

RELATIONSHIPS AMONG WHITE SUPERVISOR CULTURAL HUMILITY AND
CULTURAL MISSED OPPORTUNITIES AND MINORITY SUPERVISEES' SELF-
EFFICACY, SUPERVISORY WORKING ALLIANCE, AND RACIAL IDENTITY

BY

© 2018

MARCY L. VANDAMENT, M.S.

University of Kansas

Submitted to the graduate degree program in Counseling Psychology and the Graduate Faculty
of the University of Kansas in partial fulfillment of the requirements for the degree of
Doctor of Philosophy.

Chairperson: Changming Duan, Ph.D.

Brian Cole, Ph.D.

Heather Rasmussen, Ph.D.

Matthew Reynolds, Ph.D.

Suzanne Rice, Ph.D.

Date Defended: April 30, 2018

The dissertation committee for Marcy Vandament certifies that this is the approved version of
the following dissertation:

RELATIONSHIPS AMONG WHITE SUPERVISOR CULTURAL HUMILITY AND
CULTURAL MISSED OPPORTUNITIES AND MINORITY SUPERVISEES' SELF-
EFFICACY, SUPERVISORY WORKING ALLIANCE, AND RACIAL IDENTITY

Chairperson: Changming Duan, Ph.D.

Date Approved: April 30, 2018

Abstract

The purpose of the present study is to examine how perceived supervisor cultural humility and cultural missed opportunities relate to supervisory working alliance and counselor self-efficacy in clinical supervision relationships where the supervisor is White and the supervisee is a racial minority. Cultural humility is defined as respect to and a lack of superiority toward another person's culture and background. A cultural missed opportunity is defined as an opportunity to engage in cultural conversations being overlooked, avoided, or otherwise not discussed. Participants included supervisees who were: students/professionals from a mental health field (i.e. counseling psychology, clinical psychology, social work), who self-identified as a racial minority, and who had at least one clinical supervision experience with a White supervisor (N = 87). Using four hierarchical linear regressions the predictor variables (cultural humility and cultural missed opportunities) were used to examine the amount of variance predicted within the criterion variables (supervisory working alliance and counselor self-efficacy). Additionally, the moderating effect of racial identity was examined through each of the four regressions. The results indicated that perceived cultural humility and cultural missed opportunities account for a significant amount of variance in both supervisory working alliance and counselor self-efficacy. Racial identity accounted for a significant amount of variance in counselor self-efficacy. However, there was not a significant interaction between racial identity and either cultural humility or cultural missed opportunities in each of the four regression analyses.

Acknowledgements

My grandma, Ada Watie, will probably never know the pivotal role she played in my life. The odds were stacked against her as she spoke little English and barely had an education, yet that did not stop her. This little lady was full of spunk and determination. She worked hard, cared more, and loved deeper than anyone I have ever known. So grandma, I dedicate this to you.

The support around me as I pursued my degrees is phenomenal and I am eternally grateful. Ryan, you truly are the love of my life. You have been a constant source of support, kindness, and unconditional love. Thank you for giving me the courage to live out my dream! I look forward to the rest of our lives together...not in school. Cooper, thank you for being the best doodle bug! I appreciate your willingness to lie on my books when you think I have studied too much and allowing me to give you belly rubs when I am down.

To my parents, I cannot thank you enough. You always pushed me toward achievement and celebrated in my accomplishments. I appreciate your constant support and prayers as I navigated life. Lauren, you are one of the kindest people I know. Thank you for always being up for a shopping trip to get my mind off school. Deb, you are the best mother in law a girl could ask for. I appreciate your thoughtfulness and your text messages that always seemed to come at the perfect time. Aunt Ida, thank you for your wisdom as I navigated this journey. To my family, I hope you all know the part you played in this accomplishment, your constant support made this possible. To my friends that are like family, you have taught me what true friendship is. I appreciate that we can laugh and cry together and everything in between. To my dissertation committee, thank you for your time and support as I worked on this project. I appreciate the technical support as well as the words of encouragement reminding me that I could do this! Marcy out.

Table of Contents

Chapter 1: Introduction.....	1
Addressing Diversity and Multicultural Topics as a Supervisory Competency.....	3
Cultural Humility as a Positive Supervisor or Therapist Factor.....	7
Utilization of Opportunities of Addressing Diversity Topics.....	8
Supervisee Racial Identity.....	9
Supervision Outcomes: Supervisee Self-Efficacy.....	10
Supervision Outcomes: Supervisory Working Alliance.....	12
Present Study.....	13
Chapter 2: Literature Review.....	15
Supervision.....	15
Competency-Based Clinical Supervision.....	17
Multiculturalism and Diversity in Clinical Supervision.....	18
Working Alliance.....	20
Discussion of Cultural Variables and its Impact on the Working Alliance.....	21
Cultural Humility.....	24
Cultural Humility and Supervision.....	27
Cultural Missed Opportunity.....	28
Racial Identity of Supervisee.....	29
Self-Efficacy of Supervisee.....	32
Summary.....	35
Chapter 3: Methods.....	37
Research Design.....	37
Participants and Procedures.....	37
Measures.....	40

Demographic Information	40
Counselor Activity Self-Efficacy Scale (CASES)	40
Supervisory Working Alliance (SWA)-Supervisee Form.....	41
Multi-Group Ethnic Identity Measure-Revised (MEIM-R)	42
Cultural Humility Scale.....	43
Cultural Missed Opportunities	44
Chapter 4: Data Analysis.....	45
Preliminary Data Analysis	45
Hypothesis Testing.....	49
Chapter 5: Discussion.....	55
Supervisor Cultural Humility is related to How Supervisees of color rate the supervisory relationship.....	55
Supervisors need to seek Opportunities to address Cultural Topics relevant to Supervisees when possible.....	56
Supervisees of Color Benefit from White Supervisor Cultural Humility	57
Supervisee Self-Efficacy and Racial Identity is Correlated.....	60
Implications for Practice.....	62
Future Research	63
Limitations	63
Summary	64
References	66
Appendixes	77
Appendix A.....	78
Appendix B.....	81
Appendix C	83
Appendix D.....	87

Appendix E	90
Appendix F.....	92
Appendix G.....	94

List of Tables

Table 1: Demographic Characteristics of Participants	39
Table 2: Pearson Correlations between control, major, and moderator variable	47
Table 3: Means and Standard Deviations for the independent, dependent, and moderator variables.....	48
Table 4: Means and Standard Deviations for “relationship with supervisor,” “quality of supervision,” and “overall satisfaction with supervision”	49
Table 5: Summary of Hierarchical Regression Analysis for Cultural Humility Predicting Supervisory Working Alliance	50
Table 6: Summary of Hierarchical Regression Analysis for Cultural Missed Opportunities Predicting Supervisory Working Alliance.....	51
Table 7: Summary of Hierarchical Regression Analysis for Cultural Humility Predicting Counselor Self-Efficacy	51
Table 8: Summary of Hierarchical Regression Analysis for Cultural Missed Opportunities Predicting Counselor Self-Efficacy	52
Table 9: Summary of Hierarchical Regression Analysis for Cultural Humility and Cultural Missed Opportunities Predicting Supervisory Working Alliance	53
Table 10: Summary of Hierarchical Regression Analysis for Cultural Humility and Cultural Missed Opportunities Predicting Counselor Self-Efficacy	54

Chapter 1: Introduction

The American Psychological Association (APA), in December 2014, released a report stating that ethnic minorities continue to receive inferior mental health treatment despite efforts to improve the quality (American Psychological Association, 2014). This press release was in response to a 2001 Surgeon General Report, which indicated that ethnic minorities receive lower quality mental health care when compared to Whites (Office of Surgeon General, 2001). APA argues that since the Surgeon General Report, over thirteen year ago, little improvements have been made in the mental health treatment of minority individuals (American Psychological Association, 2014). In addition to the lack of access to care, the quality of care for the culturally diverse is also seriously questioned.

The quality of mental health services available for ethnic minorities is lacking. Overall, ethnic minorities represent one of the most vulnerable populations for mental health disorders yet they are less likely to seek services (Chapa, 2004). It has been observed that racial and ethnic minorities tend to seek mental health treatment through their primary care provider (Chapa, 2004), and if they do enter psychological treatments, they are also more likely to be misdiagnosed or undertreated than their white counterparts (Chapa, 2004). The research on therapy outcomes also revealed higher therapy dropout rates amongst ethnic minorities (Greenspan & Kulish, 1985) than among Caucasian clients. These phenomena are reflective of ineffective treatment efforts.

Research has been conducted attempting to explain this lack of effective treatments. Obstacles have been identified between mental health service and the psychological needs of ethnic and racial minorities, such as lack of matching between the therapist and client based on race and ethnicity. Notably, a meta-analysis of racial/ethnic matching of clients and therapists in

mental health service revealed that clients prefer a therapist from their racial/ethnic background (Cabral, 2011). Furthermore, Cabral (2011) found that racial/ethnic matching contributed to clients having a positive perception of their therapist. Cabral's study demonstrates the significance of identity as it relates to preference and perception. Thus, it is apparent that increasing the number of well-trained providers of color may be one of the solutions involved in improvement of quality of mental health for ethnic minorities.

Compared to the past, there have been more trainees of color entering graduate programs in counseling and clinical psychology. However, our training staff, mostly white at the present time, faces the challenge of training students of color effectively. As one distinct form of training, clinical supervision and its impact on the psychotherapist have been widely documented in literature. From the very foundation of supervision, known as the Hippocratic Oath, supervision is known to be a critical component to all training experiences as the supervisee moves forward in their profession (Edelstein, 1943). The supervisory relationship lends itself to many opportunities for growth and development both as a clinician and person.

In psychotherapist training, supervisees learn how to best care for their clients and further develop their competence and clinical skills through the supervision process. Thus, to improve the quality of care for culturally diverse clients, competent supervisors and effective supervision play a critical role for training both white therapists and therapists of color for offering multiculturally competent therapeutic services to the culturally diverse. When White supervisors work with supervisees of color, it is reasonable to expect that the degree to which the supervisor addresses topics of diversity and multiculturalism, related to the supervisee, is one dimension of the effectiveness of supervision.

The empirical literature in the area of supervision as a vehicle toward helping supervisees develop multicultural competence is seriously limited. The present study attempts to address one of many potential related topics, namely, how ethnic minority supervisees' perception of their White supervisors' cultural humility and interest in addressing cultural topics related to their experience of the supervisory relationship. The study will examine the degree to which White supervisors' level of cultural humility and taking opportunities to address cultural topics is related to the supervisee's perceived supervisory working alliance and their self-efficacy in clinical work. Additionally, the study seeks to understand the moderating role of supervisees' racial identity on the relationship between the two predictors and criterion variables.

This study is designed to contribute to the literature on competency-based multicultural supervisory practice. According to Falender and Shafranske (2007), competency-based supervision would focus on helping supervisee develop necessary knowledge, skills, and values/attitudes for effective clinical practice. By definition, supervisors need to model and teach culturally competent behavior in supervision so that supervisees can develop needed competencies working with diverse clients. Falender and Shafranske promote the concept of metacompetence and its relationship to diversity and multicultural competence. Metacompetence speaks to the supervisor's ability to recognize the knowledge and skills available as well as those needed and how to require them in order to be successful. In this study, supervisor's cultural humility and ability to notice and address cultural topics related to the supervisee are chosen to reflect this metacompetence.

Addressing Diversity and Multicultural Topics as a Supervisory Competency

In the counseling profession there are several different models utilized by supervisor. In addition to addressing client specific clinical issues, most of these models reflect some form of

counseling skills training, more specifically a focus on building a therapeutic relationship with one's clients. When working with ethnic minority supervisees, White supervisors are challenged to understand and respect cultural differences between them and their supervisees in order to build strong supervisory relationships. Most multicultural scholars will suggest that supervisors may need to see the relevance of supervisees' cultural own identities because of their association with privilege, power, and values. In fact, research has shown that supervisees of color would appreciate their supervisors to show strong interest in and genuine respect for supervisees' cultural identity (Duan & Roehlke, 2001), but by and large supervisee-focused discussions are not occurring in supervision (Hays & Chang, 2003; Durham & Glossoff, 2010).

Several ways for the supervisor to initiate discussions about supervisee cultural concerns were outline by Durham and Glossoff (2010), including focused discussion on culture diversity, discussions of power and privilege, reflecting on the use of certain interventions, and genograms. They believed that fostering discussions about these topics in supervision could result in more awareness, which will likely impact both the supervisee and the client. Further such discussion can be a process of engaging the supervisee in developing strategies for better addressing the client's needs. Since the relationship between supervisor and supervisee is critical in client care as well as counselor development, it seems to be a logical avenue for increasing the quality of mental health care for the culturally diverse.

One study conducted by Cook and Helms (1988) examined the relationship of supervisors and supervisees. All supervisees in this study were from a minority group and the supervisors were White. The researchers found significant variability, based on race and ethnicity, in the type of supervision relationship (positive or negative) reported. According to the researchers, one possible explanation for this finding could be related to supervisors treating their

non-White supervisees differently based on their race/ethnicity. In comparison, prior studies with White supervisors and supervisees had shown far less variability, with most supervisees reporting positive relationships. While this study was one of the first of its kind, specifically focused on minority supervisees, the authors speculate that the variability in perceptions is likely due to White supervisors being uncertain on how to interact with their minority supervisees.

The research by Cook and Helms (1988) provides useful information regarding some of the dynamics involved in supervisory relationships involving minority individuals. This study along with many others has focused primarily on the perceptions of supervision and not the behaviors that lead to these perceptions. The behaviors of the supervisor plays a key role in the supervisees overall perception of therapy. These behaviors can contribute to a strong working alliance between the supervisor and supervisee. Additionally, these behaviors can contribute to an increased multicultural awareness on the behalf of the supervisee.

Some recent models went further to emphasize supervisor's professional responsibilities in protecting the field. For instance, the model by Bernard and Goodyear (2014) describes the supervision as a means to ensure that supervisees meet the professional expectations and standards defined by the field as well as impart knowledge upon them in conducting clinical service. Further, the competency-based supervision model by Falender and Shafranske (2004; 2007) linked supervision to the development of core competencies of supervisees. They pointed out that diversity and multicultural competence "is an area that requires particular attention" in supervision (2007, p. 237).

Our field faces the challenge in terms of *how* to provide the best training through supervision to our diverse trainees and enhance their diversity and multicultural competence. There have been theoretical suggestions and empirical evidence that supervisors' choice of

acknowledging the supervisees' own identity as it relates to privilege, power, and culture concerns and engaging in related discussion with the supervisee may be helpful particularly when working with supervisees of color (Bradshaw, 1982; Constantine & Sue, 2007; Dressel, Consoli, Kim, & Atkinson, 2007).

In psychotherapy, addressing topics related to client cultural identities have been shown by empirical investigations as important, particularly in working alliance development and reported treatment outcome (Constantine, 2007; Fuertes et al., 2006; Hook et al. 2013). Owen et al. (2015) examined the importance of engaging clients in conversations about their cultural identity. The authors found that clients whose therapists asked questions related to their cultural identity and/or asked questions when they mentioned something about their race, were more likely to report having received better therapy treatment.

In a significant way, the Owen et al. (2015) study demonstrates the importance of addressing the cultural identity of clients. Especially when a client brings up the topic, it can be detrimental to the therapeutic relationship if the therapist does not explore the topic. Now the question is: Who will teach the therapists to initiate and/or recognize these conversations in therapy? It is apparent that supervisors model this behavior in supervision. Desirably, supervisors begin cultivating this skill during supervision by prompting their supervisees to have these discussions and teaching them how to have these discussions with clients. This training focus seems to have further implications when the supervisor dyad mirrors the social power structure that having a white person in the supervisor's position working with a supervisee of color. The supervisor's ability to bring relevant cultural discussions into supervision may predict how the supervisee perceives and learning from the relationship.

Cultural Humility as a Positive Supervisor or Therapist Factor

Cultural humility is a variable of individual attitude toward different cultures. It can be defined as the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]” (Hook, Davis, Owen, Worthington & Utsey (2013; p. 2). According to Waters and Asbill (2013), cultural humility can be seen as a process variable rather than a static trait, which can be influenced by three individual factors, namely, a lifelong commitment to self-evaluation and self-critique, a desire to fix power imbalances, and aspiration to partner with people and groups who advocate for others (Travalon & Murray-Garcia, 1998). Although empirical research on the construct is limited, it is intuitive that it be seen as a concept that has an instrumental role in any helping relationships.

In psychotherapy, cultural humility can be addressed through the client’s perception of the therapist’s ability to recognize the client culture, recognize therapist deficits of knowledge in a particular area (i.e. race, ethnicity, gender), and demonstrate a certain humility surrounding this lack of knowledge (Owen et al., 2016). Cultural humility is the way the therapist thinks about the client and values the client’s cultural identity and thus governs their (the therapist) interactions with the client. Cultural humility governs the therapist and will impact their interactions with the client. There is also a significant association between therapist cultural humility and therapy outcomes. Owen et al. (2016) concluded that the client perception of the therapist’s cultural humility is important to the overall relationship.

