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A GROUNDED THEORY INVESTIGATION OF SUPERVISORS' PERSPECTIVES ON
MULTICULTURAL STRENGTH-BASED SUPERVISION

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COUNSELING PSYCHOLOGY

At the

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DEDICATION

I dedicate this dissertation to Counseling Psychology, my professional home where my values come alive to energize my therapeutic work. I also dedicate this to all of the therapists who are training to become even better for their clients and this world.

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and have been able to accomplish what I have because of you. To you both more than anyone, thank you for instilling in me the values that brought me to Counseling Psychology and for honoring my compassion and perseverance that have led me down this path. I love you both.

**A GROUNDED THEORY INVESTIGATION OF SUPERVISORS' PERSPECTIVES ON
MULTICULTURAL STRENGTH-BASED SUPERVISION**

ERICA WILEY

ABSTRACT

This study addressed an area of supervision that is important to the identity of Counseling Psychologists: multicultural strength-based clinical supervision. Clinical supervision is instrumental to the development of psychological skills and knowledge and is an essential component of masters and doctoral training in psychology. This research explored the ways that clinical supervisors attempt to incorporate strength-based clinical supervision in conjunction with multicultural supervision strategies and concepts into their work with students, which has not previously been done. This study was a qualitative investigation using grounded theory and adapted consensual qualitative research methodology and analysis. Participants included 14 diverse licensed psychologists who have supervised graduate trainees in the past year. Data were organized into four domains: Supervisory Approaches Currently Used, Multicultural Approaches in Supervisory Practice, Integration of Strength-based Approaches in Supervisory practice, and Supervisor Power and Supervisee Empowerment. Results suggested that participants were keenly aware of multiculturalism and multicultural competence, and infused these perspectives throughout their supervision. Supervisors as a group were less aware of the ways that they used strength-based interventions with their supervisees, though a subset of participants used strength-based interventions with intention. Most notably, some supervisors used multicultural and strength-based perspectives in an integrative fashion in that they recognized that strengths vary significantly depending on the cultural context. Implications for supervision practice, research, and training are discussed.

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CHAPTER 1

INTRODUCTION

The study described here explores a model of multicultural strength-based clinical supervision that is based on identifying and encouraging the strengths of the supervisee within a multicultural context. American Psychological Association (APA; 2015) has established *Guidelines for Clinical Supervision and Health Service Psychology* (to be referred to as the *Guidelines on Supervision*) that emphasize the importance of competence in supervision within a multicultural context for psychology doctoral training. APA also established the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (2003) and *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality* (APA, 2017; hereafter referred to as the *Multicultural Guidelines*) that emphasize a broad based multicultural context for psychologists, including the microsystem, mesosystem, exosystem, macrosystem, and chronosystem within which culture is experienced and reflected. Jones-Smith (2014) provided a foundational framework for understanding strength-based counseling/psychotherapy and how to apply interventions as a therapist to cultivate the strengths of the client. Wade and Jones (2015) adapted this model to propose that strength development can also occur within the context of a trusted and supportive supervisory relationship, and proposed a model of how these develop. Extending on APA

guidelines, both strength-based supervision and multicultural competence are increasingly being integrated into clinical supervision, though these concepts have not been clearly defined nor studied. This study explored how supervisors attempt to apply and integrate strength-based supervision in a multiculturally competent manner, which has not previously been done. Therefore, the overarching research question of this study was what approaches do supervisors take to supervision?

I introduce the present study in Chapter I, review and critique relevant literature in Chapter II, and present the methodology of the study in Chapter III. The results of the analyses are presented in Chapter IV and a discussion of the results is presented in Chapter V. Specifically, definitions of positive psychology and clinical supervision will be provided in Chapter I followed by an introduction to the concept of multicultural competence in supervision. A multicultural strength-based clinical supervision approach is introduced as an important aspect of the field of Counseling Psychology. In Chapter I, I discuss the integration of positive psychology theory and multicultural supervision theory to explore how supervisors implement strength-based supervision while incorporating multicultural competence into training. Finally, Chapter I introduces the research questions addressed in this study.

Definitions

Positive psychology. Positive psychology is defined as, “the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions,” (Gable & Haidt, 2005, p. 104). More theorists and researchers in positive psychology are emphasizing that psychological health is not simply the absence of disease (Schmidt, Raque-Bogdan, Piontkowski, & Schaefer, 2011; Seligman & Csikszentmihalyi, 2000). Positive psychology’s aim, then, is not the denial of the distressing, unpleasant, or negative

aspects of life. It is also not an effort to see life's difficulties through a distorted "positive" lens. Researchers and theorists in positive psychology recognize that human suffering, selfishness, dysfunctional family systems, and ineffective institutions exist (Seligman & Csikszentmihalyi, 2000).

Research using a positive psychology lens focusing upon the ways that people feel joy, show altruism, learn most effectively, create healthy relationships and function optimally in institutions. Thus, positive psychology allows psychological research to address the full spectrum of human experience: from pathology to optimal functioning. Positive psychology makes the argument that these research topics are important to understand in and of themselves, rather than solely as buffers against problems, stressors, and disorders.

The broaden-and-build theory of positive emotions demonstrates the adaptive value of positive affect and flow states. Fredrickson (2001) found that positive emotions are a means of achieving psychological growth and well-being over time. Her research (Fredrickson, 2001, 2004; Catalino, Algoe, Fredrickson, 2014) demonstrated that positive affect facilitated approach behavior, whereas negative emotions facilitated avoidance and attacking behavior. Fredrickson's broaden-and build theory is supported by research demonstrating that positive emotions such as joy, interest, contentment, pride, and love result in increased physical performance and health (Boulton & Smith, 1992; Danner, Snowdon, & Frieson, 2001). Further, positive emotions result in better friendships and social support networks (Aron, Norman, Aron, McKenna, & Heyman, 2000; Lee, 1983), as well as increased knowledge, intellectual complexity, and executive control (Csikszentmihalyi & Rathunde, 1998; Leslie, 1987; Panksepp, 1998). Finally, positive emotions lead to increased resilience, optimism, and creativity (Folkman & Moskowitz, 2000; Fredrickson, Tugade, Waugh, & Larkin, 2003).

Clinical supervision. Clinical supervision has a long history in the training and education of psychologists. In particular, counseling psychologists have historically been in the forefront of the development of supervision theory, research, and practice (Ladany & Inman, 2008). Supervision can be defined in several ways. Bernard and Goodyear (2009) describe supervision as an interaction between a senior member of a profession with a junior member. Supervision includes evaluation extending over time and has as its goals: (a) enhancing the professional functioning of the junior colleague (b) monitoring the quality of professional services and (c) serving as a gatekeeper for the profession. Falender and Shafranske (2004) view clinical supervision from a somewhat similar perspective. Their definition is “a distinct professional activity in which education and training aimed at developing science-informed practice are facilitated through a collaborative interpersonal process. It involves observation, evaluation, feedback, and facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and mutual problem solving” (p. 3). Falender and Shafranske emphasize a competency-based approach in order to develop the skills and knowledge of the supervisee by encouraging self-efficacy.

Supervision is distinguished from other interventions. For example, both supervision and teaching involve education regarding new skills and knowledge. Both supervision and teaching have an evaluative function. However, teaching focuses on an entire class while supervision is very individualized and guided by the needs of the supervisee and the supervisee’s clients rather than on the needs of the class. Similarly, both supervision and counseling can focus on problematic thoughts, feelings, and behaviors; although supervision is evaluative, counseling is not. A client typically has a choice as to whether or not to see a counselor, while supervision typically involves being assigned to a supervisor and is required or mandated. In comparing

supervision and consultation, both focus on helping the recipient function most effectively as a professional. However, consultation is a relationship between equals and the supervision relationship is hierarchical (Falender & Shafranske, 2017).

Multicultural Competence in Supervision

Multicultural competence is a part of the *APA Supervision Guidelines* (2015), which directly acknowledge both competence (knowledge, skills, and values/attitudes) and attention to multiple diverse identities of supervisor, supervisee, and client. Specifically, the second APA guideline states, “Supervisors planfully strive to enhance their diversity competence to establish a respectful supervisory relationship and to facilitate the diversity competence of their supervisees” (APA, 2015, p. 15). Another guideline states that “Supervisors aim to be knowledgeable about the effects of bias, prejudice, and stereotyping. When possible, supervisors model client/patient advocacy and model promoting change in organizations and communities in the best interest of their clients” (APA, 2015, p. 16).

Goodyear, Bunch, and Claiborn (2006) acknowledge the lack of research related to effective multicultural supervision. Multicultural competence in supervision is defined as the “incorporation of self-awareness by both the supervisor and supervisee and is an interactive encompassing process of the client or family, supervisee-therapist, and supervisor, using all of their diversity identities,” (Falender & Shafranke, 2004). Research has demonstrated that acting in “culturally unresponsive” ways can damage the supervisee, the supervisory relationship, and the client’s well-being (Burkard et al., 2006). On the other hand, supervisors who demonstrate culturally competence can assist the supervisee in cultivating their clinical skills in a safe and trusting relationship. Multicultural competency in supervision has been explored, researched, and been shown to be an essential aspect of positive clinical supervision (Burnes, Wood, Inman, &

Welikson, 2013; Lee & Khawaja, 2013; Inman, 2006; Ladany, Inman, Constantine, & Hofheinz, 1997). Positive psychology has been an additional force leading to a broadening and reconceptualization of best practices in clinical supervision.

Multicultural Strength-Based Clinical Supervision Model

Positive psychology and multicultural models of supervision have much to offer to the conceptualization of clinical supervision. Integrating strength-based supervision (Wade & Jones, 2015) and multicultural models of supervision (Hernandez, 2008; Arcsynski & Morrow, 2017) provide a basis for such integration. I discuss both models of supervision below.

Strength-based models of supervision. Positive psychology concepts such as work engagement, self-efficacy, resilience, flow and sense of coherence have emerged from this work and have led to a deeper understanding of workers' (including therapists') happiness and health. Lopez and Edwards (2008) have described the long tradition in counseling psychology of studying and promoting the best in people. They stated that "counseling psychology has held to a philosophical focus and professional emphasis on identifying and developing personal and social resources and on helping individuals more effectively use these resources" (p. 206). Thus, counseling psychology is philosophically and conceptually consistent with a strength-based model of counseling supervision. Howard (2008) proposed that one of the primary functions of clinical supervision is the restoration of well-being, in which the supervisor attends to the emotional effects of the therapy work on the well-being of the supervisee.

A strength-based clinical supervision model is based on identifying and encouraging the strengths of the supervisee. Often, supervisees' strengths are used to compensate for their weaknesses. Jones-Smith (2014) proposed that strength development is best developed within the context of a trusted and supportive relationship. She proposed a seven-stage model of how

strengths develop: (a) brain development stage of strengths, (b) strength awareness and identification, (c) strength engagement, (d) strength refinement and practice, (e) strength integration, (f) application of strengths in several different settings, and (g) use of strengths to manage one's weaknesses. The model provides a foundational framework for understanding strength-based supervision, including how to apply interventions as a supervisor to cultivate the clinical strengths of the supervisee.

Edwards (2017) describes the premises that underlie a strength-based supervision model, along with what he believes makes strength-based processes work. First, he discusses the importance of moving away from a problem-focused world. He proposes that this is a rather radical change in focus and thinking in any area, including clinical supervision. Looking for pathology and problems leads to increased focus on pathology and problems. Practicing from a strength-based perspective means that all we do is based on helping the client (and supervisee) to “discover and embellish, explore, and exploit clients’ strengths and resources in service of assisting them to achieve their goals, realize their dreams” (Saleebey, 2008). Second, he discusses supervising with compassion rather than for compliance. He proposes that supervisory conversations should include a focus on what is important in their lives and work, in their personal visions, and how to care for themselves. They should also include ethics and professional identifications. Covey (2005) states that leadership is communicating to people their worth and potential so clearly that they begin to see it in themselves. This is very important in strength-based supervision. Strength-based supervision involves co-creating treatment of a client, and the development of the supervisee. The foundation of strength-based supervision is the broader concepts of resiliency and positive psychology. Edwards (2017) refers to one perspective

that working with people from a resiliency perspective is not a technique, but an attitude.

Edwards (2017) defined strength-based clinical supervision as:

“Strengths-based clinical supervision moves away from the medically modeled motifs that examine supervisees’ mistakes in order for the supervisor to correct them. Instead, strengths-based work assumes the premises and practices of strengths-based clinical models. We look for opportunities to see our supervisees’ strengths and positive helpful work. We encourage them to look for times when they like the work they are doing, and are able to recreate those times in their clinical relationships. We encourage their growth, and ability to be independent in their own work. All of the aforementioned ideas are similar to a great deal of ordinary clinical supervision. However, we work to enhance a new perceptual set that has an optimistic outlook on life and works to find supervisee’s strengths, rather than having a negative problem-focus.”

However, strength-based approaches to both counseling and supervision are criticized for focusing too heavily on positive experiences, thereby inadvertently minimizing genuine difficulties that clients and supervisees may be experiencing related to external oppressive factors or influences (Wade & Jones, 2015).

Multicultural models of supervision. Multiculturalism adds to this rich literature by incorporating the worldviews of supervisors, supervisees and clients to result in a deeper training experience. The current study will integrate several concepts and theories in its attempt to explore how supervisors incorporate multicultural competence into supervision. These theories will include Feminist Multicultural Psychotherapy Supervision (FMS; Arcsynski & Morrow, 2017) and the Cultural Context Model in clinical supervision (CCM; Hernandez, 2008) because of their strong focus on multiculturalism. Arcsynski and Morrow (2017) propose that the primary factor in supervision involves managing the complexities of power in the supervisory relationship in their Feminist Multicultural Psychotherapy Supervision (FMS). They hypothesize that a positive supervision experience is more likely to occur if the focus of supervision includes a broader perspective, including multiculturalism. In addition, FMS integrates feminist and multicultural approaches that enable supervisees to feel safe and to be able to process difficult

topics related to privilege, power, and oppression. In addition, FMS emphasizes modeling equity and respect. FMS also purports that reflexivity is extremely important to developing therapists. The supervisor's ability to model self-reflection and self-disclosure, as well as to normalize internalized racism and sexism, fosters the supervisee's reflexivity. Finally, FMS assists supervisees in understanding the parallels between their therapeutic work and the greater sociopolitical context.

One specific model of culturally competent supervision is the Cultural Context Model in clinical supervision (CCM; Hernandez, 2008) which proposes a social justice approach to working with clients by fostering collective consciousness of power, privilege, and oppression. CCM also purports that liberation is the key to healing and defines liberation as healing that embraces critical consciousness, empowerment, and accountability as guiding principles in supervision. CCM uses postcolonial, intersectionality, critical race theory, feminism, and critical pedagogy concepts to provide the foundation and context for training. The three primary training processes of critical consciousness, accountability, and empowerment will serve as platforms in the current study for understanding how supervisors can cultivate multicultural competence in their supervisees.

Integration of strength-based and multicultural supervision models. The concepts underpinning multiculturalism include a strength-based perspective as highlighted in recent professional guidelines addressing cultural competence in clinical training (APA, 2015). For example, Singh and Chun (2010) emphasize resilience in their model of supervision for queer people of color. Other multicultural models of supervision infer at least a significant amount of strength-based focus during supervision. For example, Arcsynski and Morrow (2017) and Hernandez (2008) imply a strength-based focus by emphasizing empowerment of the

supervisee. However, at present, there appear to be no specific theories that integrate strength-based or multicultural principles.

Multicultural strength-based supervision, then, is conceptualized as strength-based supervision infused with a focus on multicultural issues both within the supervisory dyad and in the treatment of clients. The focus of multicultural strength-based supervision would be the inclusion of the primary components of a strength-based model, while simultaneously focusing on the primary components of multicultural competence in supervision. Thus, strength-based supervision moves away from examining supervisees' mistakes, seeks opportunities to use supervisees' strengths while encouraging supervisees to build on these strengths. It works to enhance an optimistic perspective during supervision, rather than having a negative problem focus (Edwards, 2017). Multicultural strength-based supervision would also infuse supervision with a multicultural focus and awareness. As such, the supervisor would focus on multicultural awareness and the strengths that culture brings to the supervisee and client. One of the primary goals of such supervision would be the development of cultural competency.

In looking at the limitations of the current models in both strength-based and multicultural areas, several issues are apparent. First, behavioral indicators of strength-based interventions are not clearly defined beyond an overall attitude emphasizing broaden-and-build (Fredrickson, 2001). Second, the theoretical literature on multicultural supervision appears to incorporate two different topics. The first group of topics focuses on the development of multicultural awareness, interventions, and cultural competency for all supervisees (e.g., supervisees of color, LGBTQ supervisees, supervisees from dominant cultures, international supervisees; Falender, Burnes, & Ellis, 2013; Foo Kune & Rodolfa, 2013). The second group of topics proposes the importance of culturally competent supervision for specific cultural groups

and intersections of cultural groups (e.g., Son, Ellis, Yoo, 2013; Wong, Wong, Ishiyama, 2013). A multicultural strength-based model focuses on the development of cultural competence in all trainees with a broad focus on culture.

This study integrated a strength-based supervision model with multicultural competence frameworks in an attempt to integrate the two models. Currently, no research explicitly incorporates multicultural competence variables into strength-based clinical supervision. The strategies that supervisors use to implement both a strength-based and a multicultural competence approach is a gap in the current research. This study asked supervisors to reflect upon ways that they implement strength-based supervision with a multicultural lens, thereby addressing the criticism of strength-based interventions as lacking multicultural awareness (Wade & Jones, 2015).

Development of Research Questions

No research explicitly incorporates multicultural competence variables into strength-based clinical supervision. Because of this gap in the literature, the current study explored the integration of multicultural competence in supervision and strength-based clinical supervision. In addition, the research on multicultural strength-based clinical supervision is in an early stage. Thus, it seems that qualitative research in a naturalistic setting is warranted (Hill, Thompson, & Williams, 1997; DeStefano, Hutman, & Gazzola, 2017; Ellis, 2017). Qualitative analysis offers the ability to provide a rich and full description of the clinical supervision experience in natural language. Since qualitative research allows for natural occurrence of clinical supervision, this will allow the current researcher to organize and describe the experience with richness and depth without preconceived perspectives.

This study addressed an area of supervision that is important to the identity of Counseling Psychologists: multicultural strength-based clinical supervision. Clinical supervision is instrumental to the development of psychological skills and knowledge and is an essential component of masters and doctoral training in psychology (APA, 2015). Strength-based counseling and multicultural competence have been major areas of focus in the psychological literature over the past decade (Smith, 2006; Kaczmarek, 2006; Wendt, Gone & Nagata, 2015). Many have suggested expanding these concepts to focus on the training and clinical supervision of counseling psychologists (Georges & Tomlinson-Clarke, 2015; Magyar-Moe, Owens, & Scheel, 2015; Ali & Sichel, 2014; Heppner & Wang, 2014). This research explored the ways that clinical supervisors attempt to incorporate strength-based clinical supervision in conjunction with multicultural supervision strategies and concepts into their work with students. This study was a qualitative investigation of ways that supervisors attempt to use multicultural strength-based approaches in effective clinical supervision.

This study examined a multicultural strength-based approach as it applies to clinical supervision that occurs during doctoral level psychologist training. The investigator undertook research that clarified the limited literature on multicultural strength-based clinical supervision (e.g., Singh & Chun, 2010), and explored it within the area of clinical supervision of doctoral level counseling psychology trainees. The emphasis of the current study was the preliminary development of a multicultural strength-based supervision model as implemented by supervisors. I gathered qualitative data from clinical supervisors who implement both strengths-based and multicultural approaches in their supervision of doctoral students. There have been no studies in this area because the concepts have yet to be clarified and operationalized. Therefore, supervisees were not included due to the early stage of research on this integrative topic. The

current literature is limited in general. In addition, some research on multicultural competence in supervision focused on specific populations. Research has yet to explore a true infusion of multiculturalism into strength-based supervision. Drawing from research in strength-based supervision and multicultural supervision, this study aimed to explore ways that supervisors use and implement multicultural strength-based approaches in their work with supervisees. These findings will result in first steps toward an integrated model of strength-based multicultural clinical supervision that aligns with best practices in the area of supervision and training. To address this goal, I explored the following overarching research question: What approaches do supervisors take to supervision? Furthermore, I asked the following secondary research questions: 1) How and to what extent do supervisors integrate multicultural approaches, 2) how and to what extent do supervisors integrate strength-based approaches, and 3) how and to what extent do supervisors integrate multicultural approaches with strength-based approaches?

Overview

Having provided the background to the present study in this chapter, I next review relevant literature in the field in Chapter II. Following this, I present the methodology of the study in Chapter III and the results of the analyses in Chapter IV. The final chapter, Chapter V, will be a summarization and discussion of the results.

CHAPTER 2

LITERATURE REVIEW

Despite an extensive literature on positive psychology, clinical supervision, strength-based counseling, and theoretical conceptualizations of strength-based clinical supervision, the existing literature on how supervisors actually implement strength-based supervision and how supervisees perceive it is thin (Edwards, 2017; Wade & Jones, 2015). Furthermore, in spite of a deep literature on multicultural counseling and application of these principles to supervision (Inman, 2006; Inman & Ladany, 2010), there is currently no research that explicitly incorporates multicultural competence variables into strength-based clinical supervision. The strategies that supervisors use to implement both a strength-based and a multicultural competence approach is a gap in the current research.

The present study examined multicultural counseling supervision using a strength-based theory framework. The overall objective of the study was to research a multicultural strength-based approach as it applies to clinical supervision that occurs during doctoral level psychologist training. The primary and secondary research questions were: 1) What approaches do supervisors take to supervision, 2) how and to what extent do supervisors integrate multicultural approaches, 3) how and to what extent do supervisors integrate strength-based approaches, and 4) how and to what extent do supervisors integrate multicultural approaches with strength-based approaches?

This representative review of the literature will be comprised of sections that focus on a) positive psychology theory, b) positive psychology research, c) theoretical models of clinical supervision, d) research on supervision, and e) multicultural competence in supervision.

Positive Psychology Theory

Positive psychology is the study of the processes and conditions that contribute to the optimal functioning or flourishing of individuals, groups, and institutions (Gable & Haidt, 2005; Linley, Joseph, Harrington, Wood, 2006). Positive psychology grew out of the recognition of an imbalance in clinical psychology, in which most research and practice focus on negative mental health and pathology oriented frameworks. The aim of positive psychology is to study the ways in which people feel joy, show altruism, and create healthy families and institutions; thereby recognizing and addressing the full spectrum of the human experience. Positive psychology works to understand the elements that facilitate or block the pursuit of the good life such as social and personal relationships, work environments, institutions, communities, and the context within political, economic, social, and cultural systems (Linley, et al., 2006).

Gable and Haidt (2005) discussed reasons why psychology as a field has focused solely on alleviating pain rather than understanding how to cultivate optimal functioning. The authors hypothesize that this naturally occurred because of a) the need to help those who are suffering before those who are already doing well, b) the historical and pragmatic influences on the development of the field, and c) evolutionary impact of needing to recognize potential threats more readily than potential rewards. However, the authors argue that despite the philosophical, historical, and theoretical influences that led to the current imbalance in psychology, there is little empirical justification for the predominantly “negative view of human nature and the human condition.” Gable and Haidt (2005) also acknowledge the common misperception that

positive psychology is simply “looking on the bright side” which can minimize or invalidate real distress. However, they explain that the goal of positive psychology is not to deny one’s suffering, but rather to amplify strengths and resources to add balance to one’s conceptualization of self; thereby rejecting the assumption that understanding problems and symptoms alone yields a complete understanding of a person.

Folkman and Moskowitz (2000) emphasize that historically, research on coping and stress processes does not focus on positive affect. They indicated that the existing models of stress did not emphasize positive affect, especially its significance in adapting to stressful situations. They argue that positive affect can occur simultaneously with distress at any given time, positive affect during stress has a positive impact on adaptation, and coping processes that use positive affect during stress result in the development of meaning. They propose that expanded models of stress and coping that include both positive and negative affect will allow psychologists to ask different questions about coping. Further, psychologists can ask different questions about how people avoid or minimize negative effects of chronic stress.

Seligman (2002) initially identified three pillars on which positive psychology is founded which include: a) positive subjective experience or emotion; b) positive traits such as strengths, virtues, and abilities and c) positive institutions. In 2011, he updated his conceptualization to emphasize a more stable and enduring construct of well-being consisting of five factors: positive emotion, engagement, relationships, meaning, and achievement. His expanded conceptualization of well-being purports that if we are able to exercise our strengths according to our character virtues, we will likely experience higher levels of well-being.

Although positive psychology is “a new science,” positive psychologists consider it a “returning psychology” which began to be neglected after World War II with the development of

the Veteran's Administration and the National Institute of Mental Health. The development of these two structures shifted the focus and economic incentives for psychologists to the treatment and research of mental illness. As such, psychologists disregarded the other side of the coin such as improving the human experience or nurturing achievement and talent.

An emphasis on strengths and human potential has been a longstanding approach in psychology in general, and Counseling Psychology in particular (Brown & Lent, 2008; Gelso, Williams, & Fretz, 2014). The strength-based counseling approach uses a corrective paradigm that allows psychologists to see the glass as half full rather than half empty (Smith, 2006). Such an approach holds that humans have a self-righting tendency that allows those from adverse circumstances toward positive development. The strength-based counseling perspective focuses on client assets rather than deficits or problems. Strength-based counseling is significant for counseling psychologists because it represents a conceptual shift, from a deficit model that focuses on pathology to a model that works to develop strengths and assets (Seligman, 1991, 1998; Walsh, 2004). There is a focus on human virtues and strengths. It provides a theoretical and practice perspective that allows counseling psychologists to focus on the building of assets across an individual's lifespan.

The field of Counseling Psychology has a long tradition of emphasizing individual strengths and assets (Gelso & Woodhouse, 2003). Wong (2006) proposed a new approach to conceptualizing psychotherapy called "Strength-Centered Therapy," which incorporates the positive psychology of character strengths and virtues with social constructionist perspectives on psychotherapy. This approach incorporates a more holistic conceptualization of mental health that includes both mental illness and also optimal functioning and human flourishing (Keyes, 2003; Maddux, Cynder, & Lopez, 2004). Positive psychology has been criticized for using a

Western lens in its definition of optimal human functioning and, as a result, failing to incorporate multicultural perspectives on strengths, and paying inadequate attention to the effects of societal oppression on individual psychological development (D'Andrea, 2005; Sue & Constantine, 2002). Wong (2006) proposes that incorporating constructionist conceptualizations of psychotherapy can address many of these concerns. Wong (2006) describes four phases of psychotherapy: the explicitizing, envisioning, empowering, and evolving phases. The explicitizing phase involves explicitly identifying the client's existing character strengths. The envisioning phase involves client's envisioning the character strengths they desire to develop, and to identify how they can use the strengths identified during the explicitizing phase to address their therapeutic goals. The empowering phase involves their experiencing empowering in their development of their desired character strengths. The evolving phase focuses on the fact that growing in character strengths is a continuing process and planning for post-termination work. Strength-Centered Therapy de-emphasizes client pathology and allows the client to work with the therapist in constructing ways to address their presenting concerns.

Positive Psychology Research

Strength-based supervision is based on the framework of positive psychology. The foundational assumptions of strength-based supervision are supported by research: The broaden-and-build theory and the relationship between positive affect and various measures of success. The broaden-and-build theory of positive emotions demonstrates the adaptive value of positive affect and flow states. Fredrickson's research indicates that positive emotions can be a means of achieving psychological growth and improved well-being over time (2001). Her research demonstrated that positive affect facilitated approach behavior, whereas negative emotions facilitated avoidance and attacking behavior. Fredrickson's broaden-and build theory is

supported by research that demonstrates that positive emotions such as joy, interest, contentment, pride, and love result in increased physical performance and health (Boulton & Smith, 1992; Danner, Snowdon, & Frieson, 2001), as well as improved friendships and social support networks (Aron, Norman, Aron, McKenna, & Heyman, 2000; Lee, 1983). Positive emotions also lead to increased knowledge (Csikszentmihalyi & Rathunde, 1998) and resilience, optimism, and creativity (Folkman & Moskowitz, 2000; Fredrickson, Tugade, Waugh, & Larkin, 2003).

Fredrickson et al. (2003) used Fredrickson's (1998, 2001) broaden and build theory of positive emotions and hypothesized that positive emotions are an important component of resilience. They tested 46 college students (18 men and 28 women between the ages of 18 and 25; 64% White, 15% Black, 13% Asian, 4% Hispanic, 2% unspecified) in early 2001 and tested them again following the 2001 terrorist attacks in the United States. They proposed that the cognitive broadening that occurs during states of positive emotion expands and strengthens the ways that people are able to cope during and after a crisis. They tested two hypotheses: a) resilient people are buffered from depression by positive emotions and b) resilient people thrive through positive emotions. Participants completed the following instruments prior to the terrorist attack: Ego Resiliency Scale (Block & Kremen, 1996), Neo-5 Factor Inventory (Costa & McCrae, 1992), Satisfaction with Life Scale (Diener, Emmons, Larsen, Griffin, 1985), and the Life Orientation Test (Scheier & Carver, 1985). Following the terrorist attack, they assessed current mood using an Affect Grid (Russell, Weiss, & Mendelsohn, 1989) and open-ended questions. They also assessed for depressive symptoms using Center for Epidemiological Studies – Depression Measure (Radloff, 1977). Finally, they readministered instruments used prior to the attacks that assessed optimism, life satisfaction, and tranquility.

Trait resilience was negatively related to anger and sadness, and positively correlated with interests, joy, hope, sexual desire, pride, and contentment. The researchers note that two of the three most frequent positive emotions, gratitude and love, were uncorrelated with trait resilience. Using correlational and regression analyses, they found that trait resilience was not a significant predictor of depressive symptoms when they controlled for positive emotions. Therefore, those participants with higher levels of resilience exhibited lower levels of depression following the attacks. The results also indicated that trait resilience did not affect resilience resources using regression analysis. They interpreted their results as evidence that trait resilience is related to a range of psychological benefits and coping skills. These results demonstrate that positive emotions are an important component of models of stress and coping.

Fredrickson and Branigan (2005) demonstrated the utility of the “broaden hypothesis” through two research experiments with 104 college students. They investigated whether discrete positive emotions (i.e., amusement and contentment) compared to neutral states actually widened the arrays of activated perceptions, thoughts, and action urges after watching a film eliciting each of five emotional states and measuring a visual processing scope of attention. Secondly, they also investigated whether discrete negative emotions (i.e., anger and anxiety) compared to neutral emotional states limited the same cognitive, physical, and psychological responses. Their results indicated that a) positive emotions broadened the scope of attention, b) positive emotions broadened thought-action repertoires, and c) broadening effects emerged for two distinct types of positive emotion: amusement and contentment.

