The Pennsylvania State University

The Graduate School

College of Education

EXAMINING MULTICULTURAL COMPETENCE AND OVERALL SATISFACTION AND EFFECTIVENESS IN CLINICAL SUPERVISON

A Dissertation in

Counselor Education and Supervision

by

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Submitted in Partial Fulfillment
of the Requirements
for the Degree of

Doctor of Philosophy

December 2017

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ABSTRACT

Multicultural competency is becoming increasingly significant within the counseling profession (Lee, 2014). Supervisors must be multiculturally competent to provide effective supervision as well as counselors to provide effective services. Clients have heightened levels of comfort with counselors when they are knowledgeable about their cultural background (Lee & Park 2013; Lee 2014). Supervisors who demonstrate cultural competency or an attempt to understand the cultural background of their supervisees are more effective in supervision (Crockett & Hays, 2015). Although multicultural research has examined client and counselor interactions, there is an absence of empirical research regarding interactions within supervision literature and, in particular that of rehabilitation counselor supervision. This study examined the relationship between multicultural competence and satisfaction/effectiveness in clinical supervision as reported by rehabilitation counselors and supervisors. Supervisors had significantly higher scores on the two MSI subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration). The results of two-way MANOVA also revealed statistically significant main effect differences on the two MSI subscales for self-reported multicultural confidence, knowledge and competence. A significant disordinal interaction existed for the Culturally Sensitive Collaboration subscale score when examined by position (supervisor or counselor) and years of experience. Counselors' perceptions regarding the supervision they received were influenced by three predictor variables of race/ethnicity, MSI score and perceived impact of supervision received on the counselor's professional development. Gender, having participated in multicultural training, years of experience and score on the Personal Reaction Inventory were not statistically significant in the regression analysis.

TABLE OF CONTENTS

LIST OF FIGURES vii

LIST OF TABLES viii

ACKNOWLEDGEMENTS x

CHAPTER ONE: INTRODUCTION 1

Statement of the Problem 1
Multicultural Competencies within Rehabilitation Counseling Training and Practice 3
Importance of Multicultural Competencies of Rehabilitation Counselors 4
Purpose of the Study 6
Research Questions 7
Significance of the Study 8
Limitations of the Study 9
Definition of Terms 9

CHAPTER TWO: REVIEW OF LITERATURE 12

Multicultural Competence and Clinical Supervision 12
Rehabilitation Counseling and Multicultural Competence 15
Perceived Self-efficacy 19
Complexities in Expressing Multicultural Issues 20
Broaching 23
Problems Experienced Within Clinical Supervision 24
Microaggressions 25
Resistance 26
Lack of Training 26
Lack of Knowledge of Multicultural Theory 27
Lack of Engagement 28
Supervisory Roles 28
Supervisory Working Alliance 29
Parallel 29
Cross-Progressive 30
Cross-Regressive 30
Multicultural Conflict in Mixed Race Dyads 31
Effectively Addressing Multicultural Conflict 33
Theoretical Models for Enhancing Multicultural Competence 34
Multicultural Models 34
Cultural Diversity Training Model 34
Cross-Cultural Competencies 35
Multicultural Counseling Competency Model 36
Personal Identity 38
Supervision Models 39
SuperVISION Model 39
Multicultural and Social Justice Counseling Competencies Conceptual Framework 40
Theoretical and Empirical Foundations 42

The MSJCC Framework 44

CHAPTER THREE: METHODOLOGY 48

Research Design 48
Validity Considerations 48
Participants 50
Targeted Population 51
Target Sample Size 53
Instruments 54
Demographic Questionnaire 54
Multicultural Supervision Inventory (MSI-A) Supervisor Brief Form 55
Supervisor Outcome Scale (SOS) 56
Personal Reaction Inventory 58
Study Variables 58
Research Question 1 58
Research Question 2 and 3 60
Procedures 63
Data Analysis 64

CHAPTER FOUR: RESULTS 68

Profile of Study Participants 68
Demographic and Educational Background 68
Client and Counselor Race/Ethnicity Demographics 71
Professional Experience 73
Experience as a Rehabilitation Counselor 74
Experience as a Supervisor 74
Current Job Title 74
Current Work Setting 76
Current Supervision Load 78
Multicultural Training Received 78
Type and Amount of Training 78
Impact of Training 80
Descriptive Statistics for Scale Variables 82
Multicultural Supervisory Inventory (MSI) 82
Personal Reaction Inventory 82
Knowledge 83
Competence 83
Confidence 83
Differences in Multicultural Inventory (MSI) Scores 83
Two Way MANOVA Results 86
Assumptions of the MANOVA 86
Position and Gender 89
Position and Race/Ethnicity 90
Positon and Self-Reported Confidence 91
Position and Self-Reported Knowledge 92
Position and Self-Reported Competence 95
Position and Personal Reaction Inventory Score 96

Position and Received Multicultural Training 97
Position and Experience 98
Multiple Regression Analysis for Supervision Outcomes 100
Examination of Assumptions for Regression and Transformations 100
Supervisee Supervision Outcomes 101
Supervisor Supervision Outcomes 105
Summary 109

CHAPTER FIVE: DISCUSSION 111

Discussion of Results 111
Differences in Multicultural Inventory Scores 112
Counselor Perceptions of Supervision Outcomes 120
Supervisor Perceptions Regarding Supervision Outcomes 121
Implications 121
Strengths and Limitations 126
Strengths 126
Limitations 126
Recommendations for Future Research 127

REFERENCES 129

APPENDIXES 143

Appendix A: Supervision Outcome Scale 143
Appendix B: Multicultural Supervision Inventory-Supervisor Version 144
Appendix C: Multicultural Supervision Inventory-Supervisee Version 146
Appendix D: Personal Reaction Inventory 148
Appendix E: Supervisor Questionnaire 149
Appendix F: Supervisee Questionnaire 154
Appendix G: IRB Documentation 159
Appendix H: Assumptions 165
Checks for Normality of Residuals (Errors) of Prediction 166
Checks for Linearity 166
Checks for Normal Distribution and Outliers Using Box Plots 166
Appendix I: Correlation Matrix for MANOVA 167

LIST OF FIGURES

Figure 1. Percent Counselor Current Job Title (n = 208) 76

Figure 2. Current Work Setting by Position 77

Figure 3. Ordinal Interaction for Fostering Multicultural Confidence 95

Figure 4. Disordinal Interaction for Culturally Sensitive Collaboration 100

LIST OF TABLES

Table 1: Personal Background Information for Rehabilitation Counselors and Supervisors.. 62

Table 2: Personal Background Information for Rehabilitation Counselors and Supervisors.. 69

Table 3: Client Ethnicity Percentages for Counselors and Supervisors 72

Table 4: Professional Experience of Counselors and Supervisors. 75

Table 5: Amount of Multicultural Counseling Training Received..... 79

Table 6: Summary of Multicultural Counseling Training Received by Counselors and Supervisors81

Table 7: Descriptive Statistics for Scales Used in the Study..... 82

Table 8: Descriptive Statistics and Reliability Information for Fostering Multicultural Competence, Culturally Sensitive Collaboration and Personal Reaction Inventory (n = 300)85

Table 9: Descriptive statistics for Multicultural Supervision Subscales by Position-- Counselor or Supervisor 86

Table 10: Summary for Two Way MANOVA and ANOVA Results for MSI Subscales Fostering Multicultural Competence and Culturally Sensitive Collaboration. 88

Table 11: Descriptive statistics for MANOVA Analysis for Position and Gender 89

Table 12: Descriptive Statistics for MANOVA analysis for Position and Race/Ethnicity 90

Table 13: Descriptive Statistics for MANOVA Analysis for Position and Confidence..... 92

Table 14: Descriptive Statistics for MANOVA Analysis for Position and Knowledge..... 94

Table 15: Descriptive statistics for MANOVA Analysis for Position and Competence..... 96

Table 16: Descriptive Statistics for MANOVA Analysis for Position and Personal Reaction Inventory Score 97

Table 17: Descriptive Statistics for MANOVA Analysis for Position and Received Multicultural Training in Previous Three Years. 98

Table 18: Descriptive Statistics for MANOVA Analysis for Position and Experience 99

Table 19: Supervisee Biographical Information used in the Supervisee Regression Analysis (n = 205) 102

Table 20: Descriptive Statistics for Scale Variables Used in Multiple Regression Analysis (n=204)..... 103

Table 21: Correlations for Variables Used in Regression Analysis for RQ2 104

Table 22: Supervision Outcomes Score Regressed on Selected Variables 105

Table 23: Supervisor Biographical Information used in the Supervisor Regression Analysis 106

Table 24: Descriptive Statistics for Scale Variables used in Supervisor Multiple Regression Analysis (n =87)..... 107

Table 25: Correlations for Variables used in Regression Analysis for RQ3 108

Table 26: Supervision Outcomes Score Regressed on Selected Supervisor Variables 109

Table 27: Summary of results for differences in MSI subscale scores between supervisors and counselor 110

ACKNOWLEDGEMENTS

Reaching major milestones in one's life does not happen without the love and assistance of others, and for each one of them I am truly blessed and thankful! I would like to first thank my God and my Lord and Savior Jesus Christ. Without either, obtaining this degree would certainly not be possible.

I wish to extend my most heartfelt and deep appreciation to my doctoral committee for all of their help, guidance, support, words of wisdom, and encouragement throughout my educational journey. It most certainly was not a swift race but I truly thank you all for running with me. To my dissertation chair, Dr. Herbert, I particularly want to thank you for never giving up on me. Thank you for serving as my academic parent, giving me tough love especially during times that I needed it the most. Jason, I thank you for always taking the time to encourage me and lift my spirits up along the way. JoLynn, you are a phenomenal woman; your kind words will forever have an impact on my heart. Thanks for all of your suggestions input and pep talks. To Catherine, your warm words and hugs will too forever be embedded in my heart. Dr. Yoder, thank you for your patience. You helped me understand statistical methods by bringing the numbers to life.

I wish to also take time to thank my family, friends, and loved ones. To Mommy and Poppa, words can't express how grateful I am for your unwavering support throughout all of my academic endeavors. Without you two none of this would be possible. To Almar and Brittany thanks for being the best and most supportive siblings, I love you. Papa Marvin, your love, care and financial support, will forever be remembered, from the bottom of my heart I thank you. To daddy, your daily calls of encouragement and motivation will always be remembered. To Kerhan and Grandma Jean, thank you for your love and support. To Karen, for all of your late night

proofreading and warming conversations that encouraged me along this journey. Afua, I thank you for all your encouraging and loving conversations along the way. To Ibn, your love and understanding helped me to keep going each and every day, and for that I am truly blessed and thankful.

To my beloved angels that I gained while in pursuit of my doctoral degree, Hattie Kindle and Tina Caldwell, I dedicate this to you. You two always believed in me, your laughter and positive energy was a respite for the weary.

CHAPTER ONE: INTRODUCTION

Multicultural competency in counselor education and supervision is historically rooted in social justice; its rise parallels the civil rights movement of the 1950s and 1960s (Jackson, 1995). Jackson has explained that widespread recognition of issues such as racism, discrimination, and segregation coincided with increased disciplinary awareness of the historical lack of attention, value, and inquiry given to the cultural backgrounds of clients. The failure to examine clients' diverse backgrounds has greatly impacted the quality of counseling services provided to cultural minorities, and highlights the need to address the cultural competency of practicing counselors and their supervisors.

Statement of the Problem

Regarding the therapeutic relationship between supervisee (counselor) and supervisor, Tsong and Goodyear (2014) have contended that supervisors cannot develop cultural competency if they lack the ability to address and discuss cultural issues and concerns in both counselor-client and supervisory relationships. Since culture influences one's thoughts and assumptions about race, ethnicity, gender, sexual orientation, class, and religion, as well as one's resulting behaviors, considering the socio-cultural-political identities of the participants in the supervisory triad – the client, supervisee, and supervisor – is crucial. A lack of awareness on the part of supervisors regarding how their multicultural competencies impact their supervisees and their supervisees' clients will directly affect how these multicultural issues and concerns are acknowledged and addressed during counseling and supervision.

Client, supervisee, and supervisor communication styles vary as a function of culture (Sue, 1990) and communication styles affect triad participants' comfort communicating or presenting concerns as well as the rapport or trust built in therapeutic (Lee & Park, 2013) and/or

supervisory therapeutic relationships (Goodyear, 2014). Counselors must be multiculturally competent to recognize these nuances, but the field of counselor education and supervision has offered limited evidenced-based practice for developing specific strategies for working with people of diverse backgrounds (Lee & Park, 2014). Even fundamental questions addressing techniques or ways to broach or discuss topics pertaining to race and culture that may guide supervisory practice are absent from the literature (Day-Vines et al., 2007). This problem may stem from the lack of clarity in the field of counselor education and supervision regarding what constitutes multicultural counseling and how it differs from other forms of counseling; this lack of clarity has left counselors and supervisors in a quandary (Lee & Park, 2014). Lee and Park imply that it can create confusion, discomfort and even skepticism among counselors and supervisors.

Demonstrating multicultural competency in counseling sessions and supervision facilitates discussion of cultural norms and values and enables counselors and supervisors to adopt theoretical approaches more effectively tailored to individual cultures. Knowing when and how to appropriately address multicultural issues in counseling and supervision is a direct function of one's multicultural competency. If supervisees experience cultural conflict during supervision, they are likely to have similar conflicts when interacting with their clients. Similarly, supervisors who rarely discuss cultural issues or are unsure of how to initiate discussion of multicultural issues will, most likely, purposefully avoid discussing topics related to race and culture and how these issues impact the counseling relationship in supervision. The power dynamics of the counseling relationship (Bernard & Goodyear, 2014) make it the supervisor's responsibility to address multicultural issues within the supervisory relationship. For this reason alone, the professional growth of counselors-in-training as it pertains to their ability

to recognize and effectively manage multicultural concerns largely depends on the skill level and training of their supervisors.

Multicultural Competencies within Rehabilitation Counseling Training and Practice

Donnell, Robertson, and Shannon (2009) explained that multicultural competence in rehabilitation counseling training and practice has been addressed through accreditation bodies and professional/ethical organizations such as Council on Rehabilitation Education (CORE) and the Commission on Rehabilitation Counselor Certification (CRCC), respectively. For example, Standard D.2.a-b from the Commission on Rehabilitation Counselor Certification (CRCC, 2017) Code of Ethics states that rehabilitation counselors should "develop and adapt interventions and services to incorporate consideration of cultural perspectives of clients and recognition of barriers external to clients that may interfere with achieving effective rehabilitation outcomes" (p. 14). Both CORE and CRCC have also made an effort to standardize multicultural competency within the field of rehabilitation to provide practicing counselors and counselors-in-training with guidelines when working with cultural minorities.

In addition, researchers (Cartwright, 2001; Donnell, 2008) have discussed the need and importance of multicultural education and training in rehabilitation counseling by indicating that all students should be given the opportunity to become culturally competent. However, the issue here lies not in the student's ability to be multiculturally competent, but the lack of multicultural training that is offered to rehabilitation counselors-in-training. As a result of CORE and CRCC's attempt to provide rehabilitation counselors with a standard of appropriateness for working with clients who are racial and ethnic minorities, studies (Bellini 2003; Donnell, 2008; Rosenthal, 2004) on the competency levels of rehabilitation counselors began to ensue. Though the findings of these studies varied, and CORE and the Council for Accreditation of Counseling and Related

Educational Programs (CACREP) have recently merged, there was one main finding, which held consistent across these studies. These studies had an overarching theme indicating that current rehabilitation counselors and rehabilitation counselors in training continue to fall short on competencies needed to work effectively with diverse populations.

Though it is evident that counselors (both supervisees and supervisors) as a whole have not received adequate training in multicultural competency, rehabilitation counselors and supervisors are less likely to adopt the emphasis in multicultural training than other areas of counselor education. Donnell (2008) conducted a study, indicating that student counselors in rehabilitation training programs did not fully demonstrate multicultural competence. In fact, Donnell explained that even though rehabilitation counselors are expected to demonstrate multicultural competency and awareness, the majority of these counselors are not adequately trained and could greatly benefit from multicultural training. The results suggest a critical need to examine multicultural training and competency levels of rehabilitation counselors and supervisors.

Importance of Multicultural Competencies of Rehabilitation Counselors

Discussion of the importance of multicultural competence in rehabilitation counseling practice started during the 1980s (e.g., Atkins, 1981, 1988; Wright, Leahy, & Shapson, 1987; Herbert & Cheatham, 1988) that led to subsequent studies regarding the impact of ethnicity and race on vocational rehabilitation outcome (e.g., Granello, Wheaton, & Miranda, 1998). Subsequent research (e.g., Bellini, 2003; Matrone & Leahy, 2005) found that rehabilitation counselors have lower multicultural competency in comparison to other types of counselors. Donnell (2008) explained that with the exception of studies on rehabilitation outcomes of ethnic

minorities, most studies only examine counselor characteristics associated with multicultural competence and, more specifically, competencies regarding counselor training and education.

Research (Constantine, 2001; Holcomb-McCoy & Myers, 1999) has been conducted on the relationship between multicultural competence and relevant counselor variables, such as prior multicultural training. These studies strongly suggest that courses that contain a robust multicultural emphasis are more positively correlated with higher scores on perceived multicultural competence. However, this research is more prevalent in areas outside of rehabilitation counseling, and includes fields such as school counseling and counseling psychology. Seemingly, literature in clinical supervision for rehabilitation counselors lacks uniformity and has a main focus of ensuring that counselors are meeting their successful closure goals with their clients.

Many researchers have criticized clinical supervision in rehabilitation for its focus on administrative components rather than examining counselor-client and counselor-supervisor dynamics as part of clinical supervision. An initial study by English, Oberle and Bryne (1979) found that within the public sector: (a) most supervision addressed administrative and case conceptualization aspects, (b) field observation and case review techniques were the primarily techniques used in supervision, and (c) most supervisors performed poorly in many functional areas of consultation and evaluation. Although this early report did not address anything about multicultural competence, with the strong administrative focus in rehabilitation counselor supervision, it suggests that they would be unlikely to emerge with the focus being on administrative aspects in supervision. Unfortunately, this focus continues in more recent practice as well (e.g., Herbert, 2004; Herbert & Trusty, 2006; Schultz, Ososkie, Fried, Nelson, & Bardos, 2002) and, by inference, it would raise the question regarding the opportunity to sufficiently

address concerns regarding multicultural dynamics that exists either between the counselor and the client as well as the counselor and the supervisor.

