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A Brief Qualitative Examination of Multicultural Orientation in Clinical Supervision

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Research has demonstrated that therapists' multicultural orientation (MCO)—consisting of cultural humility, cultural comfort, and cultural opportunities—is key to client outcomes. The primary method for training psychotherapists is clinical supervision, and recent quantitative research provides preliminary support for the importance of MCO in clinical supervision. To date, however, there has been no qualitative inquiry of clinical supervision since the introduction of new models of cultural responsiveness. Thus, we sought to understand helpful experiences, unhelpful experiences, and supervisee expectations regarding culturally responsive clinical supervision through qualitative examination. Supervisees' (N = 102) responses resulted in three categories: (a) helpful cultural supervisory experiences, (b) unhelpful cultural supervisory experiences, and (c) missed opportunities in supervision. Subthemes emerged related to supervisor characteristics, and supervision processes and content. Participants also described negative

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experiences, including microaggressions, cultural discomfort, and avoidance. Consistent with recent quantitative research, supervisees emphasized helpful and hindering supervision experiences related to the MCO model, especially the importance of cultural discussions. Supervisees also emphasized some experiences consistent with the multicultural competencies model, such as desiring didactic information.

Public Significance Statement
Multicultural orientation as well as didactic multicultural learning appear to be important in clinical supervision. Results may guide clinical supervisors in both demonstrating and fostering cultural responsiveness with their supervisees.

Keywords: multicultural supervision, clinical supervision, multicultural orientation, multicultural competence

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> We do not leave our identities as raced, classed, and gendered bodies outside the door when we engage in supervision: Instead our personal histories, experiences, cultural and class backgrounds and social, cultural and national locations remain present (some might say omnipresent). Culture, politics and history matter in supervision (Manathung, 2011, p. 368).

Given the centrality of cultural factors in psychotherapy, it is important for therapists to develop culturally oriented practice that fully integrates client, therapist, and systemic sociocultural factors into the treatment process. Some scholars have argued that cultural responsiveness is an ethical imperative (Johnson et al., 2014; Vera & Speight, 2003), and that multicultural competence (MCC) is superordinate to general competence (Sue & Sue, 2016). Meta-analytic studies suggest that multicultural training is generally effective in the positive development of trainees' MCC and culture-related attitudes, although results also suggest inconsistency in outcomes (Smith et al., 2006; Smith & Trimble, 2016). Yet, little is known about *how* to best foster the development of therapists' ability to integrate and enhance therapy processes through a full integration of cultural values and beliefs (Bernard & Goodyear, 2019).

Multicultural Orientation

The tripartite MCC model has been described as a way of "doing" in therapy (Davis et al., 2018), emphasizing therapists' acquisition of (often "others"-based) knowledge, awareness, and skills to employ in therapy. In contrast, multicultural orientation (MCO) has been described as a way of "being" in therapy and supervision, focused on the interpersonal and relational processes between therapist and client or supervisor and supervisee (Davis et al., 2018; Owen, 2013; Owen et al., 2011). MCO consists of three pillars. The first pillar, cultural humility, is defined as a therapist's or supervisor's interpersonal engagement with clients or supervisees from a position that is relationally and other-oriented and open to understanding their cultural identities and experiences (Hook et al., 2013; Tervalon & Murray-Garcia, 1998). The next pillar, cultural comfort, refers to one's ability to engage in cultural conversations with internal ease, comfort, and confidence, as well as attunement to instances when feeling discomfort (Drinane et al., 2018; Owen, 2013; Pérez-Rojas et al., 2019). Finally, cultural opportunities refer to the ability to identify or create, and take effective advantage of, cultural markers (Owen, 2013; Owen et al., 2016). It is often operationalized in terms of missed opportunities or cultural markers experienced by the client or supervisee that the therapist or supervisor did not attend to (see Davis et al., 2018, for a review).

A growing body of research demonstrates empirical support for the role of all three MCO pillars in advancing psychotherapy processes (e.g., working alliances) and outcomes (e.g., change in symptom functioning) in samples totaling over 7,000 clients (e.g., Davis et al., 2018; Hook et al., 2013; Kivlighan et al., 2019; Owen et al., 2014, 2016; Pérez-Rojas et al., 2019). Given the data supporting MCO in psychotherapy, scholars recently began to theorize and empirically study MCO in supervision (Cook et al., 2020; Drinane et al., 2021; Hook et al., 2016; King et al., 2020; Watkins, Hook, Mosher, & Callahan, 2019; Watkins, Hook, Owen, DeBlaere, Davis, & Callahan, 2019, Watkins, Hook, Owen, DeBlaere, Davis, & Van Tongeren, 2019; Wilcox et al., 2022).

MCO in Clinical Supervision

Clinical supervision is considered the "signature pedagogy" of psychotherapy training (Bernard & Goodyear, 2019, p. 2). Clinical supervision is a relationship-based training intervention in which a more experienced member of the profession (i.e., supervisor) works with a junior member of the profession (i.e., supervisee) to help them grow and develop as a therapist, serve as a gatekeeper, and monitor supervisees' clients' care and welfare. Although there are similarities between psychotherapy and supervision, supervision is a skillset in its own right; the American Psychological Association (APA) Standards of Accreditation require that training programs prepare students in clinical supervision (APA, 2019b), and there are competency benchmarks (Fouad et al., 2009) and APA guidelines (APA, 2014) available regarding requisite skills and best practices in supervision.