Lyubomirsky, King, and Diener (2005) completed a meta-analysis examining the relationship between success and positive affect. Their literature analysis was comprised of 225 papers that examined 293 samples totaling 275,000 participants and identified 313 effect sizes.

Their results indicated that productive work, satisfying relationships, good mental and physical health, coping, sociability, and effective problem resolution skills correlate with positive affect. Thus, research has shown that positive emotions are related to a broader cognitive focus and more positive success variables, as well as negative emotions leading to limited cognitions. These studies provide empirical evidence related to the benefits of focusing on one's strengths. Next, I review two of the studies that directly relate to outcomes in supervision.

Fredrickson and Joiner (2002) used Fredrickson's (1998, 2001) broaden and build theory to research whether positive emotions broaden people's repertoires and actions, thereby increasing their learning new patterns of thoughts and actions. They proposed that positive emotions trigger upward spirals of positive emotions that broaden both intention and cognitive functioning. They assessed positive affect and coping five weeks apart. Participants were 138 undergraduates (54% female; mean age = 20; 71% Caucasian, 14% Asian American, 10% Hispanic, 5% African American) from an introductory psychology participant pool. Participants were administered the PANAS (Positive and Negative Affect Scale; Watson, Clark, & Tellegen, 1988) and Coping Responses Inventory (CRI; Moos, 1988). Data supported their upward spiral prediction that states that positive emotions will predict future increases in positive emotions and broaden cognitive functioning. Fredrickson and Joiner (2002) suggest that these findings imply that clinicians who explore positive emotions or use interventions to increase clients' positive moods may assist clients to recover more effectively and quickly. This finding has direct implication in clinical supervision as it relates to broadening supervisees' cognitive functioning and ability to experience positive emotions.

Thoits and Hewitt (2001) used a longitudinal design to explore whether the personal resources and well-being of individuals facilitate their engagement in volunteer work. They

explored the relationships between community volunteer work and six components of personal well-being. These included: a) happiness b) life satisfaction c) self-esteem d) sense of control over life e) physical health and f) depression. The researchers interviewed 3,617 participants at home in the first wave of data collection. The second wave of data reflected 2,867 of the original participants who were re-interviewed (83% at follow-up, excluding those who were deceased or could not be located). They measured well-being, life satisfaction and happiness with single-item measures. Self-esteem was measured using three-items of Rosenberg's (1979) Self-esteem Scale and mastery was measured using three-items from Pearlin, Lieberman, Menaghan, and Mullan's (1981) Sense of Mastery Scale. Finally, the researchers measured physical health using three individual items, and measured depression using 11 items from the CES – D Scale (Radloff, 1977). Results indicated that personal well-being at wave one predicted increased hours of volunteer service at wave two. They found that in general, people with greater well-being invest more hours in volunteer service and further that volunteer work promotes positive well-being. Thus, results indicate that volunteer enhances well-being in all six areas studied.

Researchers with the Values in Action (VIA) project at the University of Pennsylvania have developed and subsequently defined a diagnostic strengths manual that focuses on character strengths, as opposed to skill or talent-based strengths (Niemic, 2013; Peterson & Seligman, 2003, 2004). These character strengths were identified as those that would be widely recognized across cultures and would contribute to individual fulfillment, satisfaction, and happiness. The VIA includes the following classification categories: (a) strengths of wisdom and knowledge, (b) strengths of courage, (c) strengths of humanity and love, (d) strengths of justice, (e) strengths of temperance, and (f) strengths of transcendence. The VIA instrument is commonly used with

clients to help them become aware of their character strengths and how to cultivate these in their everyday lives.

Rashid (2015) provided a thorough review of the rational and theoretical literature supporting strength-based therapy. Based on a literature review of 14 positive psychology research studies, she reports that from 1998 to 2008, psychotherapy services declined from 15.9% to 10.5% where during the same time, psychiatric medication utilization increased from 44.1% to 57.4% (Olfson & Marcus, 2010). Rashid hypothesized that this may be due to the stigma associated with psychotherapy and potentially receiving a psychiatric diagnosis. She reported that incorporating one's strengths and helping them to learn skills, talents, and abilities may decrease the stigma surrounding psychotherapy and help those in need be able to seek services. She continued by reviewing the three assumptions of strength-based therapy including (a) psychopathology resulting when clients' capacities for well-being and growth are decreased by sociocultural factors, (b) positive emotions and strengths are emphasized and as important as disorders and symptoms, and (c) successful therapeutic relationships can occur through the discussion of positive experiences and characteristics. Rashid (2015) explained how strength-based therapy works through three specific phases: exploring a balanced narrative of the client and developing operational therapeutic goals that can be achieved through the client's strengths, cultivating positive emotions and learning how to adaptively deal with negative emotions and memories, and fostering positive relationships, meaning, and purpose. Rashid completed her examination of strength-based therapy by reviewing the empirical literature to date.

Bolier et al. (2013) conducted a meta-analysis, which reviewed 39 randomized published studies of positive psychology interventions for the public, totaling 6139 participants (including Seligman et al., 2005). They conducted a literature search using PsycINFO, PubMed, the

Cochrane register, and manual searches to which their results indicated that positive interventions reduced depression ($r=0.23$) with small effect size but enhanced well-being with moderate effect size ($r=0.34$). Follow-up results at three and six months indicated that subjective and psychological well-being were still significant. These results show that positive psychology interventions can be effective at enhancing subjective and psychological well-being, as well as reducing depressive symptoms. Theoretical and empirical research indicates that strength-based therapy has a positive effect on clients, and therefore could perhaps have the same effect on supervisees. Next, I discuss three studies from Bolier et al.'s (2013) meta-analysis.

Seligman, Steen, Park, and Peterson (2005) conducted a 6-group randomly assigned placebo-controlled Internet study in which they tested five positive psychology interventions and one control exercise. The demographics of the sample included 411 adult participants (58% female and 42% male) ranging in age from 35 to 54 years old. The sample was largely Caucasian at 77%. The researchers randomly assigned participants to positive psychology interventions including a) gratitude visit, b) three good things in life, c) you at your best, d) using signature strengths in a new way, and e) identifying signature strengths, as well as to a placebo control group in which they asked participants to write about their early memories for one week. The statistical analyses indicated that of five "happiness" interventions and one control exercise, three exercises (using VIA signature strengths, three good things in life, and gratitude exercises) increased happiness and decreased depressive symptomatology for one month. The authors suggest that their study provides empirical evidence for the utility of using positive psychology interventions in therapy to complement the therapeutic work that research has demonstrated to be effective.

Peters, Flink, Boersma, and Linton (2010) examined whether positive future-oriented cognitive processes can increase one's ability to be optimistic. They explored whether it was possible to increase positive anticipation about the future through experimental manipulation. Participants were asked to either envision the best version of their future self (BPS) followed by guided imagery or to imagine a typical day in their lives. Participants included 82 students in psychology classes (51 women and 31 men; mean age = 29.6 years) and were mostly Swedish. The researchers assessed dispositional optimism using the Life Orientation Test (LOT; Scheier & Carver, 1985). Extraversion and neuroticism were measured using two subscales of the Eysenck Personality Questionnaire – Revised Short Scale (EPQ-RSS; Eysenck & Eysenck, 1981). They assessed affect using the short form of the PANAS (MacKinnon et al., 1999) and measured expectancies for positive and negative future outcomes using the Subjective Probability Test (SPT; MacLeod, 1996). Finally, quality of imagery and direct optimism questions were administered following the manipulation to assess state optimism and future expectancies. All assessments occurred in the classroom. The BPS manipulation was effective in improving mood and expectancies for the future. The BPS manipulation was equally effective, regardless of participants' scoring high or low on dispositional optimism and extraversion. This study provides evidence for the efficacy of a BPS intervention and temporarily increased optimism.

Gander, Proyer, Ruch, and Wyss (2012) studied the effect of nine strength-based positive interventions on well-being and depression using an internet-based randomized placebo-controlled study. They attempted to: (1) Replicate findings on the effectiveness of three strength-based interventions including gratitude visit, three good things, and using character strengths interventions, (2) vary the combination of frequency and interventions, and (3) assess the effectiveness of three strength-based positive interventions including gift of time, counting

kindness, and another door opens. Participants included 622 individuals who were mostly women (94%). Eight of the nine interventions increased happiness and depression was decreased in all groups including the placebo-control group. Thus, happiness and depressive symptoms were changed in positive directions through strength-based interventions on internet settings. This study used German-speaking participants, which suggests cross-cultural validity to strength-based interventions.

In summary, the research in positive psychology focuses almost exclusively on coping strategies among a variety of populations. The research has not at this point extended significantly into the area of supervision and training. The overall themes emerging from the research include the effectiveness of focusing on the development of strengths in addition to, or sometimes instead of, a focus on problems and weaknesses. Specifically, Seligman et al. (2005) both extended the field by focusing on a strength-based approach to treatment and yet was largely limited by pre-defining VIA signature strengths and specific positive psychology interventions without cultural considerations. There is much room for expansion of strength-based approaches in treatment, training, and the consideration of cultural context.

Supervision Theory

Ladany and Inman (2008) distinguish between models of clinical supervision that are psychotherapy-based versus supervision-based. Psychotherapy-based models include those that teach, for example, psychoanalytic psychotherapy skills by providing the student with a “training analyst” who provides the student with the experience of being in analysis. There are similar strategies to teach cognitive-behavior therapy and person-centered therapy. Ladany and Inman propose that such models are not actually supervision models, because the skills needed to conceptualize and work effectively with the client are different skills than one would learn as a

client. Therefore, they focus on supervision-based theoretical models, particularly those that are comprehensive in nature. Note that they also distinguish clinical supervision from counseling skills training that focuses on the development of skills (such as reflective listening and open-ended questions) as a preparation for working with clients. They point out that although such skills training was heavily researched decades ago (Carkhuff, 1971; Ivey, 1971; Kagan, 1984; Hill & O'Brien, 1999), it has not been expanded to focus on areas of complex skills and issues including multicultural competency and issues such as biological and medical complexities (Hill & Lent, 2006).

Historical context of supervision theory. Early theoretical models of supervision included Hogan's Developmental Model (1964) which influenced Stoltenberg, McNeill, and Delworth (1998) in their integrated developmental model. The discrimination model of Bernard (1979) focuses on the roles and functions of the supervisor and supervisee, which influenced Holloway's systems approach to supervision (1995). Bordin (1983) proposed a model focused on the supervisory working alliance. Ladany, Friedlander, and Nelson (2005) later used this concept as the basis for the critical events model of. Goodyear, Bradley, and Bartlett (1983) reviewed the similarities and differences between the five most dominant clinical supervision theories of the time (rational emotive, behavioral, client-centered, developmental, and psychoanalytic). Their analysis indicated great overlap in supervision techniques across supervisors regardless of their theoretical framework.

Ladany and Inman (2008) propose that the primary models of supervision are comprehensive in scope, have an empirical foundation, can be researched, are both descriptive and prescriptive, and are specifically focused on supervision. They propose these primary models to include (a) the integrated developmental model (IDM; Stoltenberg, McNeill, & Delworth,

1998), (b) the systems approach to supervision model (SAS; Holloway, 1995), and (c) the critical events supervision model (CES; Ladany, Friedlander, & Nelson, 2005). This review will also include discussion of (d) common factors approach to supervision, (e) feminist multicultural psychotherapy model of supervision, and (f) competency-based model of supervision. Presented are several prominent theoretical approaches to clinical supervision that serve as a contemporary context for strength-based supervision as used in this study.

Integrated developmental model. Developmental models of supervision assume that psychologists and therapists move through predictable stages of development during their training, and it is from this tradition that IDM emerges. In this model, the supervisor assesses the stage of the supervisee and then focuses the supervision to match that stage. For example, it's generally assumed that supervisees require more structure, information sharing, and guidance early in their training, and with advancing experience, a supervisee benefits more from a collaborative and conceptual approach. Developmental supervision models tend to extend from the work of Stoltenberg (1981) and Delworth (Stoltenberg & Delworth, 1987). These models define progressive stages of supervisee development from novice to expert and define specific characteristics, tasks, and skills for each stage.

Systems approach to supervision. Ladany and Inman (2008) indicate that the Systems Approach to Supervision (SAS) is one of the major theoretical approaches to clinical supervision though there is a lack of empirical research. Holloway (2016) describes the Systems Approach to Supervision as working from a relational cultural perspective that incorporates multiple contextual influences on the supervisory process. She extends the supervision model to consider the organizational and systemic context in which clients, supervisees, and supervisors function. Furthermore, she parallels these facets to the competency-based training model within

professional psychology. SAS proposes that supervision consists of seven factors, including: (a) the supervision relationship, (b) the client, including factors such as the identified problems, diagnosis, and the relationship, (c) the trainee, including experience in counseling, theoretical orientation, learning needs and style, and cultural characteristics, (d) the institution, including agency clientele, organizational structure and climate, and professional ethics and standards, (e) the supervisor (professional experience, role in supervision, theoretical orientation to counseling, cultural characteristics, self-presentation), (f) the functions of supervision (monitoring/evaluating, advising/instructing, modeling, consulting, and supporting/sharing), and (g) supervision tasks (counseling skill, case conceptualization, professional role, emotional awareness, and self-evaluation) (Holloway, 1995). The SAS model establishes that the supervision relationship is the core factor, which includes interpersonal structure (power, intimacy, attachment), phases (beginning to mature to termination), and the contracted expectations of the learning goals. Although this model has not garnered empirical attention, it is the first to focus upon power in the supervisory relationship, a concept which emerged as primary in Feminist Multicultural Psychotherapy Supervision.

Common factors approach to supervision. A common factors approach to supervision is based on the premise that there is no empirical evidence to suggest that any one clinical or theoretical model of supervision is superior to others (Morgan & Sprenkle, 2007). Morgan and Sprenkle (2007) discuss how the common factors approach to supervision parallels that of the common factors approach to psychotherapy, but lacks the comparable body of outcome research. Thus, behaviors of supervision change are yet to be determined. They suggest that it is unlikely that any one model, common factors or otherwise, will ever emerge as the superior method of supervision and therefore training and supervision would benefit from understanding the specific

mechanisms of effective supervision. Their meta-analytic review of the research resulted in several key features of effective supervision: a) development of clinical skills in supervisees, b) supervisees ability to acquire knowledge about client dynamics, clinical theories, and interventions, c) how supervisees function as professionals (e.g., ethical standards, administrative duties), d) supervisees' personal growth, awareness, emotional management, e) autonomy and confidence of supervisees, and f) monitoring and evaluating supervisees. They also found commonalities in areas that supervisors are required to attend to during supervision including the needs of the individual supervisee, the specific client, and the profession as a whole. The review of the literature on common factors suggests that supervisors function in four different roles: coach, teacher, mentor, and administrator. Morgan and Sprenkle (2007) emphasize the importance of both feminist and multicultural factors in the development of the alliance including an awareness of power dynamics and the cultural background of the supervisee and the client.

Evaluation is one aspect of all clinical supervision, regardless of theoretical basis. Evaluation and feedback are ethical imperatives in supervision. These processes are essential to the process of helping supervisees improve their clinical skills (Bernard & Goodyear, 2009). Evaluation has two concrete functions: goal setting and feedback. Further, there are two types of feedback: supervisors provide formative feedback throughout the supervision process and summative feedback at the end of a training semester (Lehrman-Waterman & Ladany, 2001).

Critical events in supervision. Ladany et al., (2005) proposed that the most significant aspects of supervision occur during critical events of learning. Its fundamental premise is that critical events of learning are the most significant aspects of supervision. These events can occur in either an individual session or several sessions, and can include (a) addressing difficulties and

deficits in skills, (b) increasing awareness of multicultural issues, (c) addressing role conflicts, (d) working through countertransference, (e) managing sexual attraction, (f) repairing and addressing gender-related communication and misunderstandings, and (g) assisting supervisee with emotional and behavioral problems. This model appears to focus on difficulties that the supervisee is experiencing, and uses the supervisory alliance to work through these problems. In fact, the model itself begins with the premise of a supervisee having difficulty with a client (Ladany, Walker, Pate-Carolan, & Evans, 2008).

This model, derived from Bordin's (1983) model, proposes that the supervisory working alliance is comprised of a mutual agreement between the supervisor and supervisee about both the tasks and goals of supervision, as well as an emotional connection. The supervisory alliance then allows the supervision dyad to focus on critical events including events occurring within the supervisory relationship. The model, however, does not address normative events in supervision but rather only markers in which the supervisor needs to intervene.

This model identifies three components of the working alliance in supervision: (a) mutual agreement between the supervisee and supervisor on the goals of the supervision, (b) mutual agreement between the supervisee and supervisor on the tasks of the supervision, and (c) an emotional bond between the supervisee and supervisor. Eight goals for supervision were identified, including mastery of specific skills, enlarging one's understanding of clients, enlarging one's awareness of process issues, increasing awareness of self and its impact on process, overcoming personal and intellectual obstacles toward learning and mastery (countertransference), deepening one's understanding of concepts and theory (i.e. therapeutic approaches), providing a stimulus to research, and maintenance of standards of service (e.g. professional ethics). Bordin proposed types of mutually agreed upon tasks, recognizing that the

focus on these can change as the needs of the supervisory dyad change. Examples of supervisory tasks include feedback on reports, observing videotapes or audiotapes of the supervisee's therapeutic work, focusing on the supervisee's feelings, having the supervisee select the topics to discuss in supervision, and providing alternative conceptualizations. He proposed that the concept of mutuality is important, and the strength of the emotional bond is based upon mutual trust, likeability and care between the supervisor and supervisee. Other ways that the supervisor can strengthen the supervisory working alliance are actively diffusing the hierarchical nature of the supervisory relationship, empathizing with the supervisee as part of establishing the alliance, and balancing critical feedback with an acknowledgement of the supervisee's strengths.

Multicultural models of supervision.

Feminist supervision. Exposure to theory and research on gender and feminist perspectives can influence trainee awareness and attitudes. Worrell and Johnson (1997) proposed training models that are designed to enable trainees to gain the knowledge, attitudes, and skills that will facilitate effective functioning in feminist-oriented practice. Specifically, the proposed training models focus on issues of personal identity, autonomy, and growth for trainees. Feminist supervision may include aspects of traditional supervision models (e.g., goal setting, evaluation, mutual goals) but in particular is sensitive to power differentials between supervisee and supervisor. Worrell and Remer (2003) propose that feminist supervision should consist of the following: 1) attention to process to facilitate egalitarian, open, and flexible interactions, 2) gender and sex-role analysis with trainee, 3) exploration of how trainee's currently-held theoretical orientation matches feminist goals, 4) examination of therapy goals in terms of client-counselor collaboration, 5) redefining health and pathology such as monitoring damaging labels and procedures, 6) focus on external as well as internal sources of client problems, 7) evaluation

of progress that provides continuous and constructive feedback to supervisee and emphasizes her strengths, 8) assistance in designing and developing prevention outreach efforts, and 9) respect and validation for the strengths and strategies of the supervisee and assisting the supervisee to trust their own experience.

Brown (2016) presented a theoretically driven feminist approach to supervision based on feminist principles of psychotherapy. She offered a framework of how to translate feminist therapy constructs including recognizing the impact of systemic hierarchies and thinking critically about dominant cultural norms in psychotherapy practice. Her approach to supervision challenged supervisory dyads to engage in difficult questions about the presence of bias, and ways in which power distributes itself in the context of training and supervision. Brown (2016) described the purpose of feminist supervision as inviting supervisees to acknowledge and understand how therapeutic practice upholds oppressive gendered norms for the client as well as for the supervisee. Additionally, feminist supervision assists supervisees in locating pathology and incompetence but learning how to understand these constructs in the context of the larger society. She described feminist supervision as being inherently developmental and strength based. Feminist supervision acknowledges the strengths and skills brought to the relationship by both parties using a concept called covision. Specifically, covision acknowledges the mutuality occurring between supervisors and supervisees and how this is impacted by the experience of power.

Multicultural models of supervision. Singh and Chun (2010), in a conceptual article, emphasized resilience in their model of supervision that focused on ways that emphasizing supervisor development can strengthen the experience of supervision for both members of the supervisory dyad: The QUEER people of Color resilience-based model of supervision. They

integrated the multicultural supervision domains (Ancis & Ladany, 2001) with queer models of supervision (Halpert, Reinhardt, & Toohey, 2007) and addressed how heterosexism and racism may both influence the supervision process. Their supervisory model encourages queer supervisors of color to reflect on their own experiences and develop awareness of privilege and oppression, affirmation of diversity, and supervisor empowerment embedded in the process of supervision in order to strengthen the supervisory alliance and ability to assist the supervisee in developing clinical skills and multicultural competence.

One theoretical model of culturally competent supervision is the Cultural Context Model in clinical supervision (CCM; Hernandez, 2008) which uses principles from critical psychology and proposes a social justice approach to working with clients. This model includes fostering collective consciousness to move beyond power, privilege, and oppression and stems from critical pedagogy, feminism, and critical race theory. This framework aims to mitigate the impact of oppressive social forces, past and present, including sexism, racism, homophobia, and classism in the practice of clinical supervision. The CCM model states that, “liberation is key to healing” and defines the model as, “a system of healing that embraces critical consciousness, empowerment, and accountability as guiding principles” (Hernandez, 2008). This theoretical model has not garnered empirical research but has a strong theoretical basis and I consider it a theoretical underpinning of the current study, especially as it relates to fostering collective consciousness and empowerment.

Feminist multicultural model of supervision. Arcsynski and Morrow (2017) proposed a feminist multicultural model of supervision that suggested that managing the complexities of power in the supervisory relationship is the most important aspect of the supervisory experience. The authors suggested that power is successfully used, observed and managed, and that this can

result in a positive supervision experience by a) bringing history into the supervision room, b) creating trust through openness and honesty, c) using a collaborative process, d) meeting shifting developmental needs, e) cultivating critical reflexivity, and f) examining the impact of context. Self-identified FMS supervisors believe that reflexivity is core to the development of feminist multicultural counselors and that supervisors should encourage self-reflection, self-disclosure, and model how to normalize the internalization of racism and sexism. Furthermore, FM supervisors should attempt to evaluate their own biases, transference and countertransference issues, skill to facilitate multicultural dialogues, tolerance for ambiguity, and comfort with strong affect. Finally, FM supervisors help their supervisees understand the parallels between their therapeutic work and the larger sociopolitical context, and model advocacy and social justice qualities.

Competency-based model of supervision. Competency-based clinical supervision is defined as a “meta- or transtheoretical approach that ensures accountability and is systematic in its orientation to the multiple competencies that comprise the art and science of supervision” (Falender & Shafranske, 2017). The purpose of this type of supervision is to enhance the quality and effectiveness of supervision by providing a systematic and comprehensive approach to assess and develop specific clinical and supervision competencies and to perform the interrelated functions of observation, evaluation, feedback, and gatekeeping (Falender & Shafranske, 2017). These authors proposed that there are several important components of competency-based clinical supervision. These include the supervisor’s attitudes, knowledge, and skills, as well as meta-competence, reflectivity, alliance, and the supervisory contract (Falender & Shafranske, 2017).

Falender and Shafranske (2017) described four important specific components of supervisor attitudes and values including a) integrity-in-relationship, b) ethical, values-based practice, c) appreciation for diversity, and d) science-informed-evidence based practice. Furthermore, the supervisor should ensure that they address supervisory responsibilities (e.g., arrange regular meetings) and that the supervisory relationship is free from violations (e.g., maintaining ethical boundaries). Furthermore, the supervisor should attempt to integrate and demonstrate ethical and value-based behavior to help model strong supervisory practice. Falender and Shafranske also recommended a demonstration of appreciation for diversity, which expresses an attitude of inclusivity and respect for individual differences. Finally, the supervisor should implement teaching supervisees how to use evidence-based practices in their clinical work by modeling evidenced-based practices in clinical supervision. The integration of these four components, in conjunction with the Ethical Principles of Psychologists and Code of Conduct (APA, 2010) strengthens the supervisory alliance and models effective supervisory attitudes and values.

In competency-based supervision (Falender & Shafranske, 2017), the supervisor's knowledge and skills are also important. The supervisor should make every attempt to stay current on supervision research and best practices, recognizing that the number of scientific publications doubles every 20 years (Balas & Boren, 2000). Competence in one's knowledge can be gained through reading, discussion, continuing education workshops, consultation, and thoughtful self-reflection and self-assessment. Falender and Shafranske (2017) propose that there are three pillars in relation to a supervisor's skill set: relationship, inquiry, and learning praxis. The supervisor's ability to convey genuineness, warmth, and respect as well as communicate clear expectations regarding expectations, assessment, and feedback are foundational in

cultivating a positive supervisory alliance. Furthermore, inquiry of a supervisee's experience is important to elicit information to ensure adequate oversight and case management as well as assist the supervisee in developing self-awareness, meta-competence, and reflection on action. Finally, the supervisor should assist the supervisee to develop the necessary skills to become competent in their clinical work by using a variety of learning mechanisms such as modeling, feedback, direct instruction, and self-regulated learning.

Strength-based supervision. Positive psychology has much to offer to the conceptualization of clinical supervision, resulting in a model of strength-based clinical supervision (Wade & Jones, 2015). Howard (2008) proposed that one of the primary functions of clinical supervision is the restoration of well-being, in which the supervisor attends to the emotional effects of the therapy work on the well-being of the supervisee. Positive psychology concepts such as work engagement, self-efficacy, resilience, flow and sense of coherence have emerged from this work and have led to a deeper understanding of workers (including therapists) happiness and health. Lopez and Edwards (2008) have described the rich tradition in counseling psychology of studying and promoting the best in people. They stated that “counseling psychology has held to a philosophical focus and professional emphasis on identifying and developing personal and social resources and on helping individuals more effectively use these resources” (p. 206).

Wade and Jones (2015) presented a positive psychology approach to clinical training: strength-based clinical supervision. Their model used positive psychology research and literature to address aspects of the supervision process including how to set the stage for effective supervision, how to identify and cultivate strengths of the supervisee, how to incorporate diversity considerations into the supervision process, and how to address problems and frame

solutions that arise during supervision. Further, their model addressed how to assist the supervisee in developing competencies as a psychologist-in-training, how to approach evaluation and feedback within the supervisory working alliance, and how to foster ethical behavior. The model intentionally approached positive psychology from two perspectives: first, the application of positive psychology constructs such as cultivating strengths or the broaden-and-build model to supervision; and second, the use of the “study and science of what works” aspect of positive psychology to infuse this approach with the best practices domains of supervision.

Similarly, Edwards (2017) also presented a strength-based supervision model for clinical practice. He proposed that a strength-based approach to supervision presents more than another model of clinical supervision because of how it is inherently rooted in organizational development, management, leadership thinking, and practice in addition to moving away from the historical hierarchical supervision model and deficit-based approach to supervision that keeps the field embedded in pathology-oriented critical thinking. Edwards (2017) stated that clinical supervisors are responsible for ten executive skills: 1) cross-cultural competencies, 2) focus areas and domains of supervision (e.g., process skills, conceptualization skills, training), 3) ethics, 4) developmental stages of the clinician, 5) isomorphs and parallel processes, 6) boundary issues, 7) interpersonal relationship skills, 8) conflict resolution, 9) enhancement of self-efficacy and personal agency, and 10) session management. By infusing positive psychology constructs and establishing a positive supervisory working alliance, Edwards proposed that supervisees would be able to expand their clinical abilities and grow into a competent psychologist.

These theoretical, comprehensive models of clinical supervision are still somewhat limited in their approaches. Next, I review research that has been undertaken using concepts and frameworks from the above theories.

Supervision Research

Ladany and Inman (2008) distinguish between counseling skills training and supervision, and this review focuses on the latter. However, they note that research on counseling skills has been less prevalent during the last 20 years, and that efforts need to be refocused on this area, including research on areas beyond counseling skills (such as reflective listening and open-ended questioning). Future research directions related to skills training might include countertransference issues, sense of self-efficacy and specific client dynamics, in addition to case conceptualization, trainer effects and multicultural competency skills. They also note that research in the area of supervision occurs at a slow but steady rate. They identify the reasons for the low output include the difficulty of doing the research (including finding participants), the difficulty of viewing supervision comprehensively (including supervisors, supervisees and clients), and the limited number of researchers with programs of supervision-focused research.

Integrated developmental model. Heppner and Roehlke (1984) studied supervisees over a two-year period in three separate studies to explore supervisee development and its implication for a developmental model of supervision. Study one explored whether supervisee characteristics (trainee expectations and locus of control) affected the influence process in supervision across three trainee levels and their perception of supervisor expertness, attractiveness, trustworthiness, and rating of supervisor impact. The supervisee participants included 25 beginning practicum students, 19 advanced practicum students, and 12 doctoral interns. The supervisors in all three studies consisted of doctoral interns for the beginning practicum students and licensed psychologists for advanced practicum students and interns. All supervisors worked at the University Counseling Center, which had an APA-accredited doctoral internship program. The supervisors had varied and “eclectic” theoretical orientations. The correlational findings of study

one indicated that supervisees' expectations and locus of control was not related to supervisees' initial perception of the characteristics of the supervisor (expertness, attractiveness, and trustworthiness), nor perceived impact of the supervision. Study two surveyed supervisees at three training levels and explored their perceptions of supervisors' behaviors that contributed to supervisory effectiveness. Participants consisted of 18 beginning practicum students, 19 advanced practicum students, and 12 doctoral interns. Results indicated that trainees, regardless of level, were satisfied with supervision, perceived their supervisors as competent, and thought that their supervisors contributed to improving their skills. For all three levels of training, ratings of satisfaction correlated with trainees' perceptions of their supervisors as helping them to assess their strengths and increase their self-confidence. Early trainees reported higher level of satisfaction when supervisors fostered a positive relationship with the trainee; advanced practicum students indicated more satisfaction when their supervisor was perceived as facilitating additional counseling skills; interns reported more satisfaction when the supervisor allowed them to develop additional skills and deal with personal issues that affected their counseling. Study three explored the types of events that were seen by supervisees as critical incidents within the supervision process across the three training levels. Participants included 16 beginning practicum students, 13 advanced practicum students, and 12 doctoral interns. Results from study three indicated that beginning and advanced doctoral students reported critical incidents related to self-awareness issues while doctoral interns reported critical incidents relating to personal issues affecting therapy. They found no differences based on gender. Overall, the results indicate a developmental progression for doctoral counseling trainees within supervision. The study did not assess specifics regarding strength-based interventions nor were multicultural factors included.