Cultural humility focuses not only on the awareness but also attitudes that the supervisor/therapist holds about those who are different and how those attitudes might perpetuate inequality (Ross, 2010). Cultural humility also involves knowledge about what issues might

impact the client and what resources are available to assist these individuals. Ross (2010) underscores the importance of communication with the culturally diverse with a focus on being nonauthoritarian. As a result, the culturally humble therapist/supervisor presents not as an expert but as someone who is flexible and humble (Tervalon & Murray-Garcia, 1998). Considering the nature of supervisory relationship and the cultural context of most supervisees of color, it is reasonable to expect that white supervisors' cultural humility has a critical role in establishing trusting supervisory relationships with supervisees of color, and facilitating supervisees' growth in self-efficacy for clinical work.

Utilization of Opportunities for Addressing Diversity Topics

In Owen et al. (2016) research, the researchers highlight the importance of discussing topics related to diversity due to the enormous impact it has on the working alliance. However, sometimes psychotherapist miss the opportunity to discuss these matters when they are brought up, which researchers refer to as cultural missed opportunities. The phenomena of cultural missed opportunities include cultural discussions that are avoided and/or minimized by the psychotherapist. Missing opportunities to discuss cultural topics also involved the therapist's unwillingness to explore cultural identity; for this reason cultural missed opportunities and cultural humility appear to work together according to Owen et al. (2016). For example, a therapist who engages in a cultural discussion with a client is more likely to be perceived as also having cultural humility. Research has shown that it is important for therapists to engage in cultural discussions with their clients, and so it is for supervision. However, these discussions do not always happen or go poorly.

Owen et al. (2014) documented the impact of microaggressions on therapeutic working alliance. In this study over 53% of racial minority clients reported having experienced

microaggressions by their therapists. Of the clients who reported experiencing microaggressions, 76% reported that these topics were never discussed in therapy. The clients who experienced microaggressions and did not discuss it with their therapists also reported a lower working alliance rating. Even in cases where a microaggression occurred, if a discussion occurred about the offense, it seemed that clients were able to move forward as they reported higher scores of working alliance.

This demonstration of the significance of engaging in utilizing opportunities to have cultural discussions in therapy can theoretically support the argument about the role of addressing cultural topics in supervisory relationships. Cultural missed opportunities may compromise a white supervisor's effectiveness in working with a supervisee of color. As shown by Owen et al. (2014) when a discussion is warranted, either positively (client brings up cultural identity) or negatively (microaggression), the results of ignoring the topic have insurmountable impact on the working alliance in a helping relationship.

Supervisee Racial Identity

Racial identity is a widely studied construct. According to Helms (1995), racial identity is multidimensional, consisting of many ego statuses that related to feelings, thoughts, and behaviors toward the individual's race and to other races. Related to supervision, racial identity has proven to be an essential part to the development of multicultural competence (Helms, 1995). Research shows that supervisees who are more aware of their racial identity are better equip to work with clients from different racial and ethnic minority groups and also report a higher degree of multicultural competence (Cook, 1994; Sabnani, Ponterotto, & Borodovsky, 1991).

Ladany, Inman, Constantine, and Hofheinz (1997) conducted one of the first studies that examined supervisee racial identity and its impact on multicultural competence and the

supervisee's ability to conceptualize clients. Among minority supervisees, those who reported high levels of dissonance and awareness on the Cultural Identity Attitude Scale were also more likely to report higher feelings of multicultural competence. Minority supervisees in this study reported that as they questioned topics related to their own racial identity within supervision, they also felt more equip to discuss those same topics with clients. The researchers also found that regardless of the race of supervisees, they appeared to positively benefit from supervisors instructing them to focus on racial and cultural topics when conceptualizing their clients.

These findings demonstrate the significance of minority supervisees' awareness of their racial identity in supervisory relationships with their supervisors and therapeutic relationships with their clients. It is one of the reasons that the supervisor should consider initiating these discussions related to the supervisee's diverse identity and prompt the supervisee to consider all the factors impacting their own competencies and their diverse clients. Further, these findings also suggest that as a therapist factor, supervisee's racial identity should be considered in all attempts to understand supervisory relationships between White supervisors and ethnic minority supervisees.

Supervision Outcomes: Supervisee Self-Efficacy

According to Bandura, self-efficacy is defined as a person's belief in their ability to complete certain tasks within a certain areas (1977, 1986, 1997). It is apparent that counselors need to have sufficient self-efficacy to do quality work in helping clients. One area in which self-efficacy has been a focus is applied is in the area of supervision, which is believed to be an ideal vehicle to both cultivate and increase self-efficacy amongst supervisees. Therefore, supervisee self-efficacy has often been used as an indicator of supervision outcome.

The supervision process covers many of the principles outlined by Bandura for increasing self-efficacy, which includes: performing the skill, observing the skill, receiving encouragement and support, and learning to regulate emotions (1993). Self-efficacy in clinical work is most often referred to as counselor self-efficacy (CSE). In an extension of Bandura's definition of self-efficacy, CSE refers to a counselor's beliefs or judgments regarding their abilities to counsel and navigate various clinical situations (Larson & Daniels, 1998; Lent, Hill, & Hoffman, 2003). Larson et al. (1992) that CSE impacts the counselors self esteem, decreases anxiety, and provides a higher perceived ability to solve clinical problems.

Counselor's self-efficacy should be monitored throughout the training process (Larson & Daniels, 1998). It is especially crucial for supervisors to monitor self-efficacy during beginning practicum experiences, as this is where the most substantial development occurs. Modeling and support appear to be the best interventions a supervisor can do in the early stages of supervisees' learning (Larson & Daniel, 1998). In the current training environment where students of color are still minority among all the trainees, it is even more important that supervisors be deliberate cultivating supervisee's self-efficacy. Based on the fact that ethnic minority students are generally exposed to more aversive or negative experiences in their environment (e.g., Ancis, Sedlacek, & Mohr, 2000), it is reasonable to expect that White supervisors' attention to validate their ethnic minority supervisees' experience is necessary. This can be done by addressing cultural topics, modeling culturally sensitive and respectful behaviors, and offering appropriate support to nurture clinical self-efficacy of their supervisees of color. It is expected that supervisees who feel respected and validated for who they are in supervision can contribute this feeling of normalcy, which in turn facilitates their self-efficacy development (Larson and Daniel, 1998).

Supervision Outcomes: Supervisory Working Alliance

Working alliance is an essential component to supervision. Bernard and Goodyear (1998) define working alliance as being related to the perceived quality of relationship between a supervisor and supervisee. Research has shown that working alliance promotes positive outcomes for clients across many different types of therapy and pathologies (Pruett, Swett, Rosenthal, & Lee, 2008; Lustig, Stauser, Rice, & Rucker, 2002; Donnell, Lustig, & Strauser, 2004; Strauser, Lustig, & Donnell, 2004; Meir, Barrowclough, & Donnell, 2005). Thus it can be used as an indication of the quality of supervision.

Various factors that predict supervisory working alliance have been studied. For supervisory relationships involving racial minority supervisors and/or supervisees, Gatmon et al. (2001) examined the importance of exploring ethnic, gender, and sexual orientation variables in supervision. Primarily the researchers were interested in how the exploration of these factors through supervision would impact the working alliance between the supervisor and supervisee. Results of the study showed that supervisees who had the opportunity to discuss their ethnicity and related topics in supervision reported higher working alliance with supervisors. A positive correlation was found between working alliance and measures relating to the quality of discussion about cultural variables (ethnicity, gender, and sexual orientation). Another notable finding of the Gatmon et al. (2001) study was the low frequency at which supervisors brought up the cultural variables. The results from the study indicate that discussion of these cultural variables has a significant impact on the working alliance, yet supervisors have not sufficiently practiced it.

Further research conducted by Baldwin, Wampold, and Imel (2007) indicated the importance of the working alliance in therapy with African American clients, especially after a

rupture within the alliance. The study demonstrated that when a rupture occurred, if the therapist did not make a repair attempt the client was more likely to report less positive outcomes in therapy, which further highlighted the importance of the working alliance. This line of research would also suggest the steps a therapist chooses to deal with the rupture that is the most impactful on clients. Although this is a study of therapeutic relationships, the results probably parallel with those in supervisory relationships.

Given the research on the working alliance, it is probably safe to say that supervisory working alliance determines the effectiveness of supervision. When supervisors are White and supervisees are ethnic minority group members, supervisors' cultural humility and engagement naturally in conversations about topics related to the racial and cultural identities of their supervisees are probably the most important aspects among all the helpful things that supervisors can do to strengthen the supervisory relationship. It can be expected that these aspects of supervision may help their supervisees to enhance their clinical self-efficacy and teach them skills in addressing cultural topics with their clients.

Present Study

There is much to do to enrich the literature on how white supervisors can offer effective supervision to supervisees of color. The study attempts to address this need by exploring the relationship among White supervisors' cultural missed opportunities and supervisor cultural humility as perceived by their supervisee of color, ethnic minority supervisees' perceived working alliance, and supervisee counseling self-efficacy. Further the moderating role of supervisee's racial identity will also be examined. Specifically, the following hypotheses were tested.

1. Hypothesis 1: Supervisee perceived supervisor cultural humility predicts supervisee reported supervisory working alliance in a positive direction.
2. Hypothesis 2: The degree to which supervisors take opportunities to engage in cultural discussions as reported by supervisee predicts supervisee perception of supervisory working alliance in a positive direction.
3. Hypothesis 3: Supervisee perceived supervisor cultural humility predicts supervisee reported counseling self-efficacy in a positive direction.
4. Hypothesis 4: The degree to which supervisors take opportunities to engage in cultural discussions as reported by supervisee predicts supervisee reported self-efficacy in a positive direction.
5. Hypothesis 5: Supervisee Racial identity will moderate the relationship between the predicting variables (perceived supervisor cultural humility and cultural missed opportunities) and the criterion variables (supervisee perceived working alliance and self-efficacy). Higher racial identity may be associated with a stronger relationship between the predicting and criterion variables than lower racial identity.

Chapter Two: Literature Review

Supervision

Bernard and Goodyear (2014) define supervision as an intervention between two (or more) individuals where there is one member who has experience in the field and another member(s) who have less experience. These individuals are typically from a similar profession (i.e. psychology, social work). Bernard and Goodyear (2014) further define supervision as: evaluative and hierarchical, lasting for an extended amount of time, and serves the purpose of enhancing the professional skills of the less experienced member through monitoring their work with clients. The definition provided from the authors also includes the importance of the supervisor serving as a *gatekeeper* to the profession for those whom they supervise.

Milne (2006) adds to the definition of supervision by saying it is a distinct intervention, although it can sometimes look similar to counseling or teaching. Supervision is driven by the needs of the supervisees' clients. Additionally, it may be molded by the supervisees' skill level. The supervision relationship may sometimes look like counseling due to the need to discuss personal concerns that may impact the work of the supervisee with their client.

There are many different models for supervisors to use when conducting supervision. These models vary from those grounded in psychotherapy theory, developmental models, and process-oriented models (Bernard & Goodyear, 2014). While these models can vary greatly from one another, APA Codes of Conduct do provide some insight into the components that all models should include. In Standard 7: Education and Training, code 7.06 states that supervisors should have a process for providing feedback and supervisees should be aware of this process upfront (Ethical Principles of Psychologists and Code of Conduct, 2010). The code also states

that supervisees should be evaluated based on their performance related to the requirements of their program.

The supervision process clearly has many layers to it. The broad definition of supervision guides the supervisor as they work within a given model. And through the ethical codes, supervisors provide an evaluative process for those whom they supervise. There is yet another element to the supervision process that should guide the process of supervision that is multicultural competency. The area of multicultural competency within supervision has received far less attention compared to other areas (Inman, 2008). It is crucial though, to the work of the supervisee in therapy, that multicultural competence is addressed in the supervisory relationship.

Bernard & Goodyear (2014) suggest four dimensions for supervisors to be aware of in their work with supervisees. The first dimension is the intrapersonal (identity), which involves a greater awareness of the supervisees various intersecting identities. Additionally, supervisees should consider how these identities might impact their work with their clients and their supervisor. The second dimension is interpersonal (expectations, bias, and prejudice). Brewer & Gardner (2006) discuss how human beings naturally categorized the world around them, which can promote an “us versus them” mentality. Unfortunately, due to confirmatory bias this can cause many issues because one can incorrectly attribute traits, actions, etc. to a given population (Gilovich & Griffin, 2002). These thoughts can last over time impacting a therapists’ work with their clients.

The third dimension suggested by Bernard and Goodyear (2014) is the interpersonal (cultural identity and behavior). This dimension requires a focus on how clients, supervisors, and supervisees are different. For example, considering how the client might view the world around them based on their cultural identity. Essentially, this dimension focuses on being empathic and

perspective taking. The fourth dimension is sociopolitical (privilege, oppression, and institutionalized). This dimension, unlike dimension two, focuses on institutionalized forms of prejudice and oppression. There are multiple dynamics to be considered within this dimension because institutionalized oppression can impact various identities differently (both in good and bad ways).

There are many components to the supervision relationship. Supervision is an important part for those beginning their careers, as it helps them to develop their skills under the teaching of a more seasoned professional. Supervisors have a great responsibility though, which is to ensure those entering the field are ready. Therefore, it is essential that supervisors have strong relationships with those they work with and create a safe learning environment for their supervisees.

Competency-Based Clinical Supervision

A competency-based approach in clinical supervision is a means by which skills of the supervisee can be assessed throughout the supervision process. Competency-based supervision provides a framework for self-assessment, feedback, and evaluation. Falender, Shfranske, and Falicov (2014) define competency-based supervision as a way to identify knowledge, skills, and values through an evaluative process, to ensure the supervisee is meeting competency milestones both for their clinical setting and based on evidence-based practices (Falender & Shfranske, 2007).

Competency-based supervision shifts the focus from what has been taught to what has been learned by the supervisee (Falender and Shafranske, 2007). It includes developing a strong working alliance between supervisor and supervisee along with setting goals and expectations for supervision (Falender et al. 2014). Supervisors model openness and self-reflection, especially as

it relates to power and privilege. Diversity is considered to be multidimensional and thus affecting many aspects of the supervision relationship. Competency-based supervision includes clear and transparent feedback for the supervisee regarding the many different aspects of their clinical work.

Falender and Shafranske (2017) suggest a “learning cycle” framework, which identifies the supervisee’s strengths and opportunities for growth. The learning cycle includes five main areas, which are: (a) Performance, which includes how the supervisee performs in clinical settings and their own self assessment, (b) Observation, which involves direct observation of the supervisee and the reviewing of patient feed back, (c) Reflection, includes both the supervisor and supervisee reflecting on their observations during supervision, (d) Feedback/Evaluation, this includes supervisee self-evaluation and supervisor informal and formal evaluation and feedback, and (e) Planning, identifies the treatments that will be performed along with instruction and/or role planning. The authors suggest that the use of this learning cycle in supervision can increase the effectiveness of supervision and the competency of the supervisee.

Competency-based supervision places responsibility on the supervisor to develop areas related to race, culture, privilege, etc. that they may not feel competent in (Falender, Shafranske, & Falicov, 2014). Within this model, self-reflection on the behalf of the supervisor is encouraged, in order to facilitate learning and increased awareness. Through this process, supervisors can develop a greater awareness, which in turn will reflect on their work with the supervisee.

Multiculturalism and Diversity in Clinical Supervision

Little is known about cross-cultural supervision. In a study of many years of research, Leong and Wagner (1994) found that much of the research regarding cross-cultural supervision

has been focused on theory, with little supporting empirical research. According to the authors, supervision theorists include multicultural topics as an additional to existing theories and part of an overall developmental model. Leong and Wagner assert that the existing supervision models can be problematic, especially in cross-cultural supervision, because they ignore the culture and cultural dynamics of the individuals within the supervision relationship.

Supervision includes various dimensions because it involves the client, the supervisee, and the supervisor. Falicov (2014) states that each part of the supervision triad involves personal maps. Furthermore, personal maps influence how therapists and supervisors view the client as well as the theory and subculture applied to the therapy process. Family of origin impacts therapists and supervisors as it shapes their values, viewpoints, and perspectives all of which influence their work with the client and each other.

Supervision is impacted by many different dynamics. In terms of culture, Falcov (2014) states that there is a choice for therapists and supervisors of how and if it is addressed. There are four positions to take when addressing culture, they are: universalist, particularist, ethnic focused, and multidimensional ecological comparative approach. The universalist and particularist positions are at two opposite ends of the spectrum, one says they people are more alike than different and the other that people are more different than alike. Both positions have no use in multicultural supervision.