Multicultural supervision refers to clinical supervision that is culturally responsive and focused (Falender et al., 2013, 2014; Hook et al., 2016). There is evidence to suggest that such culturally focused supervision has a positive effect on supervision processes and outcomes (Gatmon et al., 2001; Inman, 2006; Toporek et al., 2004). Additionally, recent research (Cook et al., 2020; Drinane et al., 2021; King et al., 2020; Wilcox et al., 2022) has demonstrated preliminary support for the role of the MCO pillars of cultural humility and cultural opportunities in clinical supervision. For example, in a recent quantitative study, Wilcox et al. (2022) found that supervisees who rated their supervisors higher in cultural

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humility and attending to cultural opportunities, specifically as it related to the supervisee's own cultural identities, reported greater supervision satisfaction. Drinane et al. (2021) observed cultural concealment, a facet of cultural opportunities, to be negatively related to the supervisory working alliance as well as satisfaction with supervision; and Wilcox and colleagues as well as King et al. (2020) found both cultural humility and cultural missed opportunities were related to the supervisory working alliance (positively and negatively, respectively). Further, Cook et al. (2020) found that 20% of the variance in intentional supervisee nondisclosure was accounted for by supervisors' cultural humility. Thus, preliminary quantitative research suggests that supervisor MCO is important to good clinical supervision.

As clinical supervision is inherently relational and complex (Bernard & Goodyear, 2019; Fiscalini, 1997), there is nuance that is missed when researchers use quantitative approaches to measurement. In contrast, qualitative methods are better suited to nuance and depth of understanding; they provide a unique "something more" perspective on the human experience. As described by Binder et al. (2016), qualitative inquiry allows us to seek to capture this "something more" and holds the potential to bring us closer to the human experience of the supervisory relationship; and simultaneously, it also allows us a distance that can help situate our understanding of the supervisory relationship in sociocultural and historical contexts. Thus, we sought to better understand the helpful and hindering cultural processes that occur within clinical supervision and may impact the supervisory alliance specifically through qualitative inquiry.

Supervisory Working Alliance

One competency benchmark for supervisors' entry into practice is the ability to use the supervisory relationship to facilitate the development of both trainees and their clients (Fouad et al., 2009). Often, this is understood as the supervisory working alliance, defined by Bordin (1983) as agreement between supervisor and supervisee on the goals and tasks of supervision, and the development of a bond between supervisee and supervisor. Nelson et al. (2001) posited that fostering a strong supervisory working alliance is a key task early in the supervision process. Since then, much empirical research has supported the central role of the supervisory working alliance in supervision processes and outcomes, identifying a number of positive and negative predictors of the supervisory working alliance as well as the impact of the supervisory working alliance itself on outcomes (Park et al., 2019). For example, supervisor MCC has been found to be positively related to the supervisory working alliance (e.g., Crockett & Hays, 2015; Inman, 2006; Tsong & Goodyear, 2014), as has the occurrence of cultural discussions in supervision (Gatmon et al., 2001). As well, the supervisory working alliance is related to supervisee disclosure in supervision (e.g., Ladany et al., 1996; Mehr et al., 2010), satisfaction with supervision (e.g., Inman, 2006; Ladany et al., 1999), and supervisee well-being (Livni et al., 2012).

Critically, as it pertains to supervisee development, scholars have also found that the supervisory working alliance is related to supervisees' therapeutic alliances with their clients (DePue et al., 2022; Patton & Kivlighan, 1997). This is particularly important given that the therapeutic alliance between therapists and clients is empirically linked to a host of therapeutic outcomes (see Wampold & Imel, 2015). Given the importance of the supervisory working alliance to both supervision and client outcomes, better understanding how MCO manifests in supervision may advance our understanding not only of the supervisory process itself, but also how MCO in supervision may facilitate trainees' development as culturally responsive therapists. Thus, we sought to qualitatively examine helpful and hindering cultural processes in clinical supervision through the lens of MCO and from the perspective of supervisees.

The Present Study

As part of a larger study on clinical supervision (see Wilcox et al., 2022), participants were asked to respond to open-ended questions about cultural processes in supervision with their supervisor. Quantitative research demonstrates support for the importance of MCO in clinical supervision; however, qualitative research lends itself well to the study of clinical supervision given its process-oriented nature. Qualitative research also allows for rich examination of cultural processes that occur between dyads (e.g., therapist–client; supervisee–supervisor) in a way that would be difficult to capture quantitatively. Thus, we sought to explore helpful and hindering events, as well as supervisees' expectations, related to multicultural supervision.