Purpose of the Study

According to the United States Census Bureau (2014) there are approximately 319 million people living in the United States of America. Of this population, about 72 million are minorities which includes Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and persons who identify with two or more races. The US Census Bureau also projects that racial/ethnic minorities will become the majority by 2050. Worldwide, Wilson (2000) suggested that this shift could occur as early as 2030. Given that ethnic minorities are increasing in the United States and throughout the world, it is logical to assume that the number of ethnic minorities requiring rehabilitation services will also increase.

In terms of possible implications of multicultural competence of rehabilitation counselors and its potential impact on outcomes, Wilson (2000) found that in comparison to White clients, African Americans were more likely to be rejected for rehabilitation services when controlling for education, type of disability, disability severity, and socioeconomic status. This study supported earlier research by Wheaton (1996) who found that White Americans and Asian and Pacific Islanders were more likely to be accepted for rehabilitation services than African Americans. Other related studies investigating vocational rehabilitation outcomes and client race/ethnicity also found that these clients had more unacceptance rates, less successful case closures and receive less case expenditures than White clients (Atkins, 1981; Smart & Smart, 1997; Dziekan & Okocha, 1993). These outcomes could, in part, be attributable to rehabilitation counselors' lack of knowledge and skill in multicultural competence.

Empirical research (Bellni, 2003; Granello & Wheaton 1998; Matrone & Leahy, 2005) within the profession of rehabilitation counseling indicates that counselors are not fully adept at demonstrating multicultural competency. Part of this problem may be attributable to what Cartwright (2001) reported in her survey of rehabilitation counseling programs finding only 52% of programs required students to take a course in multicultural training. Taking a course, however, does not necessarily indicate that the student demonstrated multicultural competence. In fact, Donnell (2008) found that counselors who have taken multicultural courses as part of their graduate training were taught general information regarding cultures rather than specific counseling techniques based in a multicultural context. While these techniques which Donnell discussed may be taught by counseling supervisors in academic training institutions, the nature of training would tend to be of short duration and, for this reason, a more thorough understanding of the complexities involved in multicultural counseling often demand a more longer-term intervention that may or may not be present as part of rehabilitation counseling practice.

The purpose of this study is to examine multicultural competency self-perceptions of rehabilitation counselor supervisors and to compare these perceptions with an independent group of rehabilitation counselors. A secondary purpose is to examine the relationship of how demographic variables (age, gender, race/ethnicity, multicultural training) impact perceptions of multicultural competence and supervision satisfaction. Findings will be considered within the context of social desirability given its potential impact on self-reports of multicultural competence.

Research Questions

Given the identified purpose of this study, there are three associated research questions:

1. What differences exist in the fostering multicultural competence scores and culturally sensitive collaboration scores between rehabilitation counselors and supervisors when accounting for respondent (a) gender, (b) race/ethnicity, (c) experience in the current position as a counselor or supervisor, (d) self-reported confidence in addressing multicultural issues, (e) self-reported knowledge regarding multicultural issues, (f) self-reported competence for addressing multicultural issues, (g) participation in multicultural training in the previous three years and (h) personal Reaction Inventory scores?
2. How does perceived multicultural competence of supervisors as reported by counselors, predict outcome of received supervision when accounting for respondent (a) gender, (b) race/ethnicity, (c) participation in multicultural training, (d) counselor years of experience, (e) scores on the Multicultural Supervisory Inventory, (f) counselor perceived impact of supervision on his/her professional growth, (g)and social desirability?
3. How does perceived multicultural competence of supervisors as reported by supervisors, predict outcome of received supervision when accounting for respondent (a) gender, (b) race/ethnicity, (c) participation in multicultural training, (d) counselor years of experience, (e) scores on the Multicultural Supervisory Inventory, (f) counselor perceived impact of supervision on his/her professional growth, (g) and social desirability?

Significance of the Study

Multicultural competence is becoming increasingly important within the counseling profession as ethnic and racial diversity increases throughout the United States (Lee, 2014). In addition, within the counseling literature, there is evidence to suggest that clients have heightened levels of comfort with counselors who understand the client's cultural background (Lee, 2014; Lee & Park, 2014). The American Counseling Association (2017) stipulates that

counselors must understand the diverse cultural backgrounds of the clients that they serve. Being multiculturally competent is also mandated by rehabilitation counselors and supervisor's professional/ethical (CORE/CACREP) and certification codes (CRC, LPC). Thus, it is important for supervisors and, by extension, their assigned counselors to increase their multicultural competence and awareness if they are to provide effective supervision and ultimately ethical client services.

Limitations of the Study

The focus of this study is on the multicultural competence of rehabilitation supervisors as well as supervisees. As a result, generalizations to counselors and supervisors in other professional disciplines or settings are not possible. Data are collected through self-report instruments and therefore faking results (social desirability), bias in selecting answers, misinterpretation of the questions, random responding on scales, and intentionally providing misleading responses are considerations that can impact the data collected. Further, this study aims to focus on the multicultural competence within the rehabilitation counseling practice and therefore will be limited to Certified Rehabilitation Counselors.

Definition of Terms

The following list contains the definition of terms related to this study.

Clinical Supervision: "Clinical supervision is an evaluative process characterized by a supportive relationship that is developmental in nature in which supervisors use consultant, counselor, and teacher roles to develop and enhance counselor skills and case management decisions. This process may involve individual, triadic (supervision of another supervisor who is supervising the counselor), and group supervision formats that involve direct (e.g., observing

client–counselor interactions in the field) or indirect methods (e.g., conducting discussions of specific clients and their rehabilitation needs)" (Herbert, 2017, p. 419).

Competence: "The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served" and is contingent upon "habits of mind, including attentiveness, critical curiosity" (Epstein & Hundert, 2002, p. 227).

Culture: "Includes demographic variables (e.g. age sex, place of residence), status variables (e.g. social educational, economic), and affiliations (formal and informal), as well ethnographic variables such as nationality, ethnicity, language, and religion" (Pedersen, 1991) and ability status**.**

Culturally Diverse: Encompasses "age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law" (Commission on Rehabilitation Counselor Certification, 2010, p. 3).

Ethnic Minority: Ethnic minority is defined as Asian, Black/African American, Hispanic or Latino, Alaskan Native, Hawaiian/Pacific Islander, Native American, Middle Eastern, or Bi Racial (Commission on Rehabilitation Counselor Certification, 2010).

Microaggression: "Racial microaggressions are brief and commonplace verbal, behavioral, or environmental indignities (whether intentional or unintentional) that somehow communicate negative or denigrating messages to people of color" (Sue, Capodilupo, Torino, Bucceri, Holder, & Esquilin, 2007, p. 271).

Multicultural Competence: Rehabilitation professionals who recognize the effects of age, color, culture, disability, ethnic group, nationality, marital status, gender, race, language

preference, religion, spirituality, sexual orientation and socioeconomic status on administration and interpretation, and place assessment results in proper perspective with other relevant contextual factors (Commission on Rehabilitation Counselor Certification, 2010).

Multicultural Supervision: The supervisor's ability to convey, communicate, teach, and assess the multicultural competencies of the supervisee and the ability to form a collaborative supervisory relationship (Ortega-Villalobos, Pope-Davis, Merluzzi, 2007).

CHAPTER TWO: REVIEW OF LITERATURE

Multicultural Competence and Clinical Supervision

The term multicultural competence was originally identified and defined in the counseling profession using standards proposed by Sue, Arrendondo and McDavis (1992). Since then, researchers have refined and operationalized the term *multicultural competence* and multicultural competence as it pertains to *clinical supervision.* Generically, *clinical supervision* can be defined as, "an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of the same profession" (Bernard and Goodyear, 1992, p.9). This relationship, between the supervisee(s) or junior member(s) and supervisor or senior member occurs over a period of time, is both hierarchical and evaluative, and enhances both the professional development and learning of all parties involved in the relationship (Bernard and Goodyear). Herbert and Caldwell (2015) describe clinical supervision as a supportive and evaluative relationship between supervisor and supervisee, which focuses on counselor skill and development.

Operationally, clinical supervision:

> Involves a developmental and supportive relationship in which supervisors function in consultant, counselor and teacher roles to develop and enhance counselor skills and case management decisions. This process involves individual, triadic (supervision of another supervisor) and group supervision formats through direct and indirect observation methods where supervisors function within acceptable ethical practices to promote counselor awareness, knowledge and skills that result in successful rehabilitation outcomes (Herbert, 2016, p. 75).

Falender, Ellis, and Burnes (2013) also proposed a definition for purposes of clinical supervision, training, and professional guidelines, by citing Rodolfa, Bent, Eisman, Nelson, Rehm, & Ritchie (2005). A competent supervisor is someone who is: "Qualified, capable, and able to understand and do certain things in an appropriate and effective manner . . . [which] connotes that behaviors are carried out in a manner consistent with standards and guidelines of peer review, ethical principles and values of the profession, especially those that protect and otherwise benefit the public" (pp. 348-349). Falender and Shafranske (2004) as cited in Falender, Ellis, and Burnes (2013), described aspects of what it means to be a competent multicultural supervisor:

> A working knowledge of the factors that affect worldview; . . . self-identity awareness and competence with respect to diversity in the context of self, supervisee, and client or family; competence in multimodal assessment of the multicultural competence of trainees . . . models diversity and multicultural conceptualizations throughout the supervision process; models respect, openness, and curiosity toward all aspects of diversity and its impact on behavior, interaction, and the therapy and supervision processes; initiates discussion of diversity factors in supervision (p. 149) .

Arredondo (1999) provided an operational definition of multicultural competency in terms of an individual's sense of identity and worldview in a sociopolitical and historical context. Accordingly, multicultural competencies should be inclusive in all cultures (not solely those who are cultural minorities), as everyone can self-identify with the term *multicultural* whether they are of a minority culture or not. This component is important to clinical supervision, as it helps supervisees and supervisors to examine their worldviews formulated from

historical and learned cultural experiences, while reframing thoughts about those who are culturally different. Pedersen (1991) explained that prior to being born there were cultural patterns of thought and action that were already prepared to guide our ideas, influence our decisions, and help us take control of our lives. Pedersen also expressed that these patterns of thought and action were inherited from our ancestors' parents and teachers. It is these patterns that help shape our self-identity and historical, and cultural experiences.

In addition to ancestral influences, there are other characteristics that help define the meaning of multicultural competence with respect to clinical supervision. Culturally competent supervisors are flexible, critical thinkers who have the ability to work across cultures. They are capable of managing their anxiety, have a well-established sense of identity and are effective in their use of humor, humility, and patience in practice (Butler, 2004). The most notable components Butler describes relates to the supervisor's ability to "attack the fear of the unknown head on" and "lack an air of superiority", as these are two components are frequently mentioned throughout the literature yet, according to Butler, they lack prevalence in most supervisory settings.

Researchers (Falender & Shafranske, 2004; Falender, Ellis, & Burnes 2013) suggest that supervisees who are unwilling to grow and have unresolved issues pertaining to cultures outside of their own, fearful of change, unable to examine self-biases, possess a lack of sensitivity/respect for addressing, and approach cultural issues/situations typically struggle with multicultural competence. Supervisees, who are defensive and unable to accept constructive feedback, avoid supervision and, in particular, discussions about multicultural issues in supervision accordingly have lower multicultural cultural competence (Wilcoxon, Norem, & Magnuson, 2005). In order to develop competently and culturally as a supervisee it is imperative

to recognize personal perceptions of multicultural competence. This desire includes being able to openly identify individual attitudes and beliefs about those who are culturally different (Collins & Arthur, 2010). In sum, there are various definitions that constitute multicultural competence in clinical supervision, which have an overarching theme of supporting and guiding the supervisee. Multicultural competence in clinical supervision also encompasses dynamics between the supervisee/supervisor and supervisee/client that guide professional growth through cultural competence.

Rehabilitation Counseling and Multicultural Competence

The lack of multicultural competence among rehabilitation counselors has been an emergent issue in recent literature. Empirical studies (Bellini, 2003; Matrone & Leahy, 2005; Granello, Wheaton & Miranda, 1998) conducted within the scope of rehabilitation practice show that most counselors are not fully skilled at demonstrating multicultural competence. In fact, this skill deficiency could possibly be a result of the lack of graduate training that rehabilitation counselors receive (Donnell, 2008) or perhaps a lack of post scholastic, on the job training. Cartwright (2001) conducted a study on CORE (Council on Rehabilitation Education) accredited programs, which revealed 52% of programs, required their students to take a multicultural counseling class. However, Cartwright indicated that CORE revised these standards in 2003 to be inclusive of knowledge in multicultural awareness in ethical practice. Since this time, CORE standards were revised in 2008 and again in 2016. To what extent subsequent revisions have on rehabilitation counselor trainee multicultural competence is unknown as Donnell (2008) noted earlier. However, CORE standards stated that rehabilitation counselors should be able to, "counsel individuals with a disability who face lifestyle choices that may involve gender or multicultural issues." There appears to be a lack of research to determine the degree to which the implementation of CORE standards as well as the discussion on one's self-identity and biases

has impacted the multicultural competence of rehabilitation counselors. This lack of research is unfortunate as CORE standards once set expectancy and aided in the development of competency skill sets for both counseling supervisees and supervisors. These standards implied that supervision should be consistent of active dialogue about experiences that shape our cultural ideologies. In addition, supervisees and supervisors who are open, honest, and willing to discuss their cultural worldviews tend to demonstrate higher levels of multicultural competence.

Although the Council for Accreditation of Counseling & Related Educational Programs (CACREP) and CORE has now merged, CACREP standards were more descriptive on the cultural competency expectations of rehabilitation counselors than those by CORE. This finding is interesting because, prior to this merger CORE was the accrediting body for most rehabilitation counseling training programs. Though some may argue that this is a moot point, it is important to highlight the differences amongst the two when considering training competencies for rehabilitation counselors and supervisors, as the CACREP/CORE merge became effective in July of 2017.

Surprisingly, CORE was more applicable to rehabilitation counselors while CACREP comprises of "counseling and related programs" such as mental health and school counseling. However, current CACREP standards in the area of clinical Rehabilitation Counseling state that counseling trainees should: understand how the impact of living in a multicultural society affects clients seeking rehabilitation counseling services (G.1); demonstrate understanding of concepts such as internalized oppression and institutional racism (G.2); understand the effects handicapism, ableism, and sexism can have in one's career (G.3); be aware of and understand literature that outlines approaches, strategies and techniques relative to specific populations and clients with disabilities (G.4).

The Commission on Rehabilitation Counselor Certification's (CRCC'S) 2017 Code of Professional Ethics for Rehabilitation Counselors became the new standard and requirement for cultural diversity and the requirement for cultural competence. Cartwright and Fleming (2010) provided readers with a brief overview of the cultural diversity components that were added to the more recent Code of ethics. Cartwright and Fleming reviewed each section of the code of ethics to assess how diversity and multicultural features were addressed. Their assessment suggested that the revised code became more inclusive of the practices of professional conduct and ethical decision making when working with culturally diverse individuals. The preamble begins by broadening the definition of autonomy and laying the foundation of expectation for cultural competence in service provision.

However, changes to the counseling relationship and teaching supervision and training were more detailed. Within the counseling relationship, the CRCC Code of ethics indicated that providing culturally appropriate services is a necessary component and reaffirms individual respect rehabilitation counselors must have for all culturally diverse clientele. As applied to teaching, supervision and training functions, the CRCC Code of Ethics addressed the role of cultural diversity in the supervisor relationships. "When cultural, ethical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, rehabilitation counselor supervisors make appropriate referrals to possible alternative supervisors" (p.22, Commission on Rehabilitation Counselor Certification, 2017). Whereas in the previous 2006 CRCC Code of ethics more focus was placed on rehabilitation counselors who will work in globally diverse environments.

In a 2002 article, Bellini discussed that future rehabilitation counselors will have greater demands, particularly on individuals who work in state rehabilitation counseling agencies, to

respond more effectively to the needs of clients who are ethnic minorities and persons with disabilities. As such, there is a need to produce culturally competent rehabilitation counselors who understand the importance of and are aware of how their multicultural beliefs and worldviews impact their work with minority clients. Bellini explained that the 1992 Rehabilitation Act Amendment specifically acknowledged that ethnic minorities who are also persons with disabilities have been poorly served in the state-federal program and illuminated that service inequities in this program will continue if rehabilitation counselors are: (a) restricted to and guided by cultural assumptions which have questionable appropriateness and validity when applied to cultural minorities and (b) lack the appropriate knowledge and cross-cultural competencies needed to serve a diverse client population. Previous researchers (Alston & Bell, 1996; Schaller, Parker, & Garcia, 1998) have supported Bellini's more recent findings, also explaining the need for a cultural relevance in rehabilitation practices.

The lack of effective multicultural training competencies in rehabilitation can also have a profound effect on the supervisor, counselor (supervisee) and the counselor's client. At some point in time, all supervisors were counseling supervisees and worked with clients from various racial backgrounds. Unfortunately, without training in multicultural counseling and, by extension, supervision, rehabilitation professionals are likely to lack competencies in this area and, as a result, perpetuate the problem of supervising counselors who may also lack this skill set. Thus, the cycle continues and little change occurs. Because the extent and level of comfort supervisor's show discussing multicultural issues with their supervisees is likely to remain problematic, it will continue the same cycle for counselors they supervise and impact the degree in which supervises (counselors) are comfortable with addressing race and culture with their clients.

Perceived Self-Efficacy

According to Constantine and Ladany (2001) the self-efficacy theory is an approach, which has the potential to enhance one's understanding of multicultural competencies. Sheu and Lent (2007) explain that though self-efficacy is not intended to serve as a substitute for one's objective ability, it is assumed to assist in determining how people can deploy their abilities. For example, if a person feels as if he/she can complete a task then, this can potentially affect the ability to complete said task. Bandura (1990) states that, "perceived self-efficacy is concerned with people's beliefs in their capabilities to mobilize the motivation, cognitive resources, and courses of action needed to exercise control over task demands" (p. 316). In essence, demonstrating multicultural competency may be reflective of one's confidence in deploying these skills.