Further research has shown that although developmental models are intuitively appealing to both supervisors and supervisees, most supervisors tend to provide the same type of supervision to all supervisees regardless of their level of experience (Sumerall, Barke, Timmons, Oehlert, Lopez, & Trent, 1999). Extending the Adaptive Counseling and Therapy (ACT) model (Howard, Nance, & Myers, 1987), Sumerall et al., (1999) surveyed graduate students at various levels of training to assess which of the four ACT categories (telling, teaching, supporting, and delegating) were most beneficial for their training. Participants included 112 graduate students, comprised of 51 students in beginning practicum, 38 students in advanced master's practicum, 9 students in first doctoral practicum, and 14 students in second doctoral practicum. Participants were all students in counseling psychology and were supervised by 23 supervisors (15 women and 8 men). Participants completed a demographic survey and a Supervisee Global Effectiveness Rating Form (Barke, 1988). Participants rated their perceptions of supervisory effectiveness and the value of supervision. They also read four vignettes, each describing a type of supervision defined by the ACT model. They then chose which type described their current supervision and which type of supervisory style they preferred. Hypotheses were a) supervisees would report different preferences for supervisory styles based on their level of experience and b) supervisees would perceive having received different supervisory styles at various levels of training. A chi-square analysis suggested that trainees preferred a "supporting" style of supervision (high support, low direction), regardless of level. This study provides evidence for the importance of positive support within the supervisory alliance.

Systems approach to supervision. Holloway (2016) proposes that the SAS model addresses how strengthening the supervisory alliance can contribute to the learning of various complex roles during supervision. Fredrickson and Losada (2005), in the positive psychology

literature, emphasized the importance of positive emotions in the ability of individuals to flourish. Baumeister, Bratslavsky, Finkenauer, and Vohs (2001, as cited in Fredrickson & Losada, 2005) and Rozin & Royzman (2001, as cited in Fredrickson & Losada, 2005) discuss the research that demonstrates that “bad is stronger than good.” The implication of this research is that experiences of positivity may need to outnumber experiences of negativity to overcome the impact of negative experiences in the promotion of flourishing. Schwartz (1997, as cited in Fredrickson & Losada, 2005) emphasizes that optimal mental health is associated with high ratios of positive to negative affect. Gottman (1994, as cited in Fredrickson & Losada, 2015) is another line of study in positive psychology that demonstrates that in marriages and relationships, unless a couple is able to maintain a high ratio of positive to negative affect, it is highly likely that their marriage will end.

Fredrickson and Losada (2005) studied two groups of participants to explore the hypothesis that the ratio of positive to negative affect at or above 2.9 will characterize individuals in a state of positive mental health. Participants in the first group consisted of 87 first and second year college students (60% women, 40% men), and the second group consisted of 101 first year students from the same college (54% women, 46% men). Participants completed a 33-item instrument measuring positive psychological and social functioning (“flourishing”), including self-acceptance, purpose in life, environment mastery, positive relations with others, personal growth, and autonomy. Participants logged on to a website for 28 consecutive days to report which emotions they had experienced during the past 24 hours. Positive emotions included amusement, awe, compassion, contentment, gratitude, hope, interest, joy, love, and pride. Negative emotions included anger, contempt, disgust, embarrassment, fear, guilt, sadness, and shame. Consistent with their hypothesis, Fredrickson and Losada (2005) established that those

experiencing flourishing mental health states had positivity ratios above 2.9 and those who experience less than 2.9 did not achieve flourishing states. These findings can be applied to the supervisory alliance, which is a relationship characterized by an emotional bond with complex emotional experiences. The SAS model suggests, then, that cultivating positive emotions in supervision to a high level of 2.9 (ratio) is optimal for enhancing the supervisory relationship, thereby broadening the supervisee's ability to learn and critically evaluate their clinical work.

Common factors approach to supervision. Ladany, Ellis, and Friedlander (1999) investigated the hypotheses that changes over time in supervisees' perceptions of the quality of the supervisory relationship would predict changes in their self-efficacy expectations and changes in their reported satisfaction with supervision. They surveyed 107 counselor trainees ranging from beginning doctoral practicum to intern level at the beginning and end of an academic semester. The demographic characteristics of the sample included 35 men and 72 women, averaging 29.91 years of age. The racial breakdown of the sample was 86% White, 7% African American, 3% Latino, and 2% Asian American. The instruments used in the research study included The Working Alliance Inventory-Three version (Bahrck, 1990), The Self-Efficacy Inventory (Friedlander & Snyder, 1983), Trainee Personal Reaction Scale (Holloway & Wampold, 1984), and a demographic questionnaire. A multivariate multiple regression analysis resulted in the finding that the emotional bond between the trainees and supervisors were associated with higher levels of satisfaction regardless of training level, and changes in the alliance were not predictive of changes in self-efficacy for trainees. This study provided support for Bordin's (1983) theory stating that the supervisory working alliance is comprised of a mutual agreement between the supervisor and supervisee, as well as an emotional bond. When the emotional bond was considered to become stronger over time, supervisees perceived their

supervisors' personal qualities and performance more positively, and they were more comfortable throughout supervision. This research provides support for the importance of the supervisory working relationship, but perhaps provides a limited conceptualization of the complex interactions with supervision including multicultural considerations.

Lehrman-Waterman and Ladany (2001) examined the process of supervisor evaluation; a component of all supervision models regardless of theoretical basis. Evaluation for supervisees exists to inform supervisees about the nature and quality of their progress, to help raise awareness of perceived strengths and weaknesses, and to monitor client care (Watkins, 1997). To develop, validate, and operationalize evaluation practices in supervision and to assess the extent to which evaluation is carried out competently, Lehrman-Waterman and Ladany (2001) developed a measure to examine evaluation practices in clinical supervision: the Evaluation Process Within Supervision Inventory (EPSI). The researchers developed initial items for the scale from literature and conducted a confirmatory factor analysis to determine validity. The researchers then examined the relationships between the two subscales (effective feedback and goal setting) of the EPSI and a) the supervisory working alliance, b) perceived supervisory influence on trainee self-efficacy, c) trainee satisfaction with supervision, and d) supervisee training level. Two hundred and seventy-four counseling supervisees (211 women and 63 men) consisting of 223 White, 19 African American, 11 Asian American, 12 Hispanic, 6 biracial, and 2 unspecified participants participated in the study. Their results indicated that the effectiveness of goal setting related to the supervisor's ability to help the supervisee develop specific, clear, and feasible goals in the context of the supervisee's capacity, opportunity, and available resources. Their study also demonstrated that perceptions of evaluations as effective positively

correlated with a stronger supervisory alliance, a stronger sense of supervisee self-efficacy, and high levels of supervisee satisfaction with supervision.

It is common for supervisors, however, to withhold feedback (especially negative feedback) for fear of negatively affecting the supervisory relationship, especially if the feedback relates to cultural differences. Burkard, Knox, Clarke, Phelps, and Inman (2014) explored supervisors' experience of providing difficult feedback in general and specifically as it related to cross-racial supervisory relationships. Their qualitative design interviewed seventeen clinical supervisors on their experiences of providing difficult feedback and used consensual qualitative research to analyze the results. Their results indicated notably different experiences for European American supervisors and supervisors of color. Specifically, their interviews indicated that following each feedback event, European American supervisors more commonly had a positive result than did supervisors of color, who were more likely to experience a rupture in the supervisory alliance. Their results also indicated that the supervisors tended to offer different types of feedback to their supervisees (European American supervisors addressed specific counseling skills while supervisors of color tended to address cultural insensitivity). These results demonstrate how providing feedback can be challenging for supervisors and how experiences vary based on the specific feedback given, the supervisee's emotional response, the prior supervisory alliance, and previous multicultural discussions held between the supervisor and supervisee.

Critical events in supervision. The research on critical events in supervision theory is one aspect of the supervision that researchers have studied extensively. These studies are clustered into two categories: studies on the working alliance and studies on supervisory failures.

Studies on working alliance. Ladany, Friedlander, and Nelson (2005) proposed that the research in supervision reflects that the supervisory working alliance is a foundation upon which effective supervision is based. Bordin's model of the supervisory working alliance has been one of the most researched areas within clinical supervision (Bordin, 1983) and is related to several supervision variables. It has been found that a stronger working alliance is related to supervisee satisfaction (Ellis & Ladany, 1997; Inman, 2006), supervisor self-disclosure (Ladany & Lehrman-Waterman, 1999), greater supervisor attractiveness and interpersonal sensitivity (Ladany, Walker, & Melincoff, 2001), goal setting and feedback (Lehrman-Waterman & Ladany, 2001), and advanced stages of racial identity in both supervisees and supervisors (Ladany, Brittan-Powell, & Pannu, 1997). A weaker supervisory alliance is related to greater role conflict and ambiguity (Ladany & Friedlander, 1995), lower supervisor multicultural competence (Inman, 2006), and poorer supervisor adherence to ethical behaviors (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999). The working alliance has been found through research to be one of the most significant aspects of supervision.

Friedlander and Ward (1984) defined three supervisory approaches: interpersonally sensitive, attractive, and task-oriented. The attractive style involves the supervisor being warm, friendly, open and supportive toward their supervisees. The interpersonally sensitive style are prone to be invested, therapeutic and perceptive when working with supervisees. Task-oriented supervisors tended to be focused, goal oriented, and structured. This research used Bordin's (1983) model of the supervisory alliance. He proposed that the working alliance has three parts. These are (a) mutual agreement on the goals of supervision (e.g. mastery of specific counseling skills), mutual agreement on the tasks needed to reach the goals of supervision (e.g. observing video or audio tapes), and an emotional bond involving mutual liking and caring between the

supervisor and supervisee. One hundred and thirty seven supervisors (80 women, 55 men, and 2 unspecified). Eighty percent held doctoral degree, and 20% had master's degrees. These participants worked in a wide variety of settings. Using regression analysis, they found that perceptions of an attractive style uniquely and significantly related to the perceived tasks component of the supervisory alliance. Perceptions of an interpersonally sensitive approach were uniquely and significantly related to the perceived tasks component of the supervisory working alliance, and task-oriented style contributed to the variance in the perceived tasks component of the working alliance. They also found that the more attractive supervisors perceived their supervisory style as most similar to their perceptions of the working alliance. It seems overall, it seems that flexible supervisors who engage in all three styles may be able to function most effectively. Limitations of this study included the data being limited to a brief period, and basing the results solely on supervisor perceptions. It is important to acknowledge that a flexible supervisor, who engages in all three supervisory styles, may be able to facilitate the development of a strong supervisory working alliance.

Other researchers have discovered the impact of a poor supervisory working alliance. Ladany and Friedlander (1995) researched the effects of the supervisory working alliance on role conflict and ambiguity in supervision as perceived by supervisees. They distributed questionnaires to 234 counselor trainees, which resulted in 123 participants for a 52.6% return rate. The sample consisted of 81 women and 42 men with a mean age of 30.7. The demographic characteristics of the sample consisted of 85.4% Caucasian individuals, 8.1% African American individuals, 2.4% Latino individuals, and 1.6% Asian American individuals. Participants completed the Working Alliance Inventory – Training Version (Bahrck, 1990), the Role Conflict and Role Ambiguity Inventory (Olk & Friedlander, 1992), and a demographic

questionnaire. Multivariate multiple regression analyses indicated that the supervisory working alliance was significantly related to trainees' perceptions of role conflict and role ambiguity. Specifically, when the clinical trainees perceived a stronger working alliance, they tended to experience less role ambiguity and conflict. Additionally, when clinical trainees perceived the working alliance to be weaker, they tended to experience more role ambiguity and conflict.

Ladany, Walker and Melincoff (2001) examined the relationship between supervisor perceptions of their supervisory style, and the working alliance and self-disclosure. Ladany, Walker, and Melincoff (2001) studied the relationship between supervisor perceptions of their supervisory style (attractive, interpersonally sensitive, and task-oriented). These styles parallel Bernard's (1979) three basic supervisor roles of consultant, counselor, and teacher. Supervisors with an attractive style tend to be warm, friendly, open and supportive toward their supervisees. Supervisors with an interpersonally sensitive style tend to be invested, therapeutic, and perceptive when working with supervisees. Supervisors who use a task-oriented style tend to be focused, goal oriented, and structured during supervision. This study worked to extend the empirical understanding of supervisory style in relation to supervisory process variables.

Ladany, Walker, and Melincoff (2001) had 137 supervisor participants (80 women, 55 men, and 2 unspecified) averaging 45 years of age. One hundred and nineteen were White, six were African American, four were Asian American, and three were Latina. Eighty percent had doctoral degrees and 20% had master's degrees. They identified their fields of study as counselor education and counseling psychology (68%) or clinical psychology (18%) and their current work setting as primarily college counseling center (33%), community mental health center (15%), academic (15%), school (9%) private practice (5%), and prison (2%). Participants took the Supervisory Styles Inventory (Freidlander & Ward, 1984), Working Alliance Inventory-

Supervisor Version (WAI-S, Baker, 1991), the Supervisor Self-Disclosure Inventory (SSDI; Ladany & Lehrman-Waterman, 1999) and a demographic questionnaire.

Using multivariate analysis, they found that perceptions of an attractive style uniquely and significantly related to perceptions of the “bond components” of the supervisory working alliance. The more attractive the supervisors perceived themselves to be, the greater their perception that there was a stronger emotional bond and more agreements on the goals and tasks of supervision. The more attractive supervisors perceived their supervisory style to be, the more likely they perceived themselves to use self-disclosure. Ladany, Walker, and Melincoff emphasize that it is important to acknowledge that a flexible supervisor, who engages in all three supervisory styles, may be best able to facilitate the development of a strong supervisory working alliance.

The aforementioned studies provide empirical evidence for the importance of the supervisory working alliance and the potential positive and negative effects it can have on the clinical trainee. The supervisory working alliance is one of the key components within strength-based and multicultural supervision and therefore is important as a piece of the basis for this study. It is worth noting that research supports the current study’s research proposition that multicultural competence is an essential component of competence in supervision.

Studies on supervisory failures. Ladany (2014) reviewed the literature and provided an overarching conceptualization involving supervisor behaviors that are related to failed supervision. He noted that engaging in just one of these behaviors does not necessarily lead to failed supervision. Rather the accumulation of multiple missteps leads to problems. It has been said that supervisory relationship is the primary basis for all effective supervision (Ladany, Friedlander, & Nelson, 2005), and it can be said that problems with the supervisory relationship

is the primary basis for failed supervision (Ladany, Mori, & Mehr, 2013). For example, research has shown that a weak supervisory alliance is related to lower levels of disclosure by supervisees (Ladany & Lehrman-Waterman, 1999), and Friedlander (2015) presents a case study analysis of working alliance rupture and repair in supervision that emphasizes the importance of the relationship in successful supervision.

Ramos-Sanchez et al. (2002) undertook the Exploratory National Supervision Study, with the goal of assessing the relationship between supervisee developmental level, working alliance, attachment, and negative experiences in supervision. They sent survey packets to 55 randomly selected APA-accredited internship program training directors and 30 APA-accredited doctoral program training directors. The response rate from this distribution was 28% (126 out of 452). The survey was comprised of four parts, including participant demographics, negative events in supervision, satisfaction with supervision, attachment style (Bartholomew & Horowitz, 1991), supervisory working alliance (Baker, 1991), and supervisee developmental level (McNeill, Stoltenberg, & Romans, 1992). Correlational analysis reflected a relationship between the strength of the working alliance and developmental level: the higher the developmental level the stronger the working alliance. Using multivariate analysis, researchers found that those who had negative experiences in supervision reported significantly lower perceptions of the working alliance and satisfaction with supervision. Follow-up qualitative data analysis revealed that four types of negative events happened most commonly in supervision: (a) interpersonal relationship and style, (b) supervision tasks and responsibilities, (c) conceptualization and theoretical orientation, and (d) ethics, legal, and multicultural issues. Interpersonal relationship and style, and the supervision tasks and responsibilities accounted for most of the negative experiences.

One manifestation of problems in the supervisory alliance is trainee nondisclosure in supervision. Mehr, Ladany and Caskie (2010) used qualitative and quantitative methodology in studying a single supervision session using 204 trainees (172 women, 20 men, 4 unspecified; 181 White, 2 African American/Black, 2% American Indian, 7 Asian American, 5 Latino(a), 4 other race, and 3 unspecified) participants. Participants were in counseling psychology (23%) or clinical psychology (67%) and received supervision in a variety of settings. Participants took the Supervisee Nondisclosure Survey (a modification of a qualitative questionnaire used by Ladany et al., 1996), the Trainee Disclosure Scale (TDS; Walker, Ladany, & Pate-Carolan, 2007), the Working Alliance Inventory/Supervision-Short (Trainee Version) (Ladany, Mori, & Mehr, 2007), and the Trait Anxiety Scale (TAS; Ladany, Walker, Pate-Carolan, & Gray-Evans, 2007). They found that 84.3% of trainees withheld information from their supervisors, with an average of 2.68% nondisclosures occurring in the supervisory session. The most common nondisclosure involved failure to discuss a negative supervision experience. They found that trainees perceived better supervisory working alliances when nondisclosures were lower and trainees were more willing to disclose in supervision.

Ladany (2014) presents a conceptual analysis of the theoretical, empirical and practical elements of failures by supervisors. Three of the most relevant of the ten ingredients of supervisor failure that he discussed are: (a) denigrating the supervisory relationship, (b) demonstrating multicultural incompetence, and (c) engaging in unethical behavior. In discussing the denigration of the supervisory relationship, Ladany (2014) emphasized the importance of the supervisory alliance, and the importance of empathy in the development of the supervisory alliance. Chronic and excessive criticism and chronic and excessive non-responsiveness were noted as especially damaging to the supervisory alliance. Other behaviors such as nonverbal

expressions of dismissive attitudes, and ignoring requests for assistance from supervisees also were identified as significant problems. A major supervisor failure that weakens the relationship is “psychological trapping,” in which the supervisor uses their power to denigrate the experience or perceptions of the supervisee. Supervisors can demonstrate multicultural incompetence through being less culturally competent than the supervisee, as well as by committing microaggressions, and holding color-blind attitudes. Ethical lapses can be a significant issue in supervision when supervisors fail to focus on the requirements of supervision, thereby providing a poor supervisor role model. Although the multicultural competency supervision literature is a more limited literature (Inman & Ladany, 2010), supervisors can damage the supervisory relationship through demonstrating misguided notions about supervision and psychotherapy, by minimizing or ignoring multicultural issues both with the supervisee’s clients and with the supervisee, and by color-blind attitudes. A failure on the part of the supervisor can lead to difficulties regardless of the multicultural identity in which the failure lies. This might include gender, race, sexual orientation, disability, social class and religion (Ancis & Ladany, 2010; Inman, 2006).

One of the potential limitations of a strength-based supervision approach is that supervisors overlook negative experiences and serious problems. Therefore, it is important to be aware of the empirical findings on the utility of focusing on events such as ethical lapses and other negative events in empirical literature. Poor ethical behavior on the part of the supervisor is also an involved area for failed supervision (Crall, 2010; Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999). This can include supervisees observing the supervisor behaving in an unethical manner with clients, colleagues or supervisees. It can also include the use of poor evaluation procedures or failure to listen to the supervisee’s tapes or videos when required.

Ineffectively balancing constructive feedback with the responsibility to evaluate the supervisee is also a difficult area (Ellis, Berger, Hanus, Ayalia, Swords, & Siembor, 2014; Ladany & Malouf, 2010). Other areas of problematic behavior include supervisor self-centeredness and over self-disclosure (Ladany & Walker, 2003), using a psychotherapy model rather than a supervision model with a supervisee (Falender & Shafranske, 2004; Holloway, 1995; Ladany, Friedlander, & Nelson, 2005; Stoltenberg & McNeill, 2010), and being disrespectful of the supervisee by making incorrect assumptions of training needs without coming to an agreement on learning goals. Finally, Ladany (2014) mentions problems when the supervisor uses the supervisee as a therapist, colludes with the supervisee in avoiding important issues, and getting involved romantically with a supervisee.

Ellis et al., (2014) investigated harmful and inadequate clinical supervision. The researchers attempted to revise and empirically study the framework developed by Ellis in 2001, which was constituted of two continuum constructs: harmful clinical supervision and bad clinical supervision. Ellis (2001) defined harmful supervision as “supervisory practices that result in psychological, emotional, and/or physical harm or trauma to the supervisee.” Bad supervision was defined as:

ineffective supervision that does not traumatize or harm the supervisee, and that is characterized by one or more of the following: the supervisor’s disinterest and lack of investment in supervision, the supervisor’s failure to provide timely feedback or evaluation on the supervisee’s skills, the supervisor’s inattention to the supervisee’s struggles or concerns, the supervisor does not consistently work toward the supervisee’s professional growth or training needs, or the supervisor does not listen and is not open to the supervisee’s feedback (p. 403).

In order to further define and clarify Ellis's original theory, the researchers created operational definitions for harmful and inadequate supervision. Furthermore, Ellis et al., (2014) developed a model that identified 37 descriptors of inadequate and harmful supervision, including not being committed, having a cold or distant relationship, and publicly humiliating supervisee. Participants included supervision experts who rated these behaviors as indicative of bad or inadequate supervision. The highest ratings for inadequate supervision indicators included "does not know what to do," "supervising my supervisor," "never spend time improving skills," "clients suffered emotional trauma because of supervision," and "oblivious to cultural background." The highest ratings for harmful supervision indicators included "threatened me physically," "have a sexual relationship," "is aggressive and abusive," "harmed by supervisor's actions," and "traumatized by supervision." Clearly, we can learned much about optimal supervision by understanding what is harmful in supervision. As with ethical violations in supervision, it is also important to be aware of harmful and inadequate supervision experiences as failed cultural competence leads to many of these experiences.

Nelson and Friedlander (2001) studied 13 master's and doctoral supervisees' (nine women and four men) perspectives on conflictual supervisory relationships. The participants' ages ranged from 29 to 52 years old and consisted of 11 Caucasian individuals, one Chicano/a individual, and one Asian American individual. Using a mixed qualitative and quantitative methodology, they interviewed a national sample of supervisees about both the factors leading to conflict and their resulting coping strategies. Qualitative categories of supervisee experiences of negative impact that emerged from the data analysis included feeling lack of support from the beginning of supervision, power struggles or role conflicts, supervisor seeming threatened, role complications, and disagreement about what should take place in supervision. Supervisee

perceptions of supervisor reactions categories included anger at supervisee, supervisor denying responsibility, and irresponsible supervisor behavior. Supervisee coping strategies categories included acting on their own behalf by directly addressing problem with supervisor, getting support from partners and peers, engaging in self-reflection, and trying to own their part of the problem. Qualitative themes were consistent with clinical supervisees' high scores on the Role Conflict and Role Ambiguity Inventory (Olk & Friedlander, 1992) as well as their low ratings on the supervisors' attractiveness and interpersonal sensitivity on the Supervisory Styles Inventory (Friedlander & Ward, 1984). This early study demonstrated the complexity of the supervisory relationship including the negative impacts of poorly managing the power differential.

Nelson, Barnes, Evans, and Triggiano (2008) investigated addressing conflict within supervisory relationships. They interviewed twelve supervisors (eight female and four male) about how they successfully and unsuccessfully navigated conflicts in supervision. Themes that emerged from the data included the supervisors being open to conflict and ability to facilitate interpersonal processing, willingness to acknowledge their own shortcomings, ability to recognize the supervisee's concerns in a developmental context, and willingness to learn from their own potential mistakes. The supervisors also strongly believed in developing strong supervisory alliances, addressing the role of evaluation early on, modeling openness to conflict for supervisees, and providing feedback in a timely manner. The supervisors described "dependable strategies" that they relied on when facing a conflict with a supervisee which included contextualizing conflict in developmental and environmental factors, seeking consultation with others, self-coaching, processing conflicts with supervisees, highlighting the supervisees' strengths, tending to parallel processes, and withdrawing from potential harmful supervisee dynamics. The results of this study demonstrate how highlighting the supervisee's

strengths can deepen the supervisory alliance as well as allow the dyad to work through potential conflicts that may arise. There is ample evidence on the negative impacts of poor supervision and conflicts but there has been less research completed on optimal supervision, which is an implication for research used as a basis in the current study.

Multicultural models of supervision. Using a feminist-constructivist grounded theory methodology, Arcsynski and Morrow (2017) interviewed 14 supervisors who self-identified as feminist multicultural psychotherapy supervisors. Their qualitative investigation resulted in the idea that the primary factor in feminist multicultural psychotherapy supervision is managing the complexities of power in the supervisory relationship. The authors suggest that power can be successfully used, observed and managed, and that this can result in a positive supervision experience by a) bringing history into the supervision room, b) creating trust through openness and honesty, c) using a collaborative process, d) meeting shifting developmental needs, e) cultivating critical reflexivity, and f) examining the impact of context. Self-identified FMS supervisors propose that reflexivity is core to the development of feminist multicultural counselors and that supervisors should encourage self-reflection, self-disclosure, and model how to normalize the internalization of racism and sexism. Furthermore, FM supervisors should attempt to evaluate their own biases, transference and countertransference issues, skill to facilitate multicultural dialogues, tolerance for ambiguity, and comfort with strong affect. Finally, FM supervisors help their supervisees understand the parallels between their therapeutic work and the larger sociopolitical context, and model advocacy and social justice qualities.

Burnes, Wood, Inman, and Welikson (2013) investigated how three supervision groups led by supervisors with feminist theoretical orientations understood process variables of feminist group supervision. Nineteen participants from three supervision groups (three supervisors and 16

trainees) participated in the study. The age range of supervisees was 23 to 58 years ($M = 27.3$), with three trainee participants identifying as male and 13 identifying as female. The racial and/or ethnic identity of supervisees included three African American, nine White, one Chicana/Latina, and three people of mixed ethnicity (Chicana/Latina and White; and African American and White). Three supervisees identified as bisexual females, two identified as gay males, one as a heterosexual male, and 10 as heterosexual females. Twelve of the supervisee participants identified as master's students in professional counseling, three of the participants identified as master's students in marriage and family therapy, and one participant as having a master's degree in marriage and family therapy and accruing post degree hours for professional licensure. Using constructivist grounded theory methodology, several themes emerged including: (a) three clusters of variables that described influences on trainees' and supervisors' experiences in supervision (supervision-focused variables, feminist theoretical variables, and group process variables), (b) the influence of feminist theoretical orientation on supervision process and outcomes, and (c) the effect of culture, equality, and environmental factors on the supervision process. Specifically, the supervisor's use of self in the supervisory relationship such as self-disclosure as well as the supervisor's choice of intervention such as how evaluation was approached. Feminist variables also affected the group supervision experience such as the supervisor's ability to integrate issues related to sociocultural process and power and equality. Participants described how valued feminist principles such as self-care, nurturance, and emotional connection allowed them to grow through the feminist supervision experience. This study provides rich data into how feminist supervision affects supervisees' training experience. This study specifically investigated group supervision and therefore did not investigate how feminist supervision principles affect individual supervision.

Inman (2006) studied supervisor multicultural competence as it relates to the supervisory working alliance and trainee multicultural competence. This study randomly assigned student participants from a mailing list provided by American Association for Marriage and Family Therapy. The survey response rate was 22.6% of 650 possible questionnaires resulting in 147 trainees completing the survey. Participants included 121 females and 26 males ranging in age from 21-72 years. Participants included 103 Caucasians, 12 African-Americans, 13 Asian-Americans, 13 Hispanic-American, and one Native-American. Three participants were biracial or bicultural, and two did not specify their race or ethnicity. Ninety of the participants were master's level trainees, 15 postgraduate trainees, and 37 doctoral trainees. Inman (2005) developed the Supervisor Multicultural Competence Inventory, a 34-item self-report measure using a 6-point Likert scale. The instrument includes five themes identified in the supervision literature as related to supervisor/supervisee personal development, supervisory relationship, and activities related to clinical situations. Participants also completed the Working Alliance – Trainee Version (Bahrck, 1990), the Multicultural Case Conceptualization Ability (developed for this study), and the Supervision Satisfaction Questionnaire (Ladany, Hill, Corbett, & Knutt, 1996), as well as a demographic form. Supervisor multicultural competence was highly correlated with supervisory working alliance, and the supervisory working alliance was highly correlated with supervision satisfaction. Limitations of the study included the low response rate and the fact that supervisor multicultural competence was measured exclusively by supervisees' perceptions.

Competency-based model of supervision. The field has moved toward competency-based training in psychology in recent years and Fouad et al. (2009) proposed competency benchmarks, which include foundational and functional competencies in professional psychology

throughout the stages of professional development. However, at this time, little empirical research exists that parallels these competencies as it relates to supervision specifically.

Strength-based supervision. In a field beyond psychology, Butterworth, Carson, White, Jeacock, Clements, and Bishop (1997) explored supervision experiences and burnout rates in 586 nurses. The British Department of Health and the Scottish Home and Health Department sponsored this study. Twenty-three medical centers were selected between two different countries representing a wide geographic range and nursing specialties. Each was to select 10 nurses who were receiving clinical supervision and 10 who were not, and up to 10 supervisors from each site. Random assignment to groups did not occur and the 23 site coordinators were in charge of allocating staff to groups rather than the investigators. Participants were 90% female and 10% male. All participants were asked to complete the following questionnaires: (a) demographic checklist, (b) the General Health Questionnaire (GHQ-28; Bowling, 1995), (c) Maslach Burnout Inventory (Maslach & Jackson, 1986), (d) the Nurse Stress Index (Harris, 1989), (e) the Minnesota Job Satisfaction Scale - Short Form (Weiss, Dawis, & England, 1967), and (f) Cooper's Coping Scale (Carson et al., 1996). Analyses of variance demonstrated that nurses receiving supervision experienced lower levels of negative symptoms associated with burnout, which increased again when supervision was discontinued. The results of this study demonstrate the three core components of supervision: restorative, normative, and formative. As evidenced by lower levels of burnout in supervised nurses, supervision assisted nurses in improving coping skills and lowering stress. This study demonstrates the importance of supervision in decreasing negative symptoms in trainees and increasing coping skills within a high-stress work environment.

Wiley (2016) completed a case-study analysis of one supervisory session, exploring what constituted strength-based supervision behaviors and the perceived impact of this style of supervision on the supervisor, supervisee, and supervisory alliance. Her investigation resulted in a six-step model that emerged from the qualitative analysis which included: labeling one's strengths, exploration of strengths, application of strengths, developing a conceptualization of one's strengths, discussion of cultural influences on the development of strengths, and consideration of how strengths can be applied to one's growth edges or weaknesses. Wiley (2016) reviewed each of these steps and gave examples of how the qualitative data reflected what appeared to be a strength-based clinical supervision model. Furthermore, she explored how the discussion on strengths influenced the supervisee, supervisor, and their supervisory alliance. The results indicated the supervisee experienced an increased understanding of how she is able to provide competent work as well as an increased ability to tap into the "meaningfulness" of her therapeutic work. The supervisor described feeling more "effective" as a supervisor and being able to show her supervisee something "incredible" about herself, which was consistent with her feminist style of supervision. Finally, the supervisory dyad described feeling as if their work together was "fuller" as they were able to bring more parts of themselves into the relationship.

