who not perceive their race/ethnicity as significant to their identity. The hypothesis was not supported; there was no significant difference in scores for participants who categorized their ethnicity as significant to their identity ( $m = 1.28, SD = 10.56$ ) and the participants who did not categorize their ethnicity as significant to their identity ( $m = -4.05, SD = 7.92$ ).

## CHAPTER 4

### DISCUSSION

The present study sought to understand the methods by which clinicians in training gain multicultural counseling competence through the clinical supervision process. Previous research indicated that infusing multicultural training into training program tasks increased aspects of multicultural competence. The clinical supervision process is central to the development of direct therapeutic practice skill, but little research investigates supervision's role in the development of multicultural counseling skills. This study examined the role of the supervisory working alliance, the quality of multicultural discussions in supervision, multicultural training, and multicultural counseling competence. The researcher hypothesized that supervisory working alliance, multicultural training and quality discussions in supervision would predict increased multicultural competence in supervisees.

This study sought to expand upon existing studies in the field of multicultural supervision by exploring constructs posited to predict multicultural competence in trainees. This study addressed four specific research questions. The first hypothesis focused on the relationship between multicultural discussions in supervision and supervisory working alliance and multicultural counseling competence. The researcher hypothesized that higher multicultural discussions in supervision scores would increase the effect of the supervisory working alliance on multicultural counseling competence. Results supported the hypothesis that multicultural discussions in supervision moderated the relationship between supervisory working alliance and multicultural counseling competence. Specifically, the moderation interaction was significant when multicultural discussions in supervision scores were .68 standard deviations above the mean and when the supervisory working alliance was one standard deviation above the mean

indicating that higher multicultural discussions in supervision scores increased the strength of the effect of high supervisory working alliance on multicultural competence.

The results indicated that when the supervisory working alliance is high, having high-quality discussions of multicultural factors increased supervisee multicultural counseling competence development. Previous research on multicultural discussions in supervision and supervisory working alliance often noted the effect these variables have on each other. Researchers noted that they often correlate in that, positive and negative multicultural discussions in supervision often have a corresponding positive and negative effect on trainee perception of the supervisory working alliance. However, researchers seldom take into account both factors combined contributions to multicultural counseling development (Duan & Roehlke, 2001; Gray, Ladany, Walker & Ancis, 2001).

This study showed consistent findings in that there was a moderate negative correlation between better multicultural discussions in supervision and lower supervisory working alliance  $r = -.56, p < .01$ , indicating that there is some association between the two variables which is to be expected as they both examine related but separate constructs. Supervisory working alliance rapport is a measure of the supervisee's perception of support and understanding from their supervisor while the multicultural discussions in supervision questionnaire examines the supervisees perception of the effectiveness and quality of their discussion of multicultural factors in supervision as well as their perception of the impact of their discussions on their relationship with their supervisor.

The findings indicate that having quality discussions of cultural factors in supervisory relationships that are positive appear to contribute to supervisees' multicultural counseling development in a manner that is more than simply additive. Positive supervisory working

alliance has been shown to reduce role conflict, facilitate communication of roles and assist with resolving conflict (Inman & Ladany, 2008; Ladany & Friedlander, 1995; Ladany & Inman 2012) which may lay a foundation that is essential for better multicultural discussions to take place resulting in a cumulative effect on supervisee multicultural development. This is consistent with the interaction findings that moderations takes place when there is a positive supervisory working alliance and positive multicultural discussions in supervision to facilitate greater multicultural competence.

The second hypothesis focused on the relationship between multicultural training, multicultural discussions in supervision and multicultural counseling competence. While multicultural training and multicultural discussions in supervision were significant predictors of multicultural counseling competence, the interaction term did not have a significant effect indicating that moderation did not occur. Table 7 provides a closer look at the variables and reveals that quality of multicultural discussions in supervision was the primary predictor contributing significantly to multicultural counseling competence. The results are inconsistent with previous studies that focus on multicultural training (courses, didactics, workshops and case presentations) as the primary means by which clinicians gain multicultural counseling competence (APA, 2002; Arredondo, 1999; Arredondo & Arciniega, 2001; Ridley, Espelage & Rubinstein, 1997). It is important to note that these studies failed to consider the importance of the supervision practice as a key component of training for mental health practitioners. One of the fundamental goals of supervision is to facilitate the development of counseling competences, overlooking the importance of this task in the development of multicultural competencies may do trainees a disservice. Further results indicate that there may be a discrepancy between traditional teaching methods and clinical practice.