Method

Participants

Upon the receipt of institutional review board approval from Augusta University, psychotherapy trainee participants were recruited via listservs and snowball sampling. To be eligible, participants needed to be currently enrolled in a master's- or doctoral-level therapy training program and currently engaged in the provision of psychotherapy and receiving clinical supervision. Participants responded to measures as well as the open-ended questions described below (see Drinane et al., 2021; Wilcox et al., 2022, for more information on the measures and sample). The original sample consisted of 123 trainees (see Wilcox et al., 2022); however, not all participants responded to all questions. A total of 102 participants were included in this study (see Supplemental Table 1, for categorical demographics). The average age of participants in this sample was M = 30.22 years (SD = 6.67).

Data Collection and Research Instrument

For the present study, four open-ended questions about multicultural supervision were posed to participants. Participants were asked to respond to the following questions, inviting them to consider all of their supervision experiences and reflect especially upon the cultural interactions with their supervisors:

1. Think of your experience as a therapist-in-training. What would be most helpful from clinical supervision for you, as it pertains to addressing diversity and culture in supervision? What do you expect or hope for?
2. In your experiences of clinical supervision as a supervisee, what has been most helpful for you as it pertains to diversity and culture?
3. In your experiences of clinical supervision as a supervisee, what has been least helpful, or problematic, for you as it pertains to diversity and culture?

4. In your experiences of clinical supervision as a supervisee, what, if anything, do you feel has been missing from supervision as it pertains to diversity and culture?

Analysis

The second, fourth, and fifth authors analyzed participants' descriptions of cultural processes in supervision using thematic analysis (Braun & Clarke, 2006). Thematic analysis is grounded in an emphasis on the ways by which people "make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings" (Braun & Clarke, 2006, p. 81). Thematic analysis includes six phases: (a) becoming familiar with the data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining themes, and (f) writing up the analysis. Researchers are steeped within the data by transcribing, listening, relistening, and rereading transcripts. The current analysis focused on both an open inquiry of how trainees' experience multicultural topics in supervision and whether responses relate to MCC and MCO theories, therefore allowing for both inductive and deductive analysis. As detailed below ("Ensuring Trustworthiness"), the coders had varying levels of knowledge on MCO and MCC theories, which allowed for this inductive–deductive combination to manifest.

First, the coding team met to review the raw data and purpose of the study. Everyone's initial views of supervision and multicultural issues in supervision were discussed. The second author met with the fourth and fifth authors to review the research questions, the open-ended prompts, and the data analysis steps. The fourth and fifth authors reviewed and categorized each unit of data, and then met to discuss their proposed categories and to reach a consensus on a categorization system. The second author resolved categorization disagreements; these three authors met multiple times during this process. One example of a coding disagreement involved coding the incident, "[the supervisor] failing to acknowledge and address intersecting identities . . ." in response to question two. One author coded this as cultural misalignment and the other author as lack of cultural understanding. In meeting with the second author, both the fourth and fifth authors described why they coded as they did and responded to one another's rationales. The author who coded cultural misalignment recognized they had made assumptions about the participants' underlying meaning rather than taking the incident at face value and agreed lack of cultural understanding was a better fit.

Ensuring Trustworthiness

First, the coding team met to review the raw data and purpose of the study. Everyone's initial views of supervision and multicultural issues in supervision were discussed; coders' existing knowledge of supervision and multicultural theory were explored and named. The four and fifth authors, who had less preexisting knowledge of MCC and MCO theories and therefore fewer biases that could impact data analysis, categorized each piece of data and met regularly to discuss emergent categories. The second author reviewed raw data and the codes and provided feedback in person or via Zoom (due to COVID-19 mitigation efforts), as a content expert on supervision and training, as necessary. This process occurred several times and, in keeping with the qualitative practice of reflexive subjectivity (Lincoln & Guba, 1985), included intentional discussion of each author's biases and expectations around multicultural supervision and what the data could show (see Subjectivities Statement section).

Subjectivities Statement

It is best practice to identify and explore potential biases when conducting qualitative analysis. The first author, who wrote the open-ended questions for analysis and overall study research questions, is a White heterosexual ciswoman from a lower socioeconomic status background and is currently an assistant professor. The second author provided feedback on the open-ended analysis questions and research questions. The second, fourth, and fifth authors engaged in qualitative coding with consultation and feedback from the first and sixth authors. The second author is a White, heterosexual ciswoman who has held the roles of supervisee and supervisor and is an assistant professor in a clinical psychology program. The third author, who assisted in the idea formation and conceptualization of the study, is a White ciswoman who provides supervision in her capacity as an assistant professor. The fourth author is a Latinx ciswoman who has received, but never provided, supervision. The fifth author is a ciswoman of Middle Eastern descent who has not received nor provided supervision. The fourth and fifth authors are graduate students and research assistants at the second author's applied clinical psychology master's program. The coding team (second, fourth, and fifth authors) met in person and via Zoom about identified themes and codes, and, given the power differentials between the second author and the students, their interpretations were encouraged and challenging one another was explicitly valued. As the fourth and fifth authors identified initial themes and codes, they and the second author spent time reflecting on how the fourth and fifth authors' identities as minoritized supervisees in training may have impacted their interpretation of participant responses. Specifically, both authors noted that they were unsurprised at the amount of difficult and unsatisfactory supervisory experiences reported, given their own experiences in supervision and as women of color in general. The second author, as a White woman and professor/supervisor, encouraged and left space for these conversations and reflections. The sixth author reviewed the themes as they emerged and provided feedback on thematic definitions. She identifies as an Asian American, heterosexual, ciswoman, and licensed psychologist who provides clinical supervision.