Constantine (2001) conducted a study to determine if the supervision time spent concentrating on multicultural issues in supervision were reflective of supervisee's (or counselors) multicultural counseling self-efficacy. This study suggests that counselors may feel more culturally competent and self-efficacious about serving the diverse needs of their clients, when they have received adequate multicultural training. This supports the importance of broaching topics of multicultural competence in supervision or learning settings. Then again, in 2002, Constantine conducted a follow up study to determine the relationship between general counseling self-efficacy and perceived multicultural competence. While findings revealed that self-efficacy contributes to self-reported multicultural competence, these findings were also partly related to their beliefs about their ability to work with culturally diverse clients. This result provides evidence that counselors are more likely to broach culturally sensitive topics on race and culture if they perceive themselves confident and competent enough to do so.

It is apparent that perceived supervisor multicultural competence appears to have a direct influence on the development of the supervisee's counseling self-efficacy and satisfaction with supervision (Crockett & Hays, 2015). Crockett and Hays explain that while the supervisor's multicultural competence influences supervisee counseling self-efficacy, it also shows the importance of addressing cultural competency in supervision. Helping counseling supervisees to build their self-efficacy is a fundamental component of supervision, as this helps counseling trainees feel more confident in their case conceptualization abilities when working with clients of diverse backgrounds (Crockett & Hays). Research (Ladany, Inman, Constantine, & Hofheniz, 1997) shows that counselors feel a heightened sense of multicultural competence when their supervisors asked them to focus on racial issues in supervision. Research (Constantine, 2001; Larson et al., 1999; Vereen, Hill, & McNeal 2008;) also indicates that supervisees who received supervision related to cultural issues experience decreased anxiety, enhanced performance when serving challenging clients, and an ability to accept constructive feedback while applying this feedback to their clients.

Complexities in Expressing Multicultural Issues

Sue (1990) believes counselors must understand the limitations of their individual counseling style and how these limitations affect culturally different clients. Sue discusses proxemics (perception and usage of personal space), kinesics (body movements such as facial expressions), and paralanguage (vocal cues such as silences and hesitations) and how these constructs differ by racial and ethnic group. For example, cultural minority clients may have different expression patterns in comparison to non-minority clients. Sue continues to discuss how non-verbal cues hold higher levels of importance when communicating because they unconsciously reflect our personal biases and trigger stereotypes that we have of other people. To support this example, a 1985 study revealed that when Latin Americans, Africans, Black

Americans, Indonesians, Arabs, South Americans, and French, are communicating with a person, they have a much closer stance than what is deemed normally comfortable for Northwest Europeans (Jensen, 1985). This type of behavior may explain why higher levels of comfort resulting from cultural similarities. In contrast, Bellini (2003) studied outcomes (as it pertains to the counselor-client racial similarities) and the multicultural competency of rehabilitation counselors. Bellini's study concluded that client–counselor racial similarity among European Americans had the highest success rate of any group, but, African American clients served by minority counselors had the lowest rehabilitation rate. Surprisingly, minority counselors who served European Americans clients had high success rates. Thus, European American counselors had higher overall rehabilitation rates than did minority counselors.

Cumming-McCann and Accordino (2005) explained that rehabilitation counselors are comfortable in expressing multicultural issues if they perceive themselves equipped to do so regardless of their culture of race. Collins and Pieterse (2007) explain that a competent counselor addresses multicultural issues by understanding and being sensitive to the dynamics of multicultural interactions. This process involves the supervisor acknowledgement of affective and cognitive responses (and how they can contribute to conflict), willingness and level of appropriateness when engaging in spontaneous conversations on race and culture, and genuineness to explore topics that show importance to the supervisory dynamic. This process allows supervisees to deconstruct their differing or negative worldviews on previous cultural interactions and sociopolitical realities that impact the current supervisory relationship.

Skilled counselors know their cultural traits and understand how these traits may affect the worldview of their clients. A skilled counselor also acknowledges how these traits can be different for clients that are of a different culture which may help explain dynamics of cultural

conflicts and interactions that can occur during counseling (Collins & Pieterse, 2007). Sue (1990) provides a suggestion to help counselors feel more comfortable in expressing multicultural issues by discussing the need for culture specific strategies for effectively communicating and working with clients who identify as cultural minorities. In this article, he gives an account of the difficulties in which counselors face while communicating and addressing multicultural issues.

Language barriers, culture bound values, and non-verbal communications (such as eye contact and personal space) are facets that pose complexities in cross-cultural relationships (Sue, 1977) whether it is a supervisory or counselor client dyad. The complexity of if and how to address multicultural issues indicative of the client-counselor relationship is similar to those found between counselors and supervisors. In a study by Gardner (2002), supervisees (counselors) reported difficulties in their supervisory relationships involving language and communication styles. These findings supported the later findings by Bellini (2003) who found that cross cultural counselor-supervisor dyads in which the supervisee was White and the supervisor was Black, reported difficulties pertaining to language, semantics, and communication styles. These communication difficulties have been found in an earlier study by Sue (1977) who also found that topics of race are reluctantly discussed or even completely avoided but found that they existed regardless of the racial similarity between counselor or supervisor. If neither supervisee nor supervisor are discussing or broaching topics of race in clinical supervision it poses one main question: Are culturally competent counselors, or more importantly, culturally competent supervisors, being produced?

Day-Vines et al. (2007) discusses the need for counselor client cultural interactions. It is important to realize that counselors and supervisors interactions stem from the counselor's

training. The learning experiences acquired within educational and clinical supervisory settings impact the counselor's (supervisee's) professional growth and development. As such, the clinical supervisor's perceived level of multicultural competence can directly impede upon that of the supervisee. If the supervisors are not broaching topics of race with supervisees, they are less likely to broach these issues with their clients. The ACA Code of Ethics states that counselors have an ethical responsibility to deliver culturally competent appropriate counseling interventions (Day-Vines et al.)

Broaching

Day-Vines et al. (2007) indicates the need for "culturally relevant counseling practice" and, as one way to achieve such, indicates the use of "broaching" or "The counselor's ability to consider how social political factors such as race influence the client's counseling concerns" (p.401). Behaviorally, it refers to a "consistent and ongoing attitude of openness with a genuine commitment by the counselor to continually invite the client to explore issues of diversity" (p. 402). Accordingly, there are five different types of broaching styles: avoidant, isolating, continuing/incongruent, integrated/congruent, and infusing. Counselors who display avoidant behavior have race neutral perspectives and feel as though issues of race require little attention. Avoidant counselors tend to avoid discussing issues on race and culture. They display a lack of awareness and portray resistance when asked to be inclusive of or examine clients of color in a cultural context. Opposed to avoidant counselors, an isolating counselor tends to broach issues of race and culture; however, they broach these issues in an unrealistic or simplistic manner. An isolating counselor gives surface level reflections, causing one to question their genuineness about the cultural context being discussed. Counselors who are continuing/incongruent demonstrate effective broaching behavior, inviting their client to explore issues of race and culture. Conversely, integrated/congruent counselors have both demonstrated effective broaching

styles and have integrated these styles into their professional identity. Lastly, infusing counselors are personally and politically committed to eliminating all types of oppression in their personal and professional lives.

In summation, counselors and supervisors express that communicating and conveying complexities tends to be the most difficult task to accomplish. Sue (1990) and Day-Vines et al. (2007) acknowledged that topics of race and culture are difficult to raise and may explain why they are hardly addressed during clinical supervision. The work of Day-Vines and Sue provide an outline for the types of broaching or communication patterns, but further attention should be paid to how counselors are prepared to engage in difficult dialogue on race and culture. Lack of effective training can gravely impact counselor and supervisor ability to address conflict in multicultural issues. What is not known within the rehabilitation counseling profession is to what extend supervisors and counselors believe they provide or receive multiculturally competent clinical supervision.

Problems Experienced Within Clinical Supervision

Multicultural concerns within clinical supervision can include: supervisor and supervisee having different cultural backgrounds (ethnicity, race, gender, sexual orientation, religion, or ability status); supervisee and client having different cultural backgrounds; supervision that addresses client presenting concerns themes, and supervision that takes place in a culturally diverse setting and addresses the role of culture in counseling and training for educational purposes. Literature shows that supervisors report various problems such as microaggressions (Constantine & Sue, 2007; Jernigan, Green, Helms, Perez-Gualdron, & Henze, 2010), resistance (Butler, 2004; Chang, Hays, & Shoffner, 2004), lack of engagement (Arredondo & Perez, 2006; Arredondo, 1994; 1999), lack of training (Herbert & Caldwell, 2015; Herbert, Byun, Schultz, Tamez, & Atkinson, 2015) and lack of knowledge of multicultural theory (Sue, 1977; Sue et al.,

1982). Bernard and Goodyear (2014) also imply that problems experienced within supervision may also be in part to the supervisee's level of resistance, shame in discussing true feelings, and the need to feel/appear competent and the supervisor's level of interpersonal power and attachment styles. While reviewing the literature it was noted that these complexities often arise from the general lack of clearly defined roles and expectations.

Microaggressions

Constantine (2007) explained that microaggressions are a form of indirect racism. Most individuals who commit racial microaggressions are typically unaware of the effect such actions may have on persons for whom the behaviors were intended. In order for a racial microaggression to be taken as offensive, it depends on the sensitivity and racial/ethnic consciousness of the receiver. This means that if recipients of racial microaggressions have a lack of or low levels of connectedness to race and culture, they may not view microaggressive comments as offensive. Conversely, someone who values and is conscious of race/culture may find subtle racial comments as offensive.

In terms of this phenomena within clinical supervision, Constantine (2007) found among Black counselor-supervisees, there were seven microaggression themes which comprised of their supervisors having (a) invalidated racial–cultural issues, (b) stereotypic assumptions about Black clients, (c) stereotypic assumptions about Black supervisees, (d) a reluctance to give performance feedback for fear of being viewed as racist, (e) focused primarily on clinical weaknesses, (f) blamed clients of color for problems stemming from oppression, and (g) offered culturally insensitive treatment recommendations. Results of this study indicated that these themes of racial microaggressions are harmful and detrimental to the counseling development of the supervisees. Not only were they harmful to their supervisees they also affected the supervisory working alliance while indirectly impacting their clients of color.

Resistance

Discussing cultural issues in supervision can produce resistance from both the counselor and supervisor. Resistance often comes in the form of "pushback" or conflict, struggle, and opposition with racial issues/context discussed in supervision. Resistance can also be exhibited in the unstated delegation of issues of race and culture to a particular subgroup (Collins & Pieterse, 2007). Butler (2004) explained that supervisees can display resistance during their training process brought about by persistent supervisors who push and challenge supervisees to become more multiculturally competent. Therefore it is imperative for counselors and supervisors to acknowledge and be mindful of their resistive nature. Clinical supervisors must be willing to stop the supervision process and work through this resistance to allow change to occur (Hawkins & Shohet, 2000). To work through this resistance, Raheem, Myers, and Wickman (2014) suggest that fostering safe, productive, and open learning environments while increasing education on racial microaggressions is needed. In return, these authors imply that this type of supervisory climate will (a) increase counselor ability to identify racial microaggressions; (b) understand how racial microaggressions, including their own, detrimentally affect clients of color; and (c) accept responsibility for taking corrective actions to overcome racial biases.

Lack of Training

Counselors (or supervisees) are often taught general information regarding cultural techniques. This may be taught from their supervisors in their previous training institution or their post-training supervisors. Some students may learn culture specific strategies but they are typically taught over a short periods of time. Having a minimal multicultural counseling training over a short period of time does not allow adequate time for a counselor in training to effectively analyzing and learn about their cultural biases. This includes addressing, confronting, and being honest about biases. Nor does it allow skill building for those who sincerely desire to obtain

knowledge of other cultural backgrounds. Surface level reflections are more susceptible to occur when adequate time is not allotted. Specific information surrounding the interactions of various cultures is often compiled into general course material. All supervisors were supervisees themselves at some point in either their academic or professional tenure.

If supervisors weren't trained to be multiculturally competent as a supervisee (or counselor), how can we expect these same supervisors to adequately and properly demonstrate multicultural competency with their own supervisees? If multicultural competence is left unaddressed these same levels of discomfort, resistance, confusion, and skepticism (which were previously discussed) will also be present for the counselor once their academic program is completed and a professional position is obtained. If counselors (both supervisors and supervisees) are rarely subjected to take courses/training in multicultural counseling or competency, how are counseling educators or future supervisors (of both the current and the future) obtaining the necessary skill and development needed to effectively counsel and teach clients/supervisees from diverse backgrounds?

Lack of Knowledge of Multicultural Theory

Misapplication and improper implementation of multicultural theory creates subsequent problems in supervision. Though Sue (1991) discusses foundational concepts and importance of multicultural theory as it applies to knowledge, awareness, and skill, some fail to see this focus as an integral or necessary component to their counseling/supervision style and ability. To understand the importance of implementing a theoretical framework as part of counseling and supervision, one must realize the need and rationale for a multicultural perspective in our ever-growing diverse society, specifically as it pertains to counseling development and continuous education. Lacking this component as a supervisor can cause conflict in the supervisory dynamic as one party (either supervisor or supervisee) places higher importance on the incorporation of

such perspective. For example, the supervisee can feel the heightened need to incorporate such theory whereas the supervisor may not and vice versa.

Lack of Engagement

With regard to the supervisory dynamic, both supervisee and supervisor may experience a lack of engagement of multicultural issues as part of supervision practice. As noted earlier, lack of engagement can occur because of insufficient knowledge of multicultural theory, resistance, microaggressions, and lack of training. Engagement levels for both supervisor and supervisee are contingent upon the importance placed on issues of race and culture within the supervisory dynamic. For the supervisor who is sincerely aiming to teach the supervisee about the important race and culture, lack of engagement can impact the supervisee's growth and development. If either the supervisor or supervisee does not care about multicultural context they will not engage in conversations on race and culture.

Supervisory Roles

The manners in which multicultural aspects are explored in supervision depend on the type of supervisory role that is adopted. Hird, Tao, and Gloria (2004) examined the roles of clinical supervisors within the framework as teacher, counselor, consultant, and mentor. Supervisors who function more in a teaching role allow their supervisees to expand their knowledge of multicultural theory that may initiate meaningful dialogue on ethical and cultural issues. This role is often used with beginning counselors who need greater structure as part of supervision where the supervisor might model or instruct specific techniques consistent with multicultural competence (Bernard & Goodyear, 2014). In a counseling role, supervisors can promote growth through exploring personal change and emotional learning in terms of how multiculturalism impacts the supervisee and what it means to the counseling and supervisory relationship. This role might be applied with somewhat more experienced counselors who are

able to examine their internal emotional reality and willing to engage within supervision. Having the supervisor in a consultant role emphasizes collaboration between counselor and supervisor where power dynamics often experienced in earlier developmental levels are not as present with more experienced supervisory dyads. With this dynamic in place and working collaboratively, it may result in less resistance about multicultural discussions and how they might be manifested through microaggressions observed with clients or within supervision. Finally, as mentors, supervisors empower supervisees by providing a support system and, in return, this strengthens the supervisory relationship.

Supervisory Working Alliance

Chang, Hays, and Shoffner (2004) emphasized the importance of the working alliance while considering the racial identity status for supervisors and supervisees. Using a developmental model for approaching cross-racial supervision which includes an evaluation of racial identity of the supervisor and supervisee, they hypothesized three racial identity status interactions between the supervisor and supervisee: parallel, cross-regressive, and cross-progressive.

Parallel

While presenting from similar racial identity statuses, the parallel relationship provides a supervision environment that can either avoid (at lower developmental levels) or address (at higher developmental levels) racial and cultural issues, questions, or concerns. With the parallel relationship, both the supervisor and the supervisee share “parallel” or the same ideas about race and culture. This can produce several different outcomes within the supervisory dyad. The supervisor and supervisee can both: feel anxiety about discussing race and culture and neither discuss it or have a mutual dislike for one another due to cultural differences or not “emphasize with one another's racial attitudes” (Chang, Hays, and Shoffner, 2004, p. 129). On the contrary,

both supervisor and supervisee can have similar views about race, culture, attitudes/beliefs, feeling the need to bring forth these topics in the supervisory relationship. Supervisor and supervisee can lightly address or allow surface level reflection pertaining to racial context in supervision. Thus, the parallel relationship can potentially enhance or pose conflict to the supervisory working alliance. Both parties share the same ideologies as to whether they should address, avoid, or lightly discuss racial context in the supervisory working relationship.

Cross-Progressive

In a cross-progressive dyad, the supervisor has greater awareness and skill at addressing multicultural issues and can create a safe, open, honest, and secure learning environment for supervisees. In this instance, the supervisor is more aware of how race and culture impacts the working alliance and how the lack of multicultural competence can influence the supervisory relationship and that associated between counselor and client. Discussion of multicultural concerns within a cross-progressive frame will often be initiated by the supervisor who is more skilled and adept of examining these concerns.

Cross-Regressive

With a cross-regressive relationship, the supervisee is the person with greater multicultural awareness and skill and, as a result, more willing to openly and honestly discuss cultural diversity issues within the supervisory relationship. Chang, Hays, and Shoffner (2004) explain that in the cross-regressive relationship the supervisee can have greater awareness of racial status and issues while the supervisor does not. The supervisor may unaware of racial issues, may deem them important, or respond to supervisees questions or comments about racial context in a stereotypical manner. The supervisee, being more skilled at discussing issues of race and culture, can potentially enhance their supervisor's knowledge of culture and cultural sensitivity or make the supervisor more intolerable of discussing such issues in the supervision.

This type of relationship can be detrimental to the supervisee's learning and development while also causing the supervisee to deem the supervisor as inexperienced. The supervisee, being more experienced and willing to explore multicultural concerns may produce tension as part of the supervisory working alliance with a supervisor who is unaware or resists this examination.

In sum, lacking an effective working alliance is influenced, in part, by the multicultural competence of both supervisor and supervisee. Researchers (Chang, Hays, & Shoffner, 2004; Gray & Smith, 2009; Paradeck 2001) express that it is every important for supervisors to be multiculturally competent so that it promotes a dialogue with their supervisees to feel comfortable and open to discussing feelings about culture, cultural conflict, and cultural statuses. These discussions, if productive, have the potential to impact the counselor-client relationship as well. In contrast, supervisors who lack sufficient training will be more likely to disengage in discussion and resist efforts by supervisees who may be more developed in their own awareness and, as a result, place stress on the supervisory working alliance. Regardless of developmental level, the plain truth is that cultural and social justice issues are difficult for helping professionals to discuss. If unattended, however, it does not serve counselors well in helping with their development and, as noted earlier, has the potential for negatively impacting the client-counselor relationship and ultimately successful rehabilitation outcomes.