Hypothesis 3 proposed that trainees who perceive their sexual orientation as significant to their identity will report higher quality of multicultural discussions in supervision scores than trainees who do not view their sexual orientation as significant to their identity. The data supported the hypothesis. The effect size was large ( $d = 1.06$ ), indicating that those who perceived their sexual orientation as significant to their identities scored one standard deviation higher than those who did not identify with their sexual orientation on the multicultural discussions in supervision scale. Trainees who are aware of the importance of sexual orientation to identity may be more likely to consider the effects of their client's sexual identity in their conceptualization facilitating more discussion in supervision.

Hypothesis 4 proposed that trainees who perceive their ethnicity/race as significant to their identity will report higher multicultural discussions in supervision scores than trainees who do not perceive their race/ethnicity as significant to their identity. The results did not support the hypothesis. The analysis indicated no significant difference between the two groups. The effect size, however was moderate ( $d = .46$ ), indicating that a larger sample may be necessary for further exploration.

Several significant findings emerged from the current study. In both moderation analyses quality of multicultural discussions contributed significantly to the development of multicultural competence. While previous research has focused on the effect of conflictual multicultural conversations on factors such as supervisory working alliance and supervisory well-being, this study supports the importance of positive and frequent discussions of multicultural factors in supervision on the development of supervisees' multicultural counseling competence. In addition, this study noted the importance of supervisees' view of their multicultural identity.

## Differences in Cultural Factors

Due to the small sample sizes of racial/ethnic groups and sexual orientations, I divided participants into two groups to compare differences across measures, white, and racial-ethnic minority for race/ethnicity, heterosexual, and sexual minority for sexual orientation. Participants self-reports of their supervisor's cultural identities were also divided in this manner. The analysis indicated that supervisees who were racial-ethnic or sexual orientation minorities were more likely to identify that their race/ethnicity or sexual orientation was significant to their identity. The finding is consistent with research on racial identity development (Helms, 1990). Supervisees who belong to non-majority cultural groups are often required to incorporate their multicultural factors into their identity, due to encounters with oppression from the dominant culture.

Supervisees who identify their sexual orientation, often a non-visible cultural difference, as important to their cultural identity seemed to endorse better quality of multicultural discussions scores than those who did not, which could contribute to greater multicultural competence. Similar to participants who identified as sexual orientation minorities, participants with supervisors who identified as a sexual orientation minorities reported higher quality of multi-cultural discussion scores. Sexual orientation is generally a non-visible multi-cultural factor and requires some disclosure to create awareness of differences or similarities. Supervisors and supervisees who share their sexual orientation with each other are essentially beginning the process of discussing cultural factors in supervision, which may contribute to higher scores.

Participants with non-white supervisors reported lower supervisory working alliance than participants with white supervisors indicating that supervisor's race/ethnicity may contribute to supervisee's perception of their relationship with the supervisor. This finding was inconsistent

with previous research that cross-cultural supervisory relationships did not influence supervisory working alliance (Gatmon, et al., 2001) but consistent with research that noted that cross-cultural supervisory pairs often reported misunderstandings in supervision based on culture (Gray, Ladany, Walker & Ancis, 2001). The results indicate that supervisees and supervisors of different racial and ethnic backgrounds may have more difficulty establishing warm, trusting and supportive relationships.

### Limitations

One of the primary limitations of the study was the small size of the sample, which restricted statistical analyses of the constructs. The researcher initially limited the sample to doctoral interns who were currently completing an APA approved internship at a college counseling center to reduce the variability in training experiences, clinical tasks, and supervision structure. Due to low participation and after noting the variability in training experiences and year in training program between doctoral interns the researcher expanded the sample to include graduate students who had completed a semester-long practicum at a college counseling center to reduce the variability in clinical tasks and supervisory experiences.

There were some limitations to the study design such as the use of online sampling, self-report and retrospective reports. While online sampling provided convenience and ease in reaching participants across the nation previous research has shown that internet-based data collection can result in lower response rates (Zhang, 2000). Self-report measures can also lead to participants responding in ways that are more socially appropriate or favorable. In particular, it may be difficult for a clinician in training to report or acknowledge their level of competence in working with a different population. Retrospective reporting may have also led to some



difficulties with recall. Additionally, since the sample was composed of volunteers, their experience may be distinct from the overall clinician trainee population in some way. For example, they may be more invested or interested in multicultural research or feel more knowledgeable concerning multicultural therapy.