Edwards (2017), in a single case qualitative design, reviewed transcripts of his own strength-based supervision sessions including theoretical analyses of the unfolding process of supervision. He identified specific strategies including asking the supervisee what they would like to get from their time together today, what they want to talk about, emphasizing that this is the supervisee's case (and not the supervisor's case), asking if the supervisee would like to hear his ideas about the case, using expectant language ("when it happens" vs "if" it happens, using praise, savoring (meaning to reflect on a moment when things went well, and savoring it),

emphasizing the collaborative nature of the supervision, focusing on compassion rather than compliance, believing in the strengths of the supervisee, and asking the supervisee to talk about how the supervision session was for them at the end of the session. Edwards (2017) defined strength-based clinical supervision as:

Strengths-based clinical supervision moves away from the medically modeled motifs that examine supervisees' mistakes in order for the supervisor to correct them. Instead, strengths-based work assumes the premises and practices of strengths-based clinical models. We look for opportunities to see our supervisees' strengths and positive helpful work. We encourage them to look for times when they like the work they are doing, and are able to recreate those times in their clinical relationships. We encourage their growth, and ability to be independent in their own work. All of the aforementioned ideas are similar to a great deal of ordinary clinical supervision. However, we work to enhance a new perceptual set that has an optimistic outlook on life and works to find supervisee's strengths, rather than having a negative problem-focus.

Although there are models of strength-based clinical supervision, there is an extremely limited research base for this specific type of clinical supervision beyond the positive psychology literature. The goal of the current study is to develop a stronger research base for such a supervision style.

Summary. There is a long and rich theoretical and research literature on effective clinical supervision for psychology trainees. The themes that emerged from this research include moving beyond supervision as an extension of psychotherapy, differences in supervisory strategies based on the developmental level of the trainee, extending knowledge in supervision based on failures and negative events in supervision, and the extension of supervision theory and research to

include multicultural issues and specific cultural populations. Strengths of this research include careful attention to the supervisory process, incorporating the perspectives of both supervisors and supervisees, and increasing focus on multicultural concerns. The gaps in the research continue to reflect the criticism of the supervision literature by Ladany and Inman (2008) in that a comprehensive supervision theory should be based on research, provide both descriptive and prescriptive strategies and interventions, and focus specifically on supervision.

Multicultural Competence in Supervision

Goodyear, Bunch, and Claiborn (2006) acknowledge the lack of research related to effective multicultural supervision and urged researchers to produce more studies in this area. Shortly before this, Falender and Shafranske (2004) described supervision diversity or multicultural competence in supervision as incorporating self-awareness on the part of both supervisor and supervisee. It includes a focus on the client, supervisee, and supervisor, using all of their diverse identities. It includes knowledge, awareness, and appreciation of the intersection of the supervisee's, the client's, and supervisor's assumptions, biases, expectations, values, and worldview, as well as practice using appropriate assessment and intervention strategies and consideration of the larger trends in history and society. Programs provide psychology trainees with academic background on multicultural competence, but it is during clinical training that they learn how to apply this knowledge to their work with clients. It is essential that supervisors model cultural sensitivity, respect for diversity, and commitment to multicultural competence as a part of clinical training.

Multicultural competence is a part of the APA *Supervision Guidelines* (2015), which directly acknowledge both competence (knowledge, skills, and values/attitudes) and attention to multiple diverse identities of supervisor, supervisee, and client. Specifically, the second APA

guideline states, “Supervisors planfully strive to enhance their diversity competence to establish a respectful supervisory relationship and to facilitate the diversity competence of their supervisees” (APA, 2015, p. 15). Another guideline states “Supervisors aim to be knowledgeable about the effects of bias, prejudice, and stereotyping. When possible, supervisors model client/patient advocacy and model promoting change in organizations and communities in the best interest of their clients” (APA, 2015, p. 16).

Falender, Burnes, and Ellis (2013) proposed multicultural clinical supervision benchmarks and reviewed empirical support for supervisor training. They discussed that because of supervisors’ difficulty understanding or empathizing with diverse and multiple cultural identities of both supervisees and clients (such as race, ethnicity, gender, and gender identity), supervisees have reported significant negative impact on the supervision relationship, self-doubt, and powerlessness (Jernigan, Green, Helms, Perez-Gualdron, & Henze, 2010; Singh & Chun, 2010). They emphasized that the effectiveness of both multicultural and international supervisee supervision is strengthened by attending to both the supervisor and supervisee’s worldview in general and their view of the role of and tasks related to supervision. Bang and Park (2009) surveyed supervisors in South Korea and found that they viewed teaching and supervision of the supervisee’s personal issues as an important part of supervision, which was in line with South Korean cultural values.

Research has shown that both diverse supervisors and supervisees bring strengths as well as complexities to the supervision process. Jernigan, Green, Helms, Perez-Gualdron, and Henze (2010) investigated whether racial identity more than race is impactful in managing the racial dynamics of supervisory dyads involving two people of Color. They used qualitative analysis of structured survey responses from 15 supervisees of color to identify themes that emerged

regarding race and the supervisory alliance. Based on qualitative analyses of responses to survey questions, participants indicated clinical supervision experiences indicative of regressive and/or progressive racial identity social interactions. Supervisees reported feeling as if their supervisor was regressive if they were unwillingly or unable to discuss racial dynamics while supervisors with progressive approaches were receptive to discussion and challenged supervisees to engage in the dialogue resulting in growth-fostering experiences. Racial and ethnic diversity among supervisees and the number of supervisory dyads comprised of supervisees and supervisors of Color is likely to increase dramatically which demands the need for more understanding into the multicultural aspects of supervision.

Burkard et al. (2006) interviewed twenty-six supervisees (13 supervisees of color and 13 European American supervisees) using consensual qualitative research to investigate their experience of culturally responsive and culturally unresponsive supervision. They defined culturally responsive supervision as occurring when supervisees reported feeling supported around exploring cultural issues in their work with clients. The data indicated that when supervisors competently and compassionately facilitated cultural discussions, supervisees were positively affected, felt closer to the supervisor, and had better client outcomes. Unresponsive cultural supervision, defined as cultural issues being dismissed, ignored, or actively discounted by the supervisor, led to negative psychological impacts to the supervisees, ruptures in supervision relationships, and poorer client outcomes. Supervisees of color reported experiencing higher levels of culturally unresponsive supervision and experiencing stronger negative effects than European American supervisees. This research demonstrates the need for supervisors to act as competent multicultural leaders, especially for supervisees of color.

Wong, Wong, and Ishiyama (2013) investigated supervision competencies in an international context using an analysis of critical incidents. Their sample consisted of 19 women and six men averaging 32 and 37 years, respectively. Researchers focused on ethnic minority supervisees, including 13 Chinese-Canadians, four Indonesian-Canadians, three First Nations, two Japanese-Canadians, one Afro-Canadian, one Korean-Canadian, and one Latin-Canadian. After completing individual interviews and utilizing Flanagan's (1954) Critical Incident Technique, they identified specific incidents that shaped competencies related to the practice of multicultural supervision, and found generally similar numbers reported for positive and negative incidents. The supervisory relationship, competence and professionalism in supervision and practice, cross-cultural competency, and personal attributes of the supervisor (such as support, flexibility, and openness) were primary themes. The authors emphasized the finding that the participants reported experiencing personal growth through negative experience, thereby highlighting that learning occurs in both contexts. Negative critical incidents reflected incompetent multicultural supervision requiring culturally dissonant behavior (e.g., assertiveness), or interpreting silence or avoidance of eye contact as aggressive. They found that harmful supervision involved unethical or dishonest supervisory behavior. These findings provided perspective on cross-cultural supervision with a focus on positive practices.

Multicultural competency in supervision has been explored, researched, and been shown to be an essential aspect of positive clinical supervision. Positive psychology has been an additional force leading to a broadening and reconceptualization of best practices in clinical supervision.

Integration of Strength-based and Multicultural Supervision

This literature review presented both the theory and research related to positive psychology, strength-based supervision, and multicultural competencies in supervision. I reviewed the following theoretical areas: positive psychology, supervision including historical context, an integrated developmental model of supervision, systems approach to supervision, common factors approach to supervision, critical events in supervision, multicultural models of supervision, competency-based supervision, strength-based supervision, and multicultural competence in supervision. Research reviewed included: positive psychology, an integrated developmental model of supervision, systems approach to supervision, common factors approach to supervision, critical events in supervision, multicultural models of supervision, competency-based supervision, strength-based supervision, and multicultural competence in supervision. The proposed study will explore ways that supervisors utilize multicultural and strength-based conceptualizations and interventions in clinical supervision. At present, there appear to be no specific theories that integrate strength-based with multicultural principles. This literature served as a basis for the development of a study using qualitative methodology that will allow an expansion of both the theoretical and research components of multicultural strength-based supervision based on the limited research to date.

I conceptualize multicultural strength-based supervision, then, as strength-based supervision infused with a focus on multicultural issues both within the supervisory dyad and in the treatment of clients. The focus of multicultural strength-based supervision would be the inclusion of the primary components of a strength-based model, while simultaneously focusing on the primary components of multicultural competence in supervision. Thus, strength-based supervision moves away from examining supervisees' mistakes, seeks opportunities to use

supervisees' strengths while encouraging supervisees to build on these strengths. It works to enhance an optimistic perspective during supervision, rather than having a negative problem focus (Edwards, 2017). Multicultural strength-based supervision would also infuse supervision with a multicultural focus and awareness. As such, the supervisor would focus on multicultural awareness and the strengths that culture brings to the supervisee and client. One of the primary goals of such supervision would be the development of cultural competency.

In looking at the limitations of the current models in both strength-based and multicultural areas, several issues are apparent. First, behavioral indicators of strength-based interventions are not clearly defined beyond an overall attitude emphasizing broaden-and-build (Fredrickson, 2001). Second, the theoretical literature on multicultural supervision incorporates two different topics. The first group of topics focuses on the development of multicultural awareness, interventions, and cultural competency for all supervisees (e.g., supervisees of color, LGBTQ supervisees, supervisees from dominant cultures, international supervisees; Falender, Burnes, & Ellis, 2013; Foo Kune & Rodolfa, 2013). The second group of topics centers the importance of culturally competent supervision for specific cultural groups and intersections of cultural groups (e.g., Son, Ellis, Yoo, 2013; Wong, Wong, Ishiyama, 2013). A multicultural strength-based model would be focused on the development of cultural competence in all trainees with a broad focus on culture.

No research explicitly incorporates multicultural competence variables into strength-based clinical supervision. Because there is a dearth of research in the integration of these two areas beyond the integration occurring in models that directly address the specific issues of people of color, the current study explores the integration of multicultural competence in supervision and strength-based clinical supervision. In addition, the research on multicultural

strength-based clinical supervision is in an early stage. Thus, it seems that qualitative research in a naturalistic setting is warranted (Hill, Thompson, & Williams, 1997; DeStefano, Hutman, & Gazzola, 2017; Ellis, 2017). Qualitative analysis offers the ability to provide a rich and full description of the clinical supervision experience in natural language. Since qualitative research allows for natural occurrence of clinical supervision, this will allow the current researcher to organize and describe the experience with richness and depth without preconceived perspectives.

This study examined a multicultural strength-based approach as it applies to clinical supervision that occurs during doctoral level psychologist training. The investigator undertook research that clarified the limited literature on multicultural strength-based clinical supervision (e.g., Singh & Chun, 2010), and explored it within the area of clinical supervision of doctoral level counseling psychology trainees. The emphasis of the current study was the development of a multicultural strength-based supervision model. I gathered qualitative data from clinical supervisors who attempt to integrate both approaches in their supervision with doctoral students. There have been no studies in this area because the concepts have yet to be clarified and operationalized. The current literature is limited in general and much of the research that exists focused on specific populations. Research has yet to explore the infusion of multiculturalism into strength-based supervision. Drawing from research in strength-based supervision and multicultural supervision, this study aimed to explore ways that supervisors use and implement multicultural strength-based approaches in their work with supervisees. These findings will result in first steps toward an integrated model of strength-based multicultural clinical supervision that aligns with best practices in the area of supervision and training.

Purpose of Study

This study was a qualitative investigation of ways in which a strength-based model can apply to effective multiculturally competent clinical supervision using grounded theory and an adapted consensual qualitative research methodology and analysis. This study was an initial attempt to research a multicultural strength-based model as it applies to clinical supervision that occurs during doctoral level psychologist training. The investigator undertook research that expanded the limited literature on the implementation of the strength-based clinical supervision model, incorporating a focus on multicultural competence.

To address this goal, I explored the following overarching research question: What approaches do supervisors take to supervision? Furthermore, the following secondary research questions were explored: 1) How and to what extent do supervisors integrate multicultural approaches, 2) how and to what extent do supervisors integrate strength-based approaches, and 3) how and to what extent do supervisors integrate multicultural approaches with strength-based approaches?

CHAPTER 3

METHODOLOGY

Research Paradigm

A paradigm is a group of interrelated assumptions about the world that provides a conceptual and philosophical framework for viewing that world (Filstead, 1979). The purpose of a paradigm is to identify a puzzle needing to be solved and to provide tools for that solution. The paradigm selected to guide research specifies the philosophical assumptions, participants, instruments, and methods used (Denzin & Lincoln, 2000). Paradigms reflect the researchers' worldviews in regard to a number of basic questions, including the nature of reality (ontology), the relationship between the knower and what can be known (epistemology), the values that are brought to the study (axiology), and the processes of research that include ontological, epistemological, and axiological assumptions (methodology) (Ponterotto, 2005). I utilized the social constructionism paradigm to guide this study. This paradigm acknowledges that universal truth does not exist and that there are many contextual and subjective perspectives that are part of the scientific process (Burr, 2015). Furthermore, social constructionism highlights the importance of collaborative conversation, which leads to the construction of knowledge between participants and researchers. Cultural, historical, and political events and processes also influence the interactions between participants and researchers. When considering supervision, social

constructionists would conceptualize this as a process that can only be understood within the context of the participants who may experience it. Further, social constructionists would imply that the experience of supervision would be vastly influenced by the environment of those experiencing it as well as the attitudes of the researcher interacting with the participant.

Paradigms are each associated with particular philosophical assumptions that guide and shape the research problem and questions. Ponterotto (2005) describes paradigms as rooted and explored in the scholarly community, assisting in the evaluation of research, and setting the context for the researcher's study. The paradigm of social constructionism assumes that multiple constructions of each event are possible and expected, and researchers challenge their perceptions and observations, which are not objective (Burr, 2015). Therefore, the ways that individuals observe and understand the world and the self are subjective (Burr, 2015). Thus, the individual's understanding of the world is not dependent on life experiences themselves, but rather how the individual perceives them (Gergen, 1985). This results, then, in a definition of complex experiences that are examined as a whole (Creswell, 2012).

According to social constructionism, individuals use social interactions and processes to develop knowledge, which is then used to construct perceptions (Burr, 2015). Some examples of social interactions include, communication, rhetoric, negotiation and conflict, each providing a different perception and meaning of the world (Gergen, 1985). It is possible for an individual simultaneously to have numerous social constructions, with each construction providing a different human action and a pattern of social action (Burr, 2015). Therefore, how people understand the world connects to the activities in which people engage (Gergen, 1985).

The categories and concepts in which individuals understand the world is dependent on their personal history and culture (Burr, 2015), which suggests that such worldviews are

generational. In a way, each individual's understanding of the world is a product of that specific time and culture given that social and economic situations vary (Burr, 2015). Therefore, the constructionist paradigm is one that assumes that multiple realities exist (Haverkamp & Young, 2007). Every individual has lived experiences that are unique, and hold different meanings even when the lived experiences of others are similar.

A social constructionism paradigm is consistent with the purpose of this study as it depends on the personal interpretation of supervisors as they cultivate the strengths of their supervisees in a multicultural context. Participants had the opportunity to describe their experiences as supervisors, including how multicultural factors affected the supervisory alliance and the focus of their work. Learning about these unique experiences helped to identify a theoretical model that encompasses strength-based supervisory work, as well as the intersection of multicultural considerations. Thus, this study addressed a deficit in the positive psychology literature. The researchers used the participants' own words and descriptions to "ground" the data in their experience.

Research Design/Data Analysis

This qualitative study was guided by a social constructionist and grounded theory design (Charmaz, 2006) which aims to generate a general explanation of a process "grounded" in data regarding participants' perspectives for a particular phenomenon (Fassinger, 2005). This method involved discovering new ways of examining the world, remaining close to the data and allowing the data to guide theory development (McLeod, 2001). This version of grounded theory is shifted from a post-positivist driven grounded theory that allows for multiple, contextualized truths and social processes that influence and describe the phenomenon of interest. With the goal of exploring the phenomenon of multicultural strength-based supervision, grounded theory is

particularly well suited for investigating this process given that this topic has attracted little prior research and could benefit from a broader and more in depth knowledge base.

Consensual qualitative research (CQR: Hill et al., 2005; Hill, Thompson, & Williams, 1997; Hill, 2012) incorporates elements from phenomenological (Giorgi, 1985), grounded theory (Straus & Corbin, 1990), and comprehensive process analysis (Elliott, 1989). I used an adapted version of CQR data analytic procedures, including the development of a semi-structured questionnaire, use of auditors to increase trustworthiness of the data, and specific data analysis procedures consistent with CQR and grounded theory. I describe these procedures in the section on data analysis.

CQR relies on the use of open-ended questions during data collection to prevent imposing predetermined ideas and constraints on participant narratives. CQR also enables conclusions to emerge from the data inductively without imposing a theoretical framework (Hill, 2012). During data collection and analysis, CQR relies on participants' words, narratives, and stories gathered through an open-ended interview of their experiences and thoughts related to the phenomenon, while paying careful attention to the context that shaped participants' narratives (Hill, 2012). CQR brings multiple perspectives to the data analysis through use of auditors that represent diverse viewpoints to reduce the bias and subjectivity involved in making meaning of narratives (Hill, 2012). Hill et al. (1997) describe a process in which team members come together to agree on the best representation of the data through a consensus process that includes mutual respect, equal involvement, and shared power (Hill et al., 1997; p. 250). Trustworthiness is an essential component of CQR and is fostered through multiple viewpoints, a consensus process, and continually returning to the data to check for the consistency of perspectives among team members in making meaning of the data (Hill, 2012).

Hill et al. (2005) described CQR as predominantly constructionism, with some post positivist elements (p. 197). CQR is constructivist, from an ontological standpoint, because it proposes that individuals construct their own reality, and that there are multiple socially constructed versions of the truth, which are equal in their validity (Hill et al., 2005). There are two post positivist elements involved in CQR's ontological stance: a) the emphasis on consensus among team members and b) the use of auditors in data analysis in an effort to best represent the data, which implies a somewhat reductionist approach (Ponterotto, 2005). This particular dissertation was an adaptation of CQR because the primary student researcher will serve as the research team and work with auditors to gain outside perspective as opposed to the research team gaining consensus before communicating with auditors. Bringing multiple perspectives to making meaning of the data is consistent with constructionism because it allows diverse viewpoints to emerge, which are then equally involved in the data analysis process (Morrow, 2005). Constructionist elements provide important holistic and contextual perspectives, while post positivist aspects speak to rigor and objectivity, resulting in the strength of CQR compared to other qualitative methods (Hill et al., 2005). CQR is primarily considered constructionism as it relates to epistemology because it acknowledges the mutual influence the researcher and the participant have on each other (Hill et al., 2005).

Researcher-participant interaction in CQR reflects some post positivistic features because of the semi-structured interview protocol, which may limit more in-depth exploration. These interviews may also limit the researcher's role as a trustworthy reporter, as opposed to someone who co-constructs meaning with the participant (Hill et al., 2005; Ponterotto, 2005). To reconcile the tension between the two paradigms, I asked participants open-ended questions to explore their experiences of multicultural strength-based supervision (Hill et al., 2005). Additionally, I

also asked follow-up questions to invite further discussion that may not have occurred (Hill et al., 2005).

CQR recognizes the influence of researcher values, expectations, and bias in understanding the data, which is consistent with both constructionism and post positivist paradigms and axiology. However, CQR also proposes researchers should discuss such factors in detail and bracket them so that participants' own voices emerge without the influence of researchers' experiences (Hill et al., 2005). Accordingly, the primary student researcher kept a journal throughout the data analysis process to become aware of potential values, expectations, and biases that appeared in the research process using a method called bracketing (Hill, 2012). The primary researcher also took steps to increase cultural awareness and understanding of cultural contexts when needed throughout the interview and data analysis process. This included researching specific cultural contexts and seeking consultation from experts in the field.

Evaluating the Quality of Research

The terms validity and reliability stem from a positivistic and quantitative framework, which diverges from a qualitative research analysis (Lincoln & Guba, 1985). Alternatively, qualitative researchers judge the rigor of the study using terms such as credibility, trustworthiness, and transferability (Creswell, 2012). Hill et al. (1997) propose criteria for evaluating the quality of CQR. These include trustworthiness, coherence of the results, representativeness of the results, and member checking.

Trustworthiness. Trustworthiness is an important component of qualitative research that provides evidence for the study's credibility and rigor (Morrow, 2005). Morrow (2005) recommends that the steps to ensure trustworthiness for a specific study should be generated from the paradigmatic underpinning of the study in addition to standard best qualitative

practices. To ensure trustworthiness, researchers should carefully address certain aspects of the study such as sufficiency of and immersion in the data, attention to subjectivity and reflexivity, adequacy of data, and issues related to interpretation and presentation.

Specifically, for a constructionist paradigm, theorists recommend researchers implement “authenticity criteria” to allow for a credible and valid qualitative study with a constructionist theoretical underpinning. Examples of these considerations include fairness, ontological authenticity, educative authenticity, and catalytic authenticity. Fairness requires that participants’ constructions be solicited and honored. Ontological authenticity allows participants’ individual constructions to be improved, elaborated on, and matured through the interview. Educative authenticity allows participants’ understandings of and appreciation for constructions of others to be enhanced.

In the current study, I addressed fairness by soliciting several participant voices from various backgrounds. Ontological and educative authenticity was addressed by the interviewer’s interpersonal skills that allowed the participant’s perspective and narrative to emerge. Specifically, the interviewer utilized authenticity, unconditional positive regard, and empathy (Hays & Singh, 2012) to provide a foundation for the semi-structured interview that allowed participants to speak openly about their experiences. Furthermore, Patton (2002) encouraged acknowledging the researcher’s subjectivity as part of the process. For the present study, the primary student researcher engaged in reflexivity exercises to reflect on how her perspective undoubtedly affected the qualitative process in an attempt to bracket her subjectivity (Hill, 2012). The primary student researcher kept a journal as it related to her thoughts and understanding of the data, particularly when completing interviews to accomplish this. Several of her reflections related to her awareness of potential dual relationships with participants, impacts

of switching from a clinician role to a research role quickly, and experienced anxiety during interviews. Her reflections also related to the interpretation of the data including the integration of multicultural content and strength-based content.

This qualitative study also included the recommendation of triangulation by including several different perspectives throughout the research process. Finally, the primary student researcher attempted to understand how the participants' constructions of meaning depended on contextual factors and culture. The primary student researcher grounded the participants' data in their culture and context to fully understanding their experiences and testimonies. I asked participants to report on their cultural identities and experiences in the demographic survey, asked clarifying questions during the interview related to participants' cultural experiences, and carefully considered their cultural context when interpreting the data.

Coherence of the results. Following the recommendations of Hill et al. (1997), the primary researcher sought to ensure that the results of the data analysis were logical, accounted for all of the data, were understandable by outside readers, and answered the research questions (Hill et al., 1997). As suggested by Morrow (2005), examples from the raw data are included so that readers can understand how I reached my conclusions. I chose the quotes in Chapter IV for their richness of data. These choices resulted in inequality of participant representation amongst quotes.

Generalizability/Transferability. The primary researcher demonstrated generalizability by indicating how often the categories emerged during cross-case analysis, whether each finding applied to all of the cases or all but one case (general), more than half of the cases (typical), or at least two but less than half of the cases (variant) (Hill et al., 1997; Hill, 2012). The presence of

general or typical cases provides evidence of theoretical saturation of the data, which indicates higher levels of trustworthiness (Hill, 2012).

Ethical Considerations

Competence. APA Ethics Code Standard 2.01c (2010) states that researchers acquire appropriate education and training before conducting research involving techniques or populations unfamiliar to them. In addition, Standard 2.01b requires that researchers obtain the training and experience relevant to participant characteristics such as culture, sexual orientation, and religion to ensure competent practice of research and make appropriate referrals when needed. Competence is relevant to the trustworthiness of methodology and participants' well-being. It is important for CQR to utilize a rigorous method to attempt to depict an accurate reflection of participants' experiences, resulting in the advancing knowledge of the area of study (Morrow, 2005). It is important to develop competence in several areas when conducting a CQR study: interviewing participants, analyzing the data, and writing the manuscript (Burkard, Knox, & Hill, 2012). Consistent with these principles, the primary student researcher of this study possessed knowledge and skills related to the CQR methodology due to both coursework and experience, and worked closely with her methodologist throughout data analysis to utilize the best practices of qualitative research.

Boundaries and multiple relationships. Maintaining the role of researcher for psychologists can be challenging as participants may disclose sensitive material during interviews and/or express strong emotions during interviews. Qualitative research is often characterized by a high relational quality because researchers hear personal stories, thoughts, and innermost feelings (Haverkamp et al., 2005). It is important to maintain the role as researcher,

although shifts in the researcher role may be necessary to prevent harm if participants display severe psychological symptoms (Haverkamp et al., 2005).

Confidentiality. Keeping data private may be challenging in qualitative research because of the specificity and detail provided by participants (Haverkamp et al., 2005). APA Ethics Code (2010) requires researchers to protect confidential information obtained through or stored in any medium (Standard 4.01). The primary student researcher took reasonable precautions to make sure that she did not reveal information such as participants' personal identities or institutional affiliations (Haverkamp et al., 2005). Specifically, all participants received a pseudonym and transcript number to protect their confidentiality.

Informed consent. Researchers must inform participants of experiences that may influence their willingness to participate in the study such as potential risks, discomfort, or adverse effects (Standard 4.01) (APA Code of Ethics, 2010). The issue of informed consent may present particular challenges to qualitative research because of unanticipated issues that might come up and interfere with research at any point in the process (Haverkamp et al., 2005). For example, I invited supervisors to discuss their experiences with previous supervisees, which could include negative experiences. Supervisors may also disclose information about their place of employment. Supervisors may also be discussing students or colleagues with which the primary student researcher is familiar. The primary student researcher reminded participants of the confidentiality parameters of the study and encouraged them to bring their concerns forward so that they could be resolved to the best of the primary student researcher's ability (Haverkamp et al., 2005).

Researcher as Instrument

The primary student researcher is a female student of European descent attending a Counseling Psychology doctoral program in the Midwestern region of United States. The researcher became interested in clinical supervision after a very positive supervision experience in which she was supervised at a university counseling center. She was able to form a strong supervisory alliance with a supervisor who was focused on cultivating her strengths, skills, and sense of self-efficacy. This experience contrasted with a previous supervisory experience where she felt that supervision was a formality and even at times felt criticized. Historically, this researcher has been interested in positive psychology and therefore was interested in infusing strength-based concepts into clinical supervision. After learning of the limitations within the positive psychology literature (e.g., D'Andrea, 2005; Sue & Constantine, 2003), she decided to attempt to strengthen the perspective.

The primary student researcher has a competent level of knowledge as it relates to qualitative research. She has completed two doctoral level courses on qualitative research and has been a co-author on a select number of qualitative research projects, which she has presented at national and regional conferences. The researcher previously used quantitative analyses for her master's and bachelor's theses and was frustrated by the lack of depth such analyses provided. In addition, the researcher has read significantly on qualitative methodology (e.g., Creswell, 2012; Haverkamp & Young, 2007; Hill, 2012; Morrow, 2005; Ponterotto, 2005) as well as research (e.g., Arcsynski & Morrow, 2017; Burkard et al., 2006) conducted using qualitative methods.

The primary student researcher was aware that her assumptions based on her own lived experience might have had some influence on the description of supervision during data analysis process (Creswell, 2012). She took steps to minimize influence based on expectations and biases

developed through personal experience or knowledge of the literature (Ladany & Inman, 2006; Brown, 2016). She engaged in an ongoing self-reflective process to question her biases while reviewing the interview scripts by carefully reflecting how her follow-up questions, self-disclosures, prompts, and listening skills had an impact on participant responses. The researcher frequently checked in with participants to assess the accuracy of her understanding of participants' statements. When participants talked about their multicultural experiences in supervision that were unfamiliar to the researcher, she asked follow-up questions during the interview to be sure that she understood the context of those experiences accurately, prior to describing and interpreting the data following the data analysis process.

Research Team

The research team consisted of the primary investigator and two auditors. The primary investigator is a 29-year-old European American female doctoral student. Two auditors closely monitored the research team. The auditors included one female European American faculty member who was the dissertation chair and one female European American faculty member who was the methodologist. The auditors added perspective during the process of consensus and functioned as a "check for the team" at certain points throughout the analysis (Hill, Thompson, & Williams, 1997, p. 548). The auditors brought new perspectives and decreased the possible impact of groupthink within the team (Hill et al., 2005, p. 196). Schlosser, Duwey, and Hill (2012) propose that graduate student research using CQR may involve somewhat different guidelines. Specifically, they note that the advisor and/or methodologist functions as a guide in the implementation of CQR and may be more involved in assisting the primary research team. Thus, in the current study, the auditors ensured the quality of analyses enhancing validity and assisted the primary investigator to grasp the complexity and richness of the qualitative data.

The primary investigator and one auditor underwent training to become competent CQR researchers; the second auditor was already trained in CQR. As suggested by Hill et al., (2005), team members studied Hill et al., (1997), Hill et al., (2005), and several exemplary studies (Hill et al., 2003; Knox, Hess, Williams, & Hill, 2003; Ladany et al., 1997). The team generated questions throughout data collection and analysis and consulted frequently with an experienced CQR researcher, who was the methodologist for this study.

The research team and dissertation committee reported their qualifications and biases to the primary student researcher. The primary student researcher, who is a 29 year-old cisgender heterosexual European American female, and a fifth year student in a Counseling Psychology doctoral program, has successfully completed two advanced level qualitative research courses, completed a qualitative pilot study for her dissertation, and read several qualitative exemplar studies. She is also a member of a Society of Counseling Psychology (Division 17) qualitative research consultation group via Facebook. The dissertation chair, who served as an auditor, is a 54-year-old, White, cisgender, bisexual female trained in qualitative methods following graduate school through continuing education. She has reviewed qualitative research as a former editorial board member of a major counseling journal and participated in analysis of qualitative data. She has practiced as a licensed psychologist in university counseling center settings and provided an average of four hours of individual clinical supervision per week and two hours of group supervision per week. She has also taught clinical supervision and multicultural counseling to master's and doctoral students in her role as a faculty member. The dissertation methodologist, who also served as an auditor, was a 55 year-old White cisgender heterosexual female and was trained from a developmental and strengths-based perspective. She also has professional values consistent with those of Division 17, which embody the importance of multicultural diversity in

theory, research, practice and organizations. She identified as a Counseling Psychologist and professor, and was trained in qualitative methods. She has trained students on her research team and taught a doctoral level qualitative course many times. She has also conducted a number of qualitative research studies that resulted in professional presentations and publications. Finally, the third member of the dissertation committee, who is a White cisgender bisexual identifying female, has familiarized herself with qualitative research from reading several articles as well as assisting a colleague in her graduate program with data analysis.