Multicultural Conflict in Mixed Race Dyads

Hird, Tao, and Gloria (2004) explain that mixed racial dyads experience more conflict than supervisory dyads that are racially similar. Having the willingness to discuss racial issues and the ability to maintain levels of racial consciousness are factors that significantly affect the ability of White counselors' level of functionality in cross-racial counseling and supervision contexts (Helms & Cook, 1999; Utsey, Gernat, & Hammar, 2005)**.** Many supervisors, especially those who are not from a minority population, are hesitant to discuss and initiate conversation-

surrounding issues of race, culture, and ethnicity for fear of being viewed as culturally offensive (Helms & Cook; Pinderhughes, 1989; Utsey, Gernat, & Hammar, 2005). If supervisors are going to openly discuss topics of race culture, they must first be able to openly confront their own assumptions, biases, and prejudices about other ethnic groups (Pinderhughes; Utsey, Gernat, & Hammar). Furthermore, the supervisor should also have experience working with multicultural populations within clinical settings and possess a specialized skill set to broach issues of race culture and ethnicity.

A study conducted by Utsey, Gernat, and Hammar, (2005) examined reactions of White counselor supervisees in training programs to racial issues in counseling and supervision interactions. Eight White male and female counselor supervisees, participated in a focus group style interview with vignettes that depicted racial issues within the counseling and supervision. The authors categorized participant answers into several categories: (a) White racial consciousness, (b) White racial awareness (c) minimizing race (d) discomfort with racial issues (e) reducing the threat of race (f) and finding a comfort level. Overall, this study suggested that in general, and in training situations, White supervisors feel it is still offensive to have direct discussions about race and racism, resulting in surface-level explorations. For example, at times during the focus group discussion when a member used racial terms, correlated with a culture outside of his or her own, there was a noticeable lowering of the voice, signaling a timid, downtrodden behavior.

In addition, some of the White counselor trainees had difficulty recognizing what it means to be White. Utsey, Gernat, and Hammar, (2005) explained that being White has association with privilege and some counselors in this study were oblivious to said privilege as well as issues of issues of race and racism. Interestingly, White counselors were not completely

unaware of the context of racial consciousness. However, when they were racially conscious they were aware of the race of others as opposed to themselves. Utsey, Gernat, and Hammar suggests that White counselors may think that because the counseling profession has grown to include counselors of mixed race, racism is no longer an issue in contemporary society. Utsey, Gernat, and Hammar concluded that findings from this research suggest that White counselor trainees struggle to acknowledge the importance of racial issues in American society and, with "recognizing themselves as racial beings" (p. 450).

Effectively Addressing Multicultural Conflict

Competent supervisors know how to effectively address multicultural issues and conflicts that occur in clinical supervision. Jernigan, Green, Helms, Perez-Gualdron, and Henze (2010) explained that a competent supervisor addresses conflict by being knowledgeable and aware of racial issues and are able to assess racial identity status. These authors explained that competent clinical supervisors address multicultural conflict by (a) bringing up race while recognizing the conflict within the dyad, (b) assessing their own competency and self-efficacy with respect to racial dynamics, and (c) offering extra positive regard to supervisees who initiate conversations of race. In addition, Jernigan et al. explain that a competent supervisor is willing to acknowledge the nature of the conflict in the relationship without placing the blame of the relational conflict solely on the supervisee. Intriguingly, these authors offered implications specifically for competently addressing and avoiding conflict with supervisees and supervisors of color. Although there are perceived benefits to working with someone of the same race and culture, (i.e., higher level of comfort when discussing issues of race, heightened levels of cultural sensitivity), Jernigan et al., indicates that supervisees of color should not operate as though the supervisor of color is an expert as it pertains to race relations; a point made earlier by Helms (1990).

Theoretical Models for Enhancing Multicultural Competence

There are several theoretical models and interventions described throughout the literature that can be used to further develop training interventions and enhance multicultural competence. The foundational models mentioned next provide a conceptual framework for enhancing multicultural competence in supervision. In order to provide an organized framework to the existing multicultural supervision literature, research findings will be divided into two broad categories: multicultural counseling and supervision models. More specific theoretical elements of supervisory competency, as it pertains to this study will then be addressed and discussed.

Multicultural Models

Cultural Diversity Training Model

Multicultural competency begins with appropriate training. Thus, it is imperative to briefly discuss models designed for enhancing cultural training. Developing effective training methods can increase the cultural competency levels of counselors and counseling-supervisors. Sue's (1991) model offered a 3 × 3 × 3 matrix, which examines, organization's functional focus (recruitment, retention, and promotion), barriers (differences, discrimination, and systemic factors), and cross-cultural competencies (beliefs/attitudes, knowledge, and skills). This systematic approach was designed to incorporate pre-service cultural training to increase cultural sensitivity particularly toward racial/ethnic groups. Sue indicated that pre-service, university-based training must do a better job in recruiting, admitting, and supporting students from cultural minority backgrounds, as the best way to learn about culture is from other students who are cultural minorities. Sue also iterated that programs must back away from traditional models of training and be more inclusive of models that incorporate the worldviews and problems encountered by the culturally diverse. By doing so, programs will act as agents for change (Sue,

1991) and can work with minority students to tailor their programs to fit individualized educational needs.

Functional Focus

Sue explains that most programs fail to recruit minority students because they are unable to find applicants that they deem qualified. Sue (1990) implies that this suggests that minority students are unfit for most training programs and must adhere to "a white definition fostered by the organization to be considered qualified" (Sue, 1991 p. 100). As it pertains to cultural competence, having a higher minority presence in counseling training programs can help those who are not minorities understand the importance of gaining knowledge about and be more comfortable working with their clients and supervisors from minority backgrounds.

Barriers

Sue (1990) discusses various barriers that minority students can face, which include differences in communication styles or social characteristics of racial and ethnic minorities, interpersonal discrimination and prejudice, and systematic barriers. It is these same barriers which occur in the training programs that trickle into the supervisor and supervisee working alliance. Training program faculty should recognize that different racial and ethnic groups communicate in different ways, as there should be various forms of training methods that are not solely inclusive of traditional lecture material (i.e. workshops seminars, role plays) that are implemented in institutional training programs. Using these strategies can decrease stereotypes, systematic, and institutionalized barriers that prohibit the formation of cultural diversity for both future and current counselors and supervisors.

Cross-Cultural Competencies

To address and potentially solve the previously mentioned deficits, Sue proposed cross cultural training standards that included: beliefs and values of one's own cultural values and

beliefs, multicultural knowledge of the cultural beliefs of others, and skill about how to appropriately communicate with other cultures. Sue believed that cross-cultural effectiveness might be highly correlated with the counselor and supervisor's ability to recognize and respond to verbal and nonverbal messages that resulted in using culturally relevant counseling strategies appropriate for various racial-ethnic groups.

Multicultural Counseling Competency Model

In 1991, the Association for Multicultural Counseling and Development outlined the need and rationale for developing a multicultural perspective in counseling. In 1992, Sue, Arredondo, and McDavis proposed a model to theorize multicultural knowledge and skills. This model included a list of 31 statements and specific multicultural standards that defined a culturally competent counselor. A 3 (Characteristics: counselor self-awareness, understanding the client's worldview, and culturally appropriate treatment) x 3 (Dimensions: counselor attitudes and beliefs, knowledge, and skills) model of conceptualizing multicultural competencies was developed. The characteristics and dimensions contained in this 3 x 3 model continue to be the foundational concept of most cultural competency models. Under these categories of characteristics and dimensions, three main areas were examined: awareness of attitudes and beliefs, knowledge, and skills.

Awareness

In order for counselors or supervisors to be multiculturally competent, the first step is for them to be aware of their cultural beliefs and worldviews. Having awareness of their own cultural beliefs helps counselors and supervisors recognize their biases and the impact that they can have on their work in counseling. According to Sue Arrendondo, and McDavis (1992) not only are culturally skilled counselors able to recognize their cultural limitations and areas of expertise, but they are also comfortable with the cultural differences (race, ethnicity, culture, and

beliefs) that lie between themselves and others. A culturally skilled counselor and supervisor will acknowledge, respect, and welcome conversation surrounding these differences.

Knowledge

Cultural competency majorly relies on possessing the knowledge to do so. If a counselor lacks the proper knowledge needed to be culturally competent. One cannot fully expect him or her to do so. Sue Arrendondo, and McDavis explain that culturally competent counselors have knowledge about key terms such as oppression, racism, discrimination and stereotyping. Not only are knowledgeable counselors well-informed about these concepts, they have a working knowledge on how to address them in counseling practice. In addition, they have knowledge about cultural competency and White identity development models. A knowledgeable counselor will also be familiar with the family structure, values, hierarchies, and beliefs of the minorities in which they serve.

Skill

Sue Arrendondo, and McDavis explains that skilled counselors are frequently looking for ways to increase their understanding and effectiveness in working with minorities. To be skilled does not mean that the counselor is fully culturally competent. Instead skill counselors will know their cultural competency limits and seek the necessary education needed to ensure further competence. If the counselor feels client issues or concerns are beyond individual limits he/she will refer the client to the most appropriate person, adhering to counseling ethics. Culturally skilled counselors will seek resources, consultation, or advice from those who they deem more knowledgeable about the cultural problems, concerns of conflict being presented.

Though several researchers (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016; Campbell, Vance, & Dong, 2017) have used the cultural competency model in their research, Bernard and Goodyear (2014) explain that the Multicultural Counseling Competency

Model is one of the most frequently misunderstood models in multicultural supervision. This is because multiculturalism is multifaceted. This model continues to prompt researchers to revisit and analyze issues concerning culture and the counseling profession (Bernard and Goodyear). The 31 competencies in the Multicultural Counseling Competency Model were later operationalized by Arredondo, Toporek, Brown, Jones, Locke, Sanchez, and Stadler in 1996. These categories and areas of examination were developed into 31 competencies with 119 explanatory statements. These competencies were eventually expanded to 34 competencies in 1998. Competency statements were designed and developed to guide practicing counselors and include statements such as, "Culturally skilled counselors are able to recognize the limits of their multicultural competency and expertise" and "Culturally skilled counselors recognize their sources of discomfort with differences that exist between themselves and clients in terms of race, ethnicity and culture" (Arrendondo et al., 1996, p.59)

Personal Identity

According to Arredondo et al. (1996) there are three dimensions of personal identity. Dimension A includes identities pertaining to age, culture, ethnicity, gender, language, physical disability race and sexual orientation. Dimension B includes educational background, geographic location, income, marital status, religions, work experience, citizenship status, military experience, and hobbies/recreational interests, and Dimension C which involves historical moments/eras. Thinking about these dimensions insinuate that we are all: (a) multicultural individuals (b) possess a personal, political, and historical culture, (c) affected by sociocultural, political, environmental, and historical events and (d) persons who recognize that multiculturalism intersects with multiple factors of individual diversity.

Supervision Models

SuperVISION Model

Garrett, Borders, Crutchfield, Torres-Rivera, Brotherton, and Curtis (2001) explained that the SuperVISION model provides a way to teach supervisors to be aware of culture and how to learn to be more culturally responsive in supervision. The supervision model was adapted from the VISON model of culture (Baber, Garett, & Holcomb-McCoy, 1997) which was used to define cultural standards for "what is, what can be, deciding how one feels about it, deciding what to do about it, deciding how to go about doing it" (p. 152). When used in supervision, the VISON model helps supervisors and supervisees to be culturally responsive. The acronym refers to: *V* which stands for values and belief systems of the supervisor and supervisee that may be similar or different from another. This component includes values of human nature, (morals of what the supervisee deems good, bad or neutral), social relations (ancestry, lineage, and individualism), people/nature relations (harmony and co-existence and how nature impacts fate), and human activity (how past traditions impacts the future and present). The *I* refers to Interrupting the supervisees' experiences and ascribing meanings as it pertains to their worldview. When conversing about race and culture, the supervisor should not assume that he/she knows what the supervisee is referring to culturally. Rather, the supervisor should stop, ask supervisees about their intended meaning in order to be sure of their understanding of cultural contextual world.

S accounts for the structuring of how supervisees view their world according to personal and cultural meanings. This structuring of the worldview should be done in a manner which provides appropriate opportunities for goal-directed behaviors and expectations. The second *I* stands for supervisor-supervisee interaction. Effective supervision requires an active participation for both individuals to freely express verbal and non-verbal communication. *O*

stands for the operational strategies that will assist the supervisee in meeting expectations and accomplishing goals. This component allows the supervisor to use individualized strategies that are operationalized and designed to help the supervisee become a better counselor. Finally, *N* stands for the development of strategies to fulfill perceived physical, mental, emotional (spiritual), and environmental needs. This component focuses on desired outcomes and needs that are either agreed upon in supervision (for supervisees and supervisors) and in session (for clients and counseling supervisees). The N component is addressed by asking, "What are your hopes for this supervision session?" In sum, the superVISON model involves more than having multicultural knowledge and counseling skills that requires self-exploration and self-understanding on the part of both supervisee and supervisor.

Multicultural and Social Justice Counseling Competencies Conceptual Framework

Though there are several models that could be used to describe multicultural competence, the Multicultural and Social Justice Counseling Competencies Conceptual (MSJCC) framework best applies to this study. The Association for Multicultural Counseling and Development, produced the MSJCC model which represents the most recent revision of the multicultural counseling competencies developed by Sue, Arrendodo and McDavis (1992). "The term social justice is incorporated into the title of the revised competencies to reflect the growing changes in the profession and society at large" (Ratts, Singh, Nassar-McMillian, Butler, & Rafferty McCullough, 2016, p. 30). Adding this term into the title of the revised competence intends that counselors that are "being-in-becoming" (Ratts, D'Andrea, & Arrendondo, 2004, p.29) which implies that multicultural and social justice should be regarded as a lifelong process where counselors possess a commitment to continuously develop their knowledge and understanding of multicultural and social justice competence, as it pertains to the counseling profession.

The revised model contains a more inclusive and broader understanding of culture and diversity, which also incorporates the intersections of identities. The MSJCC's purpose is threefold: (1) address current and future practices for counselors; (2) provide cultural competency guidelines for the counseling profession (relating to accreditation, education, training, supervision, consultation, research, theory, and counseling practice); and (3) use multicultural and social justice literature collectively to address cultural worldviews, privilege and oppression experiences to better address cultural competence. In addition, the revisions in this model address four developmental domains: counselor self-awareness, client worldview, counseling relationship, and counseling advocacy and interventions. These developmental domains are reflective of the elements which lead to multicultural and social justice competency. "Aspirational competencies" such as attitudes and beliefs, knowledge, skill, and action are embedded within the first three developmental domains of this theoretical framework.

It is important to note that this socioecological model will be amended for this study. In Figure 1 below, the domains are listed as: (1) counselor self-awareness, (2) client worldview, (3) counseling relationship, and (4) counseling and advocacy interventions. It is important to note that both the Multicultural Supervision Inventory (MSI) and the Supervision Outcome Scale (SOS) were both grounded theoretical support of the original multicultural competence model proposed by Sue. The MSI has 17 items which stem from the author's adaptation of Sue, Arrendondo, & McDavis (1992). Thirteen items were created to address supervisors' (p. 38) items which were developed to access multicultural competence in supervision and were also grounded in this theory. The developmental domains will be amended to reflect the supervisor and supervisee relationship. Developmental domains will include: (1) supervisor self-awareness,

(2) supervisee worldview, (3) supervisory relationship and (4) supervision and advocacy interventions.

Theoretical and Empirical Foundations

The MSJCC outline several philosophical perspectives that bolster and give context to developing multicultural and social justice competence. The MSJCC addresses four counseling aspects: (a) understanding the complexities of diversity and multiculturalism on the counseling relationship, (b) recognizing the negative influence of oppression on mental health and well-being (c) understanding individuals in the context of their social environment and (d) integrating social justice advocacy into the various modalities of counseling.

Understanding the Complexities of Diversity and Multiculturalism on the Counseling Relationship

To understand the intersections of identities one must understand the complexities of identity. Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2016) used the work of Jackson (1995) to argue that older definitions of the term *multicultural* specifically, African American, Asian American, American Indian, and Latina/o Americans, relate to underrepresented or marginalized groups. Pope (1995) as cited by Ratts, Singh, Nassar-McMillan, Butler, and McCullough indicated that this definition should include other marginalized groups such as lesbian, gay, bisexual and transgendered individuals. In order to begin understanding the complex interconnected web of identity, it is important to realize that a using a single-lens perspective on multicultural competence ignores the constellation of identities that contribute to human identity. Thus, a wider lens should include intersectionality of identity, as research (Jones & McEwen, 2000) suggests that individuals have collections of identities which should not understood or examined in isolation.

Recognizing the Negative Influence of Oppression on the Mental Health and Well-Being

It is almost inevitable to discuss social group identity without touching upon issues of oppression (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016). Adams Bell and Griffin (2007), as cited in Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2016) explained that oppression exists in plethora forms including racism, sexism, classism, ageism, and religious oppression. Accordingly, oppression can also be institutionalized through laws, policies, and rules that create unequal opportunities for persons in marginalized groups. These researchers also explain that microaggressions, which are brief assaults which dehumanize and demoralize persons from marginalized groups. These assaults are often in the form of verbal or nonverbal behavior. These authors indicate that regardless of the type of oppression, it is harmful to the well-being of persons who are both oppressed and privileged. Using the earlier work of Goffman (1963), Ratts, Singh, Nassar-McMillan, Butler, and McCullough explained that persons who associate themselves with stigmatized persons equally suffer from sigma themselves which may result in low self-esteem and psychological distress. This form of stigmatization is referred to as *courtesy stigma* (Goffman, 1963). Authors (Diaz, Ayala, & Bein, 2004; Meyer, 2003) have also used the term *minority stress* to refer to marginalized groups who have negative health outcomes from societal oppression and stigma.

Understanding the Individuals in the Context of their Social Environment

To understand intersectionalities and the influence of impression it is equally important to examine and explore the individual and social environment. Bronfenbrenner (1979) stated that both individuals and their environments constantly affect one another. He explained that imperative to understand how individuals shape, and are reciprocally shaped by their surrounding environment. It is important for counselors to explore ways in which oppressive environmental factors influence the health and well-being of their clients. McLeroy, Bibeau,

Steckler, and Glanz's (1988) socioecological model describes five levels of influence that contributes to one's behavior: (a) individual characteristics including attitudes, knowledge, and behavior (intrapersonal), (b) how an individual's social support systems such as family, friends, and work peers (interpersonal), (c) social institutions such as schools churches community organizations and businesses (institutional), (d) the values and norms of a community, and (e) local federal and state public policies and laws (public policy). Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2016) explained that using this model can help counselors determine, along with their client the most effective interventions that can be used at the intrapersonal, interpersonal, institutional, community, public policy, and global levels.

