

## Multicultural orientation in clinical supervision: Examining impact through dyadic data

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King, K. M., Borders, L. D., & Jones, C. T. (2020). Multicultural orientation in clinical supervision: Examining impact through dyadic data. *The Clinical Supervisor*, 39(2), 248-271. <https://doi.org/10.1080/07325223.2020.1763223>

**This is an Accepted Manuscript of an article published by Taylor & Francis in *The Clinical Supervisor* on 24 May 2020, available at:**

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### **Abstract:**

Clinical supervision can support supervisee cultural development through the relationship and preparation for counseling practice. Supervisor modeling of cultural conversations can aid in this development. Using dyadic data to examine how multicultural orientation (MCO) functions in supervision, we found supervisor cultural humility and missed opportunities to discuss culture both predicted the supervisory working alliance. Diverging from research on MCO in counseling, supervisee growth in ethnocultural empathy and cultural behaviors was not traceable to supervisor cultural humility. Finally, a test of correspondence between supervisor and supervisee assessments of cultural behaviors supported critiques that self-ratings contain biases, particularly for novice counselors.

**Keywords:** clinical supervision | multicultural orientation | broaching | ethnocultural empathy

### **Article:**

Disparities in mental health treatment for clients from minoritized backgrounds (e.g., U.S. Department of Health and Human Services, 2012) have galvanized mental health professions to develop multicultural guidelines and competencies (e.g., Multicultural and Social Justice Counseling Competencies, Ratts et al., 2016; Standards and Indicators for Cultural Competence in Social Work Practice; National Association of Social Workers [NASW], 2015; Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality; American Psychological Association [APA], 2017). A necessary byproduct has been the exploration of effective methods for educating practitioners to meet the needs of diverse clients. Two major conclusions have emerged from the body of research on multicultural education in mental health professions. First, multicultural counseling courses are rather successful in increasing students' knowledge competencies (i.e., "understanding the worldview of the culturally different client") but less consistent in developing multicultural attitudes (i.e., "counselor awareness of own assumptions, values, and biases") and skill (i.e., "developing appropriate intervention strategies and techniques") competencies (Benuto et al., 2019; Sue et al., 1992, p. 481). Second, practicum

and internship work with diverse clients is a crucial time for clinical supervisors to facilitate trainees' application of multicultural knowledge, develop their cultural skills, and promote their cultural awareness (Cook et al., 2019).

Although limited attention has been devoted to culturally responsive clinical supervision compared to multicultural coursework, there are consistent suggestions for supervisor best practices (Borders et al., 2014; Jones et al., 2019). For example, there is substantial support that supervisors bear responsibility for broaching cultural discussions that attend to the supervisor–supervisee relationship and the supervisees' clients (Gloria et al., 2008; Jones et al., 2019; King & Jones, 2019). Broaching involves raising the topics of race, ethnicity, and culture along with associated power inequities in order to invite open, affirming reflection about identity and to directly acknowledge ecological or systemic factors (Day-Vines et al., 2013; King & Borders, 2019). When supervisors discuss culture effectively and are perceived as multiculturally competent, the supervisory working alliance (i.e., agreement on supervision goals, necessary tasks to achieve them, and formation of an interpersonal bond; Tracey & Kokotovic, 1989) is enhanced (Crockett & Hays, 2015; Phillips et al., 2017; Schroeder et al., 2015; Wong et al., 2013). Similarly, supervisees have reported that culturally competent supervision facilitated their knowledge, self-awareness, and openness, and built greater empathy toward clients, more complex case conceptualizations, and culturally appropriate modifications in their counseling interventions (Constantine, 2001; Soheilian et al., 2014). These results make clear that broaching, a skill originally outlined in the context of clinical work, is also relevant in clinical supervision (Day-Vines et al., 2013; Jones et al., 2019; King & Jones, 2019).

The documented benefits and barriers to broaching in supervision hinge on contextual factors such as the cultural makeup of the dyad. Supervisors who are Persons of Color (POC) appear to be more active in broaching culture than their White counterparts, although they have reported discomfort in doing so with White supervisees (White-Davis et al., 2016). Across multiple studies, supervisees of Color find broaching conversations more beneficial than White supervisees (Nilsson & Duan, 2007; White-Davis et al., 2016); however, they typically do not initiate these conversations due to fear they will be perceived as overemphasizing race. POC supervisees also more frequently view their supervisors as culturally unresponsive than do White supervisees, at times withdrawing from the relationship for self-protection (Burkard et al., 2006). Put simply, the impact of supervisors' missed opportunities to discuss race could range from less educational to invalidating and alienating.

Recently, cultural competence models for counseling and supervision (e.g., ACA's MSJCCs, NASW's Standards, and APA's Multicultural Guidelines) have been enriched by attention to a broader framework, *multicultural orientation*, for its prioritization of cultural topics (MCO; Owen, 2013). This shift was spurred in part by concerns over the measurement of multicultural competence (e.g., Cartwright et al., 2008; Kumas-Tan et al., 2007; Owen, 2013; Owen et al., 2016) and the implication that "competency" is a static goal (Davis et al., 2018). Owen (2013) proposed MCO as the manifestation of multicultural competence as experienced by clients. In other words, "MCO can be considered a 'way of being' with the client ... whereas multicultural competencies can be viewed as a 'way of doing' or perhaps how well a therapist engages in and implements her or his multicultural awareness and knowledge while conducting therapy" (Owen, 2013, p. 499; Owen et al., 2011). MCO has three components. *Cultural*

*humility* (Hook et al., 2013) denotes a counselor's interpersonal stance of openness to, curiosity about, and respect for the client's salient cultural identities. The culturally humble clinician does not assume competence nor superiority based on any relevant previous experience, but seeks attunement through collaborating with clients to understand their unique intersection of identities and how those identities shape the therapeutic alliance. *Cultural opportunities* (Owen et al., 2016) refer to openings or invitations during counseling to directly explore clients' cultural identity(ies) and heritage, and so is a behavioral expression of cultural humility (Davis et al., 2018). *Missed* cultural opportunities, then, represent moments when the clinician overlooks or avoids the chance for these meaningful discussions. Finally, *cultural comfort* (Owen et al., 2017) refers to counselors' ease in interacting with diverse clients and their ability to engage clients' various identities in a fluid, relaxed, nonthreatened manner (see also Pérez-Rojas et al., 2019). Cultural comfort, a second behavioral manifestation of cultural humility, implies maturation in self-regulation while exploring a client's salient identities (Davis et al., 2018).