The primary student researcher has biases as it relates to her lived experience of being a White cisgender heterosexual woman from an upper middle class background. She also has a tendency to look at the positive side of content, which may overlook certain data presented to her. The dissertation chair reported that she expected that most clinical supervisors would agree that they use multicultural approaches in supervision, as well as strengths-based approaches. However, she believed that at least some supervisors would struggle to expand on how they do so, with more supervisors struggling to identify how they engage in strengths-based approaches than multicultural approaches. She was also doubtful that even a significant minority would be able to identify how they integrate these two areas in their work. The dissertation methodologist reported that she believed the data would demonstrate use of a broad theoretical range of perspectives, but primarily an integrative approach to supervision. She also hypothesized that data from initial broad based questions would yield more of this broad-based approach, which might not address multicultural or strength-based perspectives. She also believed that the second part of the interview questions that ask specifically about the use of these approaches would yield affirmative answers with varying degrees of detail. Overall, she thought the self-reflective process, in which participants would take part, would be helpful to

them and might prompt them to be more thoughtful in integrating these approaches in their work. Finally, the third member of the dissertation committee reported having bias against people with a lot of wealth, since she comes from a blue collar, poor background. She also reported having bias against people with strong Southern accents, but attempted to be mindful of this.

As suggested by Hill et al., (2005), on an ongoing basis, each team member discussed their beliefs, expectations, experiences, and biases with regard to the focus of the study. We discussed these issues at the beginning of the study as well as throughout the research process to be sure that biases were not substantially influencing the data analysis. The team described their experiences with clinical supervision in general and multicultural strength-based supervision in particular, keeping in mind how their lived experiences affected their perceptions. They discussed in what ways their experiences were positive, negative, or mixed.

Participants

Participants in this study consisted of 14 graduate level clinical supervisors who were licensed psychologists and have supervised doctoral students or interns in psychology programs within the last year. Sample demographics varied by age (32-74), racial background, (six identified as white, four as Black/African American, two as Latina/Latino, one as Asian, and one as Greek), gender (12 identified as female and two as male), work setting (eight participants worked at college/university counseling centers, four as training directors in programs, one in independent practice, and one in a VA hospital), theoretical supervisory paradigm (nine used a variation of developmental supervision including multicultural, relational, and strength based considerations, two used a multicultural/feminist approach, one used an integrative approach, one used a competency-based approach, one used the discrimination model), years as a supervisor (three to 40 years), and number of students supervised (three to 300 supervisees). The

length of interviews ranged from 30:28 to 1:00:06. Tables 1 and 2 show the demographic characteristics and contextual information of the participants.

Table 1.

Participants Demographics

Participant	Gender	Age	Race	Supervision Approach	Interview Length
Patrick	Male	35	White	Ideographic Assessment	30:28
Sam	Male	41	Latino	Developmental Mentoring	39:03
Wendy	Female	32	White	Competency Based	33:26
Carol	Female	66	White	Integrated Developmental	41:46
Kelly	Female	44	White	Developmental	53:40
Roberta	Female	56	Black	Developmental	46:25
Willow	Female	38	Black	Multicultural Feminist	1:00:06
Maryann	Female	74	Latina	Integrated Developmental	35:26
Zia	Female	57	White	Multicultural Feminist	41:41
Lydia	Female	36	Black	Multicultural	31:54
Mindy	Female	54	White	Developmental	32:08
Debrah	Female	40	Asian	Integrative	47:17
Karina	Female	44	Greek	Developmental/Strengths	36:43
Brielle	Female	34	Black	Multicultural/Developmental	44:01

Table 2.

Participant Contextual Information

Participant	Degree	Work Setting	Training	# of Supervisees
Patrick	PhD	Independent Practice	Counseling	25
Sam	PhD	University Center	Counseling	42
Wendy	PhD	University Center	Counseling	10
Carol	PhD	Training Director	Clinical	100
Kelly	PhD	University Center	Clinical	30
Roberta	PsyD	Training Director	Clinical	20
Willow	PhD	VA Hospital	Counseling	11
Maryann	PhD	Training Director	Counseling	300
Zia	PhD	University Center	Counseling	70
Lydia	PhD	Professor	Clinical	15
Mindy	PhD	University Center	Counseling	20
Debrah	PhD	University Center	Counseling	3
Karina	PsyD	University Center	Clinical	17
Brielle	PhD	University Center	Counseling	4

Instruments

Demographic information questionnaire. Participants completed a demographic information questionnaire with questions that asked for information related to the following: age, gender, race, ethnicity, degree program (i.e., PhD, PsyD), area of specialization (i.e., clinical psychology, counseling psychology, other), total number of trainees supervised, and theoretical supervisory paradigm (see Appendix A).

Individual interview protocol. We developed a semi structured interview protocol to facilitate the discussion of participants' experiences of cultivating supervisees' strengths in a multicultural context. The development of the semi structured protocol was based on reviews of existing studies and literature (e.g., Burkard et al., 2006; Arcsynski & Morrow, 2017), as well as conversations with the target population and the research members' own experience with clinical supervision. The primary student researcher, dissertation chair, and methodologist met to thoroughly discuss literature and develop the interview protocol.

The interview protocol (see Appendix B) began with opening and contextual questions regarding supervision in general, and then addressed the following primary and secondary research questions: 1) What approaches do supervisors take to supervision, b) how and to what extent do supervisors integrate multicultural approaches, c) how and to what extent do supervisors integrate strength-based approaches, and d) how and to what extent do supervisors integrate multicultural approaches with strength-based approaches? Interviews probed and clarified information and encouraged participants' elaboration of responses.

Procedures

Sampling and recruitment of participants. The participants were purposely recruited from a heterogeneous population of supervisors who are very knowledgeable about the phenomenon of clinical supervision, known as theoretical sampling, which is consistent with Grounded Theory (Hays & Singh, 2012) and CQR procedures (Hill et al., 1997). The researcher posted opportunities for involvement on several psychology listservs including: a) Division 17's (Society of Counseling Psychology) primary listserv, b) APA Division 17 Section for Supervision and Training listserv, c) APA Division 17 Section for College and University Counseling Centers, d) APA Division 17 Section for Professional Practice, e) APA Division 17

Section for Positive Psychology listserv, f) APA Division 17 Section for the Advancement of Women, g) APA Division 17 Section on Ethnic and Racial Diversity, h) Division 12's (Society of Clinical Psychology) primary listserv, i) Division 44's (Society for the Psychology of Sexual Orientation and Gender Diversity) primary listserv, and j) Division 45's (Society for the Psychological Study of Culture, Ethnicity, and Race) primary listserv. The listserv announcement provided a description of the study, criteria for participation, and research contact information. Because these attempts did not result in an adequate sample size, the primary student researcher utilized snowball sampling procedures to obtain the final eight participants.

To meet criteria for participation, supervisors must have attended an APA-accredited Counseling Psychology or Clinical Psychology program, be licensed and postdoctoral, and have provided clinical supervision within the past year. The supervision must have lasted at least eight sessions and have been with a practicum or intern supervisee from an APA-accredited doctoral Counseling Psychology or Clinical Psychology program. Once informed consent was obtained, the primary researcher contracted participants to arrange audio interviews.

Interviewing participants. The primary student researcher conducted an audio-recorded interview with each participant. The interviews lasted approximately 30 - 60 minutes. The primary student researcher used a HIPAA compliant platform called Zoom and immediately saved the recordings on a password-protected computer.

Transcription of interviews. An outside transcriptionist transcribed each interview verbatim, although utterances were excluded. The transcriptionist signed a confidentiality agreement prior to receiving the dissertation data. Personally identifying information was excluded in the transcript, and each transcript was assigned a code number and pseudonym to protect confidentiality. The primary student researcher checked the transcriptions for accuracy

and made corrections when necessary. She achieved this by reading the final transcript while listening to the interview. Original data will be stored in a locked cabinet in the dissertation chair's office at Cleveland State University for five years, which is consistent with APA standards (APA, 2010).

Data analysis. An adapted version of consensual qualitative research (CQR: Hill et al., 2005; Hill, Thompson, & Williams, 1997; Hill, 2012) was used to analyze the data, which is consistent with Grounded Theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990). CQR is particularly useful for studying topics that have not been researched or explored previously and thus, for which there are no measures published and little guidance for researchers, as is the case in the current study. All decisions regarding the data were made by consensus, which is an important component of CQR data analysis (Hill et al., 2005). Consensus relies on mutual respect, equal involvement, and shared power, which utilizes both feminist and multicultural approaches to psychology by honoring, valuing, and protecting heterogeneous viewpoints (Hill et al., 1997). The primary student researcher, with the faculty chair and methodologist serving as auditors (Hill et al., 2005), undertook data analysis. The methodologist also served as a consultant offering guidance on data collection and analysis.

The primary student researcher conducted all interviews and reviewed transcripts to develop a start list, which resulted in six domains (supervisory approaches currently used, clinical and professional issues, multicultural content, strength-based content, integration of multicultural and strength-based content, and privilege, power, and supervisee empowerment). The primary student researcher worked with the methodologist to review the start list in the context of participant data, previous literature, and the interview protocol. To attain consensus, the primary student researcher and methodologist discussed disagreements, which required each

to demonstrate interpersonal skills and respect for each other (Hill et al., 2005). The methodologist suggested changes to the 6 identified domains which resulted in four domains. The consensus process and the domains were offered to the chair (and second auditor) who agreed with the proposed domains (supervisory approaches currently used, multicultural content, strength-based content, and supervisor power/supervisee empowerment).

The primary student researcher then applied all data from the first four transcripts to the four identified domains and reviewed this with the methodologist. They then reviewed the remaining 10 transcripts, in two stages, to which the methodologist confirmed consensus and saturation. Various suggestions were made but most significantly was the decision to include responses of the integration of multicultural approaches with strength-based approaches as part of the strength-based content domain. After coming to consensus, data was sent to the second auditor to attain final consensus. The second auditor offered feedback related to the best domain choice that represented each piece of data. The primary student researcher and methodologist reviewed each piece of feedback offered by the chair to attain final consensus and provided her with their decision making process.

After domains were finalized, the primary student researcher reviewed each domain within the 14 transcripts to identify a starting list of categories. The first domain, supervisory approaches currently used, started with six categories: theoretical approach to supervision, supervisory relationship, professional development of supervisee, cultural intentionality, supervisor experience, and supervisee evaluation and feedback. The start list was sent to the methodologist for review using four transcripts, which resulted in several changes. The methodologist recommended the additions of “supervision process” and “supervision techniques” as well as wording changes to the original list of categories so that all data was

represented. The updated list of categories for domain one became theoretical approach to supervision, supervisor background and experience, supervision process, supervisee development, diversity and multiculturalism, supervision techniques, and supervisee evaluation and feedback. These categories were applied to the remaining 10 transcripts and reviewed by both the primary investigator and the methodologist who agreed on saturation and consensus. Data was then sent to the second auditor who concurred with the naming of each category but suggested re-coding two excerpts of data to different categories that represented a better fit; this resulted in two re-categorizations.

The primary student researcher then developed a start list of categories for domain two (multicultural content) using the same procedure as domain one, which included visible and invisible identity sharing, awareness of assumptions, biases, and blind spots, self-reflection about personal experiences, integration of multicultural considerations at all levels, multicultural competence, evaluation, and training, working through impact of supervisees' stigmatized identities in clinical work, and awareness of internalized oppression of supervisees. Data was sent to the methodologist, which resulted in several changes. The methodologist recommended the inclusion of "multicultural supervision process" as a category, combining the categories related to supervisees' stigmatized identities and internalized oppression into one category, and changing "integration of multicultural considerations at all levels" to "systemic multicultural factors and context". Data was then sent to the second auditor who agreed with the naming of each category but made suggestions related to "chunking data" so that responses represented each category present; this resulted in four re-categorizations.

The primary student researcher continued with the data analysis process by developing a category start list for domain four, supervisor power and supervisee empowerment, which

included identifying and discussing the power differential, self-identified goals, supervisor level of directedness, and theoretical understanding of empowerment. Data was sent to the methodologist who offered several potential changes to the categories including the additions of “empowerment techniques” and “empowerment and collaboration” as new categories, as well as the removal of “theoretical understanding of empowerment” for lack of data. Additionally, she recommended changing the wording of the three other categories to better represent the participants’ language. These changes included the renaming of “identifying and discussing the power differential” to “intentional reflection and discussion on power differential”, “self-identified goals” to “self-defined goals and learning”, and “supervisor level of directedness” to “directive approach to supervision”. Data was sent to the second auditor who offered feedback on the overlap between “empowerment and collaboration” and “self-defined goals and learning”. The primary student researcher and methodologist discussed this feedback, as it had been a shared observation that they previously had as well. It was decided to keep each category as is with the understanding that these pieces of data resembled the participants’ use of the word “collaboration” within their responses and how “self-defined goals and learning” is within the context of empowerment and therefore there may be similarities. Additional feedback from the second auditor resulted in adding “societal power differences” to the definition of “intentional reflection and discussion on power differential” and “highlighting strengths” to the definition of “empowerment and collaboration”. She also suggested seven re-categorizations of data to which the primary student researcher and methodologist agreed with five of these suggestions and changed the data to represent this.

The primary student researcher developed a starting list of categories for the third domain, strength-based content, which was the final domain to be reviewed. The starting list of

categories for domain three included clinical application of strengths, explicit strength identification, culturally influenced strengths, limitations of strength-based interventions, strength as a privilege, and developmental context of strengths. Data was sent to the methodologist who offered several changes to the categories. Specifically, she recommended the addition of “identifying and building strengths and self-efficacy” as a representation of “clinical application of strengths” and “explicit strength identification”. She also recommended changing “culturally influenced strengths” to “using culture and identity in a positive growth-oriented way”, “developmental context of strengths” to “intersection of development and strengths”, and “strength as a privilege” to “strength and sociopolitical context”. Finally, she suggested creating two new categories from “limitations of strength-based approaches” to also include “limited familiarity of strength-based approaches” and “strength-based approach is indistinguishable from multicultural approach”. The primary student researcher and methodologist discussed all recommended changes to achieve consensus together and then sent this to the second auditor. The second auditor agreed with the list of categories and recommended one potential re-categorization of data that was not agreed upon by the primary student researcher and methodologist as they believed this data was better represented by the original category. Feedback was offered to the second auditor and the consensus process was completed.

In summary, the auditors reviewed the work of the primary student researcher at each step of data analysis and provided feedback on the coding of domains and categories after completion. The primary student researcher reviewed the feedback the auditors suggested and came to consensus on whether to incorporate the feedback or further discuss with the auditors. This approach allowed data to be examined from multiple viewpoints to ensure that the complexity of the data was captured as well as helping to address implicit and explicit biases of

the researchers. Following the identification of domains after reading transcripts from within case analyses, coding raw data into domain categories, developing categories from based on the data in each domain for each individual case, the primary student researcher developed the creation of a cross-analysis that consisted of all data from all cases for each domain to identify patterns that emerged across participants. During the cross-analysis phase, the primary student researcher utilized recommendations by Hill et al. (2005) to characterize the frequency of categories. Specifically, “general” was applied to categories that were present in all or all but one of the cases; “typical” was applied to categories that were present in more than half of the cases; and “variant” was applied to categories that were present in at least two cases. Use of these frequency labels allowed the researchers to have a common metric for communicating results (Hill et al., 2005).

CHAPTER IV

RESULTS

The current chapter will review the data and the identified domains and categories that emerged within the data through the process of consensus (Hill et al., 1997; Hill et al., 2005). Domains are topic areas in which data are grouped together into similar themes (Hill et al., 1997). We identified four domains: (a) supervisory approaches currently used, (b) multicultural content, (c) strength-based content, and (d) supervisor power and supervisee empowerment. Within the first domain (supervisory approaches currently used), seven categories were identified. Within the second domain (multicultural content), seven categories were identified. Within the third domain (strength-based content), seven categories were identified. In addition, within the fourth domain (supervisor power and supervisee empowerment), five categories were identified.

Utilizing Hill et al.'s (1997) method of categorizing the representativeness of results, the category was given the name general if it applied to all cases (i.e., 14), typical if it applied to at least 50% of the cases (i.e., 7 to 13), and variant if applied to less than half, but at least two cases (i.e., 2-6). I provide direct quotes from participants to assist the reader in understanding how domains, categories, and corresponding definitions were developed. Demographic and contextual

information on participants are also provided throughout their responses. Table 3 displays the domains, categories, number of cases, and representativeness.

Table 3.

Research Results Summary

Domains/Categories	Cases	Representativeness
Supervisory Approaches Currently Used		
Theoretical approach to supervision	14	General
Supervisor background and experience	10	Typical
Supervision process	10	Typical
Supervisee development	9	Typical
Diversity and multiculturalism	9	Typical
Supervision techniques	6	Variant
Supervisee evaluation and feedback	4	Variant
Multicultural Content		
Multicultural competence, evaluation, and training	11	Typical
Self-identity, experiences, and worldview	9	Typical
Visible and invisible identity sharing	8	Typical
Multicultural supervision process	6	Variant
Awareness of assumptions, biases, and blind spots	6	Variant
Systemic multicultural factors and context	6	Variant
Working through impact of supervisees' stigmatized identities and internalized oppression	4	Variant
Strength-Based Content		
Identifying and building strengths and self-efficacy	10	Typical

Using culture and identity in a positive growth-oriented way	7	Typical
Intersection of development and strengths	6	Variant
Limited familiarity of strength-based approaches	3	Variant
Limitations of strength-based approaches	3	Variant
Strength-based approach is indistinguishable from multicultural approach	3	Variant
Strength and sociopolitical context	2	Variant
Supervisor Power and Supervisee Empowerment		
Intentional reflection and discussion on power differential	7	Typical
Empowerment and collaboration	7	Typical
Empowerment techniques	6	Variant
Directive approach to supervision	3	Variant
Self-defined goals and learning	2	Variant

Supervisory Approaches Currently Used/Frameworks/Theoretical Approaches

This domain included supervisory approaches currently used by participants. Approaches included developmental idiographic supervision, developmental mentoring supervision, integrative developmental model of supervision, and competency-based model of supervision. It also included content related to skills, entry points, goals, assessment, supervisory techniques, and ethical issues, as well as the supervisory relationship and supervisory process. Within the domain of supervisory approaches currently used, there were seven categories: theoretical approach to supervision (*general*), supervisor background and experience (*typical*), supervision

process (*typical*), supervisee development (*typical*), diversity and multiculturalism (*typical*), supervision techniques (*variant*), and supervisee evaluation and feedback (*variant*).

Theoretical approach to supervision. (*general*) The first category, theoretical approach to supervision, included participants' descriptions of their theoretical approach to supervision, including goals, intentions, and the rationale for their approach. It included strategies for applying the theoretical approach (e.g., developmental, feminist, multicultural) and the importance of individualizing supervision methods based on the developmental level of the supervisee. It also included the knowledge and skill assessment of the supervisee informed by the supervisor's theoretical approach.

Debrah, a 40-year-old Asian female who worked in a university counseling center and trained in Counseling Psychology, described her belief in the supervisory relationship and competencies as important aspects of her theoretical approach to supervision.

I do believe in Bordin's three components of the supervisory relationship: the tasks, the bonds and the goals. For me, the bond is extremely important because I think it's the foundation on which supervision can happen, conflicts within supervision can happen, and so I do emphasize transparency in the bond. I do bring up the hierarchical, evaluative nature of supervision. I make it very contextual, depending on the identities of the supervisee, and then I do make sure that especially with supervisees who are just starting therapy, I do focus also on 'What are the tasks and expectations in supervision?' and 'What are the goals that the supervisee has for themselves?' and 'What are some of the goals that I also expect them to have for supervision in general?'

Debrah exemplified this category by describing her theoretical approach to supervision, specifically Bordin's theory of supervision, and demonstrated ways that she used this model to focus on the supervisory bond and relationship. She then described how she asked the supervisee to set goals for themselves and described the evaluative nature of supervision.

Brielle, a 34-year-old African American female who worked in a university counseling center and trained in Counseling Psychology, shared her theoretical understanding of supervision, the importance of developmental context, and how this is structured at her site.

(I) just try to take a developmental approach where the first thing is to assess a little bit of what my specific supervisee needs and what skills they feel like they have. (Recently) I was introduced to was the *Queer People of Color Resilience-Based Model for Supervision*, so I feel like a lot of my supervision was informed by that and it feels like it's been helpful, in addition to having more developmental model to understanding the needs of a supervisor and a supervisee in terms of providing appropriate supervision...just starting to talk a little bit about privilege and oppression and the power that I might hold as a supervisor and starting to explore issues of diversity around that.

Brielle demonstrated this category by discussing how she integrated two different theoretical models of supervision: Developmental model and Queer People of Color Resiliency Model. Specifically, she identified areas of focus that she uses that stem from these models, including discussing privilege and power and the inherent power of the supervisory role.

Thus, although participants described a variety of theoretical approaches, they all presented their approaches with intentionality based on their theory and the needs of the supervisee. Most participants incorporated developmental components to their approach, varying their strategies by the level of skill and conceptualization complexity of the supervisee. Participants were able to articulate their approach to supervision based on integration of theoretical approaches, resulting in thoughtful descriptions of their intentions and approaches to each of their supervisees.

Supervisor background and experience. (*typical*) The second category, supervisor background and experience, described participants' role at training site, their previous training, their modality of supervision (individual vs. group), decisions made about supervisees at training site, and descriptions of their own experiences as supervisors.

Wendy, a 32-year-old White female who worked at a university counseling center, offered her training background as being in Counseling Psychology, reflected on her experience of learning from colleagues and deciding to offer "compassion" to a supervisee who may have needed to consider a break from training.

Some of our requirements on our evaluations deal with timeliness of documentation and self-reflection to understand more or less when one should take a break or take a step back from work, and that might be like taking a couple days off using vacation leave, or it could be actually taking a medical withdrawal from the internship program...So the training staff decided they wanted to exercise some compassion and allow for the life concerns [of this student] to diminish before figuring out what the real problem was.

Wendy's comments reflected this domain in that she described her role in helping an intern to address some personal life problems prior to addressing some of the difficulties the intern was having in training.

Kelly, a 44-year-old Caucasian female who worked at a university counseling center and trained in Clinical Psychology, shared her experience as a supervisor and how she has grown in her own development and what this experience has been like for her.

I've been supervising for a really long time, and so as I have developed as a supervisor, am I now perfect? I continue to get better. I still feel like I'm trying to figure it out every year. But the more open I am, the more open my supervisees are. When I started supervising, I was probably way more retracted...way more blank slate. But I think my experience has been [that] the more I'm able to role model what I'm asking for, the more I'm going to get it, and the more it equalizes the power particularly around identities.

Kelly exemplified this category by explaining how her level of openness has evolved over the years that she has been supervising, and she has found that it is important for her to role model for her supervisees what it is that she would like them to develop, such as openness in supervision related to the identities of the supervisee.

Roberta, a 56-year-old African-American female who was a training director at a PsyD Clinical Psychology program, described her experience as a group supervisor and how she attempted to manage her supervisees' training needs.

In the group supervision, I try to kind of supplement or complement whatever they're not getting [in individual supervision at the practicum site], because

there's only so much you can do in one hour. Some of these agencies, people are stressed and pulled in many different directions, and they have their own demands that they're trying to meet, so they may not have the luxury to attend to some of these kind of more personal elements of the supervisee's life, and so that's the gap that the group supervision fills for our students.

Roberta reflected this category in that she intentionally focuses on areas of supervision that may not be attended to in individual supervision in an agency setting.

Willow, a 38 year-old Jamaican American female who was a licensed psychologist at a VA Hospital and received her training in Counseling Psychology, discussed her experience of developmental growth as a supervisor.

When I think about my experience with Supervision, and then I feel like there was a lot of that initial growth pretty early on in my clinical training, but I do feel like in these last few years, supervising more consistently and supervising folks at different points, kind of developmentally, and learning from them and learning how to navigate certain tough questions and stuff with them has been what's really helped me grow the most.

Willow demonstrated this category by reflecting on her own growth and how this can mimic trainees' experiences of clinical growth. Willow identified exposure and consistency as two important factors to her growth as a supervisor.

Participants typically were thoughtful and reflective about their own experience as a supervisor, and the extent to which this experience was reflected in their work with supervisees. This ranged from compassion for supervisees having difficulty, to being able

to observe their own growth as a supervisor, to recognizing the importance of modifying their approach for different settings or situations. It was common for participants to be deeply aware of their impact on their supervisees and they typically shared their genuine care for the development of the supervisee as a trainee and as a person.

Supervision process. (*typical*) The third category, supervision process, described the process of supervision, such as the use of the supervisory relationship and self-disclosure, mutual courage, awareness of parallel process, and observational comments made in the here and now. It also included the supervisory relationship, and expectations of supervisors and supervisees and the way that supervision navigates these. For example, some participants discussed the process of creating a safe, mutual, and power balanced learning environment through the building of trust, the presence of transparency, and setting clear expectations in the supervision session.

Kelly described how supervision process can be helpful in exploring potential countertransference reactions and parallel process within the therapeutic relationship with a client.

And then other times, we're really deep in a process moment and we're either deep into countertransference or what has been brought up in the therapist by the client. Countertransference can be about the client, or it can be about the person. Therefore, we have to pick that apart. Therefore, I actually spend a lot of time on that. When I have an intern who's able to do that work, and hopefully everyone is able to do it, to a certain extent, but some more than others, and so I will spend a lot of time on that process.

Kelly exemplified this category by describing how she utilized the supervision process to focus on the personal reactions of the supervisee toward the client by taking time to really allow the supervisee to reflect on these issues of countertransference.

Debrah shared an experience with her supervisee in which she utilized supervision process as a way to facilitate deeper understanding about both structure and cultural awareness.

I noticed that my supervisee had gotten visibly upset and in keeping with the transparency, I did bring up that I noticed that there was a shift in [his] body language [and] facial expression...so sharing of that observation, I think, led to the supervisee sharing with me that they're from the Asian culture and they believe in structure and planning. So one of the things we ended up doing was me saying, 'Depending on what your needs and preferences are, your cultural context is, and your personal working style is, I am able to tap into that part of my identity, which is also Asian, and offer that sort of structure, that plan and that guided expectation.'

Thus, Debrah demonstrated this category by using the supervision process to explore the cultural values and norms of the supervisee, and then to adapt the supervision process to best suit the needs and cultural values of the supervisee in order to facilitate learning.

Participants shared awareness of the in-the-moment experience of being with their supervisee, and being able to utilize these moments to increase the awareness of their supervisee of what was going on. These moments included moments of personal difficulty, projections of the supervisee onto the client, and moments in which the

supervisor senses an opportunity to increase the cultural awareness of the supervisee.

Supervisory process, in this case, is similar to processing an in-the-moment issue during therapy with a client, but it is done with the intention of fostering the growth of the supervisee as a clinician.

Supervisee development. (*typical*) The fourth category, supervisee development, described participants' perceptions related to how they perceived and supported supervisee development. This included attention to improving self-care, resolving clinical challenges, and integrating supervisees' personal and professional identities. It also included supervisees' cognitive flexibility and increased understanding of ethical decision making.

Sam, a 41-year-old Latino man who worked in a university counseling center and trained in Counseling Psychology, described supervision as being a helpful place for supervisees to integrate their professional and personal identities.

I also think that supervision is a great place to not only address clinical work, but also professional issues. So, I really try to ask about how their clinical work is informing the professional identity and how they're merging who they are as a person with their professional identity as a psychologist. I think that's a conversation that doesn't happen as frequently, and I think it's very worthwhile, because the clinical work can be really draining and demanding, so (focusing on) self-care, what my supervisees are doing outside of their training to really take care of themselves. I think that's really important to talk about.

Sam demonstrated this category in that supervisee development as both a professional and a person is an important area of focus in his supervision. This included integrating professional identity with personal identity through self-care.

Carol, a 66-year-old Caucasian female who is an Internship Training Director at a PsyD program, shared her perspective of a student's development of transference and setting limits with clients.

I think she did have okay skills, it's just that she had never demonstrated them to me because I wasn't able to see enough tapes that showed that. I think she had her own kind of transference where she was really thinking that this couple's case was going to fall apart, if she didn't let them do whatever they wanted to. [She feared] that if she set limits with them, they wouldn't come back...she was really worried that they would divorce. I think that was getting in the way of her being able to set limits with them, and then she was really busy and just didn't want to pick up another case.

Carol's work with this supervisee reflected her focus on the supervisee's development, both in developing the supervisee's ability to set limits, and in actually setting limits with the supervisee whom she was unable to evaluate effectively because she would not pick up another case.

Maryann, a 74-year-old biracial (White and Hispanic) female who is faculty at a CACREP-accredited masters counseling program, and did her training in Counseling Psychology, described how she uses choice points to assist supervisees in their development.

There's lots of ways to get to Rome, and my illustration is, you know if I am working with the supervisee and they say 'Oh my god. I lost this opportunity to do X. I should have done this, or I should have done that?' and I will say to them, 'Well you chose one path and, by definition, when you chose that path, you excluded all these others. So it's kind of like the same thing as, you know, looking at a map between city and city. There's a thousand different ways to get to Baltimore, if you want to. So the fact that you took this one and it didn't quite work out doesn't mean that you have the inability not to go back and look at those other ones and figure out another way to get there.'

Thus, Maryann demonstrated how she focuses on supervisee development by working to allow students to see that there are many choice points in therapy, and that one is able to go back and explore other areas as well.

Furthermore, Lydia, a 36-year old African American female who works at a college counseling center and trained in Clinical Psychology, described a learning moment within a group supervision meeting where she attempted to help supervisees expand their ethical cognitive complexities.

I think [supervisees can be] very narrow in their thinking about 'This is the way you're supposed to do this particular thing, and the fact that [another trainee] is doing it some way different, what's going on? What I try to do is say 'Okay, let's step back a minute here, and what could be possible reasons for [the other supervisee] to do it that way?' Developmentally they're in a space where they know what to do. [They can] stay in the room, think, think critically, but I think

ethically, they're at this space of not quite there yet. So really trying to get them to think of all sides of it and help each other [as supervision group members] to think about all sides, rather than getting pigeonholed. That demonstrates it in the way of trying to help them be autonomous...and making sure that they're being a critical thinker and not getting stuck in one way of thinking about things.

Lydia's approach demonstrated how she focused on supervisee development through exploring multiple ways of doing things within therapy rather than seeing therapy as a simplistic process. Developing the cognitive complexity of the supervisee is an important part of supervisee development for this supervisor.