Falcov (2014) describes the ethnic-focused position as acknowledging the predictability or tendencies within certain ethnic groups. This position is useful in multicultural supervision because it emphasizes gaining knowledge about various ethnic groups and applying that knowledge to work with client. The multidimensional, ecological, comparative approach (MECA) is described as a broad framework that identifies differences and similarities within

ethnic groups. The model seeks to move away from over generalizing ethnic groups and focus on sensitivity toward social and political stressors on marginalized groups. MECA is effective in multicultural supervision because creates a framework to integrate culture into the process of supervision, learning, conceptualization of client, and therapeutic work.

Working Alliance

The importance of the working alliance to the therapeutic relationship has been studied by many researchers and is found to be an essential component to positive outcomes in therapy. While therapy and supervision are distinct interventions many parallels can be drawn between the two. Many of the factors that cause a therapeutic relationship to be successful can also do the same for the supervision relationship.

Bordin (1983) was one of the first researchers to suggest that the working alliance may share a similar importance to supervision as it does in the therapy relationship. Through Bordin's research three aspects of the working alliance were identified: mutual agreements, tasks, and a bond between the partners (i.e. supervisor and supervisee). Bordin describes mutual agreement as an agreement between the partners of the goals and the process used to reach those goals. Tasks involve the specific things that need to be done in order to reach the goals. Finally, the bond between the partners' focuses on how the two feel about one another and the level of trust within the relationship.

Bordin (1983) suggests that the development of the working alliance between supervisor and supervisee is similar to the therapeutic working alliance. There are, however, a few primary differences in the building of the supervision working alliance. First, there must be greater awareness of the power differential between the supervisor and supervisee. In many cases, the supervisor has been in the profession much longer than the supervisee and often times the

supervisee is a student or pre-doctoral intern. Secondly, the goals may be both personal and professional. For example, the supervisee may have specific therapy skills they want to develop while also working on having good emotional boundaries with their clients. Finally, the relationship requires the supervisor to provide an evaluation of the supervisee's work. This evaluation is based on the specific goals set at the beginning of the supervision relationship.

Angus and Kagan (2007) elaborated on the differences in the working alliance in supervision. One difference noted by the authors is related to personal disclosures. In therapeutic relationship these disclosure, early on, have been found to strengthen the working relationship between therapist and client (Angus et al, 2004). Conversely, research has shown that personal disclosures within the first few supervision sessions are related to a lower working alliance between supervisor and supervisee (Chen & Bernstein, 2000). Researchers postulate that this is likely due to the evaluative component of the supervision relationship.

Angus and Kagan (2007) point out another major difference in the supervision working alliance, which is related to goals. An overarching goal for many supervisees in supervision is to develop a sense of confidence as a therapist. The authors suggest that this is accomplished through the supervisor being empathetic toward their supervisee. And by doing so, supervisees begin to feel safer which appears to strengthen the working alliance.

Discussion of Cultural Variables and its Impact on the Working Alliance

There are several factors that contribute to the supervisory working alliance. Part of maintaining the working alliance requires the supervisor to be aware of these variables. One of the factors that have been found to positively contribute to the supervision process is discussing the race and culture of both the supervisor and supervisee during supervision (Gatmon et al., 2001). Tavis (1991) describes the focus on multiculturalism in counseling relationships as a

“forth force,” underscoring the usefulness of this construct to the working alliance. It is not surprising that its usefulness in supervision has also shown to positively impact the working alliance according to Gatmon et al. (2001).

In a study by Gatmon et al. (2001), researchers sought to examine the impact of discussing cultural variables to the working alliance and supervisor satisfaction. The researchers surveyed 289 pre-doctoral psychology interns, using the following measures: Supervisory Working Alliance, the Supervision Questionnaire-Revised, Cultural Variables Questions, and a Demographics Questionnaire.

The results from the Gatmon et al. (2001) study indicate that discussions of cultural variables in general are occurring at a very low frequency in supervision. Additionally, sexual orientation appears to be discussed at the lowest frequency. When the conversations do occur the supervisee rather than the supervisor most often initiates them. The authors of this study postulate that this finding indicates a lack of confidence and awareness on the behalf of the supervisor surrounding the discussion of cultural variables.

Amongst the supervisees in the study who reported having discussion about cultural variables their reported satisfaction with supervision and working alliance was significantly higher than those supervisee who had not (Gatmon et al., 2001). Additionally, supervisors who created an atmosphere for cultural discussions had supervisees who reported a higher quality of supervision. These findings appear to demonstrate how supervisors initiating cultural discussions can positively impact the supervisory relationship. It should also be noted that cultural match, between supervisor and supervisee, did not make a difference in perceived quality of supervision. However, when there was not a cultural match between supervisor and supervisee

the discussion of these differences and similarities appeared to positively impact the quality of supervision.

Previous studies support the findings of Gatmon et al. (2001) regarding the discussion of cultural variables during supervision. For example Constantine (1997) found that amongst pre-doctoral psychology interns, 40% reported that they (the supervisee) were more likely to bring up cultural topics during supervision. This same survey also found that supervisees perceived their supervisor to be reluctant to discuss cultural topics even after the supervisee brought them up.

The Gatmon et al. (2001) study demonstrates the importance of discussing the cultural differences between the supervisor and supervisee. The study indicates the importance of creating a safe environment for supervisees to discuss their own cultural differences and how those differences may impact their work with clients. A study by Ancis and Marshall (2010) also demonstrated the importance of these discussions to the supervisory relationship and to the perceived credibility of the supervisor.

Ancis and Marshall (2010) designed a qualitative study, to further understand how multicultural topics are addressed in supervision. Participants included four doctoral students who expressed interest in multicultural topics. The participants were interviewed and asked to respond to a series of questions with one particular supervisor in mind, they were also invited to elaborate on their responses where appropriate. After the interviews, a thematic analysis was conducted.

Overall, the results from the study indicate that supervisors were open and understanding regarding matters of client or therapist diversity (Ancis & Marshall, 2010). In line with the multicultural supervision guidelines, supervisees were encouraged to consider how their own

bias impacted their work with clients. Additionally, supervisees were encouraged to consider their client's perspective on their progress during therapy. All participants in the study indicated that discussion of these topics throughout the therapy process contributed to positive client outcomes.

The Ancis and Marshall (2010) offer some important findings regarding the factors involved in facilitating discussion about cultural and diversity topics, although the findings should be interpreted with caution due to their small sample size. A resounding theme in the participant's responses was the importance of the supervisor encouraging discussion of cultural variables. This finding seems to indicate how essential it is for the supervisor to bring up the issues and maintain an "open door" for this type of discussion. The study also highlights the importance of the discussion of multicultural variables throughout the therapy process. Simply discussing supervisor, supervisee, and client demographics at the beginning of the relationship is not enough. These discussions should be infused throughout the supervisory relationship.

Unfortunately, all of these studies highlight the infrequency at which these issues are being discussed in supervision (Ancis & Marshal, 2010; Constantine (1997); Gatmon et al., 2001). While it was not the purpose of either study, it is difficult to not infer that what is modeled within supervision is not transfer to the therapist/client relationship also.

Cultural Humility

Hook, Davis, Owen, Worthington Jr., and Utsey (2013) describe cultural humility as focused on interpersonal interactions, meaning that it is others oriented. It requires the therapist to overcome their own beliefs and values and to focus on the cultural identity of their client. Through doing so, the therapist is able to express respect toward their client and a lack of

superiority. Through cultural humility the therapist is able to foster an environment that is both open and collaborative.

Hook et al. (2013) sought to further understand how culture impacted the working alliance between therapist and client. The findings from this study indicate that cultural humility is positively associated with a strong working alliance. Moreover, cultural humility was also found to be a predictor of positive outcomes in therapy with working alliance as a mediator.

Owen et al. (2014) sought to further examine the findings from the Hook et al. (2014) study. In this study, the researchers sought to understand the impact of cultural humility on the therapeutic relationship related to a specific cultural variable, which was religion and spirituality (R/S). The study included participants who indicated that R/S were central to their cultural identity. The participants were surveyed using the following measures: Patient's Estimate of Improvements (PEI), Cultural Humility Scale (CHS), and Religious Commitment Inventory (RCI-10).

Findings from the Owen et al. (2014) study indicated that when clients identified a strong commitment to R/S cultural humility was a positive indicator of therapy outcome. However, when the client indicated a lower commitment to R/S cultural humility did not appear to impact the therapeutic relationship in either direction. Results from this study and others indicate that the therapist simply showing humility, related to cultural variables, may serve as a means to create a safe space for the discussions to occur naturally. Likewise, clients who identify strongly with a race or culture may be more likely to discuss the topic, simply because it is safer for them.

The Owen et al. (2014) highlights the need for cultural humility on the behalf of the therapist in order to strengthen the working alliance. Hook et al. (2016) conducted a study, which provides further evidence of the emphasis that should be placed on cultural humility in the

therapeutic relationship. The study also provides findings related to the consequences of the therapist not discussing cultural variables in therapy.

Hook et al. (2016) examined client's perception of their therapist's cultural humility and its association with microaggression. All of the participants surveyed identified as racial and/or ethnic minorities (REM). The participants were surveyed using the following measures: Racial Microaggression in Counseling Scale (RMCS), Cultural Humility Scale (CHS), Cross-Cultural Counseling Inventory-Revised (CCCI-R7), and Counselor Rating Form-Short (CRF-S).

Overall, the participants in the survey reported having experienced microaggressions in therapy infrequently (Hook et al., 2016). A large percentage (81.75%) reported having experienced at least one microaggression during therapy. Of the microaggressions listed in the RMCS, participants in this study reported the most commonly experienced were: denial of stereotypes/biases and avoidance of discussion of cultural topics.

The results of the study indicate that REM participants experience microaggressions at the same rate, regardless of their race. For Hispanic and Black clients, when they are culturally matched with their therapist, they are more likely to report the microaggression to be a significant event. The researchers speculate that this is likely due to having a higher expectation of one's own race.

There is an association between cultural humility and lower frequency of microaggressions as well as a lower negative impact of microaggressions (Hook et al., 2016). Additionally, therapists who are perceived as having high cultural humility are less likely to commit a racial microaggression. Based on the Hook et al. (2013) definition of cultural humility, this finding makes a great deal of sense because these therapists are likely more focused on others and are perhaps also more careful when discussing sensitive topics like race and culture.

Additionally, it seems that therapist who demonstrate cultural humility are better equipped to repair the relationship if they do commit a microaggression. A less culturally humble therapist might not feel comfortable discussing the issue and therefore negatively impacting the working relationship.

Cultural Humility and Supervision

While many of the studies of cultural humility have focused on the therapist and client relationship, there is some evidence that it is also useful in the supervisory relationship. Hook et al. (2016) describes three reasons why cultural humility should be part of the supervision relationship. First, cultural humility contributes to a strong working alliance similarly to the therapy process. Second, when the supervisor has cultural humility they are better equipped to work with their supervisees. Moreover, supervisors are more likely to have a greater awareness of multiculturalism, which they can develop in their supervisees. Third, when a supervisor models cultural humility with their supervisee it may help the supervisee to engage in that same behavior with their clients.

Hook et al. (2016) describes the process of cultural humility in supervision as being very similar to the therapeutic relationship. Cultural humility in supervision requires the supervisor to be a life-long learner, recognizing that especially when related to multiculturalism they will not know everything. This also suggests that the supervisor demonstrate a humility for the things they do not know, which unfortunately contradicts many supervision models that state the supervisor is the expert. The supervisor must also be aware of the power differential, between themselves and the supervisee, and work to foster an environment of awareness and curiosity. Along these lines, Hook et al. (2016) suggests an “initiate-invite-instill” approach in supervision. With this approach, it becomes the supervisor’s responsibility to both initiate and invite cultural

discussion during supervision and instill the value of cultural discussion through the modeling cultural humility and dialogue.

Cultural Missed Opportunity

Owen (2013) describes cultural opportunities as the second pillar of the Multicultural Orientation Model (MCO). Simply, cultural opportunities are the naturally occurring opportunities that occur during therapy in which clients discuss a topic related to their cultural identity. Owen (2013) further describes the missed cultural opportunity as the therapist not discussing the client's cultural identity after the topic is brought up.

Cultural missed opportunities and cultural humility are considered to work together, although both are distinct variables. Hook et al. (2013) suggested that the culturally humble therapist is less likely to miss opportunities to discuss the client's cultural identity. Moreover, therapists who engage in cultural discussions are more likely to be perceived as culturally humble, which is a predictor of positive therapeutic outcomes (Owen, 2013).

Owen et al. (2016) examined the association between cultural humility and cultural missed opportunities. In this study, 247 clients who had recently concluded therapy were surveyed. The clients reported having been seen by one of the 50 therapists at a large university counseling center. Participants were surveyed using the following measures: Cultural Identities (clients were asked to identify cultural identities that were important to them), the Cultural Humility Scale (CHS), Cultural (missed) Opportunities, Patients Estimate of Improvement (PEI), and Schwartz Outcome Scale-10. All participants were surveyed retrospectively.

An analysis of the data from the study indicates that clients whose therapists had cultural discussions also reported better therapy outcomes (Owen et al., 2016). The findings from the study also demonstrate a significant association between cultural humility and therapy outcomes.

Related to the third hypothesis in the study that cultural humility would moderate the relationship between therapy outcomes and missed opportunities, a significant interaction was found. Interestingly, for those clients who rated their therapist as culturally humble the association between therapy outcomes and missed opportunities was not significant. The researchers postulate this finding is likely due to cultural humility serving as a buffer in the therapeutic relationship.

Racial Identity of Supervisee

Racial identity is another key component to supervision. Helm's (1990) developed a model called the Racial Identity Interactional Model based on interaction between counselors and therapists, this model has also been applied to the supervisory relationship. The model simply states that there are three primary types of dyads: progressive, parallel, and regressive. In the case of supervision, a progressive interaction would be one where the supervisor has a more developed attitude and awareness about their racial identity. A parallel interaction type is one where the supervisor and supervisee have similar awareness and racial identity. Finally, a regressive interaction type is where the supervisor has a lower sense of awareness and racial identity than the supervisee. In supervision, a progressive relationship is thought to be the ideal scenario in supervision because it fosters an environment of learning and discussing through scaffolding.

Constantine et al., (2005) designed a study to further examine how Helm's interaction types can enhance the multicultural counseling competence and case conceptualization in a supervisory relationship. The researchers examined supervisory relationships of White supervisors and supervisees only.

The participants in the study included 50 White doctoral student supervisees and their White supervisors (Constantine et al., 2005). The supervisees received a survey packet with the following measures: the White Racial Identity Scale (WRIS), the Cross-Cultural Counseling Inventory-Revised, a demographic questionnaire, and Multicultural Cases Conceptualization Ability Exercise. The case conceptualization exercise included a short intake vignette about an African American client, with the following instructions: (1) Write a brief paragraph about the *etiology* of the client's concerns and (2) Write a brief paragraph about how you (the supervisee) intend to treat the client and what will be the focus of treatment. Two separate raters reviewed responses to the conceptualization exercise and ranked response on a scale of 0-5, based on the frequency at which the responded addressed racial or ethnic topics. The supervisors received a survey packet including only the WRIS.

Results from the study indicate supervisees who are in a progressive or parallel supervisory relationship report higher multicultural competence and had higher scores on the conceptualization exercise (Constantine et al., 2005). Regarding the WRIS, supervisors who reported a higher awareness of White racial attitudes were more likely to have supervisees who were able to consider cultural topics in their conceptualizations. For supervisors and supervisees who had lower scores on the WRIS, they were less likely to explore racial or ethnic topics in their case conceptualizations.

While this study included only White supervisors and supervisees the findings parallel those of Bhat and Davis (2007) and Ladany et al. (1997), which included supervisees from various racial and ethnic backgrounds. Ladany, Brittan-Powell, and Pannu (1997) sought to further understand how Helm's Racial Identity Interactional Model worked in supervision and its impact on the working alliance and supervisee multicultural competence.

Researchers surveyed 105 participants from various racial and ethnic backgrounds. All participants were currently in individual supervision. The measures used for the study included the following: Cultural Identity Attitude Scale (CIAS, used only for individuals who identified as a racial or ethnic minority), White Racial Identity Attitude Scale (WRIAS, used only for individuals who identified as White), Perceptions of Supervisor Racial Identity (PSRI), Racial Identity Interaction, Working Alliance Inventory-Trainee (WAI-T), and Cross Cultural Counseling Inventory-Revised (CCCI-R).

Regarding the working alliance, the researchers found that supervisees who had parallel-high interactions (supervisor and supervisee both high on racial identity) predicted a quality working alliance (Ladany et al., 1997). Progressive interaction (supervisor high on racial identity, supervisee low on racial identity) had the second highest working alliance. The researchers hypothesize the reason for this is likely due to the supervisor being more aware and understanding of the supervisee's needs related to racial identity development. Similar to other studies, parallel-low interactions (supervisor and supervisee both low on racial identity) resulted in a lower quality working alliance.