MCO components have garnered consistent empirical support regarding their positive impact in the therapeutic arena. A series of cultural humility studies have established relationships with stronger client ratings of the working alliance (Hook et al., 2013), improved client outcomes (e.g., reduction in symptoms, Hook et al., 2013), fewer missed opportunities to discuss cultural factors in session (Owen et al., 2016), and fewer, less damaging racial microaggressions (Hook et al., 2016). More recent works have focused on the other components of MCO, with findings that cultural comfort was related to stronger working alliances (Pérez-Rojas et al., 2019) and higher retention of racial/ethnic minority clients (Owen et al., 2017).

Recently, Watkins and colleagues (Watkins et al., 2019) conceptually extended the MCO framework to clinical supervision, proposing that MCO can serve as a cultural lens for supervisors' understanding of their work with their supervisees as well as a "way of being" with them. Given that supervisors' cultural competence and responsiveness serve both to engage the supervisee and model effective engagement of clients (Watkins et al., 2019), exploring MCO in the supervision enterprise could advance our understanding of supervisees' multicultural development. To our knowledge, the potential of cultural humility in supervision has been explored empirically in only one study to date, with a focus on provisionally licensed counselors; Cook et al. (in press) found 20% of variation in supervisee non-disclosure was explained by post-graduate supervisees' perceptions of their supervisors' cultural humility. This finding encourages further exploration of how supervisor cultural humility can impact supervisee development as well as the overarching MCO framework. Accordingly, we first sought to address research questions parallel to those explored in studies of clients and therapists. In brief, we examined supervisee ratings of supervisor cultural humility (CH) and missed cultural opportunities (MO) on the supervisory working alliance (SWA) (Research Question 1) as well as supervisee growth in learning outcomes of cultural awareness (ethnocultural empathy) and behaviors (broaching) with their clients (Research Question 2).

We also wanted to address key questions notably absent in MCO research to date, particularly supervisee-supervisor agreement around cultural behaviors (broaching) during supervision sessions. These additions seemed critical given differential perceptions of broaching conversations and effectiveness in supervision (e.g., Duan & Roehlke, 2001; White-Davis et al., 2016). Also, multicultural researchers have recommended the study of dyadic data (e.g.,

Phillips et al., 2017; Soheilian et al., 2014) to achieve a more complete picture of how broaching functions. Thus, we examined supervisee-supervisor agreement on ratings of the SWA and self- and other-ratings of in-session (supervision and counseling) cultural behaviors (Research Question 3). For this initial exploration of MCO in supervision, we focused on race and ethnicity to parallel MCO counseling research to date and to acknowledge that race is the most often discussed identity in supervision (Soheilian et al., 2014).

## Methodology

### Participants and context

Participants were 67 master's practicum students and their supervisors in one accredited counseling program at a mid-sized minority-serving university in the southeast. The assigned dyads were in their first semester of working together. The master's students were completing their semester-long practicum (minimum 40 hours direct client contact) in the in-house counseling clinic, serving primarily volunteer undergraduate students at the same university. The clients reported a range of presenting concerns, including trauma histories, sexual identity exploration, and developmental transitions. The practicum students, in their second semester in the master's counseling program, had completed a multicultural counseling course the previous semester, taught by the third author, which included instruction in broaching and a comprehensive, semester-long cultural immersion experience.

Practicum students' supervisors were 2 faculty members and 18 doctoral supervisors in their second or third years in the PhD program. Doctoral students had completed a didactic supervision course the previous semester which included attention to a range of cultural topics, including broaching in supervision, and a brief practicum in which they practiced broaching with master's students; they were currently enrolled in clinical supervision internship (both with the second author). New doctoral supervisors were assigned three practicum students for weekly individual supervision and were paired to co-lead group supervision; experienced doctoral supervisors and faculty provided both individual and group supervision for four students each.

Of 69 master's-level practicum student supervisees enrolled in two different semesters of practicum, 67 (97%) participated. Their ages ranged from 21 to 59 ( $M = 25.98$ ,  $SD = 6.25$ ,  $n = 66$ , 1 missing case), and included 60 (89.6%) who self-identified as women and 7 (10.4%) as men. Forty-two (62.7%) identified as White, 17 (25.4%) as Black or African American, four (6.0%) as Latinx, two (3.0%) as Multiracial, one (1.5%) as Asian, and one (1.5%) as "other." Supervisees were majority heterosexual ( $n = 56$ , 83.6%), with two identifying as gay (3%), three as lesbian (4.5%), four as bisexual (6%), and 2 as "other" (3%). In terms of religion or spirituality, 27 supervisees identified as Christian Protestant (40.3%), 18 as spiritual (26.9%), 12 as unreligious (1.2%), four as Christian Catholic (6.0%), three as "other" (4.5%), one as Hindu (1.5%), one as Jewish (1.5%), and one as Buddhist. The majority were able-bodied ( $n = 62$ , 92.5%); five identified as having a disability (7.5%). They represented multiple counseling tracks or specializations: clinical mental health ( $n = 28$ ; 41.8%), college ( $n = 5$ ; 7.5%), couple and family ( $n = 13$ ; 19.4%), and school ( $n = 21$ ; 31.3%).

All 20 supervisors agreed to participate. Their ages ranged from 25 to 50 ( $M = 31.75$ ,  $SD = 6.87$ ) and they self-identified as follows: two as Asian (10%), three Black or African American (15%), and 15 White (75%); five as men (25%) and 15 as women (75%); 19 as heterosexual (95%) and one as bisexual (5%); four identified “none” for their religious or spiritual background (20%) while nine chose Protestant Christian (45%), one was Hindi (5%), one was Muslim (5%), and five were spiritual (25%); one noted that they had a disability (5%).