Developmental awareness was an important factor in the thinking and conceptualizations of participants in most cases. They seemed to have an intuitive sense of the skills that the supervisee needed to develop, and had a sense of what the best order that these were learned, thereby allowing supervisees to pace themselves and learn in an orderly way. This was not a rigid developmental order, but rather a sense that they recognized the needs of the supervisee on a deeper level (e.g. case conceptualization, ethical decision making, limit setting).

Diversity and multiculturalism. (*typical*) The fifth category, diversity and multiculturalism, described participants' intentional discussions in supervision in which salient identities and the impact of one's environment for supervisee and supervisor as well as clients were identified and considered. It also included discussions about biases and blind spots, as well as how both supervisees and clients can advocate for their needs.

Kelly described how she incorporates diversity and multiculturalism into her supervisory practice.

Within the first two sessions, we've actually named and talked about our visible identities, our invisible identities, talked a little bit about you know what it's like for us to work together already, but it's also important for me to understand 'Who has supervised this person in this past?' and 'Has this person always had supervisors that looked just like them, or had similar identities, or had this person always been with somebody who looks different, and how is that the same or different than our match, our individual differences?' And then when we are either talking about our relationship, or when we're talking about clients' identities, then I'm always folding in, 'What is it like for Intern X, who has X identities, to be talking with Client Y, who has Y identities, being supervised by me who has, you know, Z identities?'

Kelly incorporated multiculturalism into the supervision by allowing the supervisee to explore their own identities and the identities of the clients.

Similarly, Sam discussed how being intentional with conversations related to diversity for the supervisee is very important.

In terms of diversity and multiculturalism, just trying to always make sure that every single time we're talking about a client, what are the salient identities that the client might have that are applicable to whatever we happen to be talking about? Being very intentional about always asking those questions and (making

sure) that we're having those conversations and we're not necessarily letting our biases or blind spots negatively impact their care.

Sam incorporated multiculturalism and diversity into supervision conversations by asking questions that raised awareness of potential biases and blind spots that the supervisee was experiencing.

Debrah discussed how intersecting identities are important to consider and how this may impact a supervisee's experience.

If it happens to be a supervisee who has multiple identities, then my supervision also becomes very systemic in its approach, in the sense that I first want to know how those identities came about for my supervisee. I also bring in my own identities, and I get a better sense of how those identities at any given time are active during supervision with me, as well as with the client. I also include a feminist model of supervision, because that's part of the systemic model, in that you know I do look at the different factors in the supervisee's environment that might affect their ability to empower themselves, and trust their strengths. I'm interested in systems within the environment that empower the supervisee to advocate for their own needs, and also systems that block their innate potential to tap into their strengths as a clinician and as a supervisee, because I do think what happens in the supervisee's environment invariably impacts the process of supervision, as well as how they continue with their therapy with the clients.

Debrah exemplified this category by exploring the supervisee's intersecting identities, as well as her own, and how these identities can both block and empower the

supervisee, thereby focusing on multiculturalism and diversity within the therapeutic alliance.

Thus, supervisors typically inserted conversations and reflections about cultural identities and intersecting identities into supervision in an intentional manner. They were aware of the identities of the supervisee, themselves as the supervisor, and those of the client, and ways that these identities and perspectives might interact. They were aware of ways that these identities brought particular lenses to the clinical work, and were prone to be aware of wanting the supervisee to explore their own blind spots based on their cultural identities and experiences.

Supervision techniques. (*variant*) The sixth category, supervision techniques, described participants' use of various techniques and strategies, such as a supervisory contract, the development of goals and objectives based on supervisees' developmental level, use of and review of video or audio tapes, as well as group and individual supervision formats. This category also included discussions of strategies for specific skills such as risk assessment and planning, empathy building, and case conceptualization.

Wendy described her use of a supervision contract prior to starting supervision.

I like to create a supervision contract, 'cause again going to the open communication transparency piece, I want a supervisee to know what they're getting into when they start working with me, because I like to believe that I set firm expectations without being beyond their reach, and part of that is knowing where they were coming from.

Wendy's use of a supervisory contract is an excellent example of a supervisory technique that allowed her to set expectations and goals for her supervisee.

Mindy, a 54-year-old Caucasian female who worked at a university counseling center and trained in Counseling Psychology, discussed how she attempts to help supervisees develop clinical uses through her use of supervision techniques.

I really tried to work on empathy-building kinds of things. So like have the supervisee try to be in the client's shoes. Try to build some understanding, maybe some conceptualization of why they're having this problem, how much of a struggle it might be for them, that kind of thing.

Mindy demonstrated her use of supervision techniques in describing how she has supervisees visualize being the client and having their life experiences. She does this specifically to develop and deepen the empathy skills of the supervisee.

Kelly reported on the importance of using video tapes to review clinical work. We use video here a lot. So, I'm always watching video. We're always talking about video, and that can be both a didactic, 'Here's a skill. Here's this. You could do this really, really well. This is a really great example of what we talked about in you know supervision. You really applied that well,' or 'Here's how you could do that differently,' or 'What was going on for you in that moment?'"

Kelly's use of videotapes is a clear example of a supervisory technique that allows processing in the moment of the intentions and thinking that are going on in the therapy room between supervisee and the client, as well as an opportunity to give encouragement to the supervisee.

Fewer supervisors focused on the specific techniques that they used during the supervision process. For most participants, it seemed that the techniques they employed were secondary to factors such as the supervisory process or awareness of cultural issues. Those that mentioned techniques, however, appeared to mention them because they found them to be especially helpful in their attempts to understand fully both the clinical work and the supervisory needs of the supervisee.

Supervisee evaluation and feedback. (*variant*) The seventh category, supervisee evaluation and feedback, described participants' structured evaluations and feedback sharing of strengths and weaknesses as part of the gatekeeping function. It also included feedback informed by expected competency levels, scope of practice and supervisor's license, and required remediation plans for supervisees when necessary.

Carol, a 66-year-old Caucasian female who was an Internship Training Director at a PsyD program, described how she gives feedback and how in rare circumstances, remediation plans may be considered.

I have to evaluate the students typically twice a year, and when I do that, I have to give them balanced feedback. So, I'm talking about their strengths and also about their growth areas. So, none of the growth areas in my supervisees have ever risen to the level of a remediation plan, but some of my academic advisees have.

Carol exemplified the category of supervisee evaluation and feedback by acknowledging that she has had to deal with remediation plans for some of her students.

Brielle described the actual experience of providing feedback to a supervisee.

It seemed like [the supervisee had] this narrow view of conceptualization and skill about being able to talk about privilege and oppression, and thinking about how that affected the person's clinical concerns. So when I provided this feedback, especially toward the end of our work together, I said 'You know we're not going to rate you very highly on your evaluation because of these reasons, and these are things we've talked about.' She seemed to get upset, and talked about how she felt it was our job as her supervisors, and [she felt] we didn't bring it up enough with her.

Brielle described a situation that exemplified this category of supervisee evaluation and feedback by giving an example of providing difficult feedback both throughout the supervision and in a final evaluation, in spite of the supervisee's opinion that this feedback had not been provided consistently enough.

Though mentioned by fewer participants, these supervisors raised the issues inherent in the evaluative nature of training and supervision as an important component of the supervision process and supervisory relationship. These participants described a mindful approach to these issues, including raising the issue of evaluation early in supervision, mentioning difficulties as they arose, and being straightforward when significant difficulties were occurring leading to remediation plans. Participants who discussed these issues were aware of their role both in training their supervisee and their responsibilities to both the client and the field of psychology.

Multicultural Content/Integration of Multicultural Approaches in Supervisory Practice

This domain included multicultural approaches in participants' supervisory practices, including explicit naming of identities, self-understanding, examination of biases and blind-spots, areas of growth, societal and systemic issues such as privilege and oppression, and processing of supervisees' experiences as diverse trainees. Within the domain of multicultural content, there were seven categories: multicultural competence, evaluation, and training (*typical*), self-identity, experiences, and worldview (*typical*), visible and invisible identity sharing (*typical*), multicultural supervision process (*variant*), awareness of assumptions biases, and blind spots (*variant*), systemic multicultural factors and context (*variant*), and working through the impact of supervisees' stigmatized identities and internalized oppression (*variant*).

Multicultural competence, evaluation, and training. (*typical*) The first category, multicultural competence, evaluation, and training, described participants' use of multicultural competence benchmarks as a method of evaluating supervisees and structuring training to assist with cultural competence development.

Maryann shared her perspective on multicultural competence as a broadly based concept, which may vary for each individual.

It isn't an attainable goal. Rather, it's an ongoing process. The idea that you can become multiculturally competent if you do X training program I think is antithetical to the way I like to look at things, because we're constantly evolving, even the way we frame the discussion around 'What is competency in multiculturalism?' Whether it'd be linguistic or values-based, or religion, whatever it is that you identify with when you talk about culture, I don't expect

that it will be definitive or concluded at any time. It's an ongoing process that's going to be affected by the stage of life that you're in, or level of expertise that you've acquired.

Maryann demonstrated the category of multicultural competence, evaluation and training by framing it as a concept defined by the individual, and as a process that goes on for a lifetime, rather than a set of specific skills that can be mastered.

Roberta discussed how she supports trainees when having to consider cultural context and mandated reporting.

We discuss what they thought they needed to do, and then what was actually done, and I will often sit and walk through those scenarios with them, and if culture was not considered, I will insert that and then ask them to kind of walk me through the case again, just to ensure that they have considered culture in their decision-making. I do think that that input is important, because it's often lacking in some of these decisions, and I also think that there is a way to do mandated reporting that can be less volatile and toxic than other ways.

This example of the category of multicultural competence, evaluation and training reflected how a multicultural perspective can provide a context for decision-making and can be infused into the training process during supervision.

Willow described how her training program attempts to build in multicultural competence into training for supervisees.

'How can we make sure folks are integrating and focused on multicultural perspectives in their case conceptualizations and designing care for clients?'... I

don't feel like I'm as consistent as I would like to be with integrating something like that...but I do think there's a benefit to having more of a framework, especially with folks who are earlier in their clinical training, or who came from programs where they maybe didn't have a lot of opportunities to address these topics, like it how it looks in Counseling Psych programs and other programs when maybe there's not as much of an emphasis on multicultural perspectives as a core aspect of psychology.

Willow reflected the category of multicultural competence, evaluation and training in describing how it can be infused into case conceptualization, and how it can be emphasized at different points in training.

Typically, supervisors were very reflective about ways to incorporate multicultural competence into all areas of training and supervision, ranging from the specifics of child abuse reporting to awareness of multiple identities evolving over time. Participants presented multicultural issues as important to explore with individual clients, as well as being important to explore with the supervisee. These participants described these as an important part of their conceptualization of training for supervisees as an ongoing and continual process.

Self-identity, experiences, and worldview. (*typical*) The second category, self-identity, experiences, and worldview, described participants' understanding of their supervisees' identities, life experiences, and developed worldview that would impact their perspective as a developing clinician. It also described how their own identities and experiences affect their perspective as a supervisor and therefore how they were seeing their supervisee and clinical

work. Additionally, participants discussed how privilege and power affects supervisees' worldviews and potentially being "blind" to the experiences of an oppressed client.

Lydia described a critical incident with a supervisee in which identity, experience, and worldview differences between the client and counselor, as well as the supervisor and larger counseling system resulted in an examination of perspective.

In group supervision, an intern of mine was at her site and had a client who was born and raised in <a U.S. territory>. He is a U.S. citizen and would hug. That's how he greeted and that was part of his culture. So wanted to hug right before every session, and this person, one of the people that was supervising them struggled with that and may have even seen that as something that is not okay, like 'You have boundary issues.' You hug the person, and now you're telling them you can't hug them anymore and why, but does it feel like this is a competent thing to do? Is this the best idea, and is it going to cause more harm than good? It was a great case [in group supervision] as a group exploring dynamics and exploring culture and exploring the meaning of that hug, that maybe with a client who has borderline features, you're not going to hug them. But this particular client, because a part of their presenting issue was missing some of the familiarity of home, this was a big thing for this particular client... Our orientations might tell us never to hug, and this was a hug before and after every session, and it truly was a part of how they greeted people. Other students shared their experiences of hugs with other clients at other times, maybe at termination, maybe with other Hispanic families, White families, Black families...

And then ‘How do you talk about this in a way that is you’re thinking about the best interest of your client?’

Lydia reflected the category of self-identity, experiences, and worldview through this example of using a multicultural perspective on a specific behavior with a specific client as a training tool.

Brielle reflected on her experience as a minority supervisor, including how her previous experience may affect her perspective.

I think as somebody that was born outside of the U.S. and then trained here, I think sometimes there’s a way I have to try to remind myself that there are aspects of the work that might be influenced by some of the culture experiences that I’ve had and how I think...ways that I was taught and modeled for back home that are different than the education I’ve received here, and sometimes being mindful of those expectations for me [compared with] how they were trained and how they think about learning. I’ve just had to be a little bit mindful of that, because I think education where I grew up isn’t always as collaborative...the person just teaches you and you receive the information. I think it’s something that’s present in the room for me, when I think about that immigrant identity and how I think about learning and collaborative work.

Brielle’s description of framing her own thinking as an immigrant and from a multicultural perspective provided an example of the category of self-identity, experiences, and worldview. She recognized that her supervisees perceived the process of learning in a different way than she had during her training due to their culture in the US.

Thus, participants shared ways that their own and their supervisees' cultural experiences had an impact on their perceptions of the world and what "normal" is. These examples were clearer when a supervisee or supervisor was from an international culture, but was embedded into the worldview and experiences of each member of the supervisory dyad. They described ways that self-identity had an impact on their work as supervisors, and how they worked to increase the awareness of these issues for their supervisees.

Visible and invisible identity sharing. (*typical*) The third category, visible and invisible identity sharing, described participants' explicit naming of visible and invisible identities for supervisors and supervisees. Participants described this exercise as assisting supervisees to feel comfortable and fully understood as a person and clinician.

Wendy described the process of sharing visible and invisible identities of her own as a way to demonstrate this process to supervisees.

Well I offer an invitation through self-disclosure on my own of the different identities I hold, because...[it's] very important to me, at least, that we both have a good understanding of where we're coming from. There's the visible identities from the outside, but then the internal ones, like you know even going back to how we were raised and our geographic locations, and then the socioeconomic status within the group. I'm supervising this person and then they're seeing clients and it can either trickle down, or they sort of become this middle person that's trying to manage the clients' identities and mine through supervision, and I want them to be aware of who they are and what they are dealing with within themselves. The self-reflection piece being really important.

Wendy demonstrated the category of visible and invisible identity sharing through the example of her role modeling how her own identities, both visible and invisible, infused her work with clients.

Carol discussed a similar process of sharing visible and invisible identities within a group supervision context and considering potential blind spots for trainees.

I'll go through my statuses and I'll talk about my age and my race and ethnic background and the fact that I'm married and have kids, and what my politics are like, where I was raised geographically, my experience with disability issues, [my] SES stuff, gender, sexual orientation. So I'll model it first and be transparent about my own statuses..[and] then each one of them will do it. They're supposed to be intermediate to advanced students, and I'll ask them, 'What do you think as a group we're going to be strong at in terms of multicultural issues, and what do you think our blind spots are going to be?' And I just turn it into sort of a way for us to process those aspects of our identities and how that might interface with the clients that they're bringing into the supervision.

Thus, Carol reflected the category of visible and invisible identity sharing by explaining how she infused the process of sharing and reflecting on both her own and those of her supervisees during the group supervision process.

Typically, participants brought identities intentionally into the supervision process, both by role modeling disclosure of their own identities and by allowing the supervisee to share their own identities and reflect upon ways that they influence their lens. Some participants focused more on visible identities such as race and gender, while

others included invisible identities including socioeconomic or religious background, in addition to LGBTQ status or ethnic identity.

Multicultural supervision process. (*variant*) The fourth category, multicultural supervision process, described participants' attention to the process that was occurring in supervision as it related to cultural experiences. Examples included conversations held between supervisor and supervisee in which the impact of shared and different identities were present in both the supervisory relationship and therapeutic relationship between supervisee and client.

Debrah shared her perspective on the process of supervision, including what this can be like for her as a supervisor.

I think the context that the supervisee brings into the room with me, I think that's so fluid and dynamic, and I've learned to respect and trust that process, because in the beginning, as a supervisor, I think I had this illusion of control of 'This is how the supervision session could go...What I realized that was multicultural that really needed to happen for me was I needed to be very fluid in considering such a diverse, rich context that each supervisee brings into the session, and by context, I do need to understand if they're a mother, if they have kids, or if they're a dad, or where do they fall within the family hierarchy? Are they employed? Did they lose a job? What are their core cultural values that they will not change or shift for?

Debrah's perspective on multiculturalism reflected the category of multicultural supervision process because she demonstrated how her own understanding of her

supervisee needed to be infused with understanding the cultural experiences and roles of her supervisee.

Kelly shared an example of working with diverse students and how tending to cultural context and the process within supervision assisted supervisees with creating a different experience.

So, I've had supervisees from cultural backgrounds, who are international trainees, whose educational experiences were very different than the American system, so very rote. Very obedient, right? And so [I would] realize and note, 'We've talked about that in August. You've named that as something that you struggle with.' It's up to me to, in October, when I tell you to do x, y and z and you do it, but you don't really understand why, for me to say... 'What are your feelings about having done that? Do you think that might've been happening here where you were just simply following my direction without really thinking it through? Because that tends to be maybe what happens for you because of our different cultural backgrounds, right? I'm from a background where you assert yourself, share your needs, yea to feminism! But that's not your background, so let me open up a space that feels like we can process that to make sure I'm not replicating for you something that doesn't feel good.'

Kelly's description reflected the category of multicultural supervision process because she demonstrated how she uses her knowledge of the cultural perspectives of her supervisees may differ from her as a supervisor, and "opens up a space" where this can be discussed and learned from.

However, less frequent, some participants identified ways that they processed issues related to multicultural and other identities during the supervisory session itself. Whether it was being aware of the cultural assumptions and practices of the supervisee's home culture, or being aware of the ways that the supervisee's worldview was impacted by their own lenses, these supervisors were aware of the importance of allowing these issues to be discussed and applied to the development of the supervisee.

Awareness of assumptions, biases, and blind spots. (*variant*) The fifth category, awareness of assumptions, biases, and blind spots, described participants' attention to their supervisees' potential assumptions and blind spots based on their cultural experiences as well as their own as the supervisor. Additionally, participants referred to the idea of cultural representation being a cultural strength and lack of representation as a cultural weakness.

Mindy discussed how continuing to examine potential assumptions and biases is important for all clinicians, regardless of one's training level.

I think I want to say we're all humans, you know, and what I mean by that is, me as a supervisor, my supervisee, we always can be thoughtful and more aware of our identities and how our presence and how we are in the therapy relationship and what we're bringing to it. So I think the challenge, honestly, is to continue remaining open to that exploration, no matter what stage of training or how long you've been doing therapy is, and just being real cognizant of what that means and what that might mean to clients, for us as therapists, for us as supervisors.

Mindy's description reflected the category of awareness of assumptions, biases, and blind spots in that she describes the ongoing process of exploring her own perspectives, and teaching her supervisees to do this as well.

Wendy discussed the negative impact that could happen for clients if supervisees have not examined their assumptions.

Also encouraging people when we're meeting with a client who looks like us and we make a lot of assumptions to just like we would look at differential diagnoses, kind of take a step back and see 'Am I putting my identities onto them and pretending like I understand their experience with those aspects, rather than taking a step back and letting them inform me about what their own experience is?' So that looks like saying, even just 'What are some assumptions you're making because this is a White man?' or 'What are some assumptions you're making because this is an African-American woman from an urban city or urban high school that's coming now to a rural predominantly White university?' And those were just racial and gender examples, but there's a multitude of those.

Wendy's comments reflected the category of awareness of assumptions, biases, and blind spots in that she uses the strategy of reflection to increase the awareness of her supervisees to how their perspectives may be different because of their own identities, regardless of whether or not they have reflected on this before.

This group of participants intentionally asked supervisees to reflect upon, and become aware of, what they might be missing because of their own cultural backgrounds. They tended to do this by first asking the supervisee to reflect upon their own assumptions about a situation or individual, and then recognizing their own biases that

emerge from these assumptions. They also valued spending time with their supervisees to explore what the supervisee might be missing because of these assumptions and biases, leading them to exhibit blind spots. These blind spots ideally then would become an important part of the multicultural awareness of the supervisee.

Systemic multicultural factors and context. (*variant*) The sixth category, systemic multicultural factors and context described participants' awareness of societal and training site power structures that would inevitably affect supervisees' and clients' experiences. Additionally, participants discussed implicit bias as a product of systemic cultural factors and context.

Zia shared her perspective on systemic factors for supervisees of color who are dealing with clients and supervisees and others who are dismissive of their cultural identities and experiences, and the richness that these perspectives can bring.

Students of color, you know they grow from a therapist to a supervisor and then go off into professional positions, and they face repeated challenges from supervisees who are perhaps not so far [along in] their racial cultural identity development, and it is very frustrating. It's infuriating to be so dismissive of what they have to offer, but, of course, it's just like the world is like that where someone is going to stereotype or project onto a supervisor. I think we need to help new supervisors manage that better.

Zia's reflection described the category of systemic multicultural factors and context in that she perceives the microaggressions that her supervisees of color will experience as they move into different positions and roles throughout their careers.

Sam discussed the importance of considering systemic factors for clients and supervisees, including how systemic factors may be affecting them.

I also think it's important to address more systemic issues. So sometimes if a client might be experiencing racism or prejudice, it's important to also [have discussions about] oppression, larger systematic issues and [ways that that might impact] the client and how they, as a clinician, can be helpful to their clients. So not just focusing on 'A client had this happen,' but I'm talking about how a certain thing a client experienced might be a much larger societal issue, and also kind of linking in some current events.

Sam demonstrated how he works with his supervisees to broaden their perspective beyond the issues of the individual supervisee to allow them to see forces at work beyond their individual control.

These participants worked to raise the awareness of the supervisee of issues beyond the client or supervisee to include societal issues and problems such as racism, homophobia, sexism and islamophobia. They discussed ways that they allow the supervisee to recognize the role that these issues of oppression play in the lives of both clients and the supervisees themselves, thereby recognizing the limits of the individual to change certain things and learn ways to both cope with these issues and perhaps mobilize ways to address them.

Working through the impact of supervisees' stigmatized identities and internalized oppression. (*variant*) The seventh category, working through impact of supervisees' stigmatized identities and internalized oppression, described participants'

Careful attention to supervisees' oppressed identities and the negative consequences this could produce for their training experience. Participants described inviting supervisees to share their experiences within supervision so that supervisors could offer support, validation, and problem solving when appropriate so that their training experience would not be negatively affected.

Wendy described an experience with a supervisee in which they had to discuss her experience as a minority trainee.

So, we had a trainee who was a conservative Muslim woman. So she wore a hijab and she was fully covered, and when she started her training experience, in probably a succession of like three weeks, she had three different clients request a counselor change...and in my own mind trying to justify the possibility that it's not because she had an identity that was so activating for some people...but then by the second person, I was like 'This doesn't feel right. Something feels wrong with this.' So it did kind of force me to take a step back and really consider how I was going to talk to her about this, because I wanted her training experience to be a positive one... When we sat down to talk about it, it was a pretty emotional conversation and it was really challenging to be confronted with something that we had no control over... So, it took a little validating and understanding and soothing and healing to be able...to get her back in a head space that was functional for her where it was not here. It's them. It's their issue.

Wendy's experience reflected the category of working through impact of supervisees' stigmatized identities and internalized oppression in that she helped her

supervisee to face and work through the attitudes of clients toward her, separating her own identity from the attitudes of others.

Zia described how she is cognizant and intentional in her approach of working with minority trainees.

I try to really know a student or understand them, and I do think that sometimes students, particularly students of color, struggle with [not] feeling entitled... It's questioning a feeling of belonging...and that's not true for everybody, but there will be one or two students a year where that's really a struggle. By "struggle," I mean it's not debilitating or anything, but I really want to support them in recognizing their own wisdom, and speaking up more and practicing their clinical judgment, and also cultivating other multicultural relationships where they're doing some mentoring or guiding.

Zia exemplified this category of working through impact of supervisees' stigmatized identities and internalized oppression in that she uses encouragement and validation to allow supervisees of color to recognize their own wisdom, especially when they are feeling the effects of internalized oppression.

These participants were keenly aware of how those with stigmatized identities may have their training experiences impacted by the reaction of others, including the reactions of clients. They were also aware that their supervisees may not be entirely aware of these issues because of their own internalized oppression. They worked to raise the awareness of their supervisees in order to empower them to recognize and address these issues both individually and systemically.

Strength-based Content/Integration of Strength-based Approaches in Supervisory Practice

This domain included strength-based approaches in participants' supervisory practices, including the identification of supervisees' strengths, feedback, self-concepts, self-efficacy, and identity as a therapist. It also includes the importance of considering how strengths are culturally influenced, vary by system or context, or are developed from oppressive experiences. Within the domain of strength-based content, there were seven categories: identifying and building strengths and self-efficacy (*typical*), using culture and identity in a positive growth-oriented way (*variant*), intersection of development and strengths (*variant*), limited familiarity of strength-based approaches (*variant*), limitations of strength-based approaches (*variant*), strength-based approach is indistinguishable from multicultural approach (*variant*), and strength and sociopolitical context (*variant*).

Identifying and building strengths and self-efficacy. (*typical*) The first category, identifying and building strengths and self-efficacy, referred to supervisors understanding and collaborative development of supervisees' strengths and therefore authentic sense of self-efficacy and impact. Responses included interventions used to build strengths such as identifying specific strengths through video and discussion, highlighting strengths throughout supervision as a means of empowerment, and reminding supervisees about strengths and how they can be used in clinically challenging times.

Sam described how he identifies and builds supervisees' awareness and confidence in their strengths.

So, I think it's very important that every supervisee knows ways that they are excelling: What tools do they have? What strengths do they have that they can

rely on and utilize in treatment, and what are their areas of growth?...I think a lot of times trainees don't know what their strengths are, so if there are moments, either critical incidents or when I'm watching a tape, or when we're talking, just doing my best to be explicit about what I feel is a strength [of theirs].

Sam exemplified the category of identifying and building strengths and self-efficacy by the way he watched for, observed, and labeled the strengths that he saw in the work of his supervisees.

Wendy discussed how identifying and building strengths could be helpful for supervisees when they are feeling "stuck" in their clinical work as well as assisting supervisees with connecting to their natural abilities.

So first and foremost, I find I use strengths...when a supervisee is coming to me saying 'I'm stuck. I don't know how to move the client past this.' So then [I use] a Socratic questioning type thing. 'How can we use the skills that you already have in these certain areas to move you forward with this client?' Even people who have been in the field for a long time talk about getting stuck. Leaning back on those basic counseling skills that are already strengths because you built them up through years of experience and practice is really important. And then another strength-based [strategy] is getting to know them as a person, because I think another important aspect is to be authentic as a therapist in the room...a lot of times people who are attracted to this field have a genuine warmth and connection that they can form with other people. So I'm really trying to amplify that aspect within themselves. This goes across all genders and different identities that are present, that genuine warmth that people can convey.

Wendy's focus on viewing core counseling skills and genuine concern for clients as strengths, and emphasizing them as strengths of a supervisee, demonstrated the category of identifying and building strengths and self-efficacy. Her encouragement and observation of these skills in her supervisees then is a strength for her as a supervisor.

Kelly discussed how "celebrating unplanned moments" could assist supervisees with learning about strengths of which they may have been unaware.

The way I guess I teach is to be curious about, validate, and celebrate the moments that are unplanned. Some of the most effective moments in psychotherapy are moments when people, including myself, just say stuff without thinking. Usually supervisees will come to me and be like 'I don't know. I said this thing and then I don't know. I'm not sure what happened. I feel terrible about it.' Then we watch it on tape and it's like 'No. Do you see what just happened?' The client will come back the next week and be like 'You know what? When you got mad at me because I was self-critical again, I actually thought to myself, 'I should stop doing that.' You're right.'

Kelly demonstrated that sometimes reframing a mistake as a spontaneous demonstration of a supervisee strength, depending on the response of the client, could be a way of encouraging the supervisee to bring authenticity into the counseling relationship.

Participants typically described various ways that they focused on the strengths of the supervisee, whether a particular skill that was emerging or strengthening, or a skill of awareness that the supervisee naturally brought to the counseling encounter. They

focused on using these moments to encourage the supervisee and to foster their emerging sense of competence and identity as a therapist. The types of strengths tended to vary, but also included the strength of being able to grapple with mistakes that they made.

Using culture and identity in a positive growth-oriented way. (*variant*) The second category, using culture and identity in a positive growth-oriented way, referred to participants' description of strengths being developed from supervisees' cultural experiences including adaptive mechanisms that developed from confronting oppressive experiences. This also included supervisees' sense of self as clinician including integration of their own intersecting identities (i.e., authenticity) and using these to assist their clients in session. Furthermore, supervisors added that when disconnected from an identity status it could become difficult to access strengths. Finally, this also included supervisors' consideration of supervisees' level of cultural competence as a cultural strength.

Sam described how strengths should be considered through a "cultural prism."

I guess in that moment, it became very clear to me that what some of my staff might have seen as an area of growth, I actually saw was a strength, just based on [getting to know my supervisee], her cultural values and how that impacted the way she interacted with her colleagues. I think what gets viewed as a strength definitely goes through a cultural prism, and that needs to be identified and taken into account that that's a filter that's going on, that I think our strengths are based on our own experiences and identities.

Sam's comments that what is viewed as a strength is seen through a cultural prism was a great example of the category using culture and identity in a positive growth-

oriented way. He emphasized to himself and his supervisor colleagues that it should always be kept in mind that there is no simple list of strengths as a clinician or supervision.

Kelly described the importance of identity development as a strength and the potential to miss therapeutic moments if supervisees have not processed their identities enough.

I would say most of our visible identities are active in the therapeutic encounter, but our invisible ones are probably less active. If I'm at a place in my identity development where I don't feel comfortable and safe in that identity... So an example would be if I [am a] a person with privilege, right? So like as a White person, if I'm not at a place in my identity development where I'm comfortable acknowledging my privilege, then I may not respond appropriately to a disclosure of a marginalization experience by a client. [I might] respond and if I'm really not okay, I'm going to deny that racism happened, [and I might say] 'I don't think that person really meant that.' That's not effective, and also shuts me down to their experience, and when I'm shut down to somebody else's experience, I'm then not able to use my other strengths, be it humor or often authentic connection, or empathic reflection. I'm not actually able to use whatever my other strengths are, because I'm closed off. I don't think you can take your clients anywhere you haven't been. It's not that you have to be perfect. I don't think I've fully processed all my identities. I certainly trip up and screw up all the time, but if we're not able to kind of be in that struggle, there is no way we can help our clients [or supervisees] be in that struggle.