Supervisees in parallel-high and progressive racial identity interactions reported the highest multicultural competence (Ladany et al, 1997). In contrast, supervisees in parallel-low and regressive racial identity interactions reported lower multicultural competence. Researchers theorize that parallel-low and regressive interactions likely have a great deal of conflict, due to the supervisor's lack of awareness and validation of cultural issues. For supervisees who desire to increase their racial identity, supervisor who views the topic as irrelevant can have enormous consequences to the working alliance.

Bhat and Davis (2007) sought to extend the Ladany et al. (1997) to further understand racial identity and its impact on the supervisory relationship. Specifically, the researchers examine the impact of racial identity on the supervisory working alliance. The researchers found a significant relationship between racial identity and the working alliance. Moreover, when the supervisor and supervisee had parallel levels of racial identity (high racial identity for supervisee and supervisor) there was the highest reported working alliance. The reverse was also true where both supervisor and supervisee reported low racial identity; this group had the weakest working alliance.

One's racial identity contributes to their level of awareness of their own cultural biases and prejudices, how those might impact their work with others, as well as how they are treated by others due to their race. In a supervisory relationship, it is reasonable to expect that the racial identity of supervisees of color may play a role in how they perceive the supervisory relationship with their white supervisor and facilitate a greater awareness of differences both in the supervisory and therapeutic relationships.

Awareness of one's own racial identity seems to play a crucial role to a successful supervisory relationship and therapist/client relationship. Racial unawareness can lead to negative consequences for not only the supervisory relationship but also the client. Especially for White supervisors and supervisees, an awareness of one's own power and privilege is an important step to recognizing these concerns within other populations.

Self-Efficacy of Supervisee

Self-efficacy impacts several different areas of a counselor's work. In a literature review on counseling self-efficacy, Larson and Daniel (1998) describe personal agency variables that have a relationship to counselor self-efficacy. Outcome expectations and self-evaluations are

moderately positively related to self-efficacy, while anxiety is negatively moderately related to self-efficacy. The authors state that these personal agency variables are not static and can shift, especially during early training experiences.

Larson and Daniel (1998) found that those who are further along in their training are more likely to report higher counselor self-efficacy. Specific forms of training that increased self-efficacy were coursework and supervision. Training plays a vital role in the building of self-efficacy for beginning therapists. Related to supervision, the evaluation process is key. The authors found that the supervisor's evaluation and the supervisee's own self-evaluation contribute to the overall sense of self-efficacy.

Clearly, supervision has a distinct role in building self-efficacy in supervisees. The process of building a more efficacious supervisee involves the supervisor understanding the developmental level of their supervisee through evaluation of their performance (Larson and Daniel, 1998). The evaluation process involves insight on both the part of the supervisor and supervisee. During the evaluation process, several variables are considered, such as: stable counselor characteristics, personal agency variables (excluding self-efficacy), supervisory working alliance, and the larger context. The supervisor is tasked with understanding where the supervisee is having issues and initiating interventions to help the supervisee along in the developmental process, which will in turn increase counselor self-efficacy.

There are several events that can impact a clinician's self-efficacy. Bischoff, Barton, Thober, and Hawley (2002) identified four areas that impact self-efficacy: supervision, client contact, interactions with peers, and stressors in personal life. In supervision, Bischoff and colleagues (2002), found that supervisors who identified the things the supervisee was doing well resulted in higher self-efficacy for the supervisee. The authors theorize that supervisees

perceived praise as a trust in their abilities from the supervisors. The findings from this study are consistent with Bernard and Goodyear (2014) suggestion that supervisees have a desire to feel competent, which is fostered by their supervisors.

Bischoff et al. (2005) also found that supervisors who emphasized specific in-session behaviors that the supervisee was doing well resulted in a higher perception of self-efficacy for the supervisee. Another characteristic highlighted for increasing self-efficacy, included supervisors who provided support when offering suggestions for improvement. The researchers related this finding to the developmental needs that should be fulfilled in supervision. Often times, supervisees come to supervision looking for help and guidance to help them develop as psychotherapists. Along these lines, self-efficacy was increased when supervisees had supervisors who normalized their feelings and the developmental issues they were facing.

Training, whether through coursework or supervision, is an important factor in the development of counselor self-efficacy. Goreczny, Hamilton, Lubinski, and Pasquinelli (2015) examined counselor self-efficacy and anxiety at various levels of training. The study included 97 participants (21 undergraduate students from an Abnormal Psychology class and 76 graduate students from a counseling psychology program). The graduate students were at various points in their training 31 were in their first semester of coursework, 16 were in their first counseling practicum, and 29 were in their final counseling practicum. Each participant completed an Experience Questionnaire, the Counselor Activity Self-Efficacy Scale (CASES), Counselor Self-Estimate Inventory (COSE), Subjective Happiness Scale (SHS), Satisfaction with Life Scale (SLS), and the Rosenberg Self-Esteem Scale.

Goreczny et al. (2015) found that counselor self-efficacy follows a curvilinear pattern. In this study undergraduate students had the highest counselor self-efficacy (despite not seeing

clients), beginning graduate had the lowest, and advanced graduate students had the highest. The results of the study also indicate that as a student progresses in their training counselor self-efficacy increases. Additionally, there was a significant correlation between anxiety and self-efficacy. Results from the study indicate the more self-efficacious a counselor feels the less anxiety they have about performing. This finding is in line with Bandura's theory that self-efficacy is built through practice and feedback about skills.

Specific skill building in supervision is essential to counselor self-efficacy. One area of skill development that has shown to increase counselor self-efficacy is related to multicultural competence. The multicultural competence of a supervisor has been found to influence the self-efficacy of a supervisee and increases satisfaction with supervision (Crockett and Hays, 2005). Other researchers have reported similar findings, suggesting that counselors report higher self-efficacy when race and culture are discussed in supervision (Vareen et al., 2008). Additionally, higher counselor self-efficacy is reported based on the amount of time these issues are discussed in supervision (Constantine, 2001). Supervisor's multicultural competence fosters awareness in their supervisee and creates a safe environment for the supervisee to learn and grow.

Summary

Over the last several years, the field of clinical supervision has worked to move toward a competency-based model of supervision. Falender and Shafranske (2007) discuss the importance of focusing on various competencies during supervision. Moreover, the authors point to the necessity of focusing on multicultural competence for supervisees. There have been barriers within this area though due to the lack of multicultural training for supervisors.

There has been little focus in research on the impact of supervisor multicultural competence on supervisees. Some research suggests that supervisor overall competence appears

to impact the supervisory working alliance and counselor self-efficacy (Crockett and Hays, 2005). Constantine et al. (2005) also found in supervisory relationships where supervisors were perceived more aware of their racial identity, supervisees reported a higher multicultural competence and the ability to conceptualize clients using a multicultural framework. The research seems to suggest the significance of multicultural competence to a positive supervision outcome.

Cultural humility and cultural missed opportunities is one avenue in which we can understand the impact of multicultural competence and awareness on the supervision relationship. Research by Owen (2013) suggests that cultural humility and cultural missed opportunities appear to work together, thus the more aware a supervisor is of cultural and racial issues the less likely they are to miss opportunities to discuss these issues with their supervisees. Furthermore, focused discussion on racial and cultural issues along with the supervisor's awareness has been shown to strengthen the supervisory working alliance (Hook et al. 2016).

There are many variables that affect the supervisory relationship, one of which is the racial and ethnic background of the supervisor and supervisee. Research has been limited regarding how this can impact the supervision relationship, especially as it relates to cross-cultural supervision relationships. Furthermore, whether or not there is a specific phenomenon that occurs within cross-cultural supervision has had little emphasis in research.

Chapter 3: Methods

Research Design

Using a descriptive correlational design, the study used a survey method for data collection. The target population is racial/ethnic minority supervisees. The relationship among cultural humility, cultural missed opportunities, racial identity, supervisory working alliance, and counselor self-efficacy will be examined. Specifically, the study will examine the following hypotheses: (1) Supervisees perceived cultural humility predicts supervisee reported supervisory working alliance in supervision in a positive direction. (2) The degree to which supervisors take opportunities to engage in cultural discussions as reported by supervisee, predicts supervisee perception of supervisory working alliance in a positive direction. (3) Supervisee perceived supervisor cultural humility predicts supervisee self-efficacy in a positive direction. (4) The degree to which supervisors take opportunities to engage in cultural discussions as reported by supervisee predicts supervisee self-efficacy in positive direction. (5) Supervisee Racial identity will moderate the relationship between the predicting variables (supervisor cultural humility and cultural missed opportunities) and the criterion variables (supervisee perceived working alliance and self-efficacy). Higher racial identity may be associated with a strong relationship between the predicting and criterion variables.

Participants and Procedures

The total sample of this study included 87 participants (Table 1). Individuals who did not meet the inclusion criteria or had missing data were excluded from the study (99 participants were excluded). The sample included 73 females (83.9%), 13 males (14.9%), 1 transgender (1.1%); 24 Hispanic/Latino (27.6%), 21 Asian (24.1%), 20 African American (20.0%), 17 Other (19.5%), and 5 American Indian/Alaskan Native (5.7%). The sample comprises 71 (81.6%)

graduate students and 16 (18.44%) practicing professionals. Participations were from the following fields: 44 Counseling Psychology (50.6%), 30 Clinical Psychology (34.5%), 12 Social Work (13.8%), and 1 Other Mental Health Field (1.1%). The sample included 70 participants at the doctoral level (80.5%) and 17 at the master's level (19.5%). (Note: Current students were asked to indicate the degree they were currently pursuing.) In terms of clinical training 38 participants (43.7%) had four or more years of experience, 19 (21.8%) had two years of experience, 16 (18.4%) had three years of experience, and 14 (16.1%) had at least one year of experience. Regarding supervision experience (where the participant was the supervisee) 35 participants (40.2%) had four or more years of supervision experience, 21 (24.1%) had two years of supervision experience, 20 (23.0%) had three years of experience, and 11 (12.6%) had at least one year of supervision experience.

Participants were recruited using various APA listservs (i.e. Divisions 17, 29, 42) Additionally, training directors from APA accredited counseling and clinical psychology programs and Council on Social Work Education accredited social work programs were sent recruitment emails to distribute to their students. An email was sent describing the nature of the study along with a link to the Qualtrics survey. The inclusion criteria for the study is as follows: participants are required to have at least one year of clinical experience (i.e. practica or paid clinical work) where there received supervision from a licensed mental health profession (i.e. psychologist, counselor, therapist, social worker), participants are also required to identify as a racial and/or ethnic minority, and participants must have had clinical supervision from a White supervisor.

After filling out demographic information and meeting the inclusion criteria the participants received a prompt to think of a clinical supervision experience in which they

received supervision from a White supervisor. The participants are asked to continue thinking of the same White supervisor as they respond to the survey items.

Table 1: Demographic Characteristics of Participants

Characteristic	n	Percent
<i>Gender</i>		
Female	73	83.9%
Male	13	14.9%
Transgender	1	1.1%
<i>Race/Ethnicity</i>		
Hispanic/Latino	24	27.6%
Asian	21	24.1%
African American	20	23.0%
Other	17	19.5%
American Indian/Alaskan Native	5	5.7%
<i>Clinical Status</i>		
Graduate Student	71	81.6%
Professional	16	18.4%
<i>Field</i>		
Counseling Psychology	44	50.6%
Clinical Psychology	30	34.5%
Social Work	12	13.8%
Other Mental Health Field	1	1.1%
<i>Degree</i>		
Doctoral	70	80.5%
Master's	17	19.5%
<i>Years of Clinical Experience</i>		
4+ years of clinical experience	38	43.7%
2 years of clinical experience	19	21.8%
3 years of clinical experience	16	18.4%
1 year of clinical experience	14	16.1%
<i>Years of Supervised Clinical Work (participant as supervisee)</i>		
4+ years of supervision	35	40.2%
2 years of supervision	21	24.1%
3 years of supervision	20	23.0%
1 year of supervision	11	12.6%

Measures

Demographic Information: Participants were asked to report gender and race of themselves and their supervisors. Participants will be asked to report what type of program, level of training, and years of experience. Additionally three scaling questions were asked regarding the relationship with their supervisors, quality of supervision, and overall satisfaction.

Counselor Activity Self-Efficacy Scale: The Counselor Activity Self-Efficacy Scale (CASES) was developed by Lent, Hill, and Hoffman (2003) to assess a counselor's self-efficacy for performing helping skills, managing the counseling process, and dealing with challenges in counseling. The scale consists of 41-items on a 10-point Likert scale (0 = no confidence, 10 = complete confidence). High scores on this scale indicated a higher degree of counselor self-efficacy. A factor analysis of the measure indicate there six scales: (a) Exploration Skills, which assesses basic communication competencies, (b) Insight Skills, which assesses capability to challenge a client's inconsistencies, (c) Action Skills, which assesses skills in providing structured interventions, (d) Session Management, which assesses ability to facilitate the counseling process, (e) Client Distress, which assesses the difficulty of the client's presenting problem, and (f) Relationship Conflict, which assess conflicts between client and counselor. Exploration Skills contains 5-items, Insight Skills contains 6-items, Action Skills contains 4-items, Session Management contains 10-items, Client Distress contains 6-items, and Relationship Conflict contains 10-items. The internal consistency of the six factors is as follows: 0.79 (Exploration Skills), 0.85 (Insight Skills), 0.83 (Action Skills), 0.94 (Session Management), 0.94 (Client Distress), and 0.92 (Relationship Conflict).

Convergent validity was examined by comparing CASES to a conceptually similar measure the Counselor Self-Estimate Inventory (COSE) (Larson, et al. 1992; Lent et al., 2003).

Within these two measures there were correlations amongst similar scales, such as: Process (COSE) and Session Management (CASES), $r = .67$ and for Difficult Client Behaviors (COSE) and Client Distress (CASES), $r = .61$. The fairly small correlations between CASES and the Social Desirability Scale offer evidence for discriminant validity (the range was -0.02 to 0.22). Finally, CASES was significantly related to positive outcome expectations regarding the counselor role offering some evidence for criterion-related validity ($r = 0.24$).

The scale has an overall internal consistency of 0.97 . Lent et al. (2003) suggest that CASES also has good internal reliability with two-week test-retest reliability ranging from 0.59 to 0.76 . The present study has an overall internal consistency of 0.97 . The alpha coefficients were as follows for the subscales: 0.83 Exploration Skills, 0.89 Insight Skills, 0.86 Action Skills, 0.95 Session Management, 0.88 Client Distress, and 0.93 Relationship Conflict. The initial estimates of reliability suggest that CASES along with its six factors have acceptable levels of internal consistency.

Supervisory Working Alliance-Supervisee Form: Efstation, Patton, and Kardash (1990) developed the Supervisory Working Alliance-Supervisee Form (SWA) to measure the relationship in counselor supervision. The measure includes 19-items on a 7-point Likert scale (1 = almost never, 7 = almost always). High scores on this scale indicated a stronger perceived working alliance with the supervisor. The authors found through a factor analysis that the SWA-Supervisee Form has two subscales, which are: (a) Rapport, which assesses the trainees perception of support from supervisor and (b) Client focus, which assesses the supervisor's promotion of the trainee's understanding the client. The Rapport subscale contains 12-items and the Client Focus Subscales contains 7-items. For the two factors, the internal consistency Rapport was 0.90 and Client Focus was 0.77 . The initial estimates of reliability suggest that Supervisory

Working Alliance-Supervisee Form along with its two factors have acceptable levels of internal consistency.

The SWA has been compared to similar supervisory scales the Supervisory Styles Inventory (SSI) (Friedlander & Ward, 1984) and Self-Efficacy Inventory (SEI) (Friedlander & Snyder, 1983) to analyze intercorrelations. Efstation et al. (1990) found that correlations between the scales are significant, $r = .23$ and $.26$. Convergent and divergent validity was established for the SWA-Supervisee Form by examining its relationship to selected scales from the Supervisory Styles Inventory. The SWA-Supervisee Form has an internal consistency ranging from $.77$ to $.90$. The present study has an overall internal consistency of 0.97 . The alpha coefficients were as follows: 0.97 for Rapport and 0.92 for Client Focus.

Multi-group Ethnic Identity Measure-Revised: The Multigroup Ethnic Identity Measure-Revised (MEIM-R) was developed to assess ethnic identity (Phinney & Ong, 2007). The MEIM-R is a 6-item measure with a 5-point scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree). Responses are averaged with a higher averaged indicating a higher level of racial identity. The MEIM-R has two subscales: (a) Exploration, which assesses to what degree an individual seeks information about their ethnicity and Commitment, which assesses an individual's attachment to their ethnic group. Each of the two subscales includes 3-items each. The individual factors have internal consistency of 0.76 (Exploration) and 0.78 (Commitment), respectively. The 6-item scale has an alpha of $.81$. Confirmatory factory analysis goodness-of-fit indices indicate offer evidence for a similar two-factor structure across Asian, Black/African American, Hispanic, multiethnic, and white racial groups (Brown et al., 2013).