An additional limitation of the current study was the use of the multicultural discussions in supervision scale to measure the quality of multicultural discussions as well as the using multicultural training score to describe trainee's multicultural training experience. I created the multicultural discussions measure for this study due to a lack of existing measures to examine the quality of multicultural discussions in psychotherapy supervision. The multicultural training measure was also created for this study by adding a sum of trainee's self-reported multicultural training experience. The variability in self-report as well as variability across training programs may contribute to construct validity considerations. In particular, it was surprising that multicultural training was not significantly correlated with multicultural counseling competence despite previous research findings (Chao, Wei, Good & Flores 2011; Constantine & Yeh, 2001; Manese, Wu & Nepomuceno 2001; Pope-Davis et al., 1995).

### Future Research

It will be important for future researchers to continue exploring the relationship between supervisory working alliance and multicultural discussions in supervision. Future studies in this area are encouraged to include a larger and more diverse sample size to increase the generalizability of the results. While the racial and ethnic demographic percentages for the sample were representative of the racial and ethnic demographics of the students obtaining doctoral degrees in psychology (according to NCES, 2012-2013), the small number of ethnic and

sexual minorities did not allow for greater exploration of between-group differences. Future research may also benefit from assessing multicultural competence pre and post supervisory experience to understand better, how the supervisee's experience throughout the course of their time in supervision contributed to their multicultural competence. Multicultural training and multicultural discussions in supervisions were assessed via a created measure due to a lack of available assessment measures to explore these constructs. It would be beneficial to continue to study multicultural discussions in supervision quantitatively by conducting further analyses on the validity and reliability of the multicultural discussions in supervision measure. Additionally, developing measures to explore the differences in multicultural training experiences across training programs will be beneficial in understanding the effectiveness of current multicultural training methods. Finally, it is important to continue to explore how cultural dynamics impact the supervision process.

### Concluding Thoughts

The study results indicate that while supervisory working alliance and multicultural discussions in supervision both contribute significantly to multicultural counseling competence in supervisees their combined impact has a greater effect. While theoretically, multicultural training is helpful in developing multicultural counseling competence, multicultural discussions in supervision may be essential for the development of multicultural competence in clinical practice. Supervisors can benefit from this finding by creating supportive and considerate supervisory relationships as a foundation to facilitate discussion of multicultural factors. Supervisors can encourage multicultural discussions by initiating conversations often and attending to supervisees' concept of their own multicultural identity. They can also model

positive multicultural discussions by sharing their own multicultural background with supervisees. Research findings for supervisor who are racial-ethnic minorities vary, consequently, it is important that supervisors who identify as racial-ethnic minorities attend to the quality of the supervisory working alliance with white supervisees.

Supervisees can also benefit from the results of this study. Recognizing how racial and ethnic differences in supervisory relationships may impact the working alliance can help trainees examine their own biases or difficulties in connecting with a supervisor of a different background. Supervisees can also benefit from proactively initiating and engaging in multicultural discussions in supervision.

Table 1

*Demographic Characteristics of Participants (N = 57)*

Characteristics	<i>n</i>	%
Gender		
Male	14	24.6
Female	42	73.7
Queer	1	1.7
Race/Ethnicity		
African American/Black	3	5.3
Asian American	3	5.3
Hispanic/Latino	6	10.5
Biracial/Multiracial	2	3.5
Middle Eastern	1	1.7
European/White	42	73.7
Sexual Orientation		
Bisexual	4	7
Gay	4	7
Lesbian	1	1.8
Heterosexual	48	84.2
Program Type		
Clinical Psych Ph.D.	22	38.6
Clinical Psych Psy.D.	3	5.3
Counseling Psych Ph.D.	32	56.1
Program Year		
Year 2 & 3	12	21
Year 4 & 5	33	57.9
Year 6 & 7	7	12.3
Year 9 & 10	5	8.8
Degree Program Status		
Graduate Trainee	28	49.1
Doctoral Intern	27	47.4
Post-Doctoral Fellow	2	3.5

Table 2

*Demographic Characteristics of Supervisors (N = 54)*

Characteristics	<i>n</i>	%
Gender		
Male	27	50
Female	27	50
Race/Ethnicity		
African American/Black	2	3.7
Asian American	2	3.7
Hispanic/Latino	5	9.3
European/White	43	79.6
Biracial/Multiracial	2	3.7
Sexual Orientation		
Bisexual	1	1.9
Gay	6	11.3
Heterosexual	34	64.2
Lesbian	4	7.5
Unknown	8	15.1
Time in Supervision		
Less than 3 months	4	7.4
3 to 6 months	18	33.3
6 months to 9 months	4	7.4
9 months to 1 year	17	31.5
1 year to 15 months	6	11.1
15 months to 2 years	4	7.4
2 years and above	1	1.9

*Note.* *n* = 53 for supervisor sexual orientation.