Kelly's emphasis in supervision on using identity awareness and development as a strength to be nurtured and developed was an example of the category using culture and identity in a positive growth-oriented way.

Debrah discussed how acknowledging oppressive experiences and the resources that have developed from adversity can also be forms of strength development.

What I've noticed is, these oppressive experiences, the more we talk about those, the less power they have over completely informing one's identity, and when I notice that there's a slight shift in the way the supervisee is starting to readdress these sort of oppressive experiences that they have had, be it gender, or culture, or sexual orientation, I'll point out that shift in language that they're using to describe these oppressive experiences. I've noticed that those become their strengths eventually. So I say I want to honor these experiences because each time it's given its space, and talking about it, it honors and changes the supervisee's relationship to the oppressive experiences. When they then self-disclose [to the client] that 'I've been through this. This is what I've done, and this is how it's informed me,' that self-disclosure is coming from all of those experiences that felt oppressive and honoring it by giving it the space and changing the supervisee's relationship to it. That's what makes it a strength.

Though mentioned by fewer participants, some addressed ways that they utilize cultural identities as strengths, in that these identities give them an empathic understanding of their clients' experiences. These supervisors encouraged their supervisees to appreciate and utilize their cultural lenses and skills to assist their clients.

These participants also were aware that their supervisees with marginalized identities likely have had experiences that led them to develop resiliencies and insights that can be a strength both in their lives and in helping their clients. These supervisors worked to raise the awareness and validate the experiences of their supervisees in this area.

Intersection of development and strengths. (*variant*) The third category, intersection of development and strengths, referred to participants' description of supervisees' strengths developing as part of their training and as their professional development advanced.

Roberta discussed how supervisees' understanding of their strengths can develop from self-reflection and how their training program and supervision encourages this.

I think the ones that are the most are humble are less likely to recognize [their strengths], and then the ones who have the least [humility], they're the ones that think they have it all, and so it's really a matter of helping them... Not to take away their confidence, certainly, but helping them do a more realistic appraisal.

We have our students write self-assessments every nine months, and we ask them to kind of reflect on who they are (as a) person, student, clinician, etc., and if they say things that we've not seen, or things that contradict what we see, we will point that out to them and we will ask them to think about the way they want to, and encourage them to self-reflect on that and make some decisions about how to do something differently so that they can come across in the way they want.

Roberta's description fits with the category of intersection of development and strengths in that supervisees are encouraged to develop as individuals as well as psychologists, and to identify and develop their strengths.

Zia discussed how feedback given to supervisees from other trainees within group supervision can be another method of developing strengths.

One of the things that our students learn is to provide each other with feedback. If I'm teaching Basic Practicum, or/and supervising them, or they have acquired that [skill from] previous instruction, and so we do emphasize providing positive feedback and really affirming interventions the therapists have used that are helpful, or that are a demonstration of what they're honing. So positive feedback is the way to go. It's also strength-focused and I'm really oriented toward reinforcing or rewarding or acknowledging, I think is a better word, the moves that they've made [with clients] in therapy that are helpful and facilitating.

Zia's description of using both supervisors and other students as a way to help supervisees to identify, develop, and nurture strengths was an example of the category intersection of development and strengths.

This group of participants intentionally focused on the ways that supervisees were making progress in their development as therapists and in their growth in skill as they progressed in training. They also noted ways that they identify areas of strength and growth for their supervisees in ways that allow them to give the supervisee positive feedback and encouragement. Participants saw this encouragement and focus on the positive ways that the supervisee was interacting with clients as a way to allow the supervisee to progress in skill development and overall identity development as a therapist.

Limited familiarity of strength-based approaches. (*variant*) The fourth category, limited familiarity of strength-based approaches, referred to participants' lack of consideration or understanding of strength-based or multicultural strength-based approaches. Several participants inquired about the definition of strength-based or multicultural strength-based approaches.

Kelly shared her limited familiarity of the concept of strength-based supervision by stating, "A strengths-based approach is not something I'm actually familiar with, even though I might do part of it."

Similarly, Lydia requested a clarification of strength-based supervision by stating, "Okay strength-based. So you're going to have to just remind me of strength-based again. I know what it is. I just need to make sure I'm answering it correctly."

After learning about strength-based supervision, supervisors appeared to understand the concept and be able to describe how they intentionally integrate this into their work but appeared to be unaware of how these techniques matched with the strength-based supervision framework.

This smaller group of participants were unclear about the definition of strength-based work and were unclear about ways that they used it. They asked for clarification and upon reflecting, nearly all realized that they were, in fact, incorporating some focus on strengths into their work with supervisees. In this group, however, these areas of focus were not especially intentional or based on their theoretical mode, but rather were more general and intuitive in nature.

Limitations of strength-based approaches. (*variant*) The fifth category, limitations of strength-based approaches, referred to participants' understanding of the limitations of strength-based approaches. Specifically, they described strength-based approaches as being

underdeveloped in literature and theory including the application of strength-based approaches to multicultural competence.

Kelly discussed a limitation to strength-based work and the tendency (or perception of the tendency) to dismiss painful experiences, especially painful oppressive experiences.

I think a strength-based approach is helpful, but I think Positive Psychology falls to me a little bit in the same kind of pot, and that it's effective and I think it's helpful, but we cannot as a culture, and this is a much broader critique of our current status as a nation, but as a culture and particularly within mental health, we need to be able to sit with pain. Whether that pain is about marginalization or oppression (or whether that pain is about) trauma, relational loss, whatever, we want to skip to the solution... We want to feel better, but nobody feels better, unless they understand why they're hurting and they feel less alone in that hurt, and I think that to me it's the same thing.

Kelly's perception that a strength-based approach, or a strength-based multicultural approach is dismissive of an individual's trauma or pain, rather than using strengths as a gateway to explore one's pain and manage the trauma, was reflective of the category of limitations of strength-based approaches.

Zia discussed how certain clinical settings may have a pathologizing lens, especially for students and clients of color, and how this causes conflict for strength-based values.

A very westernized, Eurocentric kind of approach to psychotherapy [is sometimes] incommensurate with a culturally sensitive and attuned approach that's more integrative of [issues] like structural racism and other kinds of

oppressive forces. In our system here, we have electronic health records. We want everybody to have a diagnosis. We want a treatment plan, and there's no diagnosis for oppression, but like you know you could say PTSD, but/and so I think students sometimes feel trapped in there, and that does provoke some conflict, but it's one that is a normative conflict, because we're all stuck in this place where we're trying to help people improve their lives in a system that may be somewhat impersonal.

Zia went beyond seeing limitations on an individual supervision level and described ways that systems and structures are designed to minimize the cultural influences on the experience of the client and supervisee. In this case, the electronic medical record, and the requirement that all clients have a diagnosis, kept the focus on the pathology of the individual rather than incorporate systems issues such as structural racism.

Some of these participants were aware of some of the criticisms of positive psychology, which includes a tendency to minimize a focus on negative experiences, and generalizing these criticisms to a strength based approach. Others expressed frustration with various systems (e.g. diagnostic requirements) that forced them out of a strength-based approach. These participants either were not able to utilize strength-based approaches as effectively because they were unaware of such approaches or because they felt pressured by their work environment to do so.

Strength-based approach is indistinguishable from multicultural approach. (*variant*)

The sixth category, strength-based approach is indistinguishable from multicultural approach,

referred to participants' understanding that strength-based supervisory approaches were one in the same with multicultural approaches to supervision. Participants described being unable to consider them as two separate approaches.

Lydia discussed how strength-based approaches are complementary to multicultural approaches and how language is an important aspect of their relationship.

I think they go hand-in-hand. I don't know if I could even differentiate them, because I see them as so intertwined and the same thing. You know I don't use words like "deficits", or "defense mechanisms" when I talk, and especially when I'm talking about clients from diverse backgrounds. Anyway, I think about survival strategies...so I think I see it in the same way. So when I'm talking about cases with them, or helping them talking about cases, I use that language. I think that's more strength-based language than deficit language.

Lydia's description of the limitations of a pathology-based model was similar to the category of the limitations of a strength-based model, but she has chosen to reframe them as integrated and indistinguishable by her focus as a supervisor on strengths and multiculturalism.

Karina, a 44 year-old Greek American female who worked as a college counseling center director and received her training in Clinical Psychology, described how she considered strength-based and multicultural approaches to be integrated through identity status.

I just can't separate them. Like to me, they are integrated. It's done within that context. So I guess if we're gonna layer it, the multicultural perspective is underneath, and then the strength-based, I guess, overlays on top of it. I don't necessarily see them as separate.

Again, this participant reflected that strength-based approach is indistinguishable from multicultural approach by integrating them into one model in her work.

Brielle discussed how acknowledging an oppressed reality while also identifying strengths is another way to integrate the two approaches.

Even pointing it out with a client, like when you notice that happening with a client where you're sort of holding both things to be true at the same time, but they are oppressed, but there are also these aspects of their identity that have allowed for a lot of resilience, or strength to also emerge within their experiences. I think it could also sort of be used in talking about the cases and conceptualizations, so that we're also not reinforcing a narrative of oppression and suffering without the acknowledgement of how strength and resilience and all these other aspects are just as important.

Brielle emphasized that she sees the experience of oppression often leading to strength and resilience and in that way multiculturalism and strength-based work is best integrated into one model.

This smaller group of participants had integrated multicultural and strength-based approaches and perspectives to the point where it was difficult for them to view them separately. This group could be viewed as actually operating from a multicultural, strength based approach to supervision, viewing cultural awareness for self and clients as a strength and also viewing challenges that supervisees have faced as giving them resilience and depth of experience.

Strength and sociopolitical context. (*variant*) The seventh category, strength and sociopolitical context, referred to participants' description of the importance of being aware of

how the current sociopolitical climate affects supervisees and their clients. Specifically, supervisors described the importance of acknowledging and naming oppressive environments for minority trainees and their clients.

Roberta described the importance of acknowledging the impact of the sociopolitical climate on supervisees and their clients.

I think that we must never minimize anybody's cultural experiences, not that of the supervisor, supervisee or the client. I went to a presentation yesterday..and they were talking about the fact that people were habituating to the stress of the current sociopolitical climate...and their stress symptoms were going down. I asked the presenter, 'Is that healthy habituation and adaptation, or is that learned helplessness?' It can be very damaging to a client and also to a supervisee, and so it's critical to basically address reality in the room. We take time to address what's going on in the world, because when they're going and sitting with their patients, those patients are coming in from the world, and they're coming in from the world, and we're all impacted. And so...I'm not going to ignore that in supervision... There's power in acknowledging that racism exists, that that sexism exists, that homophobia exists. I think that we are diminished and made weak when we deny it, or ignore it. So again, it's about reframing how we identify what a strength-based perspective really is.

Roberta exemplified the category of strength and sociopolitical context by emphasizing that addressing the ways that addressing systemic and current issues impact

supervisors, supervisees and clients. In addition, she described viewing this emphasis as a strength, as not hiding from these realities.

Similarly, Zia discussed the importance of considering the training site, clients' environments, and the broader sociopolitical climate for context.

We need to look at the context in which these services are being provided. So with our current sociopolitical climate. I'm in <state>, and it's very toxic here for anybody who is an immigrant or has immigrant members of their families, and so there's powerful social forces that are impinging on our students and on our clients, and it's really important to recognize and acknowledge that so we're not like in a little bubble here. I think especially with our current administration, it directly impacts us, particularly students who are a member of those targeted groups.

Zia's emphasis on ways that certain issues may influence certain clients and supervisees differently reflected the category of strength and sociopolitical context, along with the importance of acknowledging that individuals live within societies and their experiences are reflective of local, as well as national and international events.

These participants looked at the cultural context of societal issues in the now within American culture and politics. They acknowledged that it was important to address the impact that issues such as White supremacy, racism and the treatment of immigrants have on the feelings of safety and belonging of both supervisees and their clients.

Supervisor Power and Supervisee Empowerment

This domain included participants' attention to power within the supervision process and supervisory relationship. This domain also included various empowerment techniques, including acknowledging the power imbalance within the relationship and society as well as specific experiences within supervision (e.g., evaluation). Within the domain of supervisor power and supervisee empowerment, there were five categories: intentional reflection and discussion on power differential (*typical*), empowerment and collaboration (*typical*), empowerment techniques (*variant*), directive approach to supervision (*variant*), and self-defined goals and learning (*variant*).

Intentional reflection and discussion of power differential. (*typical*) The first category, intentional reflection and discussion on power differential, described participants' awareness of power differentials within the supervisory alliance and society and the explicit discussions that were held about this with the supervisee. Examples included being transparent by labeling and discussing the power differential within the supervisory relationship and broader society, clarifying and discussing evaluation issues, and awareness that the supervisor and supervisee are not considered "equals."

Sam discussed how he uses explicit labeling and discussing of the power differential within the supervisory relationship.

I do think that part of good collaborative supervision is there has to be some shared power, and we have to be on the same page about ways that power impacts supervision and impacts our relationship, and also just being very transparent about what that means. So I think one way that I really try to share power is just by being very honest and transparent. So I make sure if I'm asking my supervisee

a question, I provide them a framework and let them know why I'm asking it so it might not feel like...I'm looking for a certain answer...So when power enters the room, as it inevitably does, just being very intentional about labeling it as power, and then talking about it. Usually when evaluation time comes around, I'll talk about what that means in terms of our relationship, what that means for supervision, and what that's like for the client to see me in that light.

Sam's description reflected the category of intentional reflection and discussion on power differential in that he is aware of, and discusses, issues of power both in the supervisory relationship and ways that it is reflected in the evaluation process, which is inherent in supervision.

Kelly discussed how it's impossible to remove her sense of power from her supervisees. ...it's not about giving up my power. That's a false narrative. I can't equalize the power. I can't take away my social power. You can't give away your privilege. Just like I can't give away my Training Director or my supervisory privilege. I will be evaluating you. That's a fact. How can I make that more comfortable? Not comfortable. Just more comfortable. How can we make that feel as good as possible, or as open as possible, without pretending like it's not real. The other part, particularly with trainees who are female, I work to acknowledge the power structure that's inherent both in higher education and society in general, and work to help deconstruct those taken-for-granted assumptions about what appropriate assertiveness is, versus feeling like you were stepping on somebody's toes kind of thing. I want people to feel like they can develop and find their voice.

Kelly's description of not being able to give up her power in the supervisory relationship was an example of the category of intentional reflection and discussion on power differential. She tied this not only to the evaluation inherent in supervision, but also explored how these power differentials are different for those with various identities.

Zia shared a similar perspective on power and alluded to how this causes conflict with her feminist supervisory approach.

You know empowerment is tricky, because one of the things that's very clear about this [supervision] relationship is that there's a power difference, and I do evaluate the supervisees. I'm also in charge of the environment in which everybody's working, so I do have a lot of authority, and even with the feminist approach, I try to level our relationship by being vulnerable in some way with them, but I still am in charge and I still evaluate that. So it is a weird place to be as a feminist supervisor empowering someone when I have a hierarchical relationship with them.

Zia's statements reflected the category of intentional reflection and discussion on power differential because of her high awareness of the power differential in supervision, and her conscious intention to continue to work within her feminist model.

Thus, this group of participants made conscious choices to be aware of, and to discuss the inequality inherent in the supervisory relationship due to the gatekeeping function of supervision and the required evaluations. They worked to make this explicit rather than minimizing it, and by allowing it to be open, they attempted to make the process more transparent. This group was aware that this power differential was sometimes uncomfortable for both the supervisee and themselves, and was sometimes

even contrary to their personal philosophies. Yet they were committed to their role as the supervisor, and worked to make use of this in productive ways.

Empowerment and collaboration. (*typical*) The second category, empowerment and collaboration, described participants' efforts to empower supervisees through collaboration to develop their own voice, become aware of strengths, learn to trust themselves, develop their own approach to their therapeutic work, and advocate for supervisees with multiple supervisors when needed. Examples included helping supervisees to develop their own conceptualizations, treatment plans, and become more comfortable being the expert as the therapist based on their strengths and experiences.

Karina discussed how she used the supervisory alliance to build a collaborative space to empower her supervisees.

I'm letting them know that I want them to highlight their strengths. I want them to feel comfortable telling me where their perceived weaknesses are, and I think when that trust is there and they're able to tell me what they think their growth edges are, that by itself is empowering because they know I'm not there to kind of squash them, but that we can work collaboratively for them to meet their goals, and so and periodically, I'm frequently checking in, 'Is supervision going the way that you want? Do you need something else from me?'

Roberta discussed how helping supervisees to trust their clinical instincts as an important aspect of her approach to supervisee empowerment.

[I work] to really empower them to listen to their gut instincts, because often the gut instinct is correct. Their supervisor is legally responsible for the case, and so it's very, very important that they're open and honest in their supervision, and

also that they follow their supervisor's directives, unless of course they feel that the supervisor is requesting that they do something that is completely inappropriate or unacceptable. So I want them to feel empowered in certain ways, but I don't want them to think that they have power that they don't have.

Roberta's approach to these issues reflected the category of empowerment and collaboration in that she intentionally acknowledges wanting to empower her supervisees to listen to their "gut instincts," yet she also acknowledges the power differential within supervision, both clinically and legally.

Mindy discussed how helping supervisees to develop an integrated sense of self as a clinician is an essential aspect in the development of empowerment.

I say to my supervisees, 'I have things I can share with you from my experiences and my training and how I approach clients, but my goal really isn't to make you sort of an another <Participant>. It's to figure out and help you figure out who you want to be as a therapist and what works for you and how you want to approach your clients.' It might involve a little bit about 'How do you use yourself?' [or] 'What skills are you bringing? And what does the client see from you?' Really helping the supervisee hone in on who they are as a therapist and think about that, and kind of work through their own conceptualizations. And certainly giving feedback that also has a good amount of support in it and recognizing the positives along with the rooms for growth.

Mindy's approach demonstrated the category of empowerment and collaboration in the way that she works together with the supervisee in the development of identity, skills, and conceptualizations, all while focusing on both positives and areas for growth.

Additionally, Mindy discussed the importance of highlighting strengths and potential posttraumatic growth resiliencies as ways to empower supervisees.

Part of what's healing in therapy is for a client to learn about themselves and be able to recognize the strengths they're bringing, and of course that has to do with who they are and who their identities are, you know. So as a woman, I've learned certain things that I can call strengths and understand people in different kinds of ways, and kind of use myself through my identities and strengths that I bring, and I think the empowerment piece is sort of helping clients and supervisees figure that out for themselves. So you survive a traumatic kind of experience and you had to cope with that and learn how to do that, and now maybe you're out of it. Some of those things aren't working as well, but it's also like that post-traumatic growth. I mean you've learned these things, right? These are strengths also you can use...and it's a therapeutic kind of thing to know that.

Mindy's perspectives reflected the category of empowerment and collaboration in that she works with supervisees to reflect on how difficult and traumatic situations in their lives have led to post-traumatic growth, and how these can be used in the empowerment of the supervisee.

This group of participants intentionally focused on empowering their supervisees in a variety of ways including a focus on post-traumatic growth, strengths, and

collaboration. They were encouragers for their supervisees and used their role as supervisor to increase their supervisee's sense of power, confidence and competence.

Empowerment techniques. (*variant*) The third category, empowerment techniques, described participants' use of role playing in supervision, including Socratic questioning to develop knowledge, watching tapes of the entire session to familiarize themselves with supervisees' style, validating the supervisee as the therapist, processing supervisees' self-criticism, normalizing supervisees' experiences and difficulties, and providing encouragement and feedback to empower the supervisee. This category also described participants' intentional use of self-disclosure and authentic self as supervisor to encourage supervisees' inclusion of these to inform their conceptualizations and interventions.

Debrah discussed role-plays, selective self-disclosure, and connecting supervisees with experiences they may be interested in as empowerment techniques that she uses in supervision to facilitate their development.

So one of the major ways I encourage my supervisees to explore what works best in terms of integration for their own model is I do a lot of role plays...sometimes I'll play the client and sometimes I'll play the supervisee, and as a potential therapist and/or as a potential supervisor. Some of the interventions or responses that they have made to me have been in relation to who they are authentically, professionally and culturally, and most of the interventions that they have used with me are not based on what they read in books, but it's based on their experiences growing up within their family, or within their own culture. I also use a lot of selective self-disclosure as a way of empowering the supervisees to know

that the struggles that they've gone through are very natural, normalizing those struggles and sharing that they're not alone. The third way I empower them is, I ask them what opportunities they're interested in.

Debrah's use of role plays, selective self-disclosure, and expanding the opportunities for the supervisee's experiences were examples of empowerment techniques that she uses to allow the supervisee to deepen their awareness and identity as a therapist.

Zia discussed how asking open-ended questions to develop supervisee self-reflectiveness could be another empowerment technique within supervision.

I'm empowering them by asking questions about what they think...open-ended questions, because I want to cultivate reflection on practice. I want them to think out loud with me about what they're doing with the client, and I try to help them... better articulate what it is that they're doing so that they can find their path. They have some good ideas, but they may not have the language for it yet. If they don't have the language, then I teach them about [techniques such as] therapeutic touch or suggestive interventions. So it's this dialogue between us.

Zia's shift back and forth between cultivating reflection through asking questions and providing information on techniques that might be helpful with a client was an exemplar of the category of empowerment techniques.

Thus, this group of participants intentionally used techniques with the intention of giving their supervisee power and a sense of competence. Whether the technique was role playing or asking open-ended questions, the goal was to empower the supervisees to think for themselves and develop independent thinking and reflectiveness skills. These

supervisors trusted their supervisees to use these techniques in ways that truly empowered them, as opposed to emboldening them beyond their level of skill.

Directive approach to supervision. (*variant*) The fourth category, directive approach to supervision, described participants' recognition that there were times when they needed to take control of the supervision, particularly when there were issues of competence. Participants also discussed the importance of adapting the level of directiveness based on the supervisee's developmental level, with more advanced students often needing less guidance.

Zia described the importance of considering developmental context when deciding how directive to be with supervisees.

In the beginning of their training, they need more direction, and I want them to develop efficacy. So I try to be only as directive as is necessary... and I'm trying to determine their entrustability. So what's their level of development? What's their clinical acumen? And to give them a chance to demonstrate what they know, but if it's delayed, then I'm more directive... The more advanced they are, the less directive I am.

Zia's description was an excellent example of the category of being directive in supervision, and how she varies this strategy by developmental level.

Mindy described how sometimes supervisory direction is needed, especially when harm to a client may be at risk by stating, "At the same time, I'm going to say I also realize sometimes that I need to use my power... at some point as a supervisor, we also need to be aware that sometimes we need to use our power and say, 'This can't go on this way,' willing to step in and do that, when we see that there might be harm to a client." Additionally, Patrick described the

same belief by stating, “I think there are times when a supervisor needs to take control of supervision more directly, and in particular, if there were any prior concerns about competency issues with specific groups from a supervisee.”

Thus, Mindy and Patrick, too, demonstrated the category of being directive in supervision, varying it depending on the safety of the client and competency level of the supervisee.

The participants who addressed the role of directedness in supervision tended to view this as something that ideally was temporary, and was part of the training process. For example, they viewed being directive as important very early in a trainee’s development so that beginning skills and knowledge can be mastered, followed by a backing away from directedness when the trainee become more knowledgeable and skillful. Similarly, directedness was described by participants as something that was needed when the supervisee was going in the wrong direction, in ways that were harmful to the client or potentially harmful to others. It was at that point that the supervisor described the need to step in. All those participants who mentioned directedness indicated that they used this only when needed and they did not use it as a standard or ongoing supervision approach.

Self-defined goals and learning. (*variant*) The fifth category, self-defined goals and learning, described participants’ encouragement of supervisees’ setting of their own goals for supervision and using these throughout the supervisory work. Examples included supervisees’ choice of type of client they want to develop skills in working with, areas of skill development, and developing a sense of expertise in these self-defined goals.

Patrick, a 35-year-old Caucasian man who worked in private practice and trained in Counseling Psychology, described how he empowers supervisees by encouraging them to develop their own goals.

So the way it works is essentially a lot of it becomes self-guided. So when [the supervisee] makes a goal, if their goal was to do something like, let's just say, work with a patient of color who is in an environment of systemic marginalization. So really the empowerment comes in them being able to pick their own goals to grow as a professional, and then I would sort of help them to view it through a lens of 'How do I apply/learn to do this goal in the context of counseling?' So you are setting a framework for the supervisee in this paradigm, just sort of outlining it and then giving them freedom within that outline, which I think is an appropriate use of supervisory power, because they do need to learn things.

Patrick exemplified the category of self-defined goals and learning as he explained that allowing the supervisee to define their own goals for learning as a primary strategy.

Wendy described how she empowers supervisees by assisting them in becoming the "expert" on their identified goals.

Big thing for me, and this actually came from my own training in my doctoral program and in my internship, is that I don't want to create mini-mes, so generally at this level, students are coming in with some theoretical understanding, or a theoretical orientation/identity that fits well with their clinical work. So I want them to become the expert in whatever they feel like fits. I do not have as much experience with Narrative

Therapy, for example, but if a student comes in and they're like 'Narrative Therapy all the way,' I'm like 'All right. I need to be able to supervise you and make sure you're doing what you need to do,' so I'm going to learn more about Narrative Therapy to provide that support, and when I see them do clinical work, I want to see them do that theory.

Wendy also demonstrated the category of self-defined goals and learning, in that she encouraged her supervisees to set their own direction in order to develop their own personal approach as a psychologist. She also supports them by learning about the areas in which they are focused if she is not knowledgeable in that area.

A smaller number of participants specifically empowered their supervisees by asking them to set their own goals for their practicum or internship supervisory experience. This might be through identifying what types of clients or experiences the supervisee seeks to gain, or through setting their own goals for supervision in terms of skill development. Supervisees then focuses on these goals and is able to choose the direction of their development as practitioners.

Summary

This chapter reported the qualitative data gathered from 14 clinical supervisors who had worked with between three and 300 supervisees in individual or group supervision. Participants were trained in either Counseling Psychology (n=9) or Clinical Psychology (n=5), and included 12 women and two men. The primary investigator interviewed participants who asked questions about their approach to supervision, with a focus on multicultural and strength-based approaches. Data analysis identified four domains: (a) supervisory approaches currently used, (b) multicultural content, (c) strength-based content, and (d) supervisor power and supervisee empowerment. Within the first domain (supervisory approaches currently used), seven categories

were identified. Within the second domain (multicultural content), seven categories were identified. Within the third domain (strength-based content), seven categories were identified. In addition, within the fourth domain (supervisor power and supervisee empowerment), five categories were identified.

CHAPTER V

DISCUSSION

This chapter will focus on a discussion of the results of the present study. Specifically, a review of the purposes of the study will be undertaken, followed by a review of the findings related to initial research questions. This will be followed by data and findings reflected in the domains and categories that emerged from the qualitative data analysis, and a discussion of the implications of the findings for supervision theory, practice, and training. Sections will then include future research directions, limitations of the present study, and a summary of the conclusions.

Purpose of the Study

This study explored a model of multicultural strength-based clinical supervision that is based on identifying and encouraging the strengths of the supervisee within a multicultural context. APA (2015) has established *Guidelines on Supervision* that emphasize the importance of competence in supervision within a multicultural context for psychology training. APA also established *Multicultural Guidelines* (APA, 2003; APA, 2017) that emphasize a broad based multicultural context for psychologists. Multicultural competence in supervision is defined as the incorporation of self-awareness by both the supervisor and supervisee and is an interactive

encompassing process of the client or family, supervisee-therapist, and supervisor, using all of their diversity identities (Falender & Shafranske, 2004).

This study integrated a strength-based supervision model (Jones-Smith, 2014; Wade & Jones, 2015) with multicultural competence frameworks (Burns, et. al., 2013; Falender & Shafranske, 2004; Lee & Khawaja, 2013; Inman, 2006; Ladany, et al., 1997) in an attempt to integrate these two models that were previously separated. No research explicitly incorporates multicultural competence variables into strength-based clinical supervision, although there are multicultural and feminist approaches that integrate strength-based concepts (e.g., Singh & Chun, 2010). I asked supervisors to specifically reflect upon ways that strength-based supervision is implemented with a specifically multicultural lens, thereby addressing the criticism of strength-based interventions as lacking multicultural awareness (Wade & Jones, 2015).

Because no research has been published that explicitly incorporates multicultural competence variables into strength-based clinical supervision, the current study attempted to explore the integration of multicultural competence in supervision and strength-based supervision. Because the overall research on multicultural, strength-based supervision is in an early stage, qualitative research in a naturalistic setting was warranted (Hill, et. al., 1997; DeStefano, Hutman, & Gazzola, 2017; Ellis, 2017). Because qualitative research allows for natural occurrence of clinical supervision, this allowed the current researcher to organize and describe the experience with richness and depth without preconceived perspectives.

The purpose of this study was to examine a model of multicultural strength-based clinical supervision that is based on identifying and encouraging the strengths of the supervisee within a multicultural context. Specifically, this study explored how supervisors attempted to apply and

integrate strength-based supervision in a multiculturally competent manner. This was a new area of inquiry, in that research incorporating these concepts has not previously been done. A qualitative analysis of data collected during interviews that were conducted with 14 diverse licensed psychologists. Each participant was either currently serving, or had served in the past, as a clinical supervisor to graduate student trainees. The study was designed using a social constructionism paradigm (Burr, 1995; Gergen, 1985) and used an adapted consensual qualitative research model for data analysis (Hill et al., 1997; Hill et al., 2005).

Domains and Categories that Emerged from the Data

We identified four domains: (a) supervisory approaches currently used, (b) multicultural content, (c) strength-based content, and (d) supervisor power and supervisee empowerment. Within the first domain (supervisory approaches currently used), seven categories were identified. Within the second domain (multicultural content), seven categories were identified. Within the third domain (strength-based content), seven categories were identified. In addition, within the fourth domain (supervisor power and supervisee empowerment), five categories were identified.

Supervisory approaches currently used. This domain included supervisory approaches currently used by participants. Approaches included developmental idiographic supervision, developmental mentoring supervision, integrative developmental model of supervision, and competency-based model of supervision. It also included content related to skills, entry points, goals, assessment, supervisory techniques, and ethical issues, as well as the supervisory relationship and supervisory process. Within the domain of supervisory approaches currently used, there were seven categories: theoretical approach to supervision (*general*), supervisor background and experience (*typical*), supervision process (*typical*), supervisee development

(*typical*), diversity and multiculturalism (*typical*), supervision techniques (*variant*), and supervisee evaluation and feedback (*variant*). This domain is quite broad, incorporating not only theoretical approaches and supervision techniques, but also background of supervisor and supervisee and awareness of diversity issues. All supervisors were able to report the intentional strategies that they used in supervision, including awareness of training developmental level and utilization of the supervisory relationship as a mechanism for both role modeling and empowerment.