Herrington, Smith, Feinauer, and Griner (2016) conducted a reliability generalization of the MEIM-R using 37. In this study the authors found an average internal consistency of $.88$,

which is considered acceptable for a 6-item measure. Amongst individuals with lower education levels (no high school education), researchers have found internal consistency for the measure to be as low as .81. The present study has an overall internal consistency of 0.86. The alpha coefficients were as follows: 0.79 Exploration and 0.89 Commitment. The initial estimates of reliability suggest that MEIM-R along with its two factors have acceptable levels of internal consistency.

Cultural Humility Scale: The Cultural Humility Scale (CHS) was developed by Hook et al. (2013) to assess perceived cultural awareness of therapists. The scale consists of 12-items. Participants respond on a 5-point scale (1 = strongly disagree, 5 = strongly agree). Higher scores indicate a higher degree of cultural humility. The CHS has two subscales, which includes seven items are positive reflective and five items are negative reflective.

Hook et al. (2013) designed a three-part study to test the reliability and validity of the CHS. In the first portion of the study researchers found that the measure has two subscales (Positive and Negative). The subscales had alphas of .93 and .90, respectively. The CHS has a total internal consistency of 0.93. Item-scale correlations between the CHS with therapy variables ranged from 0.58 to 0.75. For the second part of the study, researchers found support for the two-factor model ($\chi^2(53) = 81.11, p = .008, CFI = .99, RMSEA = 0.05, SRMR = 0.4$) versus a one-factor model ($\chi^2(54) = 377.90, p = .001, CFI = .91, RMSEA = 0.21, SRMR = 0.9$). The overall internal consistency in the second study was .92 and the subscales were .90 and .90. Item-scale correlations between the CHS with therapy variables ranged from 0.45 to 0.70. In the third study, the researchers sought to replicate the findings from the first two parts of the study. The overall internal consistency for the CHS was .86 with the two subscales having alphas of .88 and .84 for the third study. Item-scale correlations between the CHS with therapy variables

ranged from 0.41 to 0.77. The second and third studies established construct validity for the CHS through significant positive relationships with supervisory working alliance.

The present study has an overall internal consistency of 0.95. The alpha coefficients were as follows: 0.93 for positive reflective items and 0.90 for negative reflective items. The initial estimates of reliability suggest that the Cultural Humility Scale along with its two factors have acceptable levels of internal consistency.

Cultural (Missed) Opportunities: Owen et al. (2016) developed the Cultural Missed Opportunities Scale. The scale includes 4-items, which assesses for cultural missed opportunities by the therapist. The items are rated on a 5-point scale (1 = strongly disagree, 5 = strongly agree). The content validity was examined via three psychologists with expertise in the areas of multicultural competence and psychotherapy research, subsequently reducing the scale from seven to five items.

Using the 5-items, a one-factor model was established with goodness of fit estimates for the items ranging from 0.69 to 0.92, with the exception of one item loading at -0.28. This item was deleted which increased the alpha from 0.79 to 0.86. The final scale has 4-items and to date has only been used in one study. The initial estimates of reliability suggest that the Cultural (Missed) Opportunities have acceptable levels of internal consistency. The present study has an overall internal consistency 0.93.

Chapter 4: Data Analysis

Preliminary Data Analysis

A series of t tests were completed to determine if participants of different gender or ethnicity differ on each major variable (working alliance and participant gender, working alliance and participant race, counselor self-efficacy and participant gender, and counselor self-efficacy and participant race). The results showed no statistical significance on any of the variables.

A correlation matrix was calculated to show the relationship among all the variables (Table 2). As expected, some demographic variables were positively correlated with each other, which included: level of training and field of training ($r = 0.65$), years of clinical experience and professional status ($r = 0.33$), years of supervision experience and professional status ($r = 0.40$), years of supervision experience and years of clinical experience ($r = 0.81$). Quality of supervision, relationship with supervisor, and overall satisfaction with supervision were measured, results showed these variables correlated with each other (r ranges from 0.75 to 0.80).

Some of the major variables positively correlated with some of the demographic variables. Counselor self-efficacy was positively correlated with both years of clinical experience ($r = 0.31$) and years of supervision experience ($r = 0.51$), showing that individuals' counseling self-efficacy grew with training. Further, the positive correlation with professional status (student is dummy coded as 1 and professional 2) showed that professionals tend to have higher counselor self-efficacy than students. Notably, none of the other 4 major variables, working alliance, cultural humility, racial identity, and missed cultural opportunities showed significant correlation with these demographic variables.

Another pattern worth noting is cultural humility and missed cultural opportunities had a high negative correlation (-0.73), and both had correlation with working alliance and self-efficacy in the expected direction. The higher supervisor cultural humility is, the higher working alliance (0.82) and supervisee self-efficacy (0.28) are; while the more supervisor missed cultural opportunities, the lower the working alliance (-0.66) and supervisee self-efficacy (-0.29) are. Further, cultural humility and missed cultural opportunities also had significant correlations with self reported supervisory relationship, supervision quality, and satisfaction with supervision in the expected direction. The more cultural humility supervisors showed, the more positive ratings supervisees provided.

Supervisory working alliance was also found to have positive correlations with the three single scaled items: best describes relationship with supervisor ($r = 0.75$), best describes quality of supervision ($r = 0.71$), and overall satisfaction with supervision ($r = 0.78$). Supervisees who reported higher levels in these three areas also reported a positive supervisory working alliance. Also of note, is the moderator variable racial identity was only correlated with counselor self-efficacy ($r = 0.27$). Supervisees who reported a higher racial identity also had high counselor self-efficacy.

Means, standard deviations, skewness, and kurtosis for the five major variables and associated subscales are shown in (Table 3). Through a brief check, it appears that the participants scored in a similar range on some of the major variables and differently on others compared those reported in the scale norming or other major studies using the same measure. Supervisory Working Alliance total score has an $M = 101.80$ and $SD = 23.80$, which is close to the total mean reported by White and Queener (2003) in a study with supervisees ($M = 107$, $SD = 20$). Counselor Self-Efficacy has six subscales and a total score (Exploration $M = 7.74$, $SD =$

0.88; Insight M = 6.47, SD = 1.59; Action M = 6.49, SD = 1.68; Session Management M = 6.92, SD = 1.23; Client Distress M = 6.46, SD = 1.42; Relationship Conflict M = 6.21, SD = 1.50; Total Score 6.66, SD = 1.20), which are close to the means reported by Lent, Hill, and Hoffman (2003) in the initial development and validation of the scale (Exploration M = 7.27, SD = 0.95; Insight M = 6.02, SD = 1.40; Action M = 6.13, SD = 1.46; Session Management M = 6.39, SD = 1.20; Client Distress M = 5.01, SD = 1.97; Relationship Conflict M = 5.70, SD = 1.45; Total Score 6.05, SD = 1.16).

Table 2: Pearson correlations between control, major, and moderator variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
Professional Status (1)	-	-	-	-	-	-	-	-	-	-	-	-	-
Field of Training (2)	0.06	-	-	-	-	-	-	-	-	-	-	-	-
Level of Training (3)	-0.01	0.65**	-	-	-	-	-	-	-	-	-	-	-
Years of Clinical Experience (4)	0.33**	-0.14	-0.39**	-	-	-	-	-	-	-	-	-	-
Years of Supervision Experience (5)	0.40**	-0.08	-0.34**	0.81**	-	-	-	-	-	-	-	-	-
Best Describes Relationship w/Supervisor (6)	-0.12	-0.11	-0.089	0.01	0.02	-	-	-	-	-	-	-	-
Best Describes Quality of Supervision (7)	-0.11	-0.18	-0.112	-0.03	-0.04	0.80**	-	-	-	-	-	-	-
Overall Satisfaction (8)	-0.11	-0.07	-0.017	-0.10	-0.11	0.80**	0.75**	-	-	-	-	-	-
Counselor Self-Efficacy (9)	0.26*	0.20	0.092	0.41**	0.51**	0.25*	0.18	0.19	-	-	-	-	-
Supervisory Working Alliance (10)	-0.12	0.07	0.069	-0.04	0.00	0.75**	0.71**	0.78**	0.43**	-	-	-	-
Racial Identity (11)	0.06	-0.07	-0.064	0.09	0.07	0.08	0.12	0.05	0.27*	0.05	-	-	-
Cultural Humility (12)	-0.11	0.02	0.064	-0.07	-0.05	0.76**	0.60**	0.76**	0.28**	0.82**	-0.05	-	-
Cultural Missed Opportunities (13)	0.19	-0.02	-0.174	0.09	0.02	-0.62**	-0.51**	-0.55**	-0.29**	-0.66**	-0.02	-0.73**	-

*p < 0.05 (two-tailed)

**p < 0.01 (two-tailed)

The Cultural Humility subscale Positive Reflective (M = 27.75, SD = 6.84) is similar to the mean reported by Hook et al., (2013) with Black participants currently in therapy (M = 27.58, SD = 5.36). The means reported by Hook et al. (2013) for Negative Reflective and Total Scores are comparable. Specifically, the mean range for Negative Reflective is 13.41 to 23.97, while a M = 18.69 was found in this sample; the range for Total score was 35.16 to 57.72, while a M = 46.44 was found in this sample. Cultural Missed Opportunities has a M = 2.99 and SD = 1.33, which is close to the total mean reported by Owen et al. (2016) in a study at a college counseling center (M = 2.25, 1.33). The means for the Racial Identity Scale and subscales (Exploration M = 4.24, SD = 0.75; Commitment M = 4.40, SD = 0.75; Total Score = 4.32, SD = 0.66) were found

to be higher than those reported by Brown et al. (2013) with a large multiethnic healthcare population (Exploration M = 3.13, SD = 0.95; Commitment M = 3.68, SD = 0.91; Total Score = 3.41, SD = 0.83).

Table 3: Means and Standard Deviation for the independent, dependent, and moderator variables

Variable	Mean	SD	Skewness	Kurtosis
<i>Supervisory Working Alliance</i>				
Rapport	5.46	1.34	-0.77	-0.58
ClientFocus	6.04	1.53	-0.50	-0.64
Total Score	101.80	23.80	-0.61	-0.74
<i>Counselor Self-Efficacy</i>				
Exploration	7.74	0.88	-0.33	-0.15
Insight	6.37	1.59	-0.72	0.25
Action	6.49	1.68	-1.09	1.33
Session Management	6.92	1.23	-1.01	1.50
Client Distress	6.46	1.42	-0.69	0.66
Relationship Conflict	6.21	1.50	-0.46	-0.07
Total Score	6.66	1.20	-0.65	0.72
<i>Racial Identity</i>				
Exploration	4.24	0.75	-0.87	-0.12
Commitment	4.40	0.75	-1.24	0.82
Total Score	4.32	0.66	-0.90	0.07
<i>Cultural Humility</i>				
Positive Reflective	27.75	6.84	-0.92	-0.20
Negative Reflective	18.69	5.28	-0.90	-0.05
Total Score	46.44	11.28	-0.95	-0.15
<i>Cultural Missed Opportunities</i>				
Total Score	2.99	1.35	-0.01	-1.30

Participants reported their relationship with supervisor, quality of supervision received, and their satisfaction with supervision through a single 5-point Likert scale. Table 4 lists the means and standard deviations for each of these three variables.

Table 4: Means and Standard Deviations for “relationship with your supervisor,” “quality of supervision,” and “overall satisfaction with supervision”

Item	Mean	Standard Deviation (SD)
Best Describes Relationship with Your Supervisor (5-point Likert)	3.10	0.91
Best Describes Quality of Supervision (5-point Likert)	3.05	0.99
Overall Satisfaction (6-point Likert)	4.60	1.70

Hypothesis Testing

Four hierarchical multiple regression analyses were performed to test the first four hypotheses as well as the moderating effect of racial identity respectively. Based on the result of the correlation analysis, the following variables were controlled for because they were found to be statistically significant to one or more predictor or criterion variables: Professional Status and Years of Supervision Experience. For all four regressions the control variables were entered into the equation as the first step. In the second step, the centered predictor involved in the particular hypothesis was entered (either cultural humility or cultural missed opportunities). In the third step, the centered moderator variable Racial Identity was entered. In the final step, the interaction term associated with the hypothesis was entered (either cultural humility x racial identity or cultural missed opportunities x racial identity).

The first regression included working alliance as the criterion and perceived supervisor cultural humility as the major predictor. The result showed that after the demographic variables were controlled for cultural humility accounted for a significant amount of variance in the dependent variable ($R^2 = 0.67$, R^2 change = 0.66, $F(1, 83) = 165.92$, $p < 0.00$). The addition of racial identity nor the interaction term did not add unique variance to the overall regression.

When cultural humility was added to the model it accounted for an additional 66% of the variance in supervisory working alliance. The result seemed to support the Hypothesis 1 that

supervisee perceived supervisor cultural humility predicts supervisee reported supervisory working alliance in a positive direction (Table 5).

Table 5: Summary of Hierarchical Regression Analysis for Cultural Humility Predicting Supervisory Working Alliance (N = 87)

Variable	Model 1			Model 2			Model 3			Model 4		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Professional Status	-8.57	7.63	-0.14	-3.56	4.21	-0.06	-3.79	4.18	-0.06	-3.74	4.19	-0.06
Years of Supervision Experience	1.24	2.62	0.06	1.47	1.52	0.07	1.37	1.51	0.06	1.42	1.52	0.06
Cultural Humility				1.72	0.13	0.81	1.73	0.13	0.82	1.74	0.14	0.83
Racial Identity							3.56	2.26	0.10	3.87	2.31	0.12
Cultural Humility x Racial Identity										-0.16	0.23	-0.05
<i>R</i> ²		0.02			0.67			0.68			0.68	
<i>F</i> for change in <i>R</i> ²		0.70			165.93**			2.47			0.50	

Note: Cultural Humility and Racial Identity were centered at their means.

***p* < 0.01.

In the second regression working alliance was used as the criterion and cultural missed opportunities as the major predictor. The result showed that after the demographic variables were controlled for cultural missed opportunities accounted for a significant amount of variance in the dependent variable ($R^2 = 0.44$, R^2 change = 0.42, $F(1, 83) = 62.82$, $p < 0.00$). Racial identity was not a statistically significant nor was the interaction term.

When cultural missed opportunities was added to the model it accounted for an additional 42% of the variance in supervisory working alliance. The result seemed to support the Hypothesis 2 that supervisor engagement in cultural discussion predicts supervisee reported supervisory working alliance in a positive direction (Table 6).

In the third regression counselor self-efficacy was used as the criterion and perceived supervisor cultural humility as the major predictor. The results showed that after the demographic variables were controlled for cultural humility accounted for a significant amount of variance in the dependent variable ($R^2 = 0.36$, R^2 change = 0.10, $F(1, 83) = 12.75$, $p < 0.00$). The results also showed that racial identity accounted for a significant amount of variance in the dependent variable ($R^2 = 0.42$, R^2 change = 0.06, $F(1, 82) = 8.61$, $p < 0.00$).

Table 6: Summary of Hierarchical Regression Analysis for Cultural Missed Opportunities Predicting Supervisory Working Alliance (N = 87)

Variable	Model 1			Model 2			Model 3			Model 4		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Professional Status	-8.57	7.22	-0.14	0.35	5.59	0.01	0.23	5.63	0.00	0.34	5.59	0.01
Years of Supervision Experience	1.24	2.62	0.06	0.23	1.99	0.01	0.19	2.00	0.01	0.40	1.99	0.02
Cultural Missed Opportunities				-2.93	0.37	-0.67	-2.92	0.37	-0.66	-2.95	0.37	-0.67
Racial Identity							1.40	2.99	0.04	0.84	3.00	0.02
Cultural Missed Opportunities x Racial Identity										-0.86	0.58	-0.12
<i>R</i> ²		0.02			0.44			0.44			0.46	
<i>F</i> for change in <i>R</i> ²		0.70			62.82**			0.22			2.20	

Note: Cultural Missed Opportunities and Racial Identity were centered at their means.

***p* < 0.01.

When cultural humility was added to the model, it explained an additional 10% of the variance in counselor self-efficacy. Racial identity explained an additional 6% of the variance in counselor self-efficacy. However, the interaction term was non-significant. The result seemed to support the Hypothesis 3 that perceived supervisor cultural humility predicts counselor self-efficacy in a positive direction (Table 7).

Table 7: Summary of Hierarchical Regression Analysis for Cultural Humility Predicting Counselor Self-Efficacy (N = 87)

Variable	Model 1			Model 2			Model 3			Model 4		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Professional Status	8.29	12.90	0.07	12.29	12.14	0.10	11.12	11.62	0.09	11.23	11.67	0.09
Years of Supervision Experience	22.23	4.68	0.49	22.41	4.38	0.49	21.86	4.20	0.48	21.99	4.22	0.48
Cultural Humility				1.37	0.38	0.32	1.42	0.37	0.33	1.47	0.38	0.34
Racial Identity							18.47	6.29	0.25	19.25	6.44	0.26
Cultural Humility x Racial Identity										-0.40	0.63	-0.06
<i>R</i> ²		0.27			0.36			0.42			0.43	
<i>F</i> for change in <i>R</i> ²		15.16			12.75**			8.61**			0.40	

Note: Cultural Humility and Racial Identity were centered at their means.