As part of the multicultural orientation items (see below), supervisees rank ordered up to three salient identities and indicated the level of importance they ascribed to each. The largest percentage (40.9%,  $n = 27$ ) indicated gender as their most salient identity, followed by race/ethnicity (28.8%,  $n = 19$ ) and religion (13.6%,  $n = 9$ ). Supervisees sometimes added additional descriptors, such as “My race, being African American comes before all my other identities,” “I’m not sure any sticks out other than Gender,” and “whiteness, the recognition of privilege that it carries with it and how that is present in the world.” Other responses included sexual orientation ( $n = 3$ ), body size ( $n = 1$ ), values ( $n = 2$ ), and education ( $n = 1$ ). The average importance score for the first identity was 4.77 ( $SD = .49$ ,  $n = 65$ ; 5 = *very important*).

### Procedures and variables

Following IRB approval, the second author (who taught none of the master’s students) recruited master’s students during a class meeting (other than the practicum course) at the beginning of the semester. They completed the Scale of Ethnocultural Empathy (SEE, Wang et al., 2003) during the second week of the semester, then completed the SEE and all other measures at the end of practicum via Qualtrics surveys. They received 5 USD for participation each time. Doctoral and faculty supervisors were recruited near the end of the semester during group supervision or individually, by the first author, a graduate of the PhD program with no professional responsibilities for the supervisors; the second author was unaware who had/had not agreed to participate until after all grades were submitted. Supervisors completed the SWA and cultural behaviors scales for each of their supervisees via a Qualtrics survey and received 5. USD. Both supervisors and supervisees reviewed and agreed to an informed consent document containing information about the purpose of the study and their rights as a research participant.

### *Ethnocultural empathy*

The SEE (Wang et al., 2003) is a 31-item self-report instrument measuring empathy toward people of different racial/ethnic backgrounds than one’s own. Respondents use a 6-point scale to indicate the level of agreement (e.g., “I am aware of how society differentially treats racial or ethnic groups other than my own”; 1 = *strongly disagree*, 6 = *strongly agree*). In three studies with undergraduates, Wang et al. (2003) conducted exploratory and confirmatory factor analyses that yielded four distinct subscales: Empathic Feeling and Expression (15 items), Empathic Perspective-Taking (7 items), Acceptance of Cultural Differences (5 items), and Empathic Awareness (4 items). They reported discriminant validity via a social desirability scale, convergent validity with a general empathy measure, and support for criterion-related validity (e.g., gender and race differences). Test–retest reliabilities over two weeks ranged from .64 to .76 (total score). Cronbach alphas were .91 for total scores; in this study, alphas were .91 at pretest and .89 at posttest.

### *MCO components*

Watkins et al. (2019) concluded that existing MCO measures for therapy could reasonably be adapted to supervision research. Accordingly, we employed adapted versions of the following MCO scales. First, following guidelines from Owen et al. (2016), supervisees listed three salient aspects of their cultural background and rated each on a 5-point scale (1 = *not at all important*, 5 = *very important*). These responses prompted participants to consider their supervisor's MCO in relation to these salient identities for the survey.

### *Cultural humility*

Practicum students rated their supervisors on the Cultural Humility Scale (CHS; Hook et al., 2013). Written for clients to describe their counselors, the 12-item CHS reflects positive (7 items) and negative cultural humility (5 items), normed with three separate samples of diverse college students whose experience with therapy ranged from evaluating a prospective therapist, to evaluating a therapist they had seen at some point in their lives, to evaluating a therapist they were currently seeing at a university clinic. In this study, based on their responses to the cultural identity items, students indicated their level of agreement (1 = *strongly disagree*, 5 = *strongly agree*) that, regarding the core aspects of their cultural background, the supervisor “makes assumptions about me” (reverse coded) and “is genuinely interested in learning more” (example items). Although factor analyses supported the two subscales, Hook et al. recommended the use of the total score until further research on the two subscales' functioning, given that they observed weaker negative subscale correlations with therapy outcomes. They reported content and construct validity for the items, convergent validity with counselors' multicultural counseling competence and therapy outcomes, and Cronbach alphas of .93, .92, and .86 for total score across samples (.87 in this study).

### *Cultural (missed) opportunities*

Owen et al. (2016) created a 4-item measure of cultural missed opportunities for clients to indicate whether their therapist (adapted to supervisor here) was responsive and proactive in encouraging dialogue about their cultural background (e.g., “My supervisor avoided topics related to my cultural background”) on a 5-point scale (1 = *strongly disagree*, 5 = *strongly agree*). They reported support for content validity, factor analysis supporting a one-factor model, and Cronbach's alpha of .86 (.84 in the present study).

### *Supervision working alliance*

Both practicum students and supervisors completed the 12-item short form of Bahrnick's (1990) Working Alliance Inventory/Supervision (Tracey & Kokotovic, 1989) as a measure of their agreement on supervision tasks, goals, and bond (subscales); supervisors completed the scale separately for each of their practicum students. Tracey and Kokotovic (1989) selected the four highest loading items on each subscale based on a factor analysis of Bahrnick's (1990) original scale. Additional validity support and acceptable internal consistency for the short form have been reported (Tangen & Borders, 2016). In line with Rieck et al. (2015), we modified three

items so that the wording was more appropriate for the supervision context (e.g., “different ideas on what my problems are” became “different ideas about my goals”). Participants respond using a 7-point scale (1 = *never*, 7 = *always*). In line with Inman and Ladany (2008), we used the total score, given high intercorrelations among subscales, with a Cronbach’s alpha of .95.