Multicultural content/integration of multicultural approaches in supervisory practice. This domain included multicultural approaches in participants' supervisory practices, including explicit naming of identities, self-understanding, examination of biases and blind-spots, areas of growth, societal and systemic issues such as privilege and oppression, and processing of supervisees' experiences as diverse trainees. Within the domain of multicultural content, there were seven categories: multicultural competence, evaluation, and training (*typical*), self-identity, experiences, and worldview (*typical*), visible and invisible identity sharing (*typical*), multicultural supervision process (*variant*), awareness of assumptions biases, and blind spots (*variant*), systemic multicultural factors and context (*variant*), and working through impact of supervisees' stigmatized identities and internalized oppression (*variant*). This domain incorporates personal identities and worldviews, as well as increasing awareness of blind spots and internalized oppression and privilege. All supervisors seemed highly aware of the importance of multiculturalism and multicultural competence, perhaps in part due to the incorporation of the APA Multicultural Guidelines (APA, 2003; APA, 2017) and Accreditation Supervision Guidelines (APA, 2015) that have been integrated into training programs for several years.

Strength-based content/integration of strength-based approaches in supervisory practice. This domain included strength-based approaches in participants' supervisory practices, including the identification of supervisees' strengths, feedback, self-concepts, self-efficacy, and identity as a therapist. It also includes the importance of considering how strengths are culturally influenced, vary by system or context, or may have been developed from oppressive experiences. Within the domain of strength-based content, there were seven categories: identifying and building strengths and self-efficacy (*typical*), using culture and identity in a positive growth-oriented way (*variant*), intersection of development and strengths (*variant*), limited familiarity of strength-based approaches (*variant*), limitations of strength-based approaches (*variant*), strength-based approach is indistinguishable from multicultural approach (*variant*), and strength and sociopolitical context (*variant*). It was clear from these data that supervisors incorporated strength-based concepts into their work with supervisees, though sometimes unintentionally and sometimes not labeling them as such.

Supervisor power and supervisee empowerment. This domain included participants' attention to power within the supervision process and supervisory relationship. This domain also included various empowerment techniques, including acknowledging the power imbalance within the relationship and society as well as specific experiences within supervision (e.g., evaluation). Within the domain of supervisor power and supervisee empowerment, there were five categories: intentional reflection and discussion on power differential (*typical*), empowerment and collaboration (*typical*), empowerment techniques (*variant*), directive approach to supervision (*variant*), and self-defined goals and learning (*variant*). A primary theme throughout this domain was the awareness of the power differential that is inherent in the supervisory relationship and strategies for supervisee empowerment.

Research Questions

The overarching research question for this qualitative study was, “What approaches do supervisors take to supervision?” This investigation was guided by the following secondary research questions: 1) How and to what extent do supervisors integrate multicultural approaches 2) how and to what extent do supervisors integrate strength-based approaches and, 3) how and to what extent do supervisors integrate multicultural approaches with strength-based approaches?

Approaches supervisors take to supervision. All participants mentioned approaching supervision from a theoretical perspective which varied by preference and training. Most typically, participants reported using a developmental model of supervision with considerations for multicultural, relational, and strength based factors (Stoltenberg, McNeill, & Delworth, 1998). A few participants reported other supervision models including feminist supervision (Worrell & Remer, 2003), multicultural/feminist supervision (Arcsynski & Morrow, 2017; Singh & Chun, 2010), integrative supervision, and competency-based supervision (Falender & Shafranske, 2017). If not explicitly part of their theoretical approach to supervision, participants typically reported using diversity and multiculturalism as integrated into their supervisory approach. Participants typically described their experience as a supervisor in the context of previous training (i.e., Clinical or Counseling Psychology), training setting (i.e., university counseling center, VA, academic department), and modality of supervision (i.e., individual vs group), and described these contexts as being foundational to how they function as a supervisor. For example, one participant discussed that within the university counseling center where she worked, decisions regarding supervisees were discussed with the training committee in a transparent manner. Alternatively, one participant who worked in a VA hospital described the

“hierarchical” power structure that exists within her setting and how she is able to have the most impact within individual supervision sessions rather than with a larger training committee.

Several participants also discussed the importance of using “supervision process” within their sessions to deepen the training experience and therefore supervisees’ understanding of themselves and their clinical work (e.g., countertransference). This is consistent with the literature on critical events in supervision (Ladany et al., 2005) and Systems Approach to Supervision (Holloway, 1995; Ladany & Inman, 2008). Another typical response from participants was the awareness and tailored adjustment of their supervision style to match the developmental needs of their supervisees, which is consistent with the literature on the developmental models of supervision (Stoltenberg, 1981; Stoltenberg & Delworth, 1987). Specifically, one participant described how the process of integrating supervisees’ professional and personal identities can be considered a developmental intentionality of supervision and how this can encompass self-exploration and increased ability to manage conflict. Some participants referred to their use of specific techniques including watching video recordings of clinical sessions to provide feedback, using a supervision contract to highlight expectations, providing guidance and training for risk assessment, and assisting with advancing case conceptualization knowledge. Finally, a few participants reported on supervisee evaluation and feedback, and the importance of making this process known early so that supervisees do not feel surprised when evaluations are completed (Bernard & Goodyear, 2009; Lehrman-Waterman, & Ladany, 2001).

How and to what extent supervisors integrate multicultural approaches. Generally, participants in the study indicated that they valued and incorporated multicultural approaches into their supervision work, as recommended by the *Multicultural Guidelines* (2003, 2017).

Specifically, they were aware of the concept and importance of multicultural competence in their work with trainees. They reflected awareness of the broad definition of multiculturalism to include racial and ethnic diversity, LGBTQ status, immigration status, gender, age, religion and spirituality, and disability status, within the context of intersectionality. Overall, the participants in this study were highly aware of the value of multiculturalism as a core value within their supervision work with supervisees, consistent with the *Multicultural Guidelines* (APA, 2003; APA, 2017).

The manner in which participants discussed multiculturalism, however, varied somewhat. Some participants emphasized the importance of understanding the supervisee's culture of origin, including its traditions, values, and expectations, and incorporating this into the supervision work. Other participants emphasized the importance of incorporating the experiences of oppression that each supervisee had encountered, or the privilege with which the supervisee came to the therapy room. Still others emphasized the importance of addressing the current political climate and its implications for both the current American culture and those living in the current times. Thus, the multicultural lens that the participating supervisors used varied from the individual to the culture. Furthermore, qualitative analysis demonstrated that participants typically emphasized multicultural competence, evaluation, and training, as well as exploration of self-identity, experiences, and worldview as an important part of supervision. Analysis also indicated a typical sharing of visible and invisible identities as part of their supervisory framework. A few supervisors noted that they viewed multicultural competence as an ongoing process rather than an end goal in itself. A smaller group of participants emphasized awareness of assumptions, biases and blind spots as an important area of focus for them in their supervision,

as well as working through the impact of the supervisee's stigmatized identities and internalized oppression on their clinical work, consistent with the work of (Singh & Chun, 2010).

The results of this study echo to some extent the findings of Arcsynski and Morrow (2017), who interviewed 14 supervisors who self-identified as feminist multicultural psychotherapy supervisors. This study found that supervisors focused on the complexities of power in the supervisory relationship, a concept that was reflected in the interviews with supervisors in the current study. These authors suggest using power effectively can result in a positive supervision experience by a) bringing history into the supervision room, b) creating trust through openness and honesty, c) using a collaborative process, d) meeting shifting developmental needs, e) cultivating critical reflexivity, and f) examining the impact of context. Though not mentioned using the same terminology, the participants in this study reflected these concepts in general when discussing a multicultural approach to their supervisory work. The current study also found threads of similarity with these feminist supervisors, who emphasized that reflexivity is a core element and that supervisors should encourage self-reflection, self-disclosure, and model how to normalize the internalization of racism and sexism. The participants in Arcsynski and Morrow (2017) emphasized the importance of evaluating their own biases, skill in approaching multicultural dialogues, tolerance for ambiguity, and comfort with strong affect. They also worked to help their supervisees understand the parallels between their therapeutic work and the larger sociopolitical context, and model advocacy and social justice qualities. These themes were very consistent with the findings of the current study.

Another important study related to multicultural approaches to supervision is Inman (2006), who surveyed supervisor multicultural competence as it relates to the supervisory working alliance and trainee multicultural competence. Supervisor multicultural competence

was highly correlated with supervisory working alliance, and the supervisory working alliance was highly correlated with supervision satisfaction. This is consistent with the findings of the current study in which participants emphasized the supervisory alliance as an important component. However, Inman's (2006) study was based on quantitative data, and was limited in that supervisor multicultural competence was measured exclusively by supervisees' perceptions. The current study did not include supervisee perceptions of the effectiveness of supervision.

How and to what extent supervisors integrate strength-based approaches. Most participants seemed to understand the concept of strength-based approaches or strategies within supervision, though some were not as familiar with the concept. No participants viewed strength-based approaches as a refusal to explore the pain of the client, or a dismissal of oppressive experiences and internalized oppression, though a few participants noted being able to understand how this would be a limitation of strength-based literature (Wade & Jones, 2015). The overall awareness of strength-based approaches to supervision appeared to be weaker among participants than was their awareness of multicultural perspectives and competence. The limited familiarity demonstrated by participants could perhaps be due to the emphasis that cultural competence has received in psychology training programs through accreditation and other foci over the past decades (APA, 2003; APA, 2015; APA, 2017).

Typical responses related to strength-based content included the use of identifying and building strengths and self-efficacy as an important part of supervision, as well as using culture and identity in a positive, growth-oriented way. Specifically, participants described how they assisted supervisees with becoming more aware of their strengths through identification of positive impact, moments of "flow" (Fredrickson, 2001), or self-reflection, and discussing how these can be used within clinical sessions, especially when feeling "stuck" with a client. Some

participants described the development of strengths as being a product of the training process, and how as supervisees develop a stronger sense of integrated self that they will be more aware of their strengths and be able to access them more quickly. Some participants also reported on the importance of the training context to increase supervisees' self-awareness of strengths including annual self-evaluations and group seminars in which they share feedback with each other. Participants also described the importance of being mindful of how strengths may have formed from various life experiences and how strengths are applied in different contexts.

Strength-based interventions, which were developed from positive psychology, have been used to reframe the conceptualization of clinical supervision, resulting in a model of strength-based clinical supervision (Wade & Jones, 2015), which is generally consistent with the current findings. Positive psychology concepts such as work engagement, self-efficacy, resilience, flow and sense of coherence were either directly or indirectly reflected in the current findings. Lopez and Edwards (2008) described Counseling Psychology as having a rich tradition of promoting the best in people, which is very consistent with a strength-based focus in both therapy work and supervision.

Wade and Jones (2015) presented their strength-based clinical supervision model, which uses positive psychology research and literature to address aspects of the supervision process such as setting the stage for effective supervision, how to identify and cultivate strengths of the supervisee, how to approach evaluation and feedback within the supervisory working alliance, how to incorporate diversity considerations into the supervision process, how to address problems and frame solutions that arise during supervision, how to assist the supervisee in developing competencies as a psychologist-in-training, and how to foster ethical behavior. The model intentionally approaches positive psychology from two perspectives: the application of

positive psychology constructs such as cultivating strengths or the broaden-and-build model to supervision. The second perspective is to use the “study and science of what works” aspect of positive psychology to infuse this approach with the best practice domains of supervision. Although none of the participants in this study cited Wade and Jones (2015) directly, these concepts were embedded in the responses of the participants. Clearly, strength-based concepts can be applied in clinical supervision.

Thus, the findings of this study support the notion that supervisors can and do use strength-based concepts in their work with supervisees. Although theoretical, comprehensive models of clinical supervision are still somewhat limited in their approaches, they are being applied in the field. The responses on participants reflect less conscious or intentional awareness of strength-based models of supervision compared with multicultural models, it was clear that some participants were integrating the two conceptual approaches, while all were using these concepts to some extent.

How and to what extent supervisors integrate multicultural approaches with strength-based approaches. Most participants seemed to understand and apply multicultural approaches, including a focus on multicultural competence, as well as strength-based approaches, at least to some extent, regardless of how they defined these concepts. Probably the most important integration of the two approaches was expressed by several of the participants, who emphasized that strengths as a concept are culturally embedded. That is, what is viewed as a strength may be different for different cultures or contexts, making it impossible to define specific strengths without considering the cultural context.

One example given was from a participant’s experience with an Asian supervisee. The supervisor found that it was important to note that structure was consistent with this supervisee’s

culture, though it may have been perceived differently through an American cultural prism. Participants talked about the importance of using supervisees' cultural experiences and intersecting identities in positive, growth-orienting ways, specifically strengths being developed from confronting oppressive experiences. This perspective also included the importance of supervisees having an authentic, integrated sense of self as clinician, and including their identities as important parts of this. Finally, some participants emphasized that it was important to both acknowledge oppressive experiences and highlight supervisee strengths, rather than perceive these as mutually exclusive. Specifically, a few participants described identified strength-based approaches as being indistinguishable from multicultural approaches. Thus, this would expand strength-based concepts to include adverse experiences and the strengths borne out of these and other cultural experiences.

Another link to the integration of multicultural supervision approaches with strength-based supervision approaches was the utilization of empowerment within supervision (CCM; Hernandez, 2008). Some participants discussed this concept in their interviews, focusing on the importance of intentionally reflecting on the power differential between themselves and their supervisees and how this could either negatively impact their experience or provide an opportunity for mutual empowerment if discussed collaboratively. Participants noted, however, that this balanced reality can be difficult because there are times within supervision in which their power needs to be used or stronger direction must be enforced (e.g., competency concerns). Participants reported on specific empowerment techniques that they used including role-plays, validation, advocacy, and decreasing self-criticism. One participant provided an example of a role-play that she completed with a supervisee, which felt uncomfortable in the beginning but that this experience allowed the supervisee to expose herself to taking more risks, which resulted

in a stronger sense of self-efficacy when navigating cultural discussions with a client.

Participants typically described their intention to move toward empowerment, which included helping supervisees to learn to trust themselves, develop stronger professional voice and sense of therapeutic approach using their authentic self, and utilize post-traumatic growth as needed, especially for trainees who have experienced traumatic incidents, culturally related or otherwise.

Hernandez (2008) also focuses on working with supervisees to foster collective consciousness of power, privilege, and oppression, purporting that liberation is the key to healing. The three primary training processes of critical consciousness, accountability, and empowerment are reflected either directly or indirectly in the responses of the participants in the current study.

Implications for Supervision Theory, Practice, and Training

Supervision theory. Professional guidelines for cultural competence in clinical training have been implemented in recent years (APA, 2015) and the concepts underpinning multiculturalism seem to be implicitly infused with a strength-based perspective (APA, 2017). For example, Singh and Chun (2010) emphasized resilience in their model of supervision for queer people of color. Other multicultural models of supervision inferred at least a significant amount of strength-based focus during supervision. For example, Arcsynski and Morrow (2017) and Hernandez (2008) implied a strength-based focus by emphasizing empowerment of the supervisee. However, at present, there appear to be no specific theories that directly integrate strength-based principles with multicultural principles.

As discussed earlier, there are limitations in the current models for both strength-based and multicultural approaches. The theoretical literature on multicultural supervision appears to incorporate two different topics. The first group of topics focuses on the development of

multicultural awareness, interventions, and cultural competency for all supervisees (e.g., supervisees of color, LGBTQ supervisees, supervisees from dominant cultures, international supervisees; Falender, Burnes, & Ellis, 2013; Foo Kune & Rodolfa, 2013). The second group of topics proposes the importance of culturally competent supervision for specific cultural groups and intersections of cultural groups (e.g., Singh & Chun, 2010; Son, Ellis, Yoo, 2013; Wong, Wong, Ishiyama, 2013). A multicultural strength-based model is focused on the development of cultural competence in all trainees with a broad focus on culture, incorporating the intersectionality focus of the APA Multicultural Guidelines (2017).

Thus, multicultural strength-based supervision is conceptualized as strength-based supervision infused with a focus on multicultural issues both within the supervisory dyad and in the treatment of clients. The focus of multicultural strength-based supervision would be the inclusion of the primary components of a strength-based model (Wade & Jones, 2015), while simultaneously focusing on the primary components of multicultural competence in supervision (APA, 2017). Thus, strength-based supervision moves away from examining supervisees' mistakes, and seeks opportunities to use supervisees' strengths and encourages supervisees to build on these strengths. It works to enhance an optimistic perspective during supervision, rather than having a negative problem focus (Edwards, 2017). Multicultural strength-based supervision would also infuse supervision with a multicultural focus and awareness. As such, the supervisor would focus on multicultural awareness and the strengths that culture brings to the supervisee and client. One of the primary goals of such supervision would be the development of cultural competency as part of the primary identity of the supervisee.

The data of this grounded theory current study, however, suggested that integrating multiculturalism with strength-based approaches goes beyond what has been addressed in the supervision literature in three specific ways.

First, a multicultural strength-based supervision approach would define all strengths within the cultural context of the supervisee (and by extension, the client); This expansion includes the cultural context of strength discovery, development, and application (Edwards, 2017; Wade & Jones, 2015), and moves well beyond the broaden and build model of traditional positive psychology as measured by instruments such as the Values in Action (VIA manual that focuses on character strengths, as opposed to skill or talent-based strengths; Niemiec, 2013; Peterson & Seligman, 2003, 2004). The VIA character strengths were initially identified as those that would be widely recognized across cultures and would contribute to individual fulfillment, satisfaction, and happiness. However, the current findings suggest that this view is culturally limited. The current study suggests that it is important to use a framework in which strengths are culturally contextual, that is, strengths are viewed through different lenses within different cultures. This is a very different approach than much of the positive psychology literature (e.g., Fredrickson & Joiner, 2002) that identifies specific strengths in a more general manner.

Second, acknowledgement and validation for oppressed experiences is not mutually exclusive from highlighting strengths but according to participants within this investigation can actually be considered complementary or even integrated as suggested by the concept of post-traumatic growth (Anderson, 2018; Singh & Chun, 2012). This perspective is an expansion to positive psychology literature which has been previously challenged for being dismissive of marginalized experiences (Wade & Jones, 2015).

Third, according to the data from this study, another link between multicultural supervision theory and strength-based supervision theory is empowerment. This is an expansion of previous multicultural supervision literature (e.g., Hernandez, 2008; Arcsynski & Morrow, 2017) by conceptualizing empowerment as a strength-based intervention that can be used to acknowledge oppressed experiences and identities while simultaneously creating a stronger sense of self. This reframe could be viewed as an extension of the broaden-and-build theory that is prominent in positive psychology (Fredrickson, 2001).

Supervision practice. The data from this study explored supervisory approaches currently used by clinical supervisors for graduate students in psychology that have implications for practicing supervisors. Several strength-based supervision techniques were identified including identifying moments of “flow” for supervisees when these occur within clinical sessions, identifying strengths during tape review of clinical work to solidify supervisees’ awareness and understanding of their strengths, and “celebrating” unplanned moments when supervisees acted from a clinical intuition that was accurate. Supervisors should also consider how they can assist supervisees in exploring their diverse experiences to develop comprehensive narratives that acknowledge their intersecting identities while also highlighting the strengths and resources that inform their clinical practice. This discussion should include how to move toward integration of their personal and professional identities as part of their development and building a sense of authenticity and efficacy. To assist in this process, supervisors should be intentional with their questions and explorations at the beginning of the supervisory relationship and throughout the process, especially when critical incidents or opportunities for deeper exploration arise.

This study also suggests that supervisors should consider focusing on supervisor power and supervisee empowerment in their work. Specifically, supervisors should consider how their own identities intersect with their supervisees' identities, and how empowerment can be a strength-based intervention. Strength-based interventions can be helpful for all supervisees, but may be more needed for supervisees who experience less power (e.g., oppressed identities, earlier developmental level, larger training system). Strength-based strategies can be used to identify and build strengths and self-efficacy (Fredrickson, 2001), and culture and identity can be used by supervisors in a positive growth-oriented way. Supervision can include increased explicit discussion of how these concepts apply within their clinical sessions (e.g., integrated sense of self helps to reflect and soothe disintegrated client). Supervisors can include identification of personal and community resources and resiliencies to promote well-being and empowerment for the supervisee (and client) (Singh & Chun, 2010).

Supervisors should consider having an explicit discussion with their supervisees on what their training needs may be based on their previous experiences and current identities, and how the supervisor is able to (or not able to) provide this for them. Supervisors can extend their awareness of their own personal background and experience and integrate it into their supervision, and can model awareness and authenticity to the supervisee. Sharing of identities on the part of both supervisor and supervisee can be used as a potential strategy for building multicultural awareness, with intentional focus on both visible and invisible identities. This particular intervention can serve as a mutually empowering experience, which can enhance the supervisory alliance and therefore supervisees' training experience.

Supervision training. Increasingly, advanced doctoral students and interns are receiving training in the area of supervision, as is now required by the *Standards of Accreditation for*

Health Service Psychology (APA, 2015). The findings of this study support this trend, particularly because of the complexity of the theoretical, conceptual and practical elements needed to be an effective supervisor. The findings demonstrate that increased explicit discussions are occurring on cultural strengths and experiences as part of individual supervision, in accordance with the APA Multicultural Guidelines (APA, 2003; APA, 2017). Academic coursework, practica sites, and internships can incorporate strength-based multicultural concepts into the training experiences of their students.

Graduate training programs must include supervision knowledge as part of the APA Standards on Accreditation (2015) in order to be accredited, resulting in most doctoral programs requiring a course on supervision to be taken. The *APA Guidelines for Clinical Supervision in Health Service Psychology* (2015) focus on the implementation of competency based model (Fouad et al., 2009). Increasingly, psychologists function as supervisors in clinical settings and supervision is therefore increasingly important in training. Future accreditation standards might consider expanding the training and experience of providing supervision during graduate training, internship and postdoctoral experiences. It seems particularly important to include practicum experiences in which students supervise other students and receive supervision of their supervision. Given the importance of supervision in the role of psychologists, this is an area for future consideration if psychologists are to be carefully trained as competent supervisors.

Future Research Directions

This study focused on the intentions and experiences of the supervisors. Additional future research might include further exploration into how the integration of strength-based supervision interventions in the context of multicultural competence might improve supervisees' sense of self-efficacy. This research could be qualitative or quantitative in nature, including measures that

quantify supervisees' sense of strengths, skills, competence, and impact in their clinical work. Furthermore, future research could examine how these interventions apply to clinical work and therefore improve client's psychological well-being. Specifically, exploring how supervisees develop an increased sense of self-efficacy and how this may be an important mechanism of change within both the development of the supervisee as a clinician, and their effectiveness within the therapy relationship.

Future research could also include the intentions and experiences of supervisees (Inman, 2006), or of supervisor-supervisee dyads to explore the perceptions of the use of strength based and multicultural perspectives in the process of supervision (Ladany & Lehrman-Waterman, 1999; Ramos-Sánchez et al., 2002). Quantitative research methods could also be used to examine the factors associated with successful supervision outcomes including satisfaction of supervisees. Additionally, quantitative measures could be incorporated into future research to measure changes in skill levels with clients and ability to think through multicultural dimensions of clinical work.

The current study did not address contextual factors such as previous experience with multicultural issues and strength based issues on the part of the supervisor. It did not differentiate based on expertise of the supervisors in these areas. Identifying such contextual factors could be incorporated into a future study. Finally, future studies might also be conducted with supervisees at different developmental stages of clinical training to determine how supervision related to multicultural and strength-based approaches are different at different levels of training.

Limitations

There are several potential limitations to the current study. One potential limitation in this study involves the primary researcher's status as a graduate student and how this could have influenced the data collection process. It was clear in several interviews that the participants were aware that the primary student researcher was a current doctoral intern and how this closely resembled the relationships to which they were describing to the primary student researcher. The power differential inherent between student and psychologist/faculty/supervisor participants may have made it difficult for participants to provide descriptions of their experiences and to be as open as they may have been had the primary researcher not been a graduate student. It may have been helpful to address the power differences between researcher and participants at the initiation of the interview. Had that discussion taken place, it is possible that participants may have been more comfortable sharing their experiences and providing more personal and expansive details.

A limitation common to qualitative studies, and specific to this investigation, was having a smaller sample size that makes the generalization of findings difficult. The findings of this study may not be generalizable to all clinical supervisors of psychology graduate students, but the reported experiences of these 14 participants contributes to the literature in understanding how supervisors approach the supervision process. Having such a small sample size also allowed there to be in-depth interviews resulting in rich and informational data. Each participant was given individualized attention during which they were able to provide as many or as few details as they were comfortable sharing about their experiences with their supervisees. This would not have been possible had a quantitative approach to research been used. It is almost important to consider how these participants self-selected into this study, thereby demonstrating interest and

bias in their responses to these concepts. The results of this analysis would likely be different with a different sample of participants. For example, supervisors working in community mental health agencies may have less time to reflect on these topics which would have changed the results of this study.

Another limitation for this study relates to the way in which some of the interview questions were phrased. Specifically, several participants asked for clarification about questions related to strength based approaches. Several others were unclear about the question asking for examples of a “critical incident” related to their multicultural and/or strength based practices. Another limitation was, therefore, that the interviewer could have provided more explanation to aid in participant understanding which may have resulted in a halo effect (Rasmussen, 2008) or compromised parts of the data. To overcome this confusion, the researcher clarified the questions and further explained their meaning. This provided clarification for many participants and helped them provide more relevant explanations.

An additional limitation of this study was the primary student researcher’s tendency at times to ask leading questions or making leading statements. It is hypothesized that the researcher relied on her semi-structured clinical interviewing skills which may have included more interpretations than would be expected for research related interviewing. It was her attempt to help clarify responses, but this may have resulted in leading participants. All transcripts were reviewed by both the methodologist and chair and therefore any responses from the interviewer that were considered leading were discussed and removed from coding if necessary. For example, there were times when the primary researcher summarized the participant’s response for clarification to which the participant verbally agreed. At other times, the primary researcher provided reflection, which was also agreed upon by participants. Both of these behaviors reflect

the researcher's interpretation of data and limit the examples and types of explanations participants may have otherwise provided had she followed up with open-ended questions from the research protocol instead.

Other important aspects of qualitative research are the interactions between participants and the researcher and awareness of biases held by research team members (Creswell, 2012). Therefore, additional important considerations and potential limitations were the primary researcher's biases during the data analysis process and the adapted version of consensual qualitative research which resulted in the loss of additional outside perspective on the research team. Having an additional diverse perspective would have been an improvement to the trustworthiness of the data as this would have decreased propensity for group think or missing potential diverse perspectives. As noted in chapter three of this investigation, the primary researcher was aware of her tendency to view information in a positive framework and how this could lead to overlooking certain experiences described by participants. The primary researcher engaged in reflexivity exercises throughout data collection and analysis to be mindful of this tendency. Several of her reflections related to her awareness of potential dual relationships with participants, impacts of switching from a clinician role to a research role quickly, and experienced anxiety during interviews. Her reflections also related to the interpretation of the data including the integration of multicultural content and strength-based content, and how her privileged perspectives may have resulted in wanting two frameworks to fit together that may have not been integrated for a reason. The primary researcher revisited her reflections frequently and attempted to be very mindful of listening to the participants words to drive the data analysis process as opposed to her overly inserted interpretations.

The large discrepancy in the lengths of participant interviews (e.g., range of 30 to 60 minutes in length) was an additional limitation as this varied the amount of data collected from each interview, thereby influencing saturation. One possible explanation for this the range in depth of experience as supervisors within the participant group. Some of the participants with less experience were clearer and more intentional about their approaches to supervision and their description of their interventions with supervisees. Some of the participants with extensive experience appeared to be less intentional and reflective, perhaps operating from a more intuitive level at this later stage in their careers. Individual differences may also explain the range in interview lengths. Some participants were shy, more introverted and private, and not as engaged in the discussion. As a result, their interviews may have tended to be shorter even though they were asked more questions to gain additional information and seek clarity when they provide shorter responses. Other participants tended to be more open and talkative and were more comfortable volunteering extensive and insightful perspectives. These individuals found it easier to discuss their thoughts about their supervision experiences, which resulted in longer interviews.

A final limitation of the study that is important to consider was the use of video technology (Zoom platform) to conduct the interviews. There were several moments when hearing became challenging due to technical difficulties and the primary researcher needed to ask for repetition of responses. Although all of the participants appeared to be comfortable with using a video platform for the interview, there is the possibility that an in person interview could have resulted in deeper communication and reflection.

Conclusions

Participants in this study were clearly aware of multiculturalism and the importance of integrating it into supervision with students and interns. They were aware of the concepts of multicultural competence, and of several sets of APA guidelines focusing on multicultural issues in treatment (APA, 2003; 2017). Participants were less aware of specific strength-based approaches to supervision, though some intuitively incorporated these concepts into skill building and exploration of identities. One of the most important insights from the responses of the participants in this study is the importance of considering the cultural context of strengths. Strengths are defined and perceived differently in different contexts and cultures, which is important to recognize in culturally competent work as a supervisor and psychologist. Furthermore, it is important to acknowledge adverse experiences, including oppression and discrimination, as contributing to the development of strength and resilience for the supervisor, supervisee, and client. The exploration of identities, including oppressed identities, and their implications for the development and perceptions of the clinician and client is an important strategy for doing this.

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APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

1. How old are you?
2. What is your gender?
3. Which race/ethnicity do you identify as?
4. What is your degree (e.g., PhD, PsyD, other)?
5. What is your area of specialization (i.e., clinical psychology, counseling psychology, other)?
6. How many trainees have you supervised?
7. What is your theoretical supervisory paradigm?

APPENDIX B

INTERVIEW QUESTIONS FOR SUPERVISORS

1. Can you describe in as much detail as possible the ways in which you use and implement various approaches in your supervisory practice?
2. Can you describe a critical incident or incidents that reflect your approaches to supervision?
 - a. Please describe any challenges to integrating these approaches?
 - b. What helped to facilitate the integration of these approaches?
3. How have you attempted to empower your supervisee through supervision using various approaches in your supervisory practice?
4. Can you describe in as much detail as possible the ways in which you use and implement multicultural approaches in your supervisory practice?
5. Can you describe in as much detail as possible the ways in which you use and implement strength-based approaches in your supervisory practice?
6. Can you describe in as much detail as possible the ways in which you use and implement the integration of multicultural approaches with strength-based approaches in your supervisory practice?
7. Can you describe a critical incident or incidents that reflect your multicultural and strength-based approaches to supervision?
 - a. Please describe any challenges to integrating multicultural and strength-based approaches?
 - b. What helped to facilitate the integration of multicultural and strength-based approaches?
8. How have you attempted to empower your supervisee using _____?
 - a. Multicultural approaches
 - b. Strength-based approaches
 - c. Integration of multicultural approaches with strength-based approaches
 - d. How did you manage the power dynamic inherent in the supervisory alliance?
9. Is there anything else you haven't told me that you would like to mention?