***p* < 0.01.

In the fourth regression counselor self-efficacy was used as the criterion and cultural missed opportunities as the major predictor. The result showed that after the demographic variables were controlled for cultural missed opportunities accounted for a significant amount of variance in the dependent variable ($R^2 = 0.48$, R^2 change = 0.05, $F(1, 83) = 12.85$, $p < 0.00$). The

results showed that racial identity accounted for a significant amount of variance in the dependent variable ($R^2 = 0.41$, R^2 change = 0.05, $F(1, 82) = 6.81$, $p < 0.01$).

When the variable cultural missed opportunities was added to the model, it explained an additional 5% of the variance in counselor self-efficacy. Racial identity accounted for an additional 5% of the variance in counselor self-efficacy above and beyond that accounted by the predictor in the model. However, the interaction term was non-significant. The result seemed to support the Hypothesis 4 that engagement in cultural discussions predicts counselor self-efficacy in a positive direction (Table 8).

As shown in these four regression analyses, Hypothesis 5 was not supported. There does not seem to be any statistically significant moderating effects between the major variables and racial identity.

Table 8: Summary of Hierarchical Regression Analysis for Cultural Missed Opportunities Predicting Supervisory Working Alliance (N = 87)

Variable	Model 1			Model 2			Model 3			Model 4		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Professional Status	8.29	12.90	0.07	17.18	12.33	0.14	15.79	11.93	0.13	15.82	12.01	0.13
Years of Supervision Experience	22.23	4.68	0.49	21.21	4.39	0.46	20.73	4.24	0.45	20.79	4.29	0.45
Cultural Missed Opportunities				-2.92	0.82	-0.32	-2.86	0.79	-0.31	-2.86	0.79	-0.31
Racial Identity							16.57	6.35	0.22	16.42	6.44	0.22
Cultural Missed Opportunities x Racial Identity										-0.22	1.24	-0.02
R^2		0.27			0.36			0.41			0.41	
F for change in R^2		15.16			12.85**			6.81**			0.03	

Note: Cultural Missed Opportunities and Racial Identity were centered at their means.

** $p < 0.01$.

Although each of the analyses tested each of the hypotheses individually, the high correlation between cultural humility and cultural missed opportunities led to the interest to examine their combined contribution to the two criterion variables. Thus, two additional analyses were conducted. One analysis was for the dependent variable supervisory working alliance and one analysis for the dependent variable counselor self-efficacy. In each analysis the first block included control variables (professional status and years of supervision experience), the second

block were both independent variables (cultural humility and cultural missed opportunities), the third block was the moderator (racial identity), and the fourth block was the interaction term (cultural humility x cultural missed opportunities x racial identity).

In the fifth regression supervisory working alliance was used as the criterion and the predictor variables (cultural humility and cultural missed opportunities) were entered into the same block, to examine the amount of unique variance accounted for by the predictor variables. The result showed that cultural humility and cultural missed opportunities together accounted for 66% of the variance in the dependent variable ($R^2 = 0.68$, R^2 change = 0.66, $F(2, 82) = 85.01$, $p < 0.00$) after the demographic variables were controlled for. Neither racial identity nor the interaction term was a significant predictor. The result seemed to support Hypothesis 1 and 2 that cultural humility and engagement in cultural discussions predicts supervisory working alliance in a positive direction (Table 9).

Table 9: Summary of Hierarchical Regression Analysis for Cultural Humility and Cultural Missed Opportunities Predicting Supervisory Working Alliance (N = 87)

Variable	Model 1			Model 2			Model 3			Model 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Professional Status	-8.57	7.22	-0.14	-2.37	4.27	-0.04	-2.70	4.25	-0.04	-2.35	4.32	-0.04
Years of Supervision Experience	1.24	2.62	0.06	1.24	1.52	0.19	1.17	1.51	0.05	1.16	1.52	0.05
Cultural Humility (CH)				1.52	0.19	0.72	1.55	0.19	0.73	1.55	0.19	0.73
Cultural Missed Opportunities (CMO)				-0.59	0.41	-0.13	-0.53	0.41	-0.12	-0.54	0.41	-0.12
Racial Identity (RI)							3.27	2.26	0.09	2.48	2.79	0.07
CH x CMO x RI										-0.02	0.05	-0.04
R^2		0.02			0.68			0.69			0.69	
F for change in R^2		0.70			85.01**			2.09			0.24	

In the sixth regression counselor self-efficacy was used as the criterion and the predictor variables (cultural humility and cultural missed opportunities) were entered into the same block, to examine the amount of unique variance accounted for by the predictor variables. The result showed that cultural humility and cultural missed opportunities accounted for a significant amount of variance in the dependent variable ($R^2 = 0.38$, R^2 change = 0.11, $F(2, 82) = 7.50$, $p < 0.00$). When the predictor variables were added to the model, it explained an additional 11% of

the variance in counselor self-efficacy. The results showed that racial identity accounted for an additional 6% of the variance in counselor self-efficacy above and beyond that accounted for by the main predictors ($R^2 = 0.43$, R^2 change = 0.06, $F(1, 81) = 7.89$, $p < 0.01$). However, the interaction term was non-significant. The result seemed to support Hypothesis 3 and 4 that cultural humility and engagement in cultural discussions predicts supervisory working alliance in a positive direction (Table 10).

Table 10: Summary of Hierarchical Regression Analysis for Cultural Humility and Cultural Missed Opportunities Predicting Supervisory Working Alliance (N = 87)

Variable	Model 1			Model 2			Model 3			Model 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Professional Status	8.29	12.90	0.07	15.77	12.30	0.13	14.00	11.83	0.11	14.04	12.06	0.11
Years of Supervision Experience	22.23	4.68	0.49	21.74	4.38	0.47	21.33	4.21	0.47	21.33	4.24	0.47
Cultural Humility (CH)				0.79	0.56	0.18	0.94	0.54	0.22	0.94	0.54	0.22
Cultural Missed Opportunities (CMO)				-1.71	1.18	-0.19	-1.39	1.14	-0.15	-1.40	1.15	-0.15
Racial Identity (RI)							17.72	6.31	0.24	17.64	7.78	0.24
CH x CMO x RI										0.00	0.13	0.00
R^2		0.27			0.38			0.43			0.43	
F for change in R^2		15.16			7.50**			7.89**			0.00	

Chapter 5: Discussion

This chapter will discuss the implications of the results presented in the data analysis chapter. The major findings will be discussed along with possible explanations and their similarity or lack of similarity to previous findings in the literature. Next, the implications of the study on current literature and practice will be discussed. Finally, limitations of the study will be discussed along with future directions for this line of research.

The study was designed to examine the potential positive role of supervisor's cultural humility and the negative role of missed cultural opportunities in supervisory relationships, for which the study showed strong support. Additionally the role of supervisees' racial identity was of interest because previous research had shown that this identity might influence individuals' experience of supervision (Bhat & Davis, 2011) as well as counseling experience (Ladany et al., 1997). Unfortunately, no evidence was found to show any role racial identity plays. Nonetheless the findings of the study demonstrated the power of supervisor cultural humility and potential negative pitfall of missing opportunity to address cultural issues in cross-racial supervision. The following reminders for White supervisors when working with supervisees of color can be derived.

Supervisor Cultural Humility is related to How Supervisees of color rate the supervisory relationship

The positive correlations of cultural humility with supervisee satisfaction with supervision and with their perceived supervisory relationship quality are consistent with what would be expected. Participants who perceived their supervisors to be culturally humble were also likely to report having positive relationships with their supervisors and a greater overall satisfaction with supervision.

The essence of cultural humility is the supervisor recognizing there are simply things they may not know about the culture of their supervisee/supervisee's client and having openness to learn about them. As suggested by the study findings, it will be beneficial for White supervisors to adopt an attitude of cultural humility when working with supervisees of color. By being culturally humble, supervisors may show interest in and pay attention to their supervisees' cultural values and behaviors, which are understandably facilitative in strengthening supervision relationship, which would lead to higher supervisee satisfaction.

Supervisors need to seek Opportunities to address Cultural Issues relevant to Supervisees when possible

The negative correlations of cultural missed opportunities with perceived quality of supervisory relationship and with supervisees' satisfaction with supervision may serve as warnings or reminders for White supervisors when working with supervisees of color. It is likely that supervisees will perceive the supervision quality as low and not feel satisfied when their supervisors do not engage in cultural conversations that are relevant to the supervision. Perhaps, not engaging cultural conversations when needed communicates White supervisors' lack of interest in and respect to the supervisees and their cultural behavior.

The degree to which supervisors missed opportunities to address relevant cultural issues predicts counselor self-efficacy and supervisory working alliance is quite informative. It is known that supervisory relationship is a key to effective supervision (Angus et al, 2004; Angus & Kagan, 2007; Chen & Bernstein, 2000). If supervisors fail to address cultural issues when needed with their supervisees of color, they probably fail as well to offer effective supervision. Thus it is critical that White supervisors see cultural conversations as an important component of supervision process and become initiators of the conversations when appropriate.

In addition to these demonstrated positive relationships, there is evidence for negative outcomes when supervisors avoid engaging in cultural conversations such as supervisees' perception of supervision quality, supervisee satisfaction with working alliance, and supervisees reported supervisory working alliance. These findings are similar to those of Constantine (1997), who reported that supervisee's felt their supervision relationship would have been enhanced had there been more engagement in cultural conversations.

Overall, the findings are important because they highlight the relevance of cultural humility and engagement in cultural discussion to the supervision relationship. Especially for minority supervisees, acknowledgement of culture and engagement in cultural discussions can be critical to the overall supervision relationship. These findings are supported by several other studies that showed support for recognizing in a clinical supervision relationship has been established as an important component to the supervisory working alliance (Constantine, 1997; Gatmon et al., 2001; Ancis & Marshall, 2010).

Supervisees of Color Benefit from White Supervisor Cultural Humility

To further explain and expand upon the correlations found in the study, consider the four hierarchical regressions, all of which are statistically significant. In one analysis, perceived cultural humility accounted for 67% of the variance in working alliance. The perceived cultural humility of the supervisor is a significant contributor to a positive supervisory working alliance. In another analysis, engagement in cultural discussion accounted for 44% of the variance in working alliance, which shows the benefits to the working alliance when supervisors take opportunities to engage in cultural discussions with their supervisees.

Ladany, Ellis, and Friedlander (1999) describe the supervisory working alliance as one of the most important "common factors" to the supervision process. A strong supervisory working

alliance promotes: internalizing the supervisor, the therapeutic alliance between supervisee and their client, overall satisfaction, and adherence to treatment protocols (Bernard & Goodyear, 2014). Therefore, focusing on variables that enhance this relationship is essential to the learning process.

Cultural variables, like cultural humility and engagement in cultural discussions, play a vital role to the supervision process by strengthening the working alliance. Likely there are several possible explanations for cultural variables being important to the working alliance. Based on the study results and those from previous research, it is possible that lack of humility or engagement cultural topics can create a barrier between supervisor and supervisee. This might make it difficult for supervisees to be open during supervision, which may prevent vital learning to occur. It is also likely that avoiding cultural topics can prevent a holistic approach to supervision. Avoidance of certain topics limits the discussion, especially of things that may be particularly salient for the supervisee (i.e. culture).

Cultural humility and engagement in cultural discussion are important to strengthening the working alliance. Additionally, these factors have similar importance within counselor self-efficacy. In one analysis, perceived cultural humility accounted for 36% of the variance in counselor self-efficacy. Another analysis resulted in engagement in cultural discussions accounting for 36% of the variance in counselor self-efficacy.

Clinical supervision plays a vital role in the development of counselor self-efficacy. Supervision is important because a significant amount of training occurs between the supervisor and supervisee, which prepare supervisees to work with clients. One specific factor that has been found to increase counselor self-efficacy within supervision is the multicultural competence of the supervisor (Crockett and Hayes, 2005). More specifically, research has shown when cultural

discussions occurred in supervision, supervisees reported a higher counselor self-efficacy (Vareen et al., 2008). Additionally, higher rates of cultural discussions result in higher counselor self-efficacy (Constantine, 2001).

The findings, in this study, related to counselor self-efficacy are likely largely related to multicultural competence. Multicultural competence is one aspect of a supervisees' training and unfortunately is a frequently overlooked area in supervision, according to research (Ancis & Marshal, 2010; Constantine (1997); Gatmon et al., 2001). Therefore, it makes sense for supervisees to report lower counselor self-efficacy in situations where they feel these conversations and/modeling do not occur. Conversely, where these topics are not being avoided and attended to appropriately supervisees will report higher counselor self-efficacy.

There was a high negative correlation between the predictor variables ($r = -0.73$). Owen et al. (2016) describes cultural humility and cultural missed opportunities as working in "concert" with each other. Thus, if a supervisor were to engage in cultural discussions it is likely they would also be perceived as culturally humble. The addition of the two regressions, where the predictor variables are added to the equation simultaneously, offers further evidence to support study findings. However, it should be noted that adding cultural missed opportunity did not increase the amount of the variance (66%) that cultural humility alone explained for working alliance, and only a slight increase for counselor self-efficacy (from 10% to 11%). Thus, it is possible that the high correlation between cultural humility and missed cultural opportunity indicates a high overlapping of the two constructs. It is plausible to believe that supervisors who are culturally humble tend to do better in noticing and addressing cultural topics in supervision.

Overall, findings related to the impact of perceived cultural humility and engagement in cultural discussion on supervisory working alliance and counselor self-efficacy, demonstrate the

emphasis needed within the area of multicultural competence in training programs. Especially as it relates to cross-cultural supervision, cultural conversations may be difficult to have, due to the power differential. Nevertheless, because of the impact to the working alliance and counselor self-efficacy it is vital to move past the place of being uncomfortable to cultural humility and engagement.

Supervisee Self-Efficacy and Racial Identity Is Correlated

Although racial identity was not a statistically significant moderator in the four regressions analyses, it was significantly correlated with counselor self-efficacy. Through regression analyses, racial identity was shown to predict counselor self-efficacy, above and beyond supervisor factors (cultural humility and missed cultural opportunities). It is intriguing to ponder how a good sense of racial identity could influence one's self-efficacy. Perhaps it reflects that the self-efficacy development for people of color requires more or different efforts than for white people in our society. Beyond the normal developmental tasks, those from minority background have to understand their racial identity and feel positive about having the minority status.

Counselor self-efficacy focuses on how much (or how little) confidence a counselor has in doing certain tasks related to a counseling setting. The study result suggested that when supervisees interact with a culturally humble supervisor, are given opportunity to engage in cultural discussions, and have a high racial identity at the same time, they would feel more efficacious in counseling settings. Therefore, racial identity development should be promoted among all trainees.

We can also view this finding in the context of previous studies that have also shown support for the relationship between racial identity and supervisory working alliance (Ladany et

al., 1997; Bhat & Davis, 2007). It was revealed (Landany et al, 1997) that supervisory relationships with the highest working alliances were either parallel (high racial identity for both supervisor and supervisee) or progressive (high racial identity for supervisor and low racial identity for supervisee) in terms of supervisor-supervisee racial identity levels. For supervisory relationships where supervisees had a high racial identity working alliances tended to be high. In other words, supervisor racial identity is perhaps more important than supervisee racial identity in achieving high supervisory working alliance. Although the current study did not address the role of supervisor racial identity, it is probably safe to say that to obtain effective supervisory working alliance, not only supervisees but also supervisors need to work on raising their racial identity in cross-racial supervisory dyads.

Notably, the hypothesis on the moderating role of racial identity did not get support in the study. The possibility cannot be ruled out that the racial identity measure used was not an effective one. The measure only contains 6 items and responses were recorded on 5-point Likert scales. In the present study, participants scored higher than those found by Brown et al. (2013). The total score mean for the present study was 4.42, while Brown et al. (2013) reported a mean of 3.41. Theoretically, racial identity is difficult to measure as most theories use a stage model. The measure used in this study was originally developed for ethnic minority adolescents who may experience and express racial identity differently than the counselors in training in our sample. Therefore, there may be an issue with the measure used for this study.

It is worth noting that supervisors using opportunities to address relevant cultural topics may have implication on supervisees' development of self-efficacy. When supervisors do a good in seeking opportunities to discuss relevant cultural topics in supervision, their supervisee would feel stronger self-efficacy. As literature has shown that self-efficacy has a definite role in

performance (Larson & Daniel, 1998; Bischoff et al., 2002), and it is helpful to know that supervisors can help supervisees of color improve their self-efficacy by being mindful about emerging topics related to culture in supervision and seek opportunities to address them.