### *Cultural behaviors*

We created the Cultural Behavior Scales (CBS) to include items addressing practicum students’ and supervisors’ in-session broaching behaviors because we did not find a measure specific to the purposes of this study. We located existing scales focused on supervisor cultural competence more broadly (e.g., Inman, 2006), self-reported broaching orientation (Day-Vines et al., 2013), and general counselor comfort (i.e., *awkward, calm*; e.g., Slone & Owen, 2015; *Note*: The Therapist Cultural Comfort Scale [Pérez-Rojas et al., 2019] was not yet available when we undertook this study). Although these measures provided relevant context, we sought to measure participants’ consistency, effectiveness, and comfort in addressing their own, their supervisors,’ their supervisees,’ or their supervisees’ clients’ race and/or ethnicity during supervision (or counseling) sessions, and whether those conversations were relevant to their relationship and work together (i.e., the broaching goal; King, in press). Given our desire to assess agreement on ratings, we needed a compact, behavioral scale, particularly since supervisors completed it multiple times (once per supervisee), in parallel format for counseling and supervision contexts.

The second author created items in consultation with the first and third authors, drawing on their combined expertise in clinical supervision, cultural responsiveness, and intercultural supervision. The third author, a highly experienced multicultural counseling instructor and researcher, provided feedback about face validity of the items. In addition, one counselor educator with extensive experience creating scales and three psychometric scholars, including one with expertise in culturally responsive program evaluation, gave feedback about the wording of the items, response anchors, and scoring. For example, original items were phrased as frequencies and referred to “culture” broadly (e.g., How frequently did your individual supervisor address your culture during supervision?). Through consultations, it was decided to focus on race/ethnicity only, reword items in an agreement format (e.g., *strongly agree – strongly disagree*) across items related to consistency, comfort, and effectiveness (e.g., My individual supervisor consistently addressed my race and/or ethnicity during our supervision sessions), and delete a *not applicable* response option. This iterative process yielded eight items (seven for supervisors’ cultural behaviors around their supervisees’ clients) rated on a 5-point scale (1 = *strongly disagree*, 5 = *strongly agree*). Counselors and supervisors rated their own and each other’s cultural behaviors in counseling and supervision sessions (e.g., “I consistently addressed my clients’ race and/or ethnicity during our counseling sessions” [counselor version]; “\_\_\_ consistently addressed his/her/their clients’ race and/or ethnicity during his/her/their counseling sessions” [supervisor rating supervisee]). (See Appendix.)

Practicum students completed three versions of the scale: they rated their own behaviors with their clients, their supervisors’ behaviors with themselves, and their supervisors’ behaviors in relation to their clients. In turn, supervisors separately rated each of their supervisees’ behaviors with their clients, self-rated their behaviors with each supervisee, and self-rated their behaviors in relation to the discussion of each supervisee’s clients. Internal reliability for all five versions

of the CBS was high; Cronbach's alphas ranged from .81 to .92. In addition to expert review, correlations with culturally responsive constructs in the current study (see Table 1) and in a separate study of counselor broaching (CBS positively correlated, .47, to cross-cultural counseling competence and negatively,  $-.30$ , to colorblind racial attitudes; King & Summers, in press) suggested initial validity. Our examination of inter-item correlations for each version of the scale suggested strong consistency across items without running the risk of multi-collinearity (defined as correlations of .8 or above); further, statistics for Bartlett's Test of Sphericity were significant for all versions, demonstrating that items are related and suitable for factor detection. Visual analysis of scree plots suggested between one and three significant components (i.e., eigenvalues above 1) underlying the CBS. Given sample size limitations, we were not able to conduct a full factor analysis, though future study could help distinguish if loadings on a single cultural behavior factor are sufficient or if subscales for frequency, comfort, and effectiveness improve model fit.

### Data analysis

We employed a quantitative descriptive methodology, specifically a correlational research design with ethnocultural empathy examined longitudinally (Heppner et al., 2008). After confirming the data were normal and fit for analyses, we calculated means, standard deviations, and correlations for all variables (see Table 1). Sample sizes differed by test as a function of list-wise deletion and are reported below. Particularly in the case of the CBS scales, where we observed participant fatigue and data missing at random, we ran analyses on cases with complete data. This option served as a more stringent threshold, preferable given our relatively small sample size, newness of the CBS, and psychometric limitations of imputation (Sterner, 2011). Then, in light of previous findings (e.g., Burkard et al., 2006; White-Davis et al., 2016) suggesting differences in perceptions of broaching by race/ethnicity, we conducted preliminary Multiple Analyses of Variance (MANOVA) tests to establish the relevance of supervisors' and supervisees' racial/ethnic backgrounds (dichotomized into White and POC), as well as their interaction, on key outcome variables (e.g., CBS, SEE, SWA, CH, MO). These analyses helped determine whether to include race/ethnicity in subsequent analyses as a control.

To address RQ1, translating MCO variables studied to date in the counseling context to supervision (Hook et al., 2013; Owen et al., 2016), we conducted a hierarchical regression of CH and MO onto the SWA. We entered cultural humility in step 1 followed by missed opportunities in step 2, given the depiction of cultural humility as a "way of being" (akin to Carl Roger's unconditional positive regard, Owen et al., 2016) that is primary or foundational to effective cross-cultural interaction (Hook et al., 2013). Additionally, Owen et al. (2016) found that CH actually shaped how clients perceived MO and in turn rated the effectiveness of therapy, again situating CH as a central component of the MCO framework that can influence how other components are experienced. Next, RQ2 involved two multiple regressions (parallel tests of CH on client outcomes; Hook et al., 2013): (1) CH onto SEE change scores and (2) CH onto supervisor ratings of counselor CBS. Finally, we addressed RQ3 on the correspondence between self- and other-ratings with paired sample *t*-tests of the CBS and SWA.