Integrating Social Justice Advocacy into the Various Modalities of Counseling

Lastly, Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2016) explain that having an equal balance of counseling and social justice advocacy is essential in addressing problems that marginalized persons bring to counseling and, by doing so, it will help counselors to avoid burnout and clearly define boundaries. However, Lewis, Arnold, House, and Toporek, (2003) indicate that determining whether to provide counseling or social justice advocacy begins with clients and their level of comfortability. This provides counselors with insight and allows them to be open to multicultural and social justice issues that are bought to therapy. This also helps to counselor with know how to advocate or intervene on either a community- or individual-wide basis, as it sometimes a challenge to know when to work in an office setting or a community level.

The MSJCC Framework

The MSJCC provides a conceptual model which holds multiculturalism and social justice at its core. Though this model is used to discuss counselor and clients, it can also be interchangeably used to address the relationship between counselors and supervisors. Quadrants

illuminate intersections of identity along with the numerous ways that power, privilege and oppression come to life in the supervisory relationship. This conceptual model provided by Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2016) also included developmental domains which are represented by concentric circles over lapping each quadrant which, in turn, represent the ideology that multicultural and social justice begins with supervisor self-awareness extending to the supervisee. Counselor self-awareness then extends to clients through the counseling relationship which may result in advocacy interventions and strategies. To explain this further, the proceedings are Ratts, Singh, Nassar-McMillan, Butler, and McCullough's explanation of the multicultural and social justice praxis, quadrants, and developmental domains.

Multicultural and Social Justice Praxis

Counseling supervisors should integrate multiculturalism and social justice into their supervisory practice. It is important for supervisor to recognize the intersection between multicultural competence and social justice in counseling. Ethically, counseling supervisors should consider their work with their supervisor which, in return, will teach and influence their supervisees work with their clients. The multicultural and social justice praxis can also assist supervisors with identification of and engagement with social justice initiatives which puts practice into action. For example, Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2016) explains that the multicultural and social justice praxis can assist privileged and marginalized clients with understanding how the relationships they have with others may be influenced by their privileged and marginalized status. In addition, Ratts, Singh, Nassar-McMillan, Butler, and McCullough denotes this praxis can assist privileged and marginalized clients with fostering relationships with family, friends, and peers of the same privileged and marginalized group.

Quadrants

There are four quadrants of privileged and marginalized statuses. These quadrants are intended to illuminate the intersection of identities and the ways that power, privilege, and oppression can influence counselor and supervisor interactions. The first is the privileged supervisor—marginalized supervisee. This quadrant reflects the relationship where the supervisor holds social power and privilege over supervisees from marginalized statuses. The second quadrant illustrates the privileged supervisor—privileged supervisee where both individuals share social power and privilege in society. The remaining, self-explanatory quadrants include the third quadrant of a marginalized supervisor—privileged supervisee and the fourth quadrant being the marginalized supervisor—marginalized supervisee.

Aspirational and Developmental Competencies

Attitudes and beliefs, knowledge, skills and actions are developmental and aspirational competencies that are further organized on the MSJCC. Ratts, Singh, Nassar-McMillan, Butler, and McCullough explain that supervisors must first possess certain type's attitudes and beliefs to commit to practicing counseling and advocacy by being aware of the values, beliefs, biases, and the different statuses they hold as members of marginalized and privileged groups. Second, having the appropriate knowledge regarding relevant multicultural and social justice theories and construct is necessary. Third, multicultural and social justice ideas inform attitudes, beliefs, and knowledge needed for cultural change and foster skill-based interventions. Fourth, taking action operationalized attitudes and beliefs, knowledge and skills and is crucial to achieving multicultural and social justice outcomes. This forth competency, action, is a new addition from the earlier work by Sue's (1991) multicultural competency model. This competency represents the culmination of operationalized attitudes and beliefs, skill, and knowledge.

Developmental Domains

There are four developmental domains as part of multicultural supervision that occurs in sequential order: supervisor self-awareness, supervisee worldview, supervisory relationship, and advocacy interventions. This order results from the belief that multicultural and social justice must begin internally. Supervisor self-aware requires examination of personal values, beliefs and biases that evolves over a lifetime that consists of self-reflection, critical analysis, readings, and immersion in a diverse community. Competent supervisors are also aware of their statuses they hold as member of marginalized or privileged groups. They are aware and knowledgeable of how values and beliefs, biases and statues influence their worldviews and life experiences. Competent supervisors are also proactive in learning about their assumptions, values, beliefs, biases, cultures, and social group identities and seek out ways to learn how power privilege and oppression influence their experiences. The competent supervisor is inquisitive and desires to learn more about worldviews and experiences of privilege and marginalized clients as well as their supervisees.

Multicultural and social justice competent supervisors are aware of the most appropriate supervision and advocacy interventions. When supervisors are sensitive to worldviews and cultural experiences of their supervisees, they understand different ways that power oppression and social group status shape the supervisory relationship and demonstrate the appropriate multicultural and social justice approaches and interventions. Competent supervisors understand that when cultural responsiveness is integrated with social advocacy they are better equipped to handle supervisees concerns. These supervisors use multicultural and social justice interventions and strategies that are culturally relevant and address individual and community level change.

CHAPTER THREE: METHODOLOGY

Research Design

This quantitative survey research study will examine multicultural competence within clinical supervision practice as reported by independent samples of rehabilitation counselors and supervisors. A secondary purpose will examine the relationship between overall satisfaction and effectiveness in clinical supervision as perceived by both samples using an on-line survey. A third purpose will assess the relationship between demographic variables (such as age, race, previous multicultural training) and perceived multicultural competence. This study will use a random sample (non-experimental design) of counselors and supervisors who are Certified Rehabilitation Counselors (CRCs) and registered with the Commission on Rehabilitation Counselor Certification.

Validity Considerations

As a consequence of using a non-experimental design, there are several inherent threats to both external and internal validity. In terms of external threats, using a random sample of CRCs results in a problem of generalizing results to rehabilitation counselors and supervisors who practice or receive clinical supervision who are not CRCs. Thus, results may not extend to non-CRCs and, as a result, the study is biased toward surveying perceptions of a select group of practitioners and supervisors.

In terms of internal threats, one of the major concerns has to do with bias associated with selection of participants. As noted earlier, this study will use a random sample of persons who voluntarily participate in completing the survey. It may be that persons more willing to complete the survey may have an inherent interest either positively or negatively regarding opportunities to express their opinions about supervisor multicultural competence. As a result, these perceptions may not adequately represent perceptions of rehabilitation counselors and

supervisors in general. A second major concern is the effect of testing itself. Simply being asked to provide responses to one's multicultural competence either as a supervisor or that perceived by counselors who receive supervision results in a reactive effect of the phenomenon being studied. In selecting an outcome instrument to assess multicultural competence, an important consideration is that the assessment used must maintain logical consistency between concept, construct, and instrument content (Black, 1999). Hays (1994) as cited in Black (1999) indicated the importance of eliminating "nuisance variables" which are also referred to as extraneous variables that are not controlled in the sample.

Given that assessment instruments are impacted by a variety of extraneous influences such as intent to fake results, select answers that are socially desirable or have some preconceived bias, misinterpreting questions, selecting items randomly, and/or intentionally providing misleading responses, it is important to recognize these influences when interpreting data. Since this study examines perceived multicultural competence, it is possible that, to greater or lesser degree, any one or combination of these influences described by Black may impact individual responses. In order to test if such bias exists, a measure of social desirability (Black, 1999) will be included as part of the assessment. Social desirability is extremely important to consider when administering self-report instruments.

Constantine and Ladany (2000) citing the work of Vella-Brodrick and White (1997) to describe social desirability explaining that this concept, "refers to a pattern of responding that reflect some individuals' need to provide perceived socially acceptable responses to questions rather than to report their actual feelings or behaviors" (p. 156). Previous research (Abrams & Trusty, 2004; Constantine & Ladany, 2000; Paulhus, 1991; Worthington, Mobley, Franks, & Tan, 2000) has shown that this component serves as one of the primary concerns in previous

studies containing self-report instruments. In fact, a number of researchers (Paulus, 1991; Sodowsky, 1996; Constantine & Ladany) all indicate that self-report instrument measures should be accompanied with a measure of social desirability or contain an impression management assessment tool. For example, Constantine and Ladany conducted a study on the self-report multicultural counseling competence scales and their relation to social desirability attitudes. Results of their research infer that social desirability influenced self-report multicultural counseling competence. Thus, social desirability will be measured in this study.

Participants

Participants were recruited through a listserve available through the Commission on Rehabilitation Counselor Certification (CRCC) of counselors and supervisors who are current CRCs employed in the following settings: independent living facilities, corrections facility, veteran health administration, retired, corporate environment, medical center or rehabilitation hospital, K-12 schools, workers compensation settings, insurance companies, veteran benefits administration, mental health center/psychiatric facilities, unemployed, private-not-for-profit rehabilitation, student, college or university, other, private for-profit rehabilitation and state/federal rehabilitation agencies. Participants who indicated that they are retired are included in the data analysis, as they indicate doing other current roles. Once the proposal was approved by the Pennsylvania State University Human Research Committee as well as the Commission on Rehabilitation Counselor Certification Council on Rehabilitation, rehabilitation counselors and supervisors were recruited and contacted via email addresses contained on the CRCC list serve. Initial invitees were excluded from this study if they failed to give consent, opt out /fail to complete the demographic questionnaire.

Potential participants were notified of this study as well as incentives for participation. After approved by the CRCC, one Continuing Education Unit (CEU) was awarded to those who

completed the study in its entirety. In addition, two, fifty-dollar Visa gift cards will be randomly awarded to participants this procedure will be in place as research indicates use of monetary awards increases response rates (e.g., Singer, 2002) . Supervisors who indicated that they have provided or received clinical supervision for at least three months will be selected. A demographic questionnaire, *Multicultural Supervision Inventory* (MSI) [Supervisee version] (Pope-Davis, Toporek, & Villalobos, 2003), and a *Supervision Outcome Scale* (SOS) (Tsong & Goodyear, 2014) were given to the supervisee. Similarly, a demographic questionnaire, *Multicultural Supervision Inventory* (MSI) [Supervisor version], and the *Marlowe-Crowne Social Desirability Scale* (SDS) (Reynolds, 1982) were given to supervisors. All aforementioned items were electronically sent and administered via an on-line platform through Qualtrics ®. Participants who failed to consent electronically via Qualtrics to the study were deemed ineligible to participate in this study.

Targeted Population

According to the Bureau of Labor Statistics (2014) there were approximately 120,100 rehabilitation counselors throughout the United States. Of these, there are 16,597 who are certified by the Commission on Rehabilitation Counselor Certification (CRCC) as Certified Rehabilitation Counselors (T. Landon, personal communication, March 30, 2016). Saunders, Barros-Bailey, Chapman, and Nunez (2009) affirm that since the incorporation in 1974, the CRCC is one of the oldest and most established credentialing bodies in the counseling profession having more than 35,000 counselors at one point or another becoming certified. My targeted population is certified rehabilitation counselors working as either counselors or supervisors who either provide or receive clinical supervision. Saunders, Barros-Bailey, Chapman, and Nunez (2009) indicated that 31.31% of CRCs are counselors who either work in private settings/insurance, 28.49% state/federal vocational rehabilitation, 13.81% college/university

settings, 6.57% medical/psychiatric/mental health settings, 4.37% government/education settings, 1.30% nonprofit settings, or 12.15% in other/not specified/classified settings.

Clinical Supervision

According to Herbert (2016) there are two forms of supervision: administrative and clinical supervision. Administrative supervision addresses caseload management and case documentation practices where the intent is to increase agency efficiency so that counseling and related services are provided in a timely manner and are sufficiently documented to support agency outcomes and goals. As it pertains to clinical supervision delivery, administrative supervision involves:

> … establishing written agreements outlining the nature of supervision (purpose and goals); methods used to provide supervision (individual, group, or triadic supervision); and evaluation procedures used to assess competence, duties and responsibilities of each person involved in the supervision process and related procedural aspects (e.g., frequency of supervision, type of format used (live vs. retrospective, individual/group/combined], and emergency contact policy…(p.24)

In a complementary but different aspect, clinical supervision focuses on each counselor's unique professional development within the client-counselor relationship. The supervision process is developmental in nature whereby the supervisor may assume multiple evaluative roles as clinician, consultant, mentor or teacher so that ethical practice results to promote successful outcomes while, at the same time, making sure that client welfare and protection occurs. In actual practice, clinical supervision may include the supervisor observing interactions between the counselor and employer; providing suggestions for effective partnerships; providing feedback to supervisees about their clients and their service needs; reviewing ethical dilemmas, and supervision that

increases the counselor-supervisees awareness of potential biases that may affect the counselor-client relationship (Herbert & Trusty, 2005).

Target Sample Size

In estimating the appropriate sample size to address the major research questions of interest, Tabachnick and Fidell (2001) suggests that sample size should be 50 + 8(m), where (m) is the number of independent variables. This study will include research questions that will be analyzed using regression techniques (e.g., Research Question 2) Given that sample size is also dependent upon power needed to detect an effect as well as its relationship to Type I, and Type II error (Black, 1999), an a-priori sample size calculator developed by Soper was used (http://danielsoper.com/statcalc3/calc.aspx?id=1). Using a statistical power level of 0.8, and an anticipated effect size of 0.15, Cohen (1992, 1988), indicates the variation in small (0.1), medium (0.3), and large (0.5) effect sizes and concludes that a medium effect (0.3) has been appropriate for research conducted in social sciences. In previous studies that used that MSI (Ortega, 2003) Cohen (1988) was used as the guideline to describe effect sizes. In Ortega's (2003) aforementioned study $r < .3$ was considered a small effect size *r ranging* from .3 to .49 to be considered a medium effect size and r>.5 was considered to be large. Ortega used this guideline to determine the size of the effect when reporting r2. Thus, using this formula for 6 predictor variables, a sample size of 98 was calculated (50 + 8(6) = 98).

As a guideline in achieving a sample size of 98 participants, recent discussion with Trent Landon who completed a different study of clinical supervision practices (personal communication, March 30, 2016) indicated that of the 2,000 email addresses from the CRCC database, he achieved about a 16% response rate. In actual numbers, this meant there were only 326 participants, however, because surveys were either not completed at all or were only partially completed and, in other instances, incorrect email addresses were on file.

Taken collectively, given a priori estimates and what might be generated from the CRCC database, there were a total of 369 participants used to achieve statistical power.

Instruments

Demographic Questionnaire

The researcher will design two on-line demographic questionnaires; one for the supervisee and one for the supervisor. Participants will be asked to provide their: (1) age, (2) sex, (3) Race/Ethnicity? (Alaskan Native, Asian Descent, Middle Eastern Descent, Black/African Descent, Latino(a)/Hispanic, Native American, Native Hawaiian/Pacific Islander, White/Caucasian, and Other [Fill in the blank]) (4) amount of counseling experience (6) name of highest educational degree program (7) type and title of degree received (8) length of time since graduate degree was received and (9) job title.

Questions applicable to supervisors will also include information regarding: (1) amount of supervision experience (2) amount and frequency of supervision given to supervisees within the last 30 work days (3) level of knowledge competence and confidence when addressing multicultural issues or conflicts (0 indicating no knowledge competence or confidence and 100 indicating high knowledge competence and confidence) (4) supervisee race (Alaskan Native, Asian Descent, Middle Eastern Descent, Black/African American, Latino(a)/Hispanic, Native American, Native Hawaiian/Pacific Islander, White/Caucasian, and Other (Fill in the blank) (expressed in percentages) (5) Amount of supervisees (6) amount of clients (if applicable) (7) satisfaction of multicultural supervision and (extremely satisfied, satisfied, slightly satisfied, slightly dissatisfied, dissatisfied, and extremely dissatisfied) (8) impact of multicultural supervision on professional development (Significant negative impact, Moderate negative impact, Minimal negative impact, Neutral, Minimal Positive impact, Moderate positive impact, Significant positive impact).

The supervisee will also be asked specific question pertaining to supervision. These questions include (1) amount and frequency of supervision received within the last 30 work days; (2) level of knowledge competence and confidence when addressing multicultural issues or conflicts (0 indicating no knowledge competence or confidence and 100 indicating high knowledge competence and confidence) (3) race(s) of your clients? (Alaskan Native, Asian Descent, Middle Eastern Descent, Black/African Descent, Latino(a)/Hispanic, Native American, Native Hawaiian/Pacific Islander, White/Caucasian, and Other [Fill in the blank]) (expressed in percentages);(4) amount of clients (5) satisfaction of multicultural supervision and (extremely satisfied, satisfied, slightly satisfied, slightly dissatisfied, dissatisfied, and extremely dissatisfied) (6) impact of multicultural supervision on professional development (Significant negative impact, Moderate negative impact, Minimal negative impact, Neutral, Minimal Positive impact, Moderate positive impact, Significant positive impact)

Both supervisees and supervisors will be asked questions regarding their multicultural training including: (1) Have you received any multicultural counseling training (yes or no), (1a) If Yes, how many on-the-job training hours have you received within the past 3 years that dealt with multicultural topics? (1b) How many courses did you complete addressing multicultural topics as part of your most recent educational degree? These questions were taken from the earlier studies pertaining to multicultural competence assessment (Constantine, 1997; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998).

Multicultural Supervision Inventory (MSI-A) Supervisor Brief Form

The Multicultural Supervision Inventory (Pope-Davis, Toporek, & Ortega-Villalobos, 1999) contains 18 self-report items, Ortega-Villalobos (2003) explained that the MSI contains items that: (a) relate to supervisor's knowledge of cultural variables and how he/she impacts the process of supervision, (b) focus on supervisor awareness and beliefs of one's own cultural

values in conjunction with the cultural worldview of supervisees, (c) relate to supervisor skill when providing multicultural supervision, (d) examine the supervisory relationship (communication, collaboration, mutual learning, and supervisory support), (e) relate to participant tendency to respond in socially desirable ways, and (f) examine the relevance of multicultural issues within counseling and supervision sessions. This inventory has two versions, one for supervisees (Version SE) and one for supervisors (Version SR). Both versions contain Likert scale items ("1=strongly disagree" and "5=strongly agree") that ask the respondent to comment on current or most recent supervisory dyad experience.