Theoretical bias in directive qualitative analysis is a risk, as the method allows for deductive reasoning. However, this was mitigated by intentionally recruiting experienced qualitative coders who were unfamiliar with supervisory and multicultural theory alongside the second author, who is well-versed in both. Thus, initial reviews and codes were developed by a team that had varying levels of understanding of existing theory, which made consensus on existing themes and ideas more trustworthy.

Results

In analyzing responses to the four questions, three broad categories emerged: (a) helpful cultural supervisory experiences, (b) unhelpful cultural supervisory experiences, and (c) missed cultural opportunities in supervision. Within the helpful cultural supervisory experiences theme, four subthemes were identified: providing didactic information, supervisor relationship to culture, focusing on supervisory needs, and attending to the supervisory relationship.

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The category of unhelpful cultural supervisory experiences had four subthemes related to supervisors' behavior: avoiding cultural topics; cultural misalignment; demonstrating negative professional characteristics; and demonstrating cultural arrogance. The final category was missed opportunities in supervision, which included four subthemes related to the supervisors' lack of focus in the following areas: discussion about culture; sociocultural knowledge; lack of didactics and skills; and matching supervisees wants/needs. Supplemental Figure 1 depicts the categories, themes, and related research questions. For all themes, the number of participants who endorsed a category is noted; the sum for each category exceeded the number of responses for each theme as some answers involved more than one category.

Helpful Cultural Supervisory Experiences

In the first two questions, there were 102 responses to Question 1 (99 codable; 3 unclear/uncodable) and 99 responses to Question 2 (90 codable; 7 uncodable; 2 respondents stated "not applicable"). Across these, we found four themes in the category of helpful cultural supervisory experiences: providing didactic information, supervisor relationship to culture, focusing on supervisory needs, and attending to the supervisory relationship (see Supplemental Tables 2 and 3, for examples of each code for questions one and two).

The most common theme was providing didactic information (n = 52 and n = 47 for Questions 1 and 2, respectively). This theme describes participants' helpful experiences within clinical supervision, in which they are given resources related to multicultural issues, including current literature. Other didactic and intervention-based answers included opportunities for cultural contact with "diverse clients," guided instruction on "multicultural conceptualization[s]," explicit "feedback" on the supervisee's multicultural work, and reviewing taped sessions in supervision. Overall, this theme involved action and participants' desire to implement tangible skills and obtain explicit feedback (e.g., "practical skills," "knowledge and competency for how to work best in that area," "It would be useful for my supervisor to point out something that I have missed or have not realized about the cultural identity of a patient").

Another common theme among participants' responses was supervisor relationship to culture (n = 31; n = 31). First, some participants indicated the helpfulness of having supervisors who had different identities than themselves, such as a supervisor of a different race/ethnicity, or a supervisor's disclosure of belonging to a minoritized group (e.g., "having a supervisor that is a different race/cultural background has been the most helpful for me. It provides a perspective I don't otherwise have"). Supervisor behaviors included initiating conversations around multicultural issues and disclosing their own experiences with diverse clients (e.g., "sharing their own experiences of noticing [and] addressing their biases/blind spots with clients") and engaging in ongoing multicultural and professional development. This was coded separately from provision of didactic information because the present responses focused more on the supervisor initiating the discussions rather than the presence of a discussion itself. Supervisors' disposition reflected participants' descriptions of helpful supervisors as "empathic," "humble," "open," "nonjudgmental," and "self-aware" of their own privilege and power (e.g., "informed supervisors [with] humility and openness").

Focusing on supervisory needs (n = 27; n = 29) included responses that described supervisors' acknowledgment of supervisees as cultural beings and consideration of how culture intersects between the supervisee and client (e.g., "Identifying how my own culture impacts my clinical work with diverse clients"; "Considering the role of client/counselor identities and how they pertain to clinical work"). Participants reported wanting respect and validation for their own cultural experiences. For example, one participant wrote:

> For them to see me as a whole person, instead of scattered pieces of my cultural identity. I think the most hurtful experiences I've had in supervision were when I was only labeled as privileged and my multiple intersecting identities were not acknowledged or completely ignored.

Participants also emphasized the importance of their supervisors' actively integrating supervisees' identities into the supervisory process. Similarly, many participants noted that discussions of supervisees' cultural countertransference with clients were helpful (e.g., "I would like for my supervisor to ask, 'how did the client's culture and your biases get in the way of being with the client in that moment?'"). Participants tended to tie their own cultural needs to the therapeutic relationship or client outcomes, with one participant stating, "Being open about my own cultural issues and difficulties, particularly when I have a client that challenges my cultural norms."