**Table 1.** Descriptive statistics and correlations for independent and dependent variables

				Correlations													
	<i>M</i>	<i>SD</i>	<i>n</i>	Ethnocultural Empathy		Multicultural Orientation Variables		Working Alliance		Cultural Behaviors Scale – Self and Other Report							
				SEE Pre	SEE Post	CH	MO	WA (or)	WA (ee)	CBS-Ee	CBS-OrEe	CBS-EeOr	CBS-Or	CBS-EOC	CBS-OrC		
SEE pretest	157.24	15.77	68	-													
SEE posttest	160.06	14.62	64	.81**	-												
CH	54.22	6.14	63	-.05	-.02	-											
MO	9.31	4.21	64	.08	.07	-.55**	-										
WA Supervisor	65.76	11.23	63	-.11	.01	.45**	-.31*	-									
WA Supervisee	73.31	10.26	63	-.12	-.06	.75**	-.60**	.32*	-								
CBS-Supervisee (Ee)	3.74	.62	63	.29*	.28*	.05	-.02	.01	.10	-							
CBS-Supervisor rating Supervisee (OrEe)	3.51	.52	61	.22	.16	-.06	.01	.26*	.03	.22	-						
CBS-Supervisee rating Supervisor (EeOr)	3.68	.73	38	.03	.02	.69**	-.63**	.18	.62**	.13	.10	-					
CBS-Supervisor (Or)	3.71	.51	55	-.02	-.11	.12	-.35**	.55**	.25	.02	.52**	.14	-				
CBS-Supervisee rating Supervisor with clients (EOC)	3.87	.56	45	-.29	-.31*	.61**	-.41**	.06	.55**	.11	-.26	.62**	.10	-			
CBS-Supervisor with clients (OrC)	3.65	.42	61	.00	.16	.00	-.24	.30*	.10	.03	.33**	.18	.64**	-.07	-		

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

## Results

### Preliminary analyses

A MANOVA examining the effect of supervisor race/ethnicity on their supervisees' assessment of supervisor MCO (CH and MO) was null ( $\lambda = .89, F(3, 55) = 2.35, p > .05$ , observed power of .56). A MANOVA testing the effect of supervisees' race/ethnicity on their cultural attitudes (SEE scores pre- and post-practicum) and skills (supervisor CBS rating of counselor skills) was significant ( $\lambda = .77, F(3, 54) = 5.53, p < .01$ , observed power of .93). Follow-up univariate tests located this difference ( $F(1, 56) = 12.29, p < .01$ , observed power of .93,  $\eta_p^2 = .141$ ) in pre-practicum SEE scores, with White students ( $M = 4.96, SD = .43, n = 40$ ) assigning themselves a lower score relative to POC students ( $M = 5.34, SD = .51, n = 24$ ). This difference did not persist through the end of practicum ( $F(1, 56) = 3.51, p > .05$ , observed power .45) and was not observed in supervisor ratings of supervisee CBS with their clients. Finally, we examined differences in the above variables by racial/ethnic match/mismatch of the supervisory dyad (i.e., comparing mean scores for the four possible groupings) in a MANOVA, with null results for all outcome variables ( $\lambda = .68, F(5, 15) = 1.37, p > .05$ ).

### Research question 1

To address the relationship between supervisee-rated SWA and supervisor MCO components (CH and MO), we ran a hierarchical regression, entering CH (step 1) and then MO (step 2). Together, supervisor MCO accounted for 61.3% of variation in SWA scores. Parsing this out among MCO components, CH emerged as the most meaningful predictor of SWA at 56% of variance explained ( $R^2 = .56, F(1, 61) = 77.88, p < .001$ ), with MO accounting for an additional 5.2% of variance ( $R^2 = .052, F(1, 60) = 8.09, p < .01$ ).

### Research question 2

To test the impact of supervisor CH on supervisee learning outcome variables (SEE, CBS), we conducted two regressions. We first checked whether supervisees' SEE pre-post scores changed. A paired sample *t*-test yielded a null result ( $t = -1.66, p > .1$ ) such that, on average, students did not increase in their ethnocultural empathy. Given this null, we did not test for the role of supervisor CH in predicting SEE change. Next, a regression of supervisor CH on supervisee CBS with clients (supervisor rated) was not significant ( $F(1, 55) = .22, p > .1$ ).

### Research Question 3

Finally, we conducted four paired sample *t*-tests to examine correspondence between supervisor and supervisee ratings of CBS and SWA. In pair one, counselor CBS self-ratings ( $M = 3.75, SD = .69, df = 56, n = 57$ ) had a significantly higher average ( $t = 2.31, p < .01$ ) compared with supervisor CBS ratings of their supervisees ( $M = 3.54, SD = .50$ ). Next, supervisee ( $M = 3.69, SD = .76, df = 30, n = 31$ ) and supervisor ( $M = 3.71, SD = .51$ ) ratings of supervisors' CBS with supervisees were not significantly different ( $t = -.13, p > .05$ ); however, supervisees did have significantly higher average ratings ( $t = 3.10, p < .01$ ) of their supervisors' CBS with their clients ( $M = 3.88, SD = .52, df = 38, n = 39$ ) compared to supervisor CBS self-

ratings with their supervisees' clients ( $M = 3.55, SD = .38$ ). In pair four, we observed significant mean differences ( $t = 4.59, p < .01$ ) for ratings of SWA, with supervisees rating it higher on average ( $M = 73.43, SD = 10.40, df = 59, n = 60$ ) than supervisors ( $M = 65.95, SD = .11.23$ ).

## Discussion

Our overall goal was to explore the potential of multicultural orientation to advance understanding of effective multicultural supervision. Results indicated MCO functions in supervision much as it functions in the counseling setting (RQ1), with strong predictive power for SWA quality, a pivotal variable in clinical supervision (Tangen & Borders, 2016). Although clinical researchers (Hook et al., 2013) have examined how cultural humility adds variance explained beyond measures of multicultural competence, we examined how CH predicts the SWA relative to one other facet of MCO (i.e., missed cultural opportunities). To this end, cultural humility appears to be primary, with missed cultural opportunities adding a smaller share of explained variance in the supervision context.

Next, we found that, even as cultural humility drove the strength of the SWA, it was not directly linked to outcome variables (RQ2) included in this study: increases in supervisee cultural awareness (SEE) and behaviors with clients (CBS). This finding contradicts previous research linking CH not only to a counseling process variable (SWA) but also to improvement in client symptoms (Hook et al., 2013). Similarly, it runs counter to Soheilian et al.'s (2014) qualitative finding that supervisees viewed a connection between multicultural conversations in supervision and their counseling practice. The lack of direct impact of MCO on supervisee attitudes and skills might suggest that these learning outcomes require more time or focused effort to register changes. For example, how supervisors model or provide instruction on cultural humility (e.g., through role-play or probing questions to illuminate assumptions of superiority or normativity) could greatly affect supervisees' ability to translate this stance into their counseling sessions. Alternatively, supervisees' elevated average SEE scores at the start of the semester (see Table 1) – perhaps due to completion of a multicultural counseling course and immersion experience in the previous semester or social desirability bias – could have limited our ability to detect the change in this sample.