The SR version consisted of items such as, "I encouraged my supervisee(s) to think about cultural issues when working with clients" and "I said and did things in culturally sensitive ways." The SE version reflects similar content, retrospectively asking questions such as, "My supervisor encouraged me to think about cultural issues when working with clients" and "My supervisor said or did things that felt culturally sensitive to me." Total scores for the MSI range from 17 to 85, with higher scores reflecting greater supervisor multicultural competence. Internal consistency estimates indicate high reliability with .92 for the SR form and .97 SE form (Pope-Davis, Toporek, & Ortega-Villalobos, 1999). This instrument will be used to determine the multicultural competence of the supervisor as perceived by counselors and supervisors.

Supervisor Outcome Scale (SOS)

The SOS consists of seven items which participants use to rate their satisfaction with supervision. According to Tsong and Goodyear (2014), the SOS measures supervisee perception of quality of supervision and extent to which supervision meets supervisee expectations and needs. Specifically, the SOS asks respondents to rate the degree to which supervision questionnaire asks supervisees has contributed to reducing client symptoms, impacted on client relationships, counseling skills, case conceptualization ability, multicultural counseling attitudes,

awareness, beliefs, knowledge and skills. Each item is based on a 5-point Likert scale ranging from 1 (“not helpful at all”) to 5 (“extremely helpful”). This instrument will be used to examine supervisee overall satisfaction and effectiveness of supervision. Total test scores can range from 7 to 35 with higher scores reflect higher satisfaction. The SOS contains two subscales that measures supervisee’s clinical and multicultural competence. The first scale or clinical scale contains four items. An example is this subscale is item # 2: “Please describe the degree to which supervision with your current (or most recent) individual supervisor has contributed to the improvement of: Your relationship with clients” The second scale or multicultural scale contains three items. An example from this scale is item #5 “Please describe the degree to which supervision with your current (or most recent) individual supervisor has contributed to the improvement of: Your multicultural counseling skills (e.g., skills that are culturally appropriate in working with diverse clients)”. Permission was obtained from the authors to use the SOS in this study.

In order to assess satisfaction of supervision from the supervisor perspective, a parallel version of the SOS will be developed to examine overall satisfaction and effectiveness of supervision, as determined by the supervisor. The same items and scoring system from the SOS will be used but phrased for supervisors to answer. An example is item # 2: “Please describe the degree to which supervision with your current (or most recent) individual supervisee has contributed to the improvement of: “Their relationship with clients”. The second scale or multicultural scale contains three items. An example from this scale is item #5 “Please describe the degree to which supervision with your current (or most recent) individual supervisee has contributed to the improvement of: Their multicultural counseling skills (e.g., skills that are culturally appropriate in working with diverse clients)”.

Personal Reaction Inventory

The Personal Reaction Inventory (PRI) is a shortened version of The Social Desirability Scale originally designed by Crowne and Marlowe in 1960. Designed by Reynolds (1982), the PRI is a 13-item self-report instrument that measures social desirability or the need for social approval. This influence is particularly important given that respondents were asked to comment on the nature of the supervisory relationship and multicultural views. Asking persons to comment on any self-report assessment in itself always raises the question as to whether responses represent the person's true feelings, perceptions or attitudes (Crowne & Marlowe, 1964; Paulhus, 1991). Answers from the PRI follow a "true or false" format and, for every answer labeled true, one point is awarded. Scores range from 0 to 13, with higher scores representing greater need for approval.

Evidence of construct validity (i.e., convergent and discriminant validity) for the SDS has been established and, in previous investigations, internal consistency coefficients have ranged from .73 to .88 (Paulhus, 1991). Marlow and Crowe (1960) reported the internal consistency coefficient for the final form of the scale, using the Kuder-Richardson formula 20, as .88. Examples of SDS items include: "I have never intensely disliked someone" and "I am sometimes resentful when I don't get my way". Because of the nature of the construct and measure, internal consistency reliability is typically in the low .70s to low .80 range (McReynolds, 1982).

Study Variables

Research Question 1

Dependent Variables

The dependent variable in research question 1 consists of the multicultural competence score reported by rehabilitation counselor supervisees and supervisors. As noted earlier, there are two versions of this measure, a supervisor and supervisee form. The subscales fostering

multicultural competence and culturally sensitive collaboration will be determined by the MSI SR and SE version, as appropriate, will be will be treated as the dependent variable. Multicultural competence includes both perceptions of supervisees and supervisors as measured by the MSI which includes level of knowledge, awareness, and skill combined and its impact on the supervisory relationship (Sue, 1991; Sue, Arredondo, & McDavis, 1992).

Independent Variables

Demographic variables (including gender, ethnicity, job title [counselor/supervisor]) and social desirability have the potential to moderate other study variables and thus will be treated as potential confounding variables. Social Desirability will be measured by the *Marlowe Crowne Short Form* and considered, as this study contains self-report items. Thus, one must account for the amount of social desirability prior to reporting findings. In addition, demographic variables have the potential to intervene when studying the impact that self-perceived multicultural competency levels of rehabilitation supervisors (MSI SE Version Scores) has on the overall satisfaction and effectiveness in Clinical Supervision outcomes (Supervisee Scores on SOS).

Demographic Variables include: age, gender, race/ethnicity (i.e., Black, White, Hispanic, Asian, American Indian or Alaska Native, Hawaiian or Pacific Islander), and the amount and level of multicultural training (i.e., yes or no). If the participants indicate yes, they will be prompted to indicate the form of training (i.e., workshop, conference, seminar, or academic training), the level in which it was received (i.e., graduate, undergraduate, pre-employment, and post-employment) and the approximate amount of time spent in training (i.e. minutes, hours, days, and months). Training types will be used as explanatory variables to determine which types of training predicted a higher level of MCC.

Research Question 2 and 3

Independent Variable

The independent variable consists of the multicultural competence score reported by rehabilitation counselor supervisees and supervisors. Multicultural competence includes both perceptions of supervisees and supervisors as measured by the MSI which includes level of knowledge, awareness, and skill combined and its impact on the supervisory relationship (Sue, 1992; Sue, Arredondo, & McDavis, 1992).

Dependent Variables

The dependent variable in the study is perceived level of supervision satisfaction outcome as reported by rehabilitation counselors. This variable will be measured by the *Supervisor Outcome Scale* (Tsong & Goodyear, 2014) which assesses supervisee perception of the quality of supervision, and extent to which supervision meets supervisees expectations and needs. The dependent variables will also be used to determine the overall satisfaction and effectiveness in Clinical Supervision outcomes (Supervisee Scores on SOS). Supervisees will use the SOS to describe supervision with their current (or most recent) individual supervisor.

Predictor Variables

Demographic variables and social desirability have the potential to moderate other study variables and thus will be treated as potential confounding variables. Social desirability will be measured by the *Marlowe Crowne Short Form* and considered, as this study contains self-report items. In addition, demographic variables have the potential to intervene when studying the impact that self-perceived multicultural competency levels of rehabilitation supervisors (MSI SE Version Scores) has on the overall satisfaction and effectiveness in clinical supervision outcomes (Supervisee Scores on SOS). Demographic variables include: age, gender, race/ethnicity (i.e., Black, White, Hispanic, Asian, American Indian or Alaska Native, Hawaiian or Pacific Islander),

and record of multicultural training (i.e., yes or no). If participants indicate “yes”, they will be prompted to indicate the form of training (i.e., on the job training or academic training), level training was received (i.e., graduate, undergraduate, pre-employment, and post-employment) and approximate amount of time spent in training (i.e. number of course/hours of training). Training types will be used as explanatory variables to determine which types of training predicted a higher level of MCC.

Table 1: *Personal Background Information for Rehabilitation Counselors and Supervisors*

Type of Variable	**Name**	**Treated as**	**Range of Values**	**Special Notes**
Question 1: Dependent **Questions 2&3: Independent**	Supervisees/ Supervisors MSI – Multicultural Supervision Inventory (2 versions – one version for supervisor (SR version) and a separate version for supervisee (SE version)	Summated Score using a 5-point Likert response scale	18 – 90 1= Strongly Disagree 5=Strongly Agree	Higher values indicate higher levels of multicultural competence (SE Version) Lower values indicate lower MCC
Question 1:Independent Variables **Predictor Variables: Questions 2&3**	Gender	Nominal	0 = Male 1 = Female	
	Ethnicity	Nominal	White, Asian, Black/African American, Hispanic or Latino, Native Hawaiian, or Multi/Bi Racial	
	Prior Multicultural Counseling Training	Nominal	0 = No 1 = Yes then if yes type and amount of training	
	Social Desirability	Ordinal	1-13	
Question 2&3: Outcome-Dependent	SOS – Satisfactory Outcomes of Supervision	Summated Score for 8 items using a 4-point Likert response scale	8 – 32 1= SD 4 = SA	Higher values indicate greater satisfaction

Procedures

The aim of this research study is to understand the relationship between perceived multicultural competence and satisfaction in supervision among rehabilitation counselors and supervisors. Recognizing the potential bias of social desirability and providing information about multicultural competence, after participants consent, they will be asked to indicate whether they are currently working as either a counselor or a supervisor. Participants will then be administered the *Marlowe-Crowne Social Desirability Scale* (Citation). Depending on their job title response, participants will receive either the counselor or supervision version of the *Multicultural Supervision Inventory* or the *Supervisor Outcome Scale.* After completing these measures, they will then complete a demographic form at which time the on-line survey will provide them with an opportunity to receive one continuing education unit that can be used toward certification maintenance as a CRC. With the exception of the last procedure of providing an opportunity to receive a CEU, all of the procedures for this study were adopted from Ortega-Villalobos (2003).

Once data are examined for accuracy and assessed for outliers and any need for correction to meet theoretical assumptions appropriate to multiple regression analysis, participants who express a greater desire to respond in more socially desirable ways will be excluded from subsequent data analysis. Operationally, this means that a median split will be done to look that the range of scores on the Marlowe-Crown measure. In terms of procedural aspects in getting the necessary approvals from internal (Penn State University Human Subjects) and external (Commission on Rehabilitation Counselor Certification) review boards, once received, the research study will use the Qualtrics platform (citation needed) to administer the survey instruments. The online survey will be built through Qualtrics and will first describe the purpose of the study, emphasize anonymity and confidentiality procedures and describe the requirements of the study), Using email addresses that will be obtained from the Commission on

Rehabilitation Counselor Certification, participants will be invited to participated and, using the tracking feature to document non-respondents, this potential group of participants will be asked to complete the survey approximately 14 days subsequent to the initial invitation. At that time, no further attempts to enlist participants will be made. Finally, as a further inducement to participate in the study, persons will be informed of their chance to win four $50 Visa gift cards. All collected data will be kept confidential and maintained in a password protected file available only to the principal investigator and dissertation chairperson.

Data Analysis

The following steps will be conducted to test the research hypotheses:

1. Inspect data and check for missing data for each variable and, if occurred, examine if the data is missing at random using SPSS. In addition, inspect data for any outliers or anomalies and, if found, decide whether any corrections are needed to comply with normality assumptions.
2. Review theoretical assumptions associated with using stepwise multiple regression analysis including checking for normal distributions and linear relationships of all variables by:
    a. Determining whether a linear relationship exists between supervision outcome and multicultural competence, relevant demographics as well as all of the independent variables collectively. This will be done by visually inspecting the scatterplot of studentized residuals against predicted values.
    b. Examining whether a normal distribution of the residuals exists (i.e., homoscedasticity of residuals or equal error variances).
    c. Inspecting data to show that multicollinearity does not exist by examining Tolerance/Variance inflation factor values.

Inspecting data to insure there are no significant outliers using casewise diagnostics and studentized deleted residuals. There were two preliminary research questions examined in this research proposal. These questions include:

Research Question 1: What differences exist in the fostering multicultural competence scores and culturally sensitive collaboration scores between rehabilitation counselors and supervisors when accounting for respondent (a) gender, (b) race/ethnicity, (c) experience in the current position as a counselor or supervisor, (d) self-reported confidence in addressing multicultural issues, (e) self-reported knowledge regarding multicultural issues, (f) self-reported competence for addressing multicultural issues, (g) participation in multicultural training in the previous three years and (h) personal Reaction Inventory scores?

Null Hypothesis	**Variables:**	**Analysis:**
There are there no differences in multicultural competence scores between supervisors and rehabilitation counselors.	*Main Independent Variables:* Position (Supervisor or Rehabilitation Counselor) *Independent Control Variables*: Gender, race, self-perceived confidence, competence, and knowledge in addressing multicultural issues, multicultural training, position, and social desirability *Dependent Variables:* MSI SR Version Scores MSI SE Version Scores	2-way MANOVA (Supervisors v. counselors are my two groups) across these demographic variables: (Gender, race, self-perceived confidence, competence, and knowledge in addressing multicultural issues, presence of multicultural training, and social desirability)

Research Question 2: How does perceived multicultural competence of supervisors as reported by counselors, predict outcome of received supervision when accounting for respondent (a) gender, (b) race/ethnicity, (c) participation in multicultural training, (d) counselor years of experience, (e) scores on the Multicultural Supervisory Inventory, (f) counselor perceived impact of supervision on his/her professional growth, (g)and social desirability?		
Hypothesis:	**Variables:**	**Analysis:**
Perceived multicultural competence of supervisors as reported by counselors does not predict outcome of received supervision	*Independent Variables:* Cultural competence (Measured by the MSI-SE) version) *Dependent Variables:* Satisfaction and effectiveness (SOS) *Predictor Variables:* Gender, ethnicity/race, multicultural training, Experience in current position, MSI Score, Impact supervision received on supervisee prof. development, and social desirability	Block Regression

Research Question 3: How does perceived multicultural competence of supervisors as reported by supervisors, predict outcome of received supervision when accounting for respondent (a) gender, (b) race/ethnicity, (c) participation in multicultural training, (d) counselor years of experience, (e) scores on the Multicultural Supervisory Inventory, (f) counselor perceived impact of supervision on his/her professional growth, (g) and social desirability?		
Hypothesis:	**Variables:**	**Analysis:**
Perceived multicultural competence of supervisors as reported by supervisors does not predict outcome of received supervision	*Independent Variables:* Cultural competence (Measured by the MSI-SE) version) *Dependent Variables:* Satisfaction and effectiveness (SOS) *Predictor Variables:* Gender, ethnicity/race, multicultural training, Experience in current position, MSI Score, Impact supervision received on supervisee prof. development, and social desirability	**Block Regression**

These data will be analyzed by conducting a block regression and, in terms of the sequence of variables entered in the model; I will follow the procedures outlined in each of the sources http://people.duke.edu/~rnau/regstep.htm and http://www.psychstat.missouristate.edu/multibook/mlt07.htm). These procedures will involve:

1. Looking at the correlation matrix of all possible predictor variables on multicultural competence outcome.
2. Conducting a block regression (forward method) and examine each model in terms of contributions of individual variables that produces the greatest amount of full R squared change. From there, I will test different models to see what happens when a variable is added that accounts for the greatest amount of multicultural competence variance.

CHAPTER FOUR: RESULTS

Results are presented in two sections with the first section providing information about participant demographic and educational background, ethnicity of clients and supervisees, professional experience, and multicultural training received. The second section presents the descriptive statistics for scale variables and results for the three research questions.

Profile of Study Participants

A total of 369 individuals participated in the study including 256 rehabilitation counselors (69.4%), 22 rehabilitation counselor supervisors (6%), and 16 (4.3%) individuals who indicated they were neither a rehabilitation counselor nor a rehabilitation counselor supervisor. The remaining group of 75 persons (20.3%) indicated they currently work both as a rehabilitation counselor and a rehabilitation counselor supervisor. In this instance, these individuals who indicated both job titles were considered supervisors in the data analysis. Those who indicated they were neither a rehabilitation counselor nor a rehabilitation counselor supervisor (n=16) were excluded from this data analysis.

Though there were 369 participants who submitted a response to the survey (this includes those individuals that started but completed only a few items and thus provided non-usable surveys), there were 38 who were removed from the analysis because they provided job titles in the "other category" that were judged by the researcher as not fitting into either the rehabilitation counselor or the rehabilitation counselor supervisor category. The usable number of surveys was 331which breaks down into the following: 240 counselors, 70 people that are supervisors with a counseling load of some number of clients, and 21 people that are strictly supervisors.

Demographic and Educational Background

The typical rehabilitation counselor was female (76.3%), Caucasian (79%) between the ages of 41 – 50 years old (68.3%). Rehabilitation counselors typically had completed a Master of Science degree (93.3%) with a major in rehabilitation counseling (78.4%). Supervisors also were typically female (72.4%) and held a Master of Science degree in rehabilitation counseling (Table 2).

Table 2: *Personal Background Information for Rehabilitation Counselors and Supervisors*

Characteristic	Counselor(n=205)		Supervisor(n=87)	
	Number of Cases	Valid Percent	Number of Cases	Valid Percent
Age (Years)				
30 or Less	45	20.5	5	5.7
31 – 40	61	27.9	17	19.5
41 – 50	40	68.3	19	21.8
51 – 60	43	19.6	26	29.9
61 and Over	30	13.7	20	23.0
Gender				
Male	52	23.7	24	27.6
Female	167	76.3	63	72.4
Race/Ethnicity				
Alaskan Native	0	0.0	0	0.0
Asian Decent	5	2.3	1	1.1
Black/African Decent	27	12.3	8	9.2
Latino/Hispanic decent	6	2.7	4	4.6
Middle Eastern Decent	1	.5	0	0.0
Native American	2	.9	1	1.1
Native Hawaiian/ Pacific Islander	1	.5	0	0.0
White Caucasian	173	79.0	69	79.3
Other	4	1.8	4	4.6
Education Level				
Baccalaureate	1	.5	2	2.3
Masters	194	93.3	73	83.9
Educational Specialist	0	.5	0	0.0
Doctorate	12	5.8	12	13.8
Major for Most Recent Degree				
Business Administration	0	0.0	3	3.4
Counseling	18	8.7	11	12.6
Counseling Psychology Health	8	3.8	3	3.4
Care Administration	0	0.0	2	2.3
Psychology	2	1.0	4	4.6
Rehabilitation Counseling	163	78.4	73	83.9
Rehabilitation Psychology	2	1.0	2	2.3
Social Work	3	1.4	0	0.0
Special Education	0	0.0	2	2.3
Vocational Evaluation	1	.5	2	2.3
Other	11	5.3	11	12.6

Note: Respondents could check more than one response for the variable major for most recent degree. Thus the number of responses could exceed the number of respective participants.