The fourth theme was attending to the supervisory relationship (n = 18; n = 21), which captures the importance of having a safe or open relationship (e.g., "a secure relationship with my supervisor"; "honesty and upfrontness"). Participants also highlighted that communication, including a "shared language" around goals related to multicultural issues with frequent check-ins (initiated by the supervisor) was central to this theme (e.g., "open and clear communication"; "I hope that we address concerns in the beginning, and then weave a shared language for cultural diversity throughout case conceptualizations and discussions of clients"). Participants indicated that taking the time to get to know one another was a key component of good supervision and paved the way for more difficult discussions of cultural transference and countertransference in supervision (e.g., "having trust and good rapport so that I am comfortable asking questions"; "mutual understanding and checking in is important, in order for the trainee to process their own reactions, judgments, and countertransference").

Unhelpful Cultural Supervisory Experiences

Responses addressing unhelpful cultural supervisory experiences emerged from the third question; of the 97 responses, there were 84 codable answers (7 participants answered "nothing," 8 gave unclear answers, and 2 responded "not applicable;" see Supplemental Table 4, for examples of each code). The most common theme within this category was avoiding cultural topics (n = 34). Here, participants reported supervisors "ignoring or belittling culture and diversity" or otherwise overlooking cultural issues (e.g., "not bringing it up"; "lack of transparency or avoidance of the subject"; "ignore or reject the impact of diversity variables altogether").

Another theme, cultural misalignment (n = 18), consisted of "forced conversation" and confrontation about views on multiculturalism. Cultural misalignment answers involved relational themes (e.g., "Putting me on the spot to answer questions about diversity and culture, especially when I might be uncertain about the 'correct' answer"). Avoiding cultural topics responses focused on the

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supervisor's behavior, whereas cultural misalignment responses involved supervisor–supervisee interactions and included the supervisees' response or behavior.

The last two themes were demonstrating negative professional characteristics ($n = 16$) and demonstrating cultural arrogance ($n = 25$). Demonstrating negative professional characteristics responses included examples of both general professional work ethic and cultural issues. Regarding professional work ethic, unhelpful experiences were not directly about cultural issues but instead focused on professionalism, including supervisors being "late," "forgetful," failing to communicate information to the supervisee, or struggling to balance supervisory authority with taking feedback (e.g., "I had a white male supervisor tell me he didn't 'feel safe' in our supervision because he believed I was critical of his feedback. This made it clear he was not competent or trustworthy regarding issues of power"). Cultural issues included supervisors appearing to lack knowledge of cultural issues related to psychotherapy (e.g., "a supervisor who is not as knowledgeable in these areas") or who did not effectively engage with cultural material (e.g., "I had a past supervisor who was not open to transparency and instead would just forward me articles I am pretty sure she hadn't even read. She didn't listen to me and did not understand the questions I was having about diversity").

Demonstrating cultural arrogance centered on supervisor attitudes or behaviors that likely transcended the supervisory role and reflected the supervisor's personal values or beliefs. Some participants referred to experiences wherein the supervisor made assumptions about, or derogatory comments toward, clients (e.g., "when a supervisor made shortsighted, inappropriate, derogatory comments and microaggressions about my clients based on nothing but their demographics") and others focused on supervisors' assumptions about and comments toward the supervisee (e.g., "assuming that I don't understand my client because of my culture"). This also included supervisor discomfort in discussing cultural issues. Instances of supervisor racism ($n = 1$, toward supervisee) and microaggressions were explicitly named by participants ($n = 3$, toward both supervisee and clients), albeit rarely:

> I had a supervisor who was regularly microaggressive about several of my identities, and then would hold himself out as a multicultural expert and had people fooled as to his credentials due to his visible identity as a POC. So infuriating to experience that, and then have others talk about what a great MC expert he was. And he was not open to feedback in any way about what he would do.

Missed Opportunities in Supervision

For the fourth question, 91 of the 111 responses were codable (7 responses were unclear, 10 responded "nothing," and 3 stated they did not know), resulting in four subthemes (see Supplemental Table 5, for examples of each code). One of the most common, discussion about culture ($n = 43$), is best described as the lack of cultural conversation. One participant stated, "I would say discussing diversity and culture in general, whether that be [sic] the supervisor, supervisee, clients, etc. I think it needs to be discussed regardless of [whether] it is something pressing or not." Participants described wanting more conversations about cultural differences between supervisor, supervisee, client privilege, class, and race, and MCC generally (e.g., "an honest discussion/exploration of biases and how they have an effect on clinical work with regard to diversity and culture. Most conversations that have been had are very surface level"; "I feel I have had little explicit discussion of diversity, so there is a great deal that has been missing"). Some noted barriers to cultural discussions, such as time constraints (e.g., "not enough time to talk about everything").

The second theme, sociocultural knowledge ($n = 20$), included a lack of acknowledgment of identities or divergent points of view and how experiences of oppression along multiple dimensions of identity can affect mental health (e.g., "An openness to discuss aspects of diversity that cannot be easily seen by outward appearance"; "Greater understanding of divergent points of view in communication styles as it relates to culture"). While everything in this theme arguably requires a discussion, the coders agreed that sociocultural knowledge differed from discussion, as participant answers in sociocultural knowledge focused on the content (e.g., "More emphasis on an understanding of different religious cultures"; "greater emphasis on individual cultural factors"), whereas discussion about culture answers emphasized the process of conversation itself. In other words, discussion about culture reflected a willingness to engage, whereas sociocultural knowledge reflected a willingness to demonstrate or engage in sharing or constructing knowledge about culture.