Table 3

*Means, Standard Deviations and Alpha Coefficients for Continuous Variables*

Variable	<i>M</i>	<i>SD</i>	<i>a</i>	<i>n</i>
Supervisory Working Alliance Trainee Rapport	54.53	9.84	.97	55
Supervisory Working Alliance Trainee Rapport Logarithmic	0.76	0.46		55
Multicultural Discussions in Supervision Questionnaire	61.26	10.38	.90	54
Multicultural Discussions in Supervision Questionnaire Standardized	0	10.18		54
Multicultural Training Experience Score	10.93	7.08		57
Multicultural Counseling Inventory	123.65	10.57	.83	57

Table 4

*Intercorrelations for Independent and Dependent Variables*

Measure	1	2	3	4
1. Multicultural Training Experience Scores	_____			
2. Multicultural Discussions in Supervision Standardized	.32*	_____		
3. Supervisory Working Alliance Rapport Factor Logarithmic	-.12	-.56**	_____	
4. Multicultural Counseling Inventory	.39	.34*	.09	_____

Note. Coefficients are significant at \* $p < .05$  and \*\* $p < .01$ .

Table 5

*Hierarchical Regression Analysis Summary for Multicultural Discussions moderating Supervisory Working Alliance and Multicultural Counseling Competence (N = 52)*

Step and Predictor variable	B	SE B	$\beta$	$R^2$	$\Delta R^2$
Step 1				0.14*	
Supervisory Working Alliance Trainee Rapport	-3.79	3.76	-0.16		
Multicultural Discussions in Supervision	0.28	0.17	0.26		
Step 2				0.24**	0.09*
Supervisory Working Alliance Trainee Rapport X	-0.65	0.26	-0.33		
Multicultural Discussions in Supervision					

\* $p < .05$ . \*\* $p < .01$ .

Table 6

*Conditional Effects of Supervisory Working Alliance on Multicultural Counseling Competence*

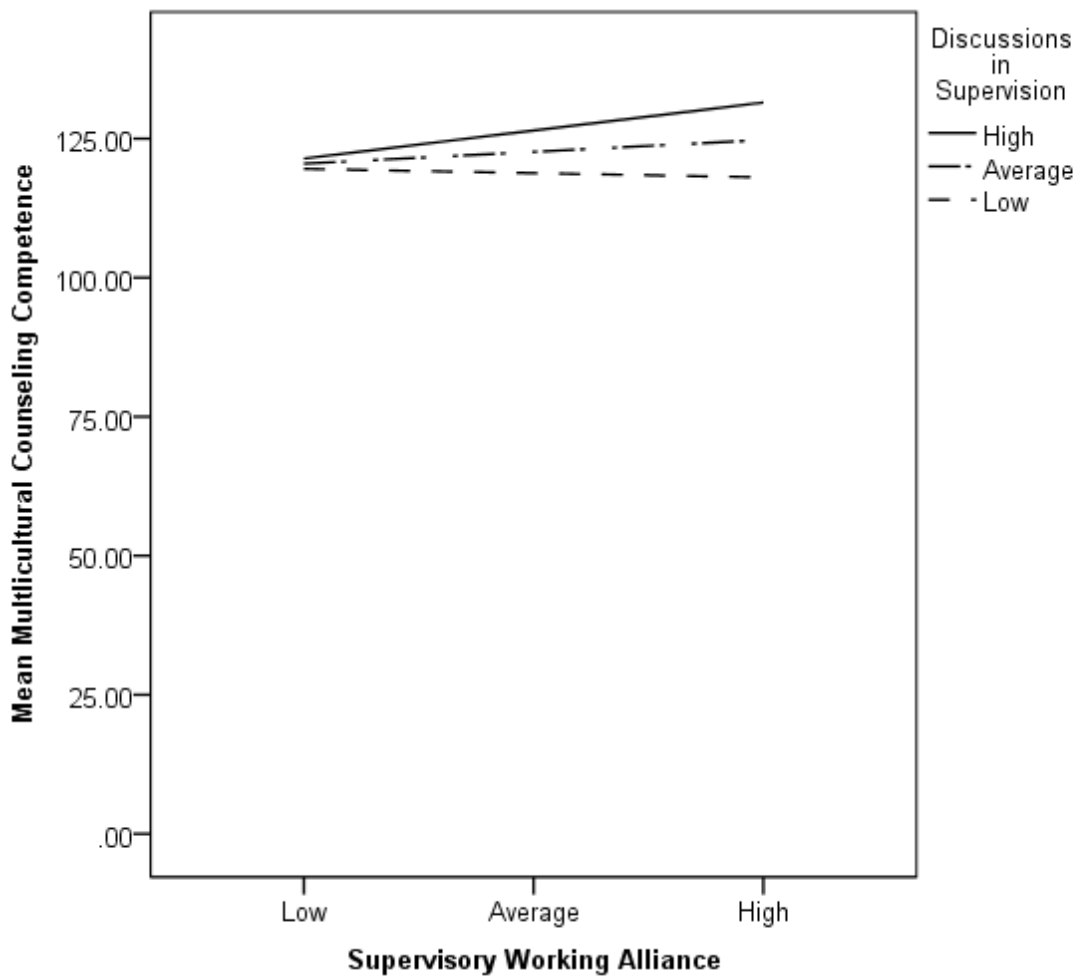
Moderating Variable	$\beta$	$p$	95% CI
Multicultural Discussions in Supervision			
One SD Below Mean	1.68	.72	[ -7.83, 11.18]
At Mean	-4.71	.21	[-12.27, 2.86]
One SD above Mean	-11.09	.03	[-21.16, - 1.02]