Implications for Practice

The findings of this study, along with previous research, have significant implications on the supervision process between White supervisors and minority supervisees. Taken as a whole, the findings point to a need for supervisors to be cultural (i.e., develop cultural humility) and to focus on culture (i.e., detecting and addressing relevant cultural topics) within supervision. Due to the high demand for supervisor's attention and time in addressing clinical as well as supervisee competence issues in supervision (Bernard & Goodyear, 2014), the need for showing cultural humility and address cultural topics in sessions is often invisible and easy to be neglected.

Hopefully, the result of the current study serves as a reminder for practicing supervisors in terms of focusing on their competence in supervising trainees of color. However, if supervisors were never trained to be culturally humble and taught how to initiate and engage in cultural discussion, or never led to see the importance of these, it is unlikely that they will successfully show these qualities in supervision. Thus one implication of the study is on training programs. Future supervisors need to be trained to be culturally humble and taught how to engage in cultural conversations with their supervisees, especially with minority supervisees. These goals can be achieved through coursework, experiential learning, required self-study, and other professional socialization process. Ideally, the educational effort contains specific focus on understanding how cultural humility and engagement in cultural discussion play an important role in supervision.

Future Research

Overall, most of the study hypotheses were supported except for the moderating role of racial identity over the hypothesized relationship among major variables. It is suggested that future research would further explore the role of racial identity within the supervision relationship both as a predictor and moderator, as other bodies of research have suggested such relationship (Ladany et al., 1997; Bhat & Davis, 2007). Perhaps also, using racial identity measures designed for specific racial groups may be warranted, since research suggests that racial identity may differ by racial group (Carter, 1996).

The present study focused on the supervision dyad of White supervisors and minority supervisees. It would be useful to understand and compare how other pairings (i.e. White supervisor and White supervisee; Minority supervisor and Minority supervisory) would respond to a similar survey. This would not only further the supervision research but also provide useful information for training programs about specific needs for various pairings of supervisory relationships.

Limitations

As with all studies, this study has several limitations. The study had pre-set inclusion and exclusion criteria as a result the generalizability of the results fit best with minority supervisees. Further, due to the large number of female respondents (~84%) the survey findings are most representative a minority female supervisees. Recruitment methods were largely centered around emails to listservs and training directors. It is difficult to say how many opted to forward the email to their students. Thus the representativeness of the present sample is questionable.

The study by design only considered the supervisee's perspective. However, since supervision is a dyad there are two important components to the relationship, not just one.

Especially as it relates to the moderating relationship of racial identity, it would have been useful to understand the racial identity of the supervisor. As a result, it is difficult to make any conclusions about the lack of evidence related to the moderating role of racial identity. Along these lines, the study did not request information about the supervisee's history with supervision. For example, it is unknown whether or not the supervisee has experienced a history of poor relationships with supervisors, which would likely impact how they respond to the survey.

Regarding instrumentation, the racial identity measure used for this study had significantly different mean and standard deviation than those published by Herrington et al. (2016). Though internal consistency for the present study was similar to the Herrington study. As previously stated, racial identity can be an extremely difficult concept to measure. Carter (1996) suggested that measures pertaining to individuals in specific racial groups should be used. In the present study the same measure was used regardless of how the participant racially identified, which may have been a reason for the variations in means and standard deviations from the norming study of the scale. Additionally, it could speak to why there was not a moderating effect on the relationship between and among major study variables; despite there has been research to support such a relationship.

Summary

Results of this study support the four hypotheses stated in Chapter 1, that cultural humility and engagement in cultural discussions would predict supervisory working alliance and counselor self-efficacy. There was no support for Hypothesis 5, which stated that racial identity would be a moderator for the relationships between the major variables. This study provides empirical support for cultural variables, cultural humility and engagement in cultural discussion, being important to the supervisory relationship. Additionally, there is support for cultural

humility being a desirable characteristic of a supervisor. Specifically, there is support for the cultural humility of a White supervisor being important to minority supervisees. The study also supports supervisors engaging in cultural discussion with their supervisees. Finally, there is empirical support for the relationship between counselor self-efficacy and racial identity.

References

- American Psychological Association (December, 2014). Ethnic minorities still receiving inferior mental health treatment, say APA journal. Retrieved from <http://www.apa.org/news/press/releases/2014/12/inferior-treatment.aspx>
- Ancis, J. R., Sedlacek, W. E., & Mohr, J. J. (2000). Student perceptions of campus cultural climate by race. *Journal of Counseling & Development, 78*, 180-185.
- Ancis, J. R. & Marshall, D. S. (2010). Using a multicultural framework to assess supervisees' perceptions of culturally competent supervision. *Journal of Counseling & Development, 88*(3), 277-284. doi: 10.1002/j.1556-6678.2010.tb00023.x
- Angus, L. & Kagan, A. F. (2007). Empathic relational bonds and personal agency in psychotherapy: Implications for psychotherapy supervision, practice, and research. *Psychotherapy: Theory, Research, Practice, Training, 44*(4), 371-377. doi: 10.1037/0033-3204.44.4.371
- Angus, L. E., Lewin, J., Bouffard, B., & Rotondi-Trevisan, D. (2004). "What's the story?" Working with narrative in experiential psychotherapy. In L. Angus and J. McLeod (Eds.), *The handbook of narrative and psychotherapy: Practice, theory and research*. (pp. 87-101). Thousand Oaks: CA: Sage.
- Baldwin, S. A., Wampold, B. E. & Imel, Z. E. (2007). Untangling the alliance-outcome correlation: Exploring the relative importance of therapist and patient variability in the alliance. *Journal of Counseling and Clinical Psychology, 75*, 842-852. doi: 10.1037/0022-006X.75.6842
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191-215. doi: 10.1037/0033-295X.84.2.191

- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychology, 28*(2), 117–148. doi: 10.1207/515326985ep2802-3
- Bandura, A. (1997). *Self-Efficacy: The exercise of control*. New York, NY: W. H. Freeman.
- Bernard, J. M. & Goodyear, R. K. (2014) *Fundamentals of clinical supervision, 5th Edition*. Upper Saddle River, NJ: Pearson Education, Inc.
- Bernard, J. M., & Goodyear, R. K. (1998). *Fundamentals of clinical supervision* (2nd Ed.). Boston: Allyn & Bacon.
- Bhat, C. S. & Davis, T. E. (2007). Counseling supervisors' assessment of race, racial identity, and working alliance in supervisory dyads. *Journal of Multicultural Counseling and Development, 35*(2), 80-91. doi: 10.1002/j.2161-1912.2007.tb00051.x
- Bischoff, R. J., Barton, M., Thober, J., & Hawley, R. (2002). Events and experiences impacting the development of clinical self confidence: A study of the first year of client contact. *Journal of Marital and Family Therapy, 28*(3), 371-382. doi: 10.1111/j.1752-0606.2002.tb01193.x
- Bordin, E. S. (1983). A working alliance based model of supervision. *The Counseling Psychologist, 11*(1), 35-42. Retrieved from <http://journals.sagepub.com/www2.lib.ku.edu/doi/pdf/10.1177/0011000083111007>
- Bradshaw, W. H. Jr. (1982). Supervision in Black and White: Race as a factor in supervision. In M. Blumenfield (Ed.), *Applied supervision in psychotherapy* (pp. 199-220). New York, NY: Grune & Stratton.

- Brewer, M. B. & Gardner, W. (1996). Who is this “we”? Levels of collective identity and self representations. *Journal of Personality & Social Psychology*, *71*, 83-93. doi: 10.1037/0022-3514.71.1.83
- Brown, S. D., Unger Hu, K. A., Mevi, A. A., Hedderson, M. M., Shan, J., Quesenberry, C. P., and Ferrara, A. (2013). The multigroup ethnic identity measure-revised: Measurement invariance across racial and ethnic groups. *Journal of Counseling Psychology*, *61* (1), 154-161. doi: 10.1037/a0034749
- Burkard, A. W. & Know, S. (2004). Effect of therapist color-blindness on empathy and attributes in cross-cultural counseling. *Journal of Counseling Psychology*, *51*, 387-397. doi: 10.1037/0022-0167.51.4.387
- Cabral, R. R. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, *58*(4), 537-554. doi: 10.1037/a0025266
- Carter, R. T. (1996). Exploring the complexity of racial identity attitude measures. *Multicultural Assessment in Counseling and Clinical Psychology*, *9*, 193-223. Retrieved from <http://digitalcommons.unl.edu/burosbookmulticultural/9>
- Chapa, T. (2004) Mental health services in primary care settings for racial and ethnic minority populations. Rockville, MD: U.S. Department of Health and Humans, Office of Minority Health.
- Chen, E. C. & Bernstein, B. L. (2000). Relations of complementarity and supervisory issues to supervisory working alliance: A comparative analysis of two cases. *Journal of Counseling Psychology*, *47*(4), 485-497. doi: 10.1037/0022-0167.47.4.485

- Constantine, M. G. (1997). Facilitating multicultural competency in counseling supervision: Operationalizing a practical framework. In D. B. Pope-Davis & H. L. K. Coleman (Eds.), *Multicultural counseling competencies: Assessment, education and training, and supervision* (pp. 310-324). Thousand Oaks, CA: Sage.
- Constantine, M. G. (2001). Multiculturally-focused counseling supervision. *The Clinical Supervisor, 20(1)*, 87–98. doi: 10.1300/J001v20n01_07
- Constantine, M. G. (2007) Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology, 54*, 1-16.
<http://dx.doi.org/10.1037/0022-0167.54.1.1>
- Constantine, M. G., Warren, A. K., & Miville, M. L. (2005). White racial identity dyadic interactions in supervision: Implications for supervisees' multicultural counseling competence. *Journal of Counseling Psychology, 52(4)*, 490-496. doi: 10.1037/0022-0167.52.4.490
- Constantine, M. G. & Sue, D. W. (2007). Perceptions of racial microaggressions among Black supervisees in cross-racial dyads. *Journal of Counseling Psychology, 54*, 142-153. doi: 10.1037/0022-0167.54.2.142
- Cook, D. A. (1994). Racial identity in supervision. *Counselor Education and Supervision, 34(2)*, 132-141. Retrieved from
<http://search.ebscohost.com.www2.lib.ku.edu/login.aspx?direct=true&db=a2h&AN=9502103852&site=ehost-live>
- Cook, D. A. and Helms, J. E. (1988). Visible racial/ethnic group supervisees' satisfaction with cross-cultural supervision as predicted by relationship characteristics. *Journal of*

Counseling Psychology, 35(3), 268-274. doi:

<http://dx.doi.org.ww2.lib.ku.edu/10.1037/0022-0167.35.3.268>

Crockett, S. & Hay, D. G. (2015). The influence of supervisor multicultural competence on the supervisory working alliance, supervisee counseling self-efficacy, and supervisee satisfaction with supervision: A mediation model. *Counselor Education & Supervision*, 54, 258-273. doi: 10.1002/ceas.12025

Donnell, C. M., Lustig, D. C., & Strauser, D. R. (2004). The working alliance: Rehabilitation outcomes for persons with severe mental illness. *Journal of Rehabilitation*, 70(2), 12-18.

Retrieved from

<http://search.ebscohost.com.ww2.lib.ku.edu/login.aspx?direct=true&db=s3h&AN=13280359&site=ehost-live>

Dressel, J. L., Consoli, A. J., Kim, B. S. K., & Atkinson, D. R. (2007). Successful and unsuccessful multicultural supervisory behaviors: A Delphi poll. *Journal of Multicultural Counseling & Development*, 35, 51-64. doi: 10.1002/j.2161-1912.2007.tb00049.x

Edelstein, L. (1943). *The Hippocratic Oath*. Baltimore, MD: John Hopkins Press.

Efstation, J. F. Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology*, 37(3), 322-329. doi:

10.1037/0022-0167.37.3.322

Ethics Office. (2010) Ethical Principles of Psychologists and Code of Conduct. Retrieved from

<http://www.apa.org/ethics/code/>

Falicov, C. J. (2014). *Multiculturalism and diversity in clinical supervision: A competency-based approach*. C. A. Falender, E. P. Shafranske, & C. J. Falicov (Eds.). Washington, DC: American Psychological Association.

- Falender, C. A. & Shafranske, E. P. (2017). Competency-based clinical supervision: Status, opportunities, tensions, and the future competency-based clinical supervision. *Australian Psychologist, 52*(2), 86-93. doi: 10.1111/ap.12265
- Falender, C. A. & Shafranske, E. P. (2007). Competence in competency-based supervision practice: Construct and application. *Professional Psychology: Research and Practice, 38*(3), 232-240. doi: 10.1037//0735-7028.38.3.232
- Falender, C. A. & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association
- Friedlander, M. L., & Snyder, J. (1983). Trainees' expectations for the supervisory process: Testing a developmental model. *Counselor Education and Supervision, 22*, 342-348. doi: 10.1002/j.1556-6978.1983.tb01771.x
- Friedlander, M. L. & Ward, L. G. (1984). Development and validation of the supervisory styles inventory. *Journal of Counseling Psychology, 31*, 541-557. doi: 10.1037/0022-0167-31.4.541
- Fuertes, J. N., Stracuzzi, T. I. Bennet, J., Scheinhotlz, J., Mislowack, A., Hersh, M., & Cheng, D. (2006). Therapist multicultural competency: A study of therapy dyads. *Psychotherapy: Theory, Research, Practice, Training, 43*, 480-490. <http://dx.doi.org/10.1037/0033-3204.43.4.480>
- Garfield, S. L. (2006). *Therapies-modern and popular: PsycCRITIQUES 2006*. Washington, DC: American Psychological Association
- Gatmon, D., Jackson, D., Koshkarian, L., Martos-Perry, N., Molina, A., Patel, N., & Rodolfa, E. (2001). Exploring ethnic, gender, and sexual orientation variables in supervision: Do they really matter? *Journal of Multicultural Counseling and Development, 29*(2), 102-113.

Retrieved from Retrieved from

<http://search.proquest.com.www2.lib.ku.edu/docview/235985045?accountid=14556>

Goreczny, A. J., Hamilton, D., Lubinski, L., & Pasquinelli, M. (2015). Exploration of counselor self-efficacy across academic training. *The Clinical Supervisor, 34(1)*, 78-97. doi:

<http://dx.doi.org/10.1080/07325223.2015.1012916>

Greenspan, M. & Kulish, N. M. (1985). Factors in premature termination in long-term psychotherapy. *Psychotherapy, 22(1)*, 75-82. doi: 10.1037/h0088529

Helms, J. E. (1995). *An update of Helms's White and People of Color racial identity models*. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 181-198). Thousand Oaks, CA: Sage.

Helms, J. E. (1990). *Black and white racial identity: Theory, research, and practice*. Westport, CT: Greenwood.

Herrington, H. M., Smith, T. B., Feinauer, E. & Griner, D. (2016). Reliability generalization of the Multigroup Ethnic Identity Measure-Revised (MEIM-R). *Journal of Counseling Psychology, 63(5)*, 586-593. doi: <http://dx.doi.org/10.1037/cou0000148>

Hook, J. N., Farrell, J. E., Davis, D. E., DeBlaere, C., Van Tongeren, D. R., & Utsey, S. O. (2016). Cultural humility and racial microaggression in counseling. *Journal of Counseling Psychology, 63(3)*, 269-277. doi: <http://dx.doi.org/10.1037/cou0000114>

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*, 353-366. <http://dx.doi.org/10.1037/a0032595>

Inman, A. G. (2008). *Race and culture in supervision: Challenges and opportunities*. Paper presented at the American Psychological Association Annual Conference. Boston.