The third theme, provision of didactics and skills ($n = 17$), reflected missing opportunities for formal trainings for supervisors and supervisees (e.g., "Ongoing training on the part of the supervisor; "I think there needs to be more training in this area especially in programs that are primarily saturated with individuals from European ancestry"; "general education about different cultures") and a lack of specific recommendations or skills to implement in sessions (e.g., "Understanding the reality of marginalized people and providing realistic and effective suggestions for resolving issues"; "Having it be an explicit part of case formulation for every client (i.e., even White ones)").

The fourth theme focused on matching supervisees wants/needs ($n = 16$). Responses reflected a desire for diverse supervisors with transparent and empathic dispositions. Participants' answers, much like unhelpful experiences, emphasized the lack of opportunity to work with supervisors who were of a different race/ethnicity from themselves (e.g., "I've never had a supervisor of a different ethnicity. Having a female supervisor has helped to discuss difficulties females experience, but I have not had this type of experience with a supervisor of a different ethnicity"; "More diversity in the actual demographics of supervisors"). In general, these responses suggested that most supervisors are White or otherwise held more privileged identities (e.g., "both [supervisors] have been folks who hold primarily dominant identities"). Responses also focused on supervisors' lack of disclosure about cultural issues, transparency, and failing to model cultural responsiveness (e.g., "Supervisor's own awareness of the impact of their identities. It's painfully obvious when they haven't worked through their own stuff"; "I really wish I had more supervisors that I could look up to that model multicultural competency and being able to have these discussions"). Respondents desired supervisors who would openly discuss and explore their own biases and identities (e.g., "supervisor's bias explored"), which could serve as a model of how supervisees can explore their identities.

Discussion

The present study sought to understand helpful and hindering events in multicultural supervision from the perspective of

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supervisees. Given the agreed-upon importance of therapist cultural responsiveness, it is important to understand how best to train culturally responsive therapists. Within the training literature, there has been an emphasis on multicultural supervision as supervision is the primary avenue of therapist training. Through the supervisory working alliance, culturally responsive supervision may facilitate supervisees' own cultural responsiveness with their clients. The MCO framework provides a way to examine these cultural dynamics in the process of supervision and initial quantitative results appeared promising, but supervision involves complex dynamics. Thus, we began to explore some of the key processes that supervisees may find helpful or hindering via a thematic analysis.

The results from our study highlight what supervisees, in their own words, found most helpful and hindering in multicultural supervision. Just under half of supervisees emphasized the importance of supervisors providing concrete multicultural training (e.g., knowledge and skills). Many participants' answers, however, were focused on *who* their supervisors were as well as *how* they experienced their supervisor's presence. For example, participants discussed the importance of having culturally different supervisors; supervisors who demonstrated the ability to attend to or create cultural opportunities and their ability to do so comfortably; supervisors' engagement in their own development; and supervisor disposition, including empathy, humility, openness, nonjudging, and self-awareness. These same characteristics were reported inversely for what had been least helpful, or even harmful, in multicultural supervision: a lack of diversity amongst supervisors, per participants' descriptions and reports, as well as supervisors who did not create nor attend to cultural opportunities, demonstrating cultural discomfort and a lack of cultural responsiveness. Participants also reported supervisors' assumptions about culture as unhelpful or harmful. While only a few participants explicitly named these incidents as microaggressions, the process of making a cultural assumption is in itself a microaggression (e.g., Sue et al., 2007) and therefore deserves further investigation. The importance of the supervisory working alliance was also emphasized, including specifically the importance of the development of a bond and agreement on the cultural-related goals and tasks of supervision.

The themes described by participants are consistent with the pillars of MCO, as well as some components (i.e., knowledge and skills) of the MCC model. Our qualitative results support and further expand upon the preliminary quantitative data (e.g., Cook et al., 2020; Drinane et al., 2021; King et al., 2020; Wilcox et al., 2022) that demonstrate the importance of cultural humility, cultural comfort, and attending to and creating cultural opportunities in the process of supervision. Participants explicitly described supervisors' cultural humility and cultural comfort (or lack thereof) and attending to or creating (or not) cultural opportunities. Some participants also described a desire for explicit knowledge and skill development as it pertains to their multicultural counseling, modeled cultural responsiveness, and wanting their supervisors to be well-grounded in cultural knowledge and skills themselves. Participants' responses appeared to indicate that the MCO constructs related to the *process* of supervision (e.g., themes around supervisory relationship, missed opportunities, supervisor disposition), whereas the MCC constructs related to the *content* of supervision (e.g., themes around didactics and training, and sociocultural knowledge).