Table 7

*Hierarchical Regression Analysis Summary for Multicultural Discussions moderating Multicultural Training Experience and Multicultural Counseling Competence (N = 54)*

Step and Predictor variable	<i>B</i>	<i>SE B</i>	$\beta$	$R^2$	$\Delta R^2$
Step 1				0.12*	
Multicultural Training Experience Scores	-0.01	0.20	-0.01		
Multicultural Discussions in Supervision	0.36	0.14	0.34		
Step 2				0.12	0.00
Multicultural Training Experience Scores X	-0.01	0.03	-0.05		
Multicultural Discussions in Supervision					

\* $p < .05$ .



*Figure 1.* Interaction effects for multicultural discussions in supervision moderating the relationship between supervisory working alliance and multicultural competence.

APPENDIX  
MEASURES



## Multicultural Training Scores<sup>1</sup>

Please approximate how many of the following experiences you have completed since beginning your doctoral psychology training.

1. Multicultural Courses
2. Multicultural Workshops/Didactics
3. Multicultural Case Presentations
4. Multicultural Conferences

## Multicultural Discussions in Supervision Questionnaire

1 Do you discuss race/ethnicity during individual supervision?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

2 Who initiated the discussion?

- Supervisor
- You
- Unsure
- No discussion took place

3. Is Race/Ethnicity significant to your identity?

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

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<sup>1</sup> This measure is presented for the reader to understand how this construct was measured. See page 48 for an explanation of the limitations that make it unsuitable for research in its current form.

Please answer the following questions by clicking the circle below the most accurate response item.

	Always	Often	Sometimes	Infrequently	Never
How often do you discuss race/ethnicity in supervision? (4)					
Do you feel comfortable discussing these factors with your supervisor? (5)					
Are you satisfied with the outcome of discussions of race/ethnicity in supervision? (6)					

Please answer the following questions by clicking the circle below the most accurate response item.

	Positive effect	Slight positive effect	No effect	Slight negative effect	Negative effect
How do discussions of race/ethnicity in supervision affect your clinical development? (7)					
How do discussions of race/ethnicity in supervision affect your relationship with your supervisor? (8)					

9 Do you discuss sexual orientation (LGBQ) during individual supervision?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

10 Who initiated the discussion?

- Supervisor
- You
- Unsure
- No discussion took place

11 Is your sexual orientation significant to your identity?

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

Please answer the following questions by clicking the circle below the most accurate response item.

	Always	Often	Sometimes	Infrequently	Never
How often do you discuss sexual orientation in supervision? (12)					
Do you feel comfortable discussing this factor with your supervisor? (13)					
Are you satisfied with the outcome of discussions of sexual orientation in supervision? (14)					

Please answer the following questions by clicking the circle below the most accurate response item.

	Positive effect	Slight positive effect	No effect	Slight negative effect	Negative effect
How do discussions of sexual orientation in supervision affect your clinical development? (15)					
How do discussions of sexual orientation in supervision affect your relationship with your supervisor? (16)					

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