- Ladany, N., Brittan-Powell, C. S., & Pannu, R. K. (1997). The influence of supervisory racial identification interaction and racial matching on the supervisory working alliance and supervisee multicultural competence. *Counselor Education and Supervision, 36*(4), 284-304. doi: 10.1002/j.1556-6978.1997.tb00396.x
- Ladany, N., Inman, A. G., Constantine, M. G., & Hofheinz, E. W. (1997). Supervisee multicultural case conceptualization ability and self-reported multicultural competence as function of supervisee racial identity and supervisor focus. *Journal of Counseling Psychology, 44*(3), 284-293. doi: 10.1037/0022-0167.44.3.284
- Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance, trainee self-efficacy, and satisfaction. *Journal of Counseling & Development, 77*, 447-455. doi: 10.1002/j.1556-6676.1999.tb02472.
- Larson, L. M. and Daniels, J. A. (1998). Review of the counseling self-efficacy literature. *The Counseling Psychologist, 26*(2), 179-218. doi: 10.1177/0011000098262001
- Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. L. (1992). Development and validation of the Counselor Self-Estimate Inventory. *Journal of Counseling Psychology, 39*(1), 105-120. doi: 10.1037/0022-0167.39.1.105
- Lent, R. W., Hill, C. E., & Hoffman, M. A. (2003). Development and validation of the Counselor Activity Self-Efficacy Scales. *Journal of Counseling Psychology, 50*, 97-108. doi: 10.1037/0022-0167.50.1.97
- Leong, F. T. L. & Wagner, N. S. (1994). Cross-cultural counseling supervision: What do we know? What do you need to know? *Counselor Education and Supervision, 34*, 117-131. doi: 10.1002/j.1556-6978.1994.tb00319.x

- Lustig, D. C., Strauser, D. R., Rice, N. D., & Rucker, T. (2002). The relationship between working alliance and rehabilitation outcomes. *Rehabilitation Counseling Outcomes, 46(1)*, 25-33. doi: 10.1177/00343552020460010201
- Meier, P. S., Barrowclough, C., & Donmall, D. C. (2005). The role of the therapeutic alliance in the treatment of substance misuse: A critical review of the literature. *Addiction, 100*, 304-316. doi: 10.1111/j.1360-0443.2004.00935.x
- Milne, D. (2006). Developing clinical supervision research through reasoned analogies with therapy. *Clinical Psychology and Psychotherapy, 13*, 215-222. doi: 10.1002/cpp.489
- Office of Surgeon General (August, 2001). Substance Abuse and Mental Health Services Administrations. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK44243/>
- Owen, J. (2013). Early career perspectives on psychotherapy research and practice: Psychotherapist effects, multicultural effects, and couple interventions. *Psychotherapy, 50(4)*, 496-502. doi: 10.1037/a0034617
- Owen, J., Tao, K. W., Drinane, J. M., Hook, J., Davis, D. E., & Kune, K. F. (2016). Client Perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Professional Psychology: Research and Practice, 47*, 30-37. <http://dx.doi.org/10.1037/pro0000046>
- Owen, J., Jordan, T. A., Turner, D., Davis, D. E., Hook, J. N., & Leach, M. M. (2014). Therapists' multicultural orientation: Client perceptions of cultural humility, spiritual/religious commitment, and therapy outcomes. *Journal of Psychology & Theory, 42(1)*, 91-98. doi: 10.1037/a0032595

- Owen, J., Tao, K. W., Imel, Z. E., Wampold, B. E., & Rodolfa, E. (2014). Addressing racial and ethnic microaggressions in therapy. *Professional Psychology: Research and Practice, 45*(4), 283-290. doi: <http://dx.doi.org/10.1037/a0037420>
- Phinney, J. S. and Ong, A. D. (2007). Conceptualization and measurement of ethnic identity: Current status and future directions. *Journal of Counseling Psychology, 54*(3), 271-281. doi: 10.1037/0022-0167.54.3.271
- Pruett, S. R., Swett, E. A., Rosenthal, D. A., & Lee, G. K. (2008). Empirical evidence supporting the effectiveness of vocational rehabilitation. *Journal of Rehabilitation, 74*(2), 56-63. Retrieved from <http://search.ebscohost.com.www2.lib.ku.edu/login.aspx?direct=true&db=s3h&AN=33938973&site=ehost-live>
- Ross, L. (2010). Notes from the field: Learning cultural humility through critical incidents and central challenges in community-based participatory research. *Journal of Community Practice, 18*(2-3), 315-335. doi: 10.1080/10705422.2010.490161
- Sabnani, H. B., Ponterotto, J. G., & Borodovsky, L. G. (1991). White racial identity development and cross-cultural counselor training: A stage model. *The Counseling Psychologist, 19*, 76-102. doi: 10.1177/0011000091191007
- Strauser, D. R., Lustig, D. C., & Donnell, C. (2004). The relationship between working alliance and therapeutic outcomes for individuals with mild retardation. *Rehabilitation Counseling Bulletin, 47*, 215-223. doi: 10.1177/00343552040470040301
- Tavris, C. (1991). The mismeasure of woman: Paradoxes and perspectives in the study of gender. In J. D. Goodchilds (Ed.), *Psychological perspectives in human diversity in America* (pp. 91-136). Washington, DC: American Psychological Association.

- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Undeserved, 9*, 117-125. Retrieved from <https://search-proquest-com.www2.lib.ku.edu/docview/220583378?accountid=14556>
- Vereen, L. G., Hill, N. R., & McNeal, D. T. (2008). Perceptions of multicultural counseling competency: Integration of the curricular and the practical. *Journal of Mental Health Counseling, 30*(3), 226–236. Retrieved from <http://search.ebscohost.com.www2.lib.ku.edu/login.aspx?direct=true&db=a2h&AN=33306353&site=ehost-live>
- Waters, A. & Asbill, A. (2013). Reflections on cultural humility. Retrieved from <http://www.apa.org/pi/families/resources/newsletter/2013/08/cultural-humility.aspx>
- White, V. E. and Queener, J. (2003). Supervisor and supervisee attachments and social provisions related to the supervisory working alliance. *Counselor Education and Supervision, 42* (3), 203-218. doi: 10.1002/j.1556-6978.2003.tb01812.x

Appendices

Appendix A

Demographic Information

Please respond to the follow prompts regarding your supervisor and your self.

Your Gender:

Female

Male

Transgender

Other: (Please specify)

Your Race/Ethnicity (please check all that apply):

White

Hispanic/Latino

African American

Asian American

Native American/Alaskan Native

Pacific Islander

Other: (Please specify)

Supervisor Gender:

Female

Male

Transgender

Other: (Please specify)

Supervisor Race/Ethnicity (please check all that apply):

White

Hispanic/Latino

African American

Asian American

Native American/Alaskan Native

Pacific Islander

Other: (Please specify)

Please respond to the following prompts about yourself.

Which response best describes you?

I am a graduate student

I am a professional

Type of program you are enrolled in:

Counseling Psychology

Clinical Psychology

Social Work

Other: (Please specify)

Level of training (If you are a student, please indicate which type of program you are currently enrolled in.):

Doctoral

Masters

Year(s) of clinical experience:

4+

3

2

1

No clinical training

How many total years of supervision experience do you have? (This is experience in which **you** were the supervisee and received supervision from another professional.):

4+

3

2

1

No clinical training

Appendix B

General Instructions: For this study you will be asked to consider *one* supervision relationship you had with a White supervisor. Throughout the survey, consider only that one relationship as you respond to the various prompts.

Please respond to the following prompts regarding your relationship with your supervisor.

Response Options: Very Poor, Poor, Acceptable, Good, and Very Good

Choose the statement that best describes your relationship with your supervisor.

Choose the statement that best describes the quality of supervision you received from your supervisor.

Please respond to the following prompt regarding your overall relationship with your supervisor.

Response Options: Very Satisfied, Moderately Dissatisfied, Slightly Dissatisfied, Neutral, Slightly Satisfied, Moderately Satisfied, and Very Satisfied

Overall, how satisfied are you with the supervision you received from your supervisor (consider the totality of the experience like your relationship with the individual, quality, etc.).

Please use the space below to briefly describe your supervision experience with the supervisor.

Appendix C

Counselor Activity Self-Efficacy Scale (CASES)

General Instructions: The following questionnaire consists of three parts. Each part asks about your beliefs about your ability to perform various counselor behaviors or to deal with particular issues in counseling. We are looking for your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There are no right or wrong answers to the following questions. Please circle the number that best reflects your response to each question.

Part I. Instructions: Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling most clients.

No Confidence at all
0 1 2 3 4 5 6 7 8 9

Some Confidence

Complete Confidence

How confident are you that you could use these general skills effectively with most clients over the next week?

1. Attending (orient yourself physically toward the client). 0 1 2 3 4 5 6 7 8 9
2. Listening (capture and understand the messages that clients communicate). 0 1 2 3 4 5 6 7 8 9
3. Restatements (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear). 0 1 2 3 4 5 6 7 8 9
4. Open questions (ask questions that help clients to clarify or explore their thoughts or feelings). 0 1 2 3 4 5 6 7 8 9
5. Reflection of feelings (repeat or rephrase the client's statements with an emphasis on his or her feelings). 0 1 2 3 4 5 6 7 8 9
6. Self-disclosure for exploration (reveal personal information about your history, credentials, or feelings). 0 1 2 3 4 5 6 7 8 9
7. Intentional silence (use silence to allow clients to get in touch with their thoughts or feelings). 0 1 2 3 4 5 6 7 8 9
8. Challenges (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change). 0 1 2 3 4 5 6 7 8 9
9. Interpretations (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings). 0 1 2 3 4 5 6 7 8 9
10. Self-disclosures for insight (disclose past experiences in which you gained some personal insight). 0 1 2 3 4 5 6 7 8 9
11. Immediacy (disclose immediate feelings you have about the client, the therapeutic relationship, or yourself in relation to the client). 0 1 2 3 4 5 6 7 8 9
12. Information-giving (teach or provide the client with data, opinions, facts, resources, or answers to questions). 0 1 2 3 4 5 6 7 8 9
13. Direct guidance (give the client suggestions, directives, or advice that imply actions for the client to take). 0 1 2 3 4 5 6 7 8 9
14. Role play and behavior rehearsal (assist the client to role-play or rehearse behaviors in-session). 0 1 2 3 4 5 6 7 8 9

15. Homework (develop and prescribe therapeutic assignments for clients to try out between sessions). 0 1 2 3 4 5 6 7 8 9

Part II. Instructions: Please indicate how confident you are in your ability to do each of the following tasks effectively, over the next week, in counseling most clients.

How confident are you that you could do these specific tasks effectively with most clients over the next week?

1. Keep sessions “on track” and focused. 0 1 2 3 4 5 6 7 8 9
2. Respond with the best helping skill, depending on what your client needs at a given moment. 0 1 2 3 4 5 6 7 8 9
3. Help your client to explore his or her thoughts, feelings, and actions. 0 1 2 3 4 5 6 7 8 9
4. Help your client to talk about his or her concerns at a “deep” level. 0 1 2 3 4 5 6 7 8 9
5. Know what to do or say next after your client talks. 0 1 2 3 4 5 6 7 8 9
6. Help your client to set realistic counseling goals. 0 1 2 3 4 5 6 7 8 9
7. Help your client to understand his or her thoughts, feelings, and actions. 0 1 2 3 4 5 6 7 8 9
8. Build a clear conceptualization of your client and his or her counseling issues. 0 1 2 3 4 5 6 7 8 9
9. Remain aware of your intentions (i.e., the purposes of your interventions) during sessions. 0 1 2 3 4 5 6 7 8 9
10. 0 1 2 3 4 5 6 7 8 9

Part III. Instructions: Please indicate how confident you are in your ability to work effectively, over the next week, with each of the following client types, issues, or scenarios. (By “work effectively,” we are referring to your ability to develop successful treatment plans, to come up with polished in-session responses, to maintain your poise during difficult interactions and, ultimately, to help the client to resolve his or her issues.)

How confident are you that you could work effectively over the next week with a client who ...

1. ... is clinically depressed. 0 1 2 3 4 5 6 7 8 9
2. ... has been sexually abused. 0 1 2 3 4 5 6 7 8 9
3. ... is suicidal. 0 1 2 3 4 5 6 7 8 9
4. ... has experienced a recent traumatic life event (e.g., physical or psychological injury or abuse). 0 1 2 3 4 5 6 7 8 9
5. ... is extremely anxious. 0 1 2 3 4 5 6 7 8 9
6. ... shows signs of severely disturbed thinking. 0 1 2 3 4 5 6 7 8 9
7. ... you find sexually attractive. 0 1 2 3 4 5 6 7 8 9
8. ... is dealing with issues that you personally find difficult to handle. 0 1 2 3 4 5 6 7 8 9
9. ... has core values or beliefs that conflict with your own (e.g., regarding religion, gender roles). 0 1 2 3 4 5 6 7 8 9
10. ... differs from you in a major way or ways (e.g., race, ethnicity, gender, age, social class). 0 1 2 3 4 5 6 7 8 9
11. ... is not “psychologically-minded” or introspective. 0 1 2 3 4 5 6 7 8 9
12. ... is sexually attracted to you. 0 1 2 3 4 5 6 7 8 9
13. ... you have negative reactions toward (e.g., boredom, annoyance). 0 1 2 3 4 5 6 7 8 9
14. ... is at an impasse in therapy 0 1 2 3 4 5 6 7 8 9
15. ... wants more from you than you are willing to give (e.g., in terms of frequency of contacts)

or problem-solving prescriptions). 0 1 2 3 4 5 6 7 8 9

16. ... demonstrates manipulative behaviors in session. 0 1 2 3 4 5 6 7 8 9

3 Subdomains: Helping Skills Self-efficacy, Session Management, and Counseling Challenges Self-Efficacy

Appendix D

Supervisory Working Alliance (SWA)-Supervisee Form

Instructions: Please indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisor. After each item, circle the space with the number corresponding to the appropriate point of the following 7-point scale:

	1	2	3	4	5	6	7
	<i>Almost Never</i>						<i>Almost Always</i>
1. I feel comfortable working with my supervisor.	1	2	3	4	5	6	7
2. My supervisor welcomes my explanations about the client's behavior.	1	2	3	4	5	6	7
3. My supervisor makes the effort to understand me.	1	2	3	4	5	6	7
4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.	1	2	3	4	5	6	7
5. My supervisor is tactful when commenting about my performance.	1	2	3	4	5	6	7
6. My supervisor encourages me to formulate my own interventions with the client.	1	2	3	4	5	6	7
7. My supervisor helps me talk freely in our sessions.	1	2	3	4	5	6	7
8. My supervisor stays in tune with me during supervision.	1	2	3	4	5	6	7
9. I understand client behavior and treatment technique similar to the way my supervisor does.	1	2	3	4	5	6	7
10. I feel free to mention to my supervisor any troublesome feelings I might have about him/her.	1	2	3	4	5	6	7
11. My supervisor treats me like a colleague in our supervisory sessions.	1	2	3	4	5	6	7
12. In supervision, I am more curious than anxious when discussing my difficulties with clients.	1	2	3	4	5	6	7
13. In supervision, my supervisor places a high priority in our understanding that client's perspective.	1	2	3	4	5	6	7
14. My supervisor encourages me to take time to understand what the clients is saying and doing.	1	2	3	4	5	6	7
15. My supervisor's style is to carefully and systematically consider the material I bring to supervision.	1	2	3	4	5	6	7
16. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.	1	2	3	4	5	6	7
17. My supervisor helps me work within a specific treatment plan with my clients.	1	2	3	4	5	6	7

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 18. My supervisor helps me stay on track during our meetings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I work with my supervisor on specific goals in the supervisory session. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

The supervisee form of the SWA has two scales, scored as follows:

Rapport: Sum items 1-12, then divide by 12.

Client Focus: Sum items 13-19, then divide by 6.

Appendix E

Multigroup Ethnic Identity Measure-Revised (MEIM-R)

The following questions ask you questions about your Ethnic Identity. Remember there are no right or wrong answers, just answer as accurately as possible. Use the scale below to answer the questions. If you strongly agree with the statement write down 5; if you strongly disagree write down 1. If the statement is more or less true of you, find the number between 1 and 5 that best describes you.

Strongly Disagree 1

Disagree 2

Neutral 3

Agree 4

Strongly agree 5

1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.

2. I have a strong sense of belonging to my own ethnic group.

3. I understand pretty well what my ethnic group membership means to me.

4. I have often done things that will help me understand my ethnic background better.

5. I have often talked to other people in order to learn more about my ethnic group.

6. I feel a strong attachment towards my own ethnic group.

Appendix F

Cultural Humility Scale

Please think about your counselor. Using the scale below, please indicate the extent to which you agree or disagree with the following statements about your supervisor.

Regarding the core aspect(s) of my Cultural background, my supervisor...	Strongly Disagree (1)	Mildly Disagree (2)	Neutral (3)	Mildly (4)	Strongly Agree (5)
Is respectful.	1	2	3	4	5
Is open to explore.	1	2	3	4	5
Assumes he/she already knows a lot.	1	2	3	4	5
Is considerate.	1	2	3	4	5
Is genuinely interested in learning more.	1	2	3	4	5
Acts superior.	1	2	3	4	5
Is open to seeing things from my perspective.	1	2	3	4	5
Makes assumptions about me.	1	2	3	4	5
Is open-minded.	1	2	3	4	5
Is a know-it-all.	1	2	3	4	5
Thinks he/she understands more than he/she actually does.	1	2	3	4	5
Asks questions when he/she is uncertain.	1	2	3	4	5

Positive subscale items: 1, 2, 4, 5, 7, 9, 12

Negative subscale items: 3, 6, 8, 10, 11

Appendix G

Cultural (Missed) Opportunities

There are times where supervisees wish their supervisor would have discussed certain issues more in depth. These opportunities come and go. Sometimes they are important and other times, they are not. Please rate the following items regarding these opportunities.

	Strongly Disagree (1)	(2)	(3)	Agree (4)	Strongly (5)
My supervisor missed opportunities to discuss my cultural background.	1	2	3	4	5
I wish my supervisor would have encouraged me to discuss my cultural background more.	1	2	3	4	5
My supervisor avoided topics related to my cultural background.	1	2	3	4	5
There are many chances to have deeper discussions about my cultural background that never happened.	1	2	3	4	5