The importance of supervisor static and dynamic characteristics is consistent with the body of research highlighting the importance of supervisor characteristics (Bernard & Goodyear, 2019). Perhaps more importantly, however, it is a reminder that supervision—like psychotherapy—is a two-person process (Hook et al., 2017). Hook and colleagues noted that some psychotherapists see therapy as a one-person process focused solely on the client, whereas others see psychotherapy as a two-person process wherein the therapist, as a person, is important and influential. The same could be said of supervision. Many of the participants' responses centered on their supervisor's characteristics and traits as influential; further, several participant responses (e.g., not acknowledging identities or intersectionality; not engaging in cultural discussions) may suggest that some supervisors indeed were operating implicitly from a "one-person" perspective.

Relatedly, Constantine et al. (2005) found that racial identity development plays an important role in clinical supervision for White supervisor/supervisee dyads. Although the racial identity of participants' clinical supervisors is unknown, most participants were White, and statistically, many supervisors are White. Constantine et al. (2005) noted that dyads characterized as parallel-low or regressive in terms of racial identity—that is, dyads in which the (White) supervisor's racial identity development is not advanced, and the (White) supervisee's racial identity development is either similarly not advanced or is more advanced than their supervisor's—may be more contentious and present fewer opportunities for multicultural learning. It is possible that, for our participants who reported supervisor avoidance or failure to broach cultural differences, they were in parallel-low or regressive dyads.

Also of note is that the responses given by participants about what has been "less than helpful" in multicultural supervision were not only consistent with MCO as well as MCC's knowledge and skills, but also with Ellis's (2001) framework of harmful and inadequate supervision. Ellis (2001) described inadequate supervision as that in which the supervisor is ineffective, disinterested or uninvested, does not provide feedback or evaluation, is inattentive to the supervisee's needs, does not consistently foster the development of the supervisee, or does not listen and is not open to feedback. Ellis et al. (2014) later demonstrated this to include disinterest in and obliviousness to cultural background. Ellis (2001) and Ellis et al. (2014) defined harmful supervision as that which results in harm or trauma to the supervisee, whether physical or emotional, including microaggressions and other forms of discrimination. In contrast, Ellis et al. (2014) stated that minimally adequate supervision includes attention to cultural issues as well as the power dynamics within supervision. In the present study, participants described harmful and inadequate multicultural supervision, including contentious interactions about culture, their supervisors' lacking cultural knowledge, and engaging in microaggressions or making cultural assumptions. These results lend further weight to the importance of supervisors' positive engagement as described in the "helpful" themes, but perhaps more importantly, they further document that harmful and inadequate multicultural supervision continues to occur.

These themes may also be important in the context of parallel process, which posits that supervisees adopt their supervisor's style with their clients. From a parallel process perspective, supervisees who observe from their supervisors the experienced or desired positive themes described (e.g., cultural comfort, cultural humility) may be more likely to demonstrate those same qualities with their clients (Patallo, 2019). Conversely, supervisees whose experiences

of their supervisors include microaggressions, shutting down cultural conversations, or avoidance of cultural conversations, may be more likely to demonstrate these negative qualities with their clients. Put another way, as noted by Zetzer (2015), parallel process may be "*both* a vehicle for the transmission of bias *and* a conduit for identifying and reducing biased practices and promoting or enhancing culturally responsive psychotherapy" (p. 20, italics in original). As a result, the helpful and desired themes that emerged in this study have important implications for therapist training and how supervisees engage their clients in multicultural psychotherapy.

Recommendations for Education and Training

Based on the results of the present study, supervisors should strive to develop a strong supervisory working alliance with their supervisees through attention to cultural processes. The supervisory bond should be grounded in supervisor cultural humility, which includes openness and nonjudgment, and appropriately attending to cultural opportunities. It is important to have agreement not only on the goals and tasks of supervision overall but also the goals and tasks specific to cultural processes in the supervisory triad. Upon the foundation of a culturally responsive supervisory working alliance, supervisors should attend to supervisees' professional development as culturally responsive therapists in developmentally appropriate ways. A subset of supervisees in our sample described wanting concrete cultural knowledge and skills from their supervisors. It is possible that supervisee's developmental stage was related to these stated desires, although our sample size and available data precluded examining this in the present study. Supervisees earlier in their development often prefer and need greater structure and concrete instruction (Bernard & Goodyear, 2019; Stoltenberg & McNeill, 2009). Some participants expressed a desire for greater discussion and cultural processing, which may be more common for supervisees in advanced stages of development. Thus, supervisors should engage in culturally responsive supervision in the context of developmental considerations.

Of course, for supervisors to engage in culturally responsive supervision, they must themselves have the requisite training and qualities to do so. Participants in the present study discussed the importance of their supervisors' training and experience. It is unlikely that a single graduate course—if a supervisor had this at all—is sufficient to provide minimally adequate culturally responsive supervision. Indeed, our participants demonstrated that, despite the ubiquity of multicultural requirements and guidelines, harmful and inadequate multicultural supervision persists. Further, scholars (e.g., Collins & Pieterse, 2007; Lantz et al., 2020) have emphasized that cultural responsiveness is not a destination but a lifelong personal and professional journey. Thus, it is incumbent upon supervisors to engage in this lifelong work, seeking to regularly expand upon their multicultural knowledge, awareness, and skills, as well as engage in ongoing development of their cultural humility, cultural comfort, and ability to create and attend to cultural opportunities. Educators of supervisors should strive to facilitate the understanding of supervisors-in-training to this end, and to facilitate the development of these qualities.