Potential differences in how both members of the supervision dyad experience broaching conversations, or provide self- and other-ratings of cultural behaviors, could also explain why supervisor cultural humility did not directly translate to supervisee cultural behaviors. In other words, we tested the impact of an independent variable rated by the supervisee (i.e., cultural humility of the supervisor) on a dependent variable rated by the supervisor (i.e., cultural behaviors of the supervisee) – both other-ratings of cultural responsiveness. It might be that the relationship between broaching cultural identities in supervision and outcome variables (e.g., SEE, CBS) is not unidirectional. Instead, supervisor, supervisee, and client engagement in cultural conversations (Phillips et al., 2017), as well as views about the relevance of such conversations, could render cultural behavior scores especially subjective and dependent on the point of view or experience of the rater. To this end, we confirmed that self-assessments of cultural behaviors and the SWA did not always stack up with the other members' view (RQ3) (i.e., ratings differed for supervisee CBS, supervisor CBS with the supervisee's clients, SWA

scores). These findings suggest that it could be difficult to trace a neat line from supervisee to supervisor ratings of cultural responsiveness.

The issue of accurate self-report of multicultural competence and orientation is demonstrated in the current study, since we heeded recommendations to include both members of the supervisory dyad in our analysis (e.g., Phillips et al., 2017; Soheilian et al., 2014). In particular, supervisees viewed themselves as applying more cultural behaviors in their work with clients than their practicum supervisors observed. Thus, supervisees in this study seemed to demonstrate inflated self-ratings of their CBS (cf. Constantine & Ladany, 2000) relative to their supervisors' evaluation, linking to previous work with counseling trainees (Cartwright et al., 2008) and social desirability bias in self-reports of multicultural competence (Constantine & Ladany, 2000). In support, ethnocultural empathy, arguably an attitudinal element of multicultural competence or MCO, only correlated with counselor self-ratings of their cultural behaviors (.28) and their rating of the supervisor with their clients (-.31), not their supervisors' outside assessment. This finding suggests that, while supervisees' personal awareness of cultural and power issues might figure into how they view their counseling practice, such attitudes may not rise to the level of skills that others readily observe. Again, this interpretation parallels the work of Cartwright et al. (2008), where an outside observer did not rate students' multicultural approach in a mock session as highly as the students, on average, rated their own multicultural counseling competence.

Supervisees and their supervisors had similar assessments of the latter's cultural behaviors with their supervisees (but not their supervisees' clients). When supervisor self-ratings of cultural behaviors differed, they were consistently lower than their supervisees rated them. Further, supervisor self-ratings correlated (.52) with their ratings of their supervisees' CBS with their clients. This is contrasted from the lack of relationships (.13) between supervisee ratings of the supervisor's CBS with them in supervision and the supervisee's self-ratings of their CBS with their clients. This difference might suggest that supervisors are more likely to make a connection between their supervisory approach or interventions and their supervisees' multicultural learning outcomes (in this case CBS) than their supervisees do. The relationship between supervisor self-ratings and other-ratings also suggests that supervisors in this study may have considered themselves and their supervisees against a similar standard. It may be that supervisors had a higher standard, perhaps related to supervisors' longer time in the field with more potential exposure to culturally relevant supervisory feedback, culturally different clients, and/or perhaps more advanced stages of racial identity development. Supervisors also may have developed higher expectations for enacting MCO or multicultural competency stemming from further study of the topic, relative to their supervisees. Conversely, supervisors' self-ratings may have reflected their fairly novice status as supervisors, with self-doubts and anxiety about their abilities, including their skills in giving feedback about multicultural issues (Borders et al., 2017). It remains unclear whether supervisors' self-ratings were more realistic than those of their novice supervisees, or those of experienced supervisors in previous studies (Duan & Roehlke, 2001).

Finally, given the importance of racial/ethnic makeup of the supervisory dyad in previous studies of broaching (e.g., Burkard et al., 2006; Nilsson & Duan, 2007; White-Davis et al., 2016), we replicated this test with key outcome variables. Results contradicted earlier findings, suggesting that in some cases race/ethnicity might bear less on cultural behaviors and assessments of the

supervision experience than previously documented. More specifically, supervisees overall did not rate the SWA nor their supervisors' MCO differently based on their supervisors' race/ethnicity, whether the dyad was a racial/ethnic match or mismatch. One explanation for this null effect is that average scores for variables such as supervisor CH, SWA, and CBS were high, suggesting supervisees typically had positive experiences in supervision. With regard to cultural attitudes (SEE), however, race/ethnicity of supervisee was relevant for pre-semester ethnocultural empathy, with POC supervisees self-rating as more empathic than their White counterparts. Even though advances in ethnocultural empathy were not statistically significant for all students, it seems that White students gained enough new awareness during their supervised practicum to neutralize pretest differences. Previous research gives some support to the notion that supervisees of Color might enter counseling programs with more advanced critical consciousness gathered from lived experience (Day-Vines et al., 2013), which may have contributed to these findings.

### Limitations

Results of the current study should be viewed in the context of its limitations. First, the authors created the Cultural Behaviors Scales for this study and, although the measure was developed consistent with scale development procedures and standards, our ability to test its psychometric properties was restricted. Results provided some additional evidence for convergent validity (e.g., supervisees' ratings of supervisors' CH and CBS were positively correlated; see also King & Summers, in press) and we observed solid reliability via Cronbach's alphas. The benefits of this scale include its ability to have parallel scores as a test of supervisor-supervisee correspondence and its emphasis on in-session cultural awareness and behaviors in contrast to (or in concert with) measures of broader attitudes and behaviors (e.g., Day-Vines et al., 2013). The scale also is an improvement over previous dichotomous "yes/no" measures of broaching (e.g., Zhang & Burkard, 2008) through the inclusion of effectiveness and comfort items, although it still does not measure the full scope of cultural responsiveness. Supervisors' ratings of their supervisees did not appear to be nested, as we observed differentiated ratings within their group of supervisees. Nevertheless, further investigations (e.g., factor analysis) of the CBS are needed, as well as studies of its relationship to other outcome variables (e.g., King & Summers, in press), both across a semester and following a specific supervision intervention.