Age

Supervisee age ranged from 23 to 77 years old. Approximately two-thirds of supervisees were between ages 23 to 49 with an average age of 43. Supervisor age ranged from 28 to 75 with nearly half

between ages 28 to 49 years and an average age of 49. As expected, the average age for supervisors was higher than the average age of supervisees (see Table 2).

Gender

Counselors were more likely to be female (76.3%) rather than male (23.7%). Similarly, supervisors were represented by more female (72.4%) than male (27.6%) participants.

Race/Ethnicity

This variable was broken down into the following categories: Alaskan Native, Asian Decent, Black/African Descent, Latino (a)/Hispanic, Middle Eastern Descent, Native American, Native Hawaiian/Pacific Islander, White/Caucasian, and Other. Data for race and ethnicity varied for supervisors and supervisees; however, both groups consisted predominantly (about 79%) of White/Caucasian participants.

The supervisor sample consisted largely of White/Caucasians (79.3%) with Black/African Americans and Latino (a)/Hispanics tied as the second highest (9.2%) racial/ethnic group. The next largest group was supervisors who reported "other" (4.6%) which included persons who were from mixed race of Black and West Indian, Italian, and Nigerian and, in one instance, the person did not identify race/ethnicity. Similar to supervisor ethnicity data, the majority (79%) of counselors were White/Caucasians with the next highest group consisting of persons who were Latino(a)/Hispanic, Asian, or Black/African Descent (7.3%). Less than 1% were persons who identified themselves as Native Hawaiian/Pacific Islander. A detailed description of participant ethnicity is provided in Table 2.

Level of Education

Level of education was comprised of three components: highest degree earned, area of study for highest degree, and time since completion of highest degree. Participants with multiple degrees were asked to select all that applied. Ninety-three percent of counselors had a master's degree and almost 6% had a doctoral degree. Nearly 78% of counselors had a degree in rehabilitation counseling, 9% had a degree in counseling and about 5% indicated "other" (e.g., adult and community education, electrical engineering, history). Length of time since completion of highest education degree ranged from 0 to 44

years with most counselors (61.2%) graduating within the last 10 years. Within this percentage, 14.2% of counselors graduated with their highest degree within the past year.

Degree Type and Major

The majority of supervisors (84%) were persons with a master's degree and close to 14% received a doctoral degree. Less than 3% of supervisors had a baccalaureate degree. The major area of study consisted of almost 84% of supervisors being in rehabilitation counseling. Close to 12% of supervisors indicated other. Data responses collected from this response ranged from English, public administration, divinity, and educational administration. Length of time since completion of highest educational degree ranged from 1 to 47 years. About 71.7 % of supervisors completed their degrees from 1 to 20 years ago. Of this percentage, 7.6% graduated in the last 10 years.

Client and Counselor Race/Ethnicity Demographics

Ethnicity of clients was a demographic item that was asked of counselors and supervisors who have a client load. About 55 % of supervisors and 100% of counselors contained in this participant sample have a caseload. The ethnicity of clients for both supervisors and counselors are explained in Table 3. Supervisors were also asked about the ethnicity of the counselors which they supervise.

Table 3: *Client Ethnicity Percentages for Counselors and Supervisors*

Position and Client Ethnicity	Range Low% - High%	Mean %	Median %	Standard Deviation	IQR
Counselor Client Ethnicity					
Alaskan Native	0.0 – 60.0	.4	0.0	4.3	0.0
Asian Decent	0.0 – 25.0	1.8	0.0	4.0	2.0
Black/African Decent	0.0 –100.0	24.2	20.0	23.2	30.0
Latino/Hispanic Decent	0.0 –92.0	14.7	10.0	17.7	20.0
Middle Eastern Decent	0.0 – 20.0	1.3	0.0	2.9	0.0
Native American	0.0 –50.0	1.5	0.0	5.8	0.0
Native Hawaiian/Pacific Island.	0.0– 50.0	.6	0.0	3.9	0.0
White Caucasian	0.0– 100.0	54.7	50.0	27.6	45.0
Other	0.0– 100.0	.9	0.0	7.2	0.0
Supervisor Client Ethnicity					
Alaskan Native	0.0 – 25.0	.3	0.0	2.7	0.0
Asian Decent	0.0 – 50.0	1.8	0.0	7.4	0.0
Black/African Decent	0.0 – 100.0	19.4	0.0	28.6	25.0
Latino/Hispanic Decent	0.0 – 100.0	11.9	0.0	23.2	25.0
Middle Eastern Decent	0.0 – 25.0	.7	0.0	3.2	0.0
Native American	0.0 – 85.0	2.1	0.0	10.4	0.0
Native Hawaiian/Pacific Island.	0.0 – 45.0	.9	0.0	6.1	0.0
White Caucasian	0.0 – 100.0	60.5	70.0	36.2	67.0
Other	0.0 – 100.0	2.2	0.0	11.9	0.0

Number of Cases: Counselor =203; Supervisor = 83.
IQR (Interquartile Range) is the value for the 25th percentile subtracted from the 75th percentile. IQR is a measure of variability used with the median value; whereas, standard deviation is a measure of variability used with the mean value.

Ethnicity of Clients

Around 44.4 % of counselors indicate that they have no clients who are Alaskan Natives, 38.8% of counselors revealed that they have no supervises who are of Asian descent, 75.5% of counselors have no middle eastern clients, and 14.8% do not have Black African American clients. About 26.4 % of counselors have no Latino (a)/Hispanic clients.81.9% have no Native American clients, 93.1% have no native Hawaiian Pacific Islander clients, and 3.2% have no white clients whereas 4.6 percent have all white caseloads. Other accounts for less than 2% and responses ranged from all other mixed race, Nipoli, Russian, unknown, varied, unidentifiable.

There were approximately 44% of supervisors who did not have a case load and about 55% of supervisors who have a case load in addition to supervising counselors. On average most

supervisor caseloads were about 60% White. Some of the highest remaining percentages were Black/African Decent (19.4%), and Latino (11.9%). "Other" accounted for a little over 2% and contained responses such as biracial and multiracial.

Ethnicity of Supervisees

Ethnicity of supervisees was a demographic item that was only asked of the supervisors about the counselors they currently supervise. Supervisees were 60.4% White, 19.5% Black, 12.1% Latino, 2.1% Native American, 1.8% Asian, 2.2%, less than 1% were Alaskan Native, Middle Eastern, or Native Hawaiian /Pacific Islander. In addition, data showed fewer than 18% (17. 9%) of supervisors report that they do not have any Middle Eastern supervisees, and 10% of supervisors report having no supervisees of Black/African descent. Approximately, 19% report having no presence of supervisees who are Alaskan Native and 16.3% of supervisor's report that they do not have supervises who are of Asian descent. There are about 17.6% of supervisors who do not have Native American supervisees and 19% who lack presence of supervisees who identify as Native Hawaiian/Pacific Islander. 5.7% (n=26) supervisors indicate that they contain caseloads that are 100% White/Caucasian.

Professional Experience

This section describes the professional experiences of counselors and supervisors. It is broken down into six sections which includes amount of experience as a rehabilitation counselor and supervisor, current job title, current work setting, and current supervision and client load.

Experience as a Rehabilitation Counselor

Time spent working as a rehabilitation counselor for supervisees varied from less than one year to 45 years of years of experience. The average length of time working as a rehabilitation counselor was 11.5 (SD= 10.9) years (Table 4).

Experience as a Supervisor

Prior to becoming a supervisor, almost all of these individuals worked as a rehabilitation counselor and had an average of 17.6 years of work experience (Range = 1 to 45 years). Once promoted to a supervisory level, they averaged about 11.1 years of work experience (Range = less than 1 year to 38 years). Nearly half (45%) of supervisors were persons with less than one year to 5 years of experience.

Current Job Title

Nearly two-thirds (62%) of respondents self-identified as either a vocational rehabilitation counselor/specialist or a rehabilitation counselor (Figure 2). Data reported and categorized as "other" by supervisees included job titles such as accessibility advisor in higher education, administrator and quality mental health professional, community support specialist, director of community services, and director of operations.

Roughly 48.9% of supervisors were either an Administrator/Manager/Owner or were categorized as other. Rehabilitation Counselor, Rehabilitation Consultant/Specialist and Vocational Rehabilitation Counselors/Specialist accounted for only 18.4% of the sample. This demonstrates that most supervisors have non-rehabilitation focused job titles. The highest categories reported for supervisors were other (25%), administrator/manager/owner (23.9%), and supervisor of rehabilitation staff (18.5%). Responses from supervisors who selected "other" ranged from assistant chief of rehabilitation, clinical director for employment services, dean,

director of disability services, Doctoral student/supervisor/rehabilitation consultant, and Project director.

Table 4: *Professional Experience of Counselors and Supervisors.*

Experience Indicator	Counselor(n =208)	Supervisor (n=87)
Experience as Rehabilitation Counselor	f/%	f/%
Less than 1 Year	12/5.8	0/0.0
1 – 5 Years	70/33.7	11/12.6
6 -10 Years	43/20.7	18/20.7
11 – 15 Years	29/13.9	14/16.1
16 – 20 Years	12/5.8	16/18.4
21 – 25 Years	14/6.7	9/10.3
26 – 30 Years	12/5.8	6/6.9
More than 30 Years	16/7.7	13/14.9
Summary Data		
Mean	11.5	17.6
Median	8.0	16.0
Standard Deviation	10.9	11.2
Interquartile Range (25^{th} – 75^{th} percentile)	14.0	17.0
Low – High	0 - 45	1 - 45
Experience as a Supervisor	f/%	f/%
Less than 1 Year	Not Applicable	3/3.4
1 – 5 Years	Not Applicable	39/44.8
6 -10 Years	Not Applicable	14/16.1
11 – 15 Years	Not Applicable	7/8.0
16 – 20 Years	Not Applicable	7/8.0
21 – 25 Years	Not Applicable	7/8.0
26 – 30 Years	Not Applicable	3/3.4
More than 30 Years	Not Applicable	7/8.0
Summary Data		
Mean	Not Applicable	11.1
Median	Not Applicable	6.0
Standard deviation	Not Applicable	10.6
Interquartile Range (25^{th} – 75^{th} percentile)	Not Applicable	15.0
Low – High	Not Applicable	0 - 38

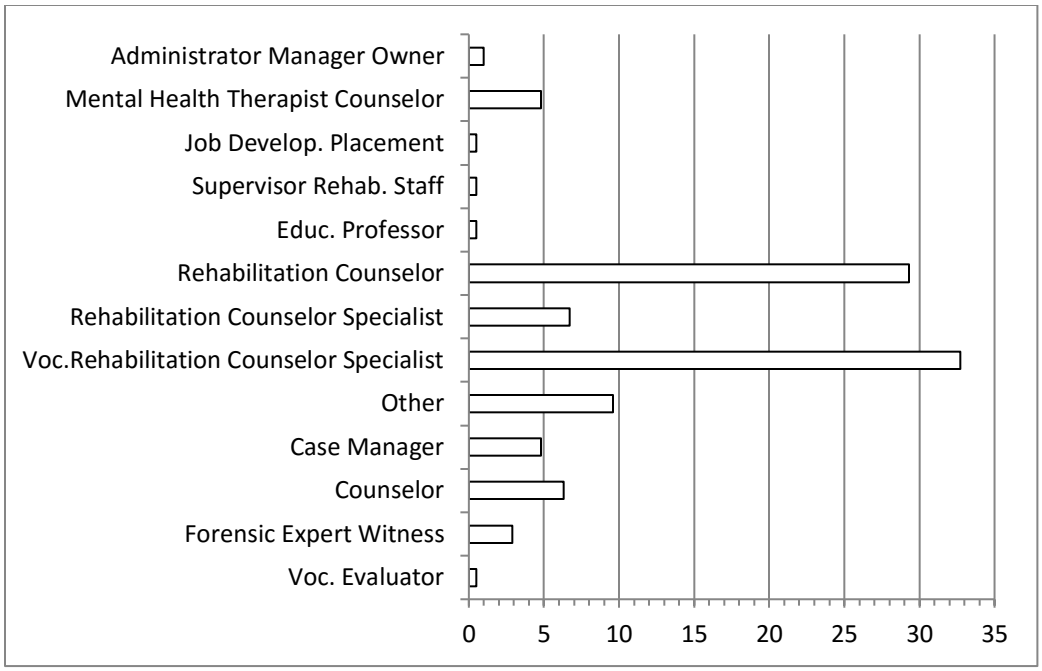

Figure 1. Percent Counselor Current Job Title (n = 208)

Current Work Setting

Responses for current work setting were divided into various categories: state federal vocational rehabilitation program, private not-for-profit rehabilitation, private for profit rehabilitation, not working (student or retired), or other. Around 22.9% of supervisees work in a state-federal vocational rehabilitation program. Essentially, there were 9.6% of supervisees who indicated that they work private not-for profit rehabilitation work settings (e.g., corrections programs, disability centers, college/university, community mental health centers, community rehabilitation program, independent living programs, K-12 education, non-profit research institutions). No supervisee in this data sample identified as not working (student or retired). There were 11.1% of supervisees worked in private for-profit rehabilitation (e.g., corporate environment, for-profit research institutions, forensic, medical center or rehabilitation hospital, insurance company, long term disability, workers compensation). Close to 4.1% indicated

"other" including those who worked in a college setting, private practice, college disability center and self-employed.

Around 10% of supervisors work in a state-federal vocational rehabilitation program. In essence, there were 24.6% of supervisors who indicated that they work private not-for profit rehabilitation work settings (e.g., corrections programs, disability centers, college/university, community mental health centers, community rehabilitation program, independent living programs, k-12 education, non-profit research institutions). No one in the supervisor sample identified as not working (student or retired). There were 4.6% of supervisors worked in private for-profit rehabilitation (e.g., corporate environment, for-profit research institutions, forensic, medical center or rehabilitation hospital, insurance company, long term disability, workers compensation). There were around 3.5% of supervisors that indicated "other" including those in college/university, behavioral health, and veterans' health administration setting.

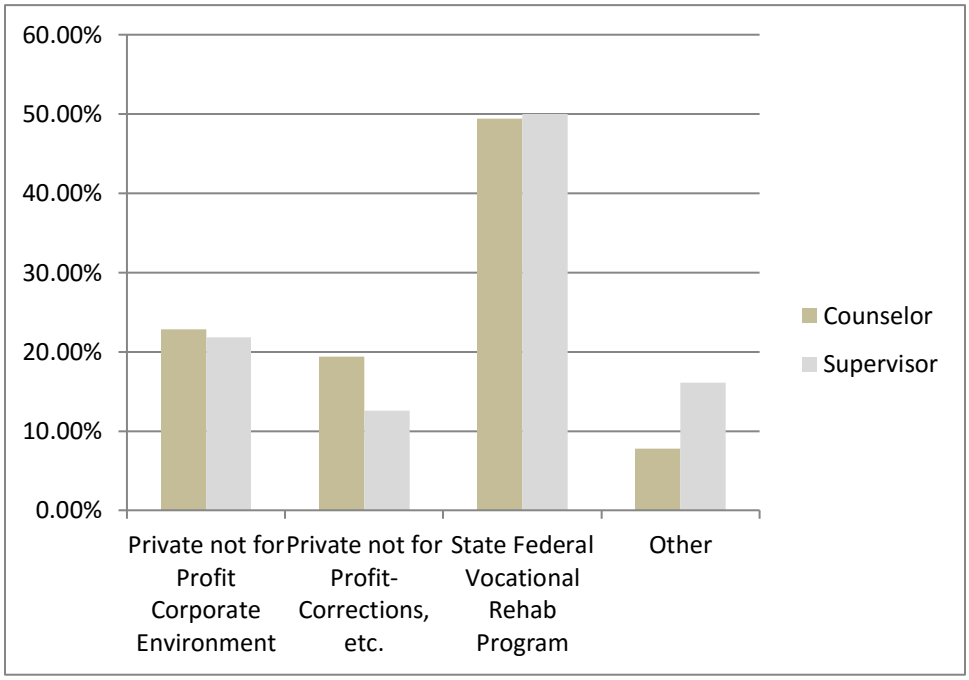

Figure 2. Current Work Setting by Position

Current Supervision Load

Rehabilitation counselor supervisors managed anywhere between 1 to 50 supervisees with the average being 6 supervisees. Supervisors who managed between 1 and 5 supervisees accounted for a little over half (58.7%) also carried their own individual client case load. Client caseloads for rehabilitation counselor supervisors ranged from 1 to 200 with an average of 51 clients. About 39.2 % of supervisors manage 50 to 200 clients.

Multicultural Training Received

As noted in Table 5 counseling supervisees had higher percentages in number of courses completed addressing multicultural aspects in their most recent educational degree and in hours of on-the-job training addressing multicultural aspects received in the last three (3) years. Most counselors and supervisors perceived at a least minimal positive impact or higher both for formal training received and on-the-job training received. The median hours of on the job training addressing MC aspects was 5 for counselors and 6 for supervisors (Table 5). The average number of courses completed addressing multicultural aspects in their most recent educational degree program completed was 2.5 courses for counselors and 2 courses for supervisors.

Type and Amount of Training

There were roughly 76.4% of the supervisees that received multicultural training in the past three years which ranged from 0-600 on-the-job training hours. Around 15.9 % of supervisees indicated that they had no on the job training hours while 12.8% revealed that they had 10 on-the-job training hours. Courses completed addressing multicultural content as part of formal degree training ranged from 0 to 18. Most supervisees (84%) had 1 to 3 courses, on average.

About 84.3% of supervisors disclosed they have had multicultural training in the last three years. Of supervisors who indicated they have received multicultural training, on-the-job

training hours range from 0-200. A little over half (59.5%) had between 0 to 8 on-the-job training hours. Training hours completed as part of the supervisor most recent educational degree ranged from 0 to 15 hours. Roughly 87.8% of supervisors indicated that they have completed between 0 to 3 courses as part of their most recent educational degree.