Recommendations for Advocacy

Much of our existing professional guidance (e.g., accreditation standards; published guidelines) is based on the tripartite MCC model. Additionally, official guidance specific to clinical supervision is relatively new in psychology; the first APA clinical supervision guidelines were not published until 2014. Possibly as a result, there is little specific guidance or recourse within accreditation standards or licensing expectations related to clinical supervision. Given that research, including the present study, is increasingly demonstrating the importance of cultural *processes* and MCO in clinical supervision as in psychotherapy, guidelines, accreditation standards, and licensure expectations should be updated accordingly. Trainees and faculty may further advocate within their own programs and institutions for faculty development opportunities, student ad hoc training opportunities, and curricular updates that reflect our more nuanced understanding of multicultural supervision.

Additionally, participants noted the importance of having opportunities to work with supervisors who are culturally different from themselves, and that such opportunities are also lacking. This is not surprising given data on the psychology pipeline: According to the APA Center for Workforce Studies (APA, 2019a), 84% of psychologists are White, whereas only 60.4% of the U.S. population is White non-Hispanic/Latinx (U. S. Census Bureau, 2019). Thus, faculty and students should advocate for the hiring and inclusion of supervisors from intersectionally diverse backgrounds. As well, however, such advocacy (as well as mentorship) must not begin at the postdoctoral level, as there exist threats to the gains made in diversifying the psychology pipeline (Wilcox et al., 2021). It is therefore important that faculty and trainees engage in advocacy and mentorship throughout the psychology pipeline in order to diversify supervision.

Recommendations for Research

Our results provide an initial glimpse into what supervisees find (or would find) most and least helpful in multicultural supervision. Future research should expand upon these results, such as examining the relationship between the themes observed in the present study (e.g., MCO; MCC knowledge and skills; a culturally responsive supervisory working alliance) and supervision as well as client (in the supervisory triad) outcomes. Further, future researchers should examine the relationship between supervisee developmental stage and helpful and hindering cultural processes in supervision, as our results suggest that there may be differences based on supervisee developmental stage. Given that our participants' hindering experiences were consistent with those described by Constantine et al. (2005) as characteristic of parallel-low and regressive dyads, future research should also further examine the role of racial identity development in multicultural supervision. Given that our sample was comprised predominantly of women, although this is also true of health service psychology generally, gender differences may also be important to examine. As our study was ex post facto and from the supervisees' perspective only, the research on multicultural supervision would also benefit from dyadic or triadic and/or longitudinal research on the processes studied herein. Demographic information on the supervisors even when not studying dyads may also be important to examine.

Another potentially important avenue for future research is a deeper look at parallel processes in the context of MCO in clinical supervision. One aspect of parallel process that the design of our study did not allow examination of is unconscious processes and counter-transference. For example, it is possible that participants

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who reported negative culturally related experiences with their supervisor were unconsciously displaying the same processes with their clients; it is also possible that some supervisees were projecting onto their supervisor their clients' experiences of them. Given the prevalence of participant responses related to supervisor characteristics, it would also be prudent for research to identify supervisor characteristics (as measured from the supervisor) that differentiate between effective and adequate, versus harmful and inadequate, multicultural supervision. Finally, as noted by Barnett et al. (2007), the effect of clinical supervision on client outcomes is critically important to examine. Thus, future research should examine the effect of the observed MCO- and MCC-related themes not only on the supervision process itself but also on client outcomes.

The results of the present study should be considered in the context of its strengths and limitations. As a qualitative examination, the results of the present study add a richness to our understanding of culturally responsive supervision and allow us to understand, in supervisees' words, what culturally responsive and culturally unresponsive supervision might look like. Our sample was relatively large for a qualitative study, allowing for the representation of a range of supervisee experiences. Although our sample was relatively homogenous in terms of race and gender, it was slightly more racially diverse than the psychology workforce, and participants' professional backgrounds and years of experience were varied. The limitations of the present study include that this was an ex post facto study from only supervisees' perspectives and was conducted via online survey. It is possible that supervisors' perspectives may have been different in important ways, and retrospective recollection is inherently limited. Further, no demographic or clinical information was collected about the supervisors participants described; such data should be gathered in future qualitative studies to understand how supervisees are conceptualizing a (lack of) diversity among their supervisors. As well, future qualitative studies with greater depth of data, and highlighting the experience of supervisees of color, will be important. Participants with particular experiences or perspectives may also have self-selected into this study due to the focus on cultural processes. Participants may also have self-selected into this study due to negative experiences with their supervisors, which could also skew results.

Conclusion

Participants described both the importance of their positive, culturally responsive supervision experiences as well as the detriment of their negative multicultural supervision experiences. Taken together, the results of the present study emphasized the importance of a culturally responsive supervisory working alliance; cultural humility, cultural comfort, and cultural opportunities; supervisor characteristics pertaining to cultural responsiveness; and cultural knowledge and skills in multicultural clinical supervision. From these shared perspectives of these supervisees, we can better understand how best to engage in multicultural supervision as well as continue to advance the research on MCO in clinical supervision.

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