In addition, the version of the CBS items we delivered focused on race/ethnicity. Although broaching is typically imagined as a skill to address areas of identity difference and/or marginalization primarily (Day-Vines et al., 2013; King, in press), in the supervision context, in particular, there could be educational benefits to discussing areas of privilege that are perhaps less immediately salient to supervisees. Our sample was comprised of majority White women and, when asked to rank order most salient identities, gender was most frequently endorsed, followed by race/ethnicity. We are limited in our ability to generalize what MCO and cultural behaviors might look like for a group of majority People of Color (as might be the case for counseling programs based in Historically Black Colleges or Universities) who address race/ethnicity in supervision. In future studies, researchers should diversify the identity dimension emphasized (e.g., to gender, sexual orientation, class status), or better capture intersectionality of identities, in order to add both depth and breadth to the current findings. Relatedly, our participants all studied at the same university, which could have biased results

while also avoiding potential confounds by holding training environment effects constant. Other types of programs (e.g., part-time, online) in counseling and other disciplines (e.g., psychology, social work, nursing), supervisor qualifications, and extent to which supervisors directly observe counseling sessions (e.g., regular review of recordings in this study) also could produce different results.

### Implications for supervision practice

Our results underscore the importance of the supervisory working alliance, perhaps particularly for novice supervisees as they begin providing counseling services to clients and participating in clinical supervision. Our findings also highlight the substantial contribution supervisor CH makes to the SWA. Supervisors are encouraged to heed ongoing calls to create safe, trusting relationships (Borders et al., 2014; Crockett & Hays, 2015), bolstered by open and egalitarian prioritization of culture (Gloria et al., 2008; Watkins et al., 2019). They might enhance their efforts through mid-semester exchange and discussion of CBS ratings with supervisees as well as CBS self-ratings in cross-cultural dyads. In doing so, supervisors can model open, egalitarian discussion about culture and solicit feedback from supervisees in order to improve the supervision experience. Incorporating the CBS measures can also prompt supervisee reflection about how cultural responsiveness develops over time as well as how internal commitments to multicultural competence and MCO can be translated into externally observable actions (King & Borders, 2019). Ideally, such reflection can inform supervisees in setting challenging, culturally relevant supervision goals.

Supervisors should also focus on applying interventions that demonstrate MCO in supervision and supporting supervisees as they develop their own broaching styles for application with clients (Jones et al., 2019; King & Borders, 2019). For instance, supervisors could follow-up their supervisory broaching conversations with ideas for adapting broaching to the counseling context (see King & Jones, 2019). Addressing supervisees' personal styles and their goals in broaching, given the make-up of particular counseling dyads (e.g., privileged counselor and marginalized client, marginalized counselor, and privileged client; Ratts et al., 2016) could assist in tailoring broaching statements to be more genuine. In addition, supervisors recognizing and responding to missed opportunities to discuss race/ethnicity could reinforce their efforts at improving the overall supervisory working alliance. This might include assuming responsibility for personal privilege, issuing an apology, using immediacy to address supervisee nonverbals or relationship dynamics, as well as probing about cultural topics in a humble, curious manner.

### Implications for future research

Our focus on race/ethnicity was in line with current literature (Soheilian et al., 2014); some previous researchers, however, have found racial identity more relevant (e.g., Ladany et al., 1997). Certainly, replications of this study to explore identity salience, identity development, and other identities (e.g., sexuality, class, religion), as well as the intersectionality of identities (for background on intersectionality, see Crenshaw, 1989), are needed, perhaps employing modifications of our CBS scales.

On average, ethnocultural empathy did not reflect changes in supervisee cultural awareness and attitudes (though White students demonstrated improvement from the beginning to the end of practicum). However, an inspection of individual pre-post means indicated that large increases, and decreases, in supervisees' SEE scores existed. In our study, SEE scores were only correlated with supervisee self-ratings of CBS (.28) and ratings of supervisors' CBS with their clients (-.31). The former could suggest that supervisees view their attitudes and cultural behaviors consistently. The latter is less explicable in light of previous research suggesting it is beneficial when supervisors address the cultural dynamics of their supervisees' clients (Soheilian et al., 2014). Both interpretations are tentative and warrant further investigation. Given the SEE's strong psychometrics, we recommend its application in longitudinal studies across a counseling program (to avoid our inflated pre-practicum scores) as well as case studies to explore individual variation in supervisee development. One such case study could track how White novice counselors' cultural development evolves with exposure to culturally different clients.

Given our quantitative design, we lack details about the depth of supervisor-supervisee cultural dialogs (Phillips et al., 2017). Qualitative work (e.g., analysis of supervision dialogue via session recordings) could improve understanding of how identity salience impacts the process of such dialogs as well as the particular learning experiences (i.e., critical incidents) that prompt growth in SEE, CBS, and other outcomes of interest. Further exploration of supervisee-supervisor correspondence could also be fruitful, given that client-counselor agreements on significant events are relevant to client change (e.g., Bilodeau et al., 2010). The format of the CBS is such that future researchers could adapt it to examine overlap and divergence in ratings at the level of individual clients in lieu of assessing their typical in-session approach.

Overall, the MCO framework and its associated measures seemed to adapt well to our supervision study, per Watkins et al. (2019). Ultimately, MCO and multicultural competence frameworks (APA, 2017; NASW, 2015; Ratts et al., 2016) were developed to improve services received by all clients, especially marginalized clients. Thus, client outcomes, the consistent dependent variable in MCO counseling research, certainly are relevant to MCO supervision research also. We hope our study encourages investigators to further explore questions suggested by MCO research (e.g., the interrelationships among MCO components with mediating models; Hook et al., 2016; Hutman & Ellis, 2019), as well as new questions explored in our study (e.g., correspondence; see Bilodeau et al., 2010). Collaboratively, researchers could begin to illuminate the effective path from classroom to supervision context to practice setting, so that all clients engage with humble, culturally responsive counselors.

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## Appendix

*Cultural Behaviors Scales (CBS): Items for Supervisees and Supervisors*

1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree.

## Supervisee CBS Scales

***Please rate the following items to reflect your work with your clients.***

I consistently addressed my clients' race and/or ethnicity during our counseling sessions.

I addressed my clients' race and/or ethnicity effectively during our counseling sessions.

The conversations my clients and I had about the clients' race and/or ethnicity were relevant to our work together.

The conversations my clients and I had about the clients' race and/or ethnicity were important in establishing and maintaining our relationship.

I missed out on opportunities to discuss my clients' race and/or ethnicity during our counseling sessions when it would have been relevant to do so. *(reverse scored)*

I felt comfortable when my clients expressed aspects of their race and/or ethnicity with me during our counseling sessions.

I felt comfortable when I addressed aspects of my clients' race and/or ethnicity in our counseling sessions.

I felt comfortable expressing aspects of my race and/or ethnicity with my clients during our counseling sessions.

***Please rate the following items to reflect your supervisor's behaviors with you in individual supervision.***

My supervisor consistently addressed my race and/or ethnicity during our supervision sessions.

My supervisor addressed my race and/or ethnicity effectively during our supervision sessions.

The conversations my supervisor and I had about my race and/or ethnicity were relevant to our work together.

The conversations my supervisor and I had about my race and/or ethnicity were important in establishing and maintaining our relationship.

My supervisor missed out on opportunities to discuss my race and/or ethnicity during our supervision sessions when it would have been relevant to do so. *(reverse scored)*

My supervisor felt comfortable when I expressed aspects of my race and/or ethnicity with him/her during our supervision sessions.

My supervisor felt comfortable when I addressed aspects of my race and/or ethnicity in our supervision sessions.

My supervisor felt comfortable expressing aspects of their race and/or ethnicity with me during our supervision sessions.

***Please rate the following items to reflect your supervisor's behaviors about your clients.***

My supervisor consistently addressed my clients' race and/or ethnicity during our supervision sessions.

My supervisor addressed my clients' race and/or ethnicity effectively during our supervision sessions.

The conversations my supervisor and I had about my clients' race and/or ethnicity were relevant to our work together.

The conversations my supervisor and I had about my clients' race and/or ethnicity were important in establishing and maintaining our relationship.

My supervisor missed out on opportunities to discuss my clients' race and/or ethnicity during our supervision sessions when it would have been relevant to do so. (*reverse scored*)

My supervisor seemed to feel comfortable when I brought up aspects of my clients' race and/or ethnicity during our supervision sessions.

My supervisor seemed to feel comfortable when I addressed aspects of my clients' race and/or ethnicity in our supervision sessions.

### Supervisor CBS Scales

***Please respond to the following scales based on your work with supervisee \_\_\_\_\_.***

Please rate *the following items to reflect your behavior with this supervisee during individual supervision.*

I consistently addressed my supervisee's race and/or ethnicity during our supervision sessions.

I addressed my supervisee's race and/or ethnicity effectively during our supervision sessions.

The conversations my supervisee and I had about the supervisee's race and/or ethnicity were relevant to our work together.

The conversations my supervisee and I had about the supervisee's race and/or ethnicity were important in establishing and maintaining our relationship.

I missed out on opportunities to discuss my supervisee's race and/or ethnicity during our supervision sessions when it would have been relevant to do so. (*reverse scored*)

I felt comfortable when my supervisee expressed aspects of his/her race and/or ethnicity with me during our supervision sessions.

I felt comfortable when I addressed aspects of my supervisee's race and/or ethnicity in our supervision sessions.

I felt comfortable expressing aspects of my race and/or ethnicity with my supervisee during our supervision sessions.

Please rate *the following to reflect your behavior about this supervisee's clients.*

I consistently addressed my supervisee's clients' race and/or ethnicity during our supervision sessions.

I addressed my supervisee's clients' race and/or ethnicity effectively during our supervision sessions.

The conversations my supervisee and I had about the supervisee's clients' race and/or ethnicity were relevant to our work together.

The conversations my supervisee and I had about the supervisee's clients' race and/or ethnicity were important in establishing and maintaining our relationship.

I missed out on opportunities to discuss my supervisee's clients' race and/or ethnicity during our supervision sessions when it would have been relevant to do so. (*reverse scored*)

I felt comfortable when my supervisee brought up aspects of his/her clients' race and/or ethnicity with me during our supervision sessions.

I felt comfortable when I addressed aspects of my supervisee's clients' race and/or ethnicity in our supervision sessions.

Please rate *the following items to reflect this supervisee's behavior with their clients.*

My supervisee consistently addressed her/his/their clients' race and/or ethnicity during their counseling sessions.

My supervisee addressed his/her/their clients' race and/or ethnicity effectively during their counseling sessions.

The conversations my supervisee and her/his/their clients had about the clients' race and/or ethnicity were relevant to their work together.

The conversations my supervisee and his/her/their clients had about the clients' race and/or ethnicity were important in establishing and maintaining their relationship.

My supervisee missed out on opportunities to discuss her/his/their clients' race and/or ethnicity during their counseling sessions when it would have been relevant to do so. (*reverse scored*)

My supervisee seemed to feel comfortable when his/her/their clients expressed aspects of their race and/or ethnicity with the supervisee during our counseling sessions.

My supervisee seemed to feel comfortable when they addressed aspects of his/her/their clients' race and/or ethnicity in their counseling sessions.

My supervisee seemed to feel comfortable expressing aspects of her/his/their race and/or ethnicity with their clients during their counseling sessions.

**Note.** Average scores for each scale separately, with higher scores indicating stronger cultural behaviors.