Table 5: *Amount of Multicultural Counseling Training Received*

Item	Counselor	Supervisor
Number of courses completed addressing multicultural aspects in most recent educational degree	f/%	f/%
0 courses	3/1.9	17/23.9
1 course	56/35.7	20/28.2
2 courses	50/31.8	15/21.1
3 courses	28/17.8	10/14.1
4 – 6 courses	12/6.3	7/9.8
7 – 9 courses	1/.6	1/1.4
10 or more courses	7/4.5	1/1.4
Summary Data		
Mean	2.5	2.0
Median	2.0	1.0
Standard Deviation	2.4	2.3
Interquartile Range (25^{th} – 75^{th} percentile)	2.0	2.0
Low – High	0 - 18	0 - 15
Hours of on job training addressing multicultural aspects received in last three (3) years	f/%	f/%
0 hours	26/16.6	7/9.9
.5 – 4 hours	43/27.3	20/28.1
5 – 8 hours	36/23.0	15/21.2
9 – 12 hours	26/16.5	6/8.5
13 – 16 hours	6/3.9	4/5.6
17 – 20 hours	6/3.9	5/7.0
21 – 24 hours	0/0.0	2/2.8
25 – 32 hours	2/1.3	¾.2
33 – 75 hours	4/2.4	5/7.0
76 – 600 hours	8/4.8	4/5.6
Summary Data		
Mean	17.2	45.2
Median	5.0	6.0
Standard deviation	60.2	246.8
Interquartile Range (25^{th} – 75^{th} percentile)	8.0	17.0
Low – High	0 - 600	0 - 2080

Impact of Training

Impact of training was divided into two questions which focused on overall impact of training as part of formal schooling and overall impact as part of on the job training. Of supervisors who received training as part of formal schooling, 39.2% indicated that training had a moderate positive impact on their professional development and 24.3 % indicated a significant training received. Most supervisors (91.9%) reported that multicultural training, as part of on the job training had either a moderate positive or significant positive impact on their overall professional development.

About 42.1% of counselors who received training as part of formal schooling show that this training had a moderate positive impact on their professional development and 31.1% demonstrate a significant positive impact. Roughly, 47% of supervisees say that multicultural training received as part of on the job training had a moderate positive impact on their overall professional development and 19.5% revealed a significant positive impact. About 14% of supervisees felt as if multicultural training received as part of on the job training has no impact on their overall professional development. There were none who reported a negative impact.

Table 6: *Summary of Multicultural Counseling Training Received by Counselors and Supervisors*

Item	Counselor (n = 205)	Supervisor(n =84)
Have you received any multicultural counseling training in the last three (3) years?	f/%	f/%
Yes	158/77.1	72/85.7
No	47/23.9	12/14.3
Impact of multicultural counseling formal coursework on your professional development	f/ %	f/%
Significant Negative impact	1/.6	0/0.0
Moderate Negative Impact	2/1.3	1/1.4
Minimal Negative Impact	2/1.3	1/1.4
No Impact	6/3.8	14/19.7
Minimal Positive Impact	29/18.6	10/14.1
Moderate Positive Impact	68/43.3	27/38.0
Significant Positive Impact	49/31.2	18/25.4
Impact of multicultural counseling on the job training on your professional development	f/%	f/%
Significant Negative impact	0/0.0	0/0.0
Moderate Negative Impact	1/.6	0/0.0
Minimal Negative Impact	1/.6	0/0.0
No Impact	23/14.6	6/8.5
Minimal Positive Impact	30/19.1	12/16.9
Moderate Positive Impact	72/45.9	35/49.3
Significant Positive Impact	30/19.1	18/25.4

Descriptive Statistics for Scale Variables

Table 7 provides the descriptive statistics for the Multicultural Supervision Inventory, Personal Reaction Inventory, confidence in addressing multicultural issues, level of multicultural knowledge, and multicultural competence.

Table 7: *Descriptive Statistics for Scales Used in the Study*

Scale Name		Mean/SD	Median/IQR	Skewness Value/SE	Low-High Value
MSI Fostering Multicultural Competence	300	4.53/1.60	4.82/2.73	-.38/.14	1.18-7.00
MSI Culturally Sensitive Collaboration	300	5.28/1.41	5.71/2.00	-.88/.14	1.43-7.00
MSI Total Scale	300	4.78/1.49	5.06/2.24	-.55/.14	1.29-7.00
Personal Reaction Inventory	322	21.802.55	22.00/4.00	-.47/.13	14.00-26.00
Confidence with MC	289	80.53/17.59	85.00/15.00	-2.00/.14	4.00-100.00
Knowledge with MC	289	79.23/16.32	80.00/15.00	-1.68/.14	5.00-100.00
Competence with MC	289	79.99/16.45	80.00/15.00	-1.79/.14	5.00-100.00

Notes:
Multicultural Supervision Inventory: The response scale for the two Multicultural Supervision Inventory(MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration and the MSI Total Scale was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.
Personal Reaction Inventory: Scores for the PRI could theoretically range from a low of 13 to a high of 26.
Confidence, Knowledge and Competence values could range 0% through a high of 100%.

Multicultural Supervisory Inventory (MSI)

The MSI consists of two sub-scales (Fostering Multicultural Competence and Culturally Sensitive Collaboration) and assesses the multicultural competence of the supervisor as perceived by counselors and supervisors. The MSI total average was 4.78 (SD = 1.49).

Personal Reaction Inventory

Higher PRI scores indicate a greater tendency for a person to provide socially acceptable responses. The mean (21.8) and median (22.0) values indicate a location slightly above the

theoretical midpoint (19.5) on the PRI scale which indicates a slight tendency to provide socially acceptable responses.

Knowledge

Knowledge was scored on a scale from 0 to 100%, where 0 indicates no multicultural knowledge and 100 indicates a great deal of knowledge. Participants were asked to rate their level of multicultural knowledge when providing individual counseling and, as a group, this knowledge ranged from 5 to 100%. The mean and standard deviation (Table 7) of self-perceived knowledge among participants were 79.23% and 16.32%, respectively.

Competence

Competence was scored on a scale from 0-100% where 0 indicated no multicultural competence and 100 indicated a great deal of multicultural competence. Participant's responses ranged from 5 – 100% with a mean and standard deviation of 79.99 and 16.45.

Confidence

Self-perceived confidence in addressing multicultural issues during counseling was similarly scored on a scale from 0-100%, where 0 indicates no and 100 indicates a great deal of confidence. Participants were asked to indicate their confidence in effectively addressing multicultural issues during individual client counseling sessions. Responses ranged from 4 to 100% (M = 80.53, SD = 17.59). This estimation suggests a relatively high degree of confidence among study participants.

Differences in Multicultural Inventory (MSI) Scores

This section summarizes the analysis for the first research question which examined differences in the MSI scores for the two MSI subscales—Fostering Multicultural Competence and Culturally Sensitive Collaboration. The specific research questions was "What differences exist in the fostering multicultural competence scores and culturally sensitive collaboration

scores between rehabilitation counselors and supervisors when accounting for respondent (a) gender, (b) race/ethnicity, (c) experience in the current position as a counselor or supervisor, (d) self-reported confidence in addressing multicultural issues, (e) self-reported knowledge regarding multicultural issues, (f) self-reported competence for addressing multicultural issues, (g) participation in multicultural training in the previous three years and (h) personal Reaction Inventory scores?"

To address the first research question results from a two-way Multivariate Analysis of Variance (MANOVA) are presented. The descriptive statistics (mean and standard deviation) and the inferential statistic Pillai-Bartlett Trace information statistic were examined to determine whether multivariate differences exist between groups (counselors/supervisors). If the MANOVA Pillai's Trace showed an overall statistical significant difference ($p \leq .05$), the ANOVA in SPSS was used to identify where the difference(s) existed. SPSS provides partial Eta squared in the ANOVA as a measure of effect size. Where appropriate, effect sizes are also provided. Finally, reliability estimates (internal consistency) of the three outcome measures are provided.

As noted in Table 8, the three instruments scores were judged to have acceptable reliability.

Table 8: *Descriptive Statistics and Reliability Information for Fostering Multicultural Competence, Culturally Sensitive Collaboration and Personal Reaction Inventory* (n = 300)

Instrument	Mean	SD	Median	IQR	Low Value	High Value	Cronbach's Alpha
MSI Fostering Multicultural Competence	4.53	1.41	4.77	2.64	1.18	7.00	11 items .95
MSI Culturally Sensitive Collaboration	5.28	1.41	5.71	2.00	1.43	7.00	7 Items .93
Personal Reaction Inventory (PRI)	21.80	2.55	22.00	4.00	14.00	26.00	13 items .89

The response scale for the two Multicultural Supervision (MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.
Scores for the PRI could theoretically range from a low of 13 to a high of 26.

Two Way MANOVA Results

Two-way MANOVA examined differences in the two MSI subscale scores when examined by position. Table 9 includes total MSI score when examined by position.

Table 9: *Descriptive statistics for Multicultural Supervision Subscales by Position-- Counselor or Supervisor*

Scale Name	Cases	Mean/SD	Median/IQR	Low-High Value
MSI Fostering Multicultural Competence				
Total	300	4.53/1.60	4.82/2.73	1.18-7.00
Counselor	212	4.13/1.60	4.36/2.55	1.18-7.00
Supervisor	88	5.48/1.12	5.56/1.61	2.45-7.00
MSI Culturally Sensitive Collaboration				
Total	300	5.28/1.41	5.71/2.00	1.43-7.00
Counselor	212	4.94/1.49	5.29/2.29	1.43-7.00
Supervisor	88	6.11/.71	6.14/.86	3.86-7.00
MSI Total Scale				
Total	300	4.78/1.49	5.06/2.24	1.29-7.00
Counselor	212	4.40/1.52	4.65/2.46	1.29-7.00
Supervisor	88	5.70/.93	5.76/1.29	3.00-7.00

Assumptions of the MANOVA

In order to test the MANOVA assumptions an examination of the variable Pearson correlation matrix was completed. Results indicated that there was a positive significant correlation between the two subscale scores. The Pearson correlation was r = .87 and was significant at < .001. It was decided to use MANOVA because the two MSI subscales are conceptually related and, on the basis that a Pearson correlation of .87, when squared it suggests that about 75% of the variance between the two is shared (Tabachnick and Fidell, 2007)

The bivariate correlations reveal seven variables are significantly correlated with the MSI subscale Fostering Multicultural Competence. The highest correlation (r = .38, p =<.001) is for the variable position (counselor or supervisor). Supervisors tended to have higher scores on the

Fostering Multicultural Competence subscale as compared to counselors. The second highest correlation was for the variable self-reported multicultural competence level ($r = .28$, $p =<.001$). Relatively low, although significant correlations ($p <.05$) were found between Fostering Multicultural Competence scores and gender ($r=-.11$), years of experience in the current position ($r=-.17$), having received multicultural training in the previous three years ($r= -.15$), perceived multicultural confidence level ($r = .17$) and self-reported multicultural knowledge level ($r = .21$).

For the MSI subscale Culturally Sensitive Collaboration five variables were significantly ($p <.05$) correlated. The highest correlation ($r = .38$, $p =<.001$) is for the variable position (counselor or supervisor). Supervisors tended to have higher scores on the Culturally Sensitive Collaboration subscale as compared to counselors. The second highest correlation was for the variable self-reported multicultural competence level ($r = .22$, $p =<.001$). Other variables correlated significantly with Culturally Sensitive Collaboration subscale scores included years of experience in the current position ($r=-.17$), perceived multicultural confidence level ($r = .16$) and self-reported multicultural knowledge level ($r = .14$).

Table 9 provides a summary of the two-way MANOVA results used to answer research question one. Results indicate there were statistically significant differences ($p <.001$) in MSI subscale scores between counselors and supervisors. Additionally, it was found that self-reported confidence in addressing multicultural issues, self-reported knowledge and self-reported competence regarding multicultural issues resulted in significant differences in MSI subscale scores. Participants' years of experience as a counselor or as a supervisor were also found to influence differences in MSI subscale scores.

In the paragraphs following Table 10 a brief summary is provided regarding each two way MANOVA analysis. Descriptive statistics are provided in table format for each analysis and when appropriate statistical interaction is graphically displayed.

Table 10: *Summary for Two Way MANOVA and ANOVA Results for MSI Subscales Fostering Multicultural Competence and Culturally Sensitive Collaboration.*

	Two Way MANOVA Pillai's Trace		ANOVA Fostering Multicultural Competence	ANOVA Culturally Sensitive Collaboration	Partial Eta Squared (if applicable)
Variable	F Value	p	P	p	
Position	20.31	**< .001**	< .001	< .001	.114 / .115
Gender	1.02	.364	.155	.228	NA
Interaction	.17	.842	.768	.980	NA
Position	24.82	**<.001**	<.001	<.001	.143 / .118
Race/Ethnicity	.69	.502	.252	.411	NA
Interaction	2.78	.063	.057	.381	NA
Position	13.27	**<.001**	<.001	<.001	.077 / .081
Confidence	5.41	**.005**	<.001	.006	.037 / .026
Interaction	2.39	.094	.053	.141	.015
Position	17.45	**<.001**	<.001	<.001	.101 / .053
Knowledge	9.03	**<.001**	<.001	.010	.053 / .023
Interaction	2.29	.103	.051	.232	.013
Position	16.79	**<.001**	<.001	<.001	.076 / .100
Competence	19.33	**<.001**	<.001	.001	.066 / .039
Interaction	1.67	.189	.112	.400	NA
Position	24.67	**<.001**	< .001	< .001	.135 / .132
Personal Reaction Inv.	1.76	.173	.062	.096	NA
Interaction	.44	.643	.355	.491	NA
Position	12.16	**<.001**	<.001	<.001	.074 / .072
MC Training Received	1.97	.141	.058	.197	NA
Interaction	.06	.935	.714	.762	NA
Position	29.90	**<.001**	<.001	<.001	.160 / .160
Experience	.93	.448	.345	.293	NA
Interaction	2.56	**.038**	.075	.008	.033

Position and Gender

Information in Table 10 reveals supervisors scores (M = 5.48, SD = 1.14) on the Fostering Multicultural Competence subscale were significantly higher (p <.001 per Table 7) than counselors scores (M = 4.12, SD = 1.61). A similar significant difference was found for the MSI subscale Culturally Sensitive Collaboration (Supervisor M = 6.10, SD = .71 v. Counselor M = 4.93, SD = 1.49). There was no interactive affect between position and gender on either of the MSI subscale scores.

Table 11: *Descriptive statistics for MANOVA Analysis for Position and Gender*

Dependent Variable	Position	Gender	Cases	Mean	SD
Fostering Multicultural Competence	Counselor	Male	49	4.41	1.40
		Female	159	4.04	1.67
		Total	208	**4.12**	1.61
	Supervisor	Male	24	5.66	1.26
		Female	63	5.42	1.07
		Total	87	**5.48**	1.14
	Total	Male	73	4.82	1.47
		Female	222	4.43	1.64
		Total	295	4.52	1.61
Culturally Sensitive Collaboration	Counselor	Male	49	5.10	1.31
		Female	159	4.87	1.55
		Total	208	**4.93**	1.49
	Supervisor	Male	24	6.27	.57
		Female	63	6.04	.75
		Total	87	**6.10**	.71
	Total	Male	73	5.49	1.25
		Female	222	5.20	1.46
		Total	295	5.27	1.42

Note:
The response scale for the two Multicultural Supervision (MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.

Position and Race/Ethnicity

Supervisors had significantly higher ($p < .001$) scores than rehabilitation counselors on both MSI subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration). For Fostering Multicultural Competence supervisors M = 5.48 (SD = 1.12) as compared to counselors M = 4.13 (SD=1.60). For the subscale Culturally Sensitive Collaboration supervisor M= 6.11 (SD = .71) compared to counselor M = 4.94 (SD= 1.49). There were no significant difference in either subscale mean value due to the variable race/ethnicity not was there a significant interactive effect.

Table 12: *Descriptive Statistics for MANOVA analysis for Position and Race/Ethnicity*

Dependent Variable	Position	Race Ethnicity	Cases	Mean	SD
Fostering Multicultural Competence	Counselor	White	165	4.17	1.60
		All Others	47	4.00	1.59
		Total	212	**4.13**	1.60
	Supervisor	White	69	5.33	1.16
		All Others	19	6.02	.75
		Total	88	**5.48**	1.12
	Total	White	234	4.51	1.58
		All Others	66	4.58	1.68
		Total	300	4.53	1.59
Culturally Sensitive Collaboration	Counselor	White	165	4.94	1.50
		All Others	47	4.94	1.46
		Total	212	**4.94**	1.49
	Supervisor	White	69	6.04	.75
		All Others	19	6.38	.50
		Total	88	**6.11**	.71
	Total	White	234	5.26	1.41
		All Others	66	5.35	1.42
		Total	300	5.28	1.41

Note: The response scale for the two Multicultural Supervision (MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.

Positon and Self-Reported Confidence

The two way MANOVA revealed both position and level of self-reported competence were statistically significant ($p < .01$) factors in explaining differences in scores on the two MSI subscales. On Fostering Multicultural Competence supervisors' $M = 5.49$ ($SD = 1.13$) and was higher compared to counselors' $M = 4.13$ ($SD = 1.62$). Individuals with a higher self-reported level of confidence had a mean of 4.70 ($SD = 1.67$) for Fostering Multicultural Competence as compared to counselors with a mean of 4.70 compared to a counselor mean of 4.09.

For Culturally Sensitive Collaboration, supervisors had a mean of 6.11 compared to a counselor mean of 4.94. On this MSI subscale the individuals self-reporting higher levels of confidence had a mean of 5.42 compared to a mean of 4.92 for those identified as having lower levels of confidence in addressing multicultural issues. There was no significant interactive effect between position and self-reported level of confidence on For Culturally Sensitive Collaboration scores.

Table 13: *Descriptive Statistics for MANOVA Analysis for Position and Confidence*

Dependent Variable	Position	Confidence	Cases	Mean	SD
Fostering Multicultural Competence	Counselor	Lower	64	3.95	1.44
		Higher	41	4.21	1.70
		Total	205	**4.13**	1.62
	Supervisor	Lower	19	4.56	1.15
		Higher	65	5.76	.98
		Total	84	**5.49**	1.13
	Total	Lower	83	**4.09**	1.40
		Higher	206	**4.70**	1.67
		Total	289	4.52	1.62
Culturally Sensitive Collaboration	Counselor	Lower	64	4.76	1.37
		Higher	141	5.01	1.56
		Total	205	**4.94**	1.50
	Supervisor	Lower	19	5.46	.95
		Higher	65	6.38	.51
		Total	84	**6.11**	.72
	Total	Lower	83	**4.92**	1.31
		Higher	206	**5.42**	1.45
		Total	289	5.28	1.42

Notes:
The response scale for the two Multicultural Supervision Inventory (MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.
Confidence reflects self-reported data for the following survey item. "On a scale from 0 – 100, where 0 indicates no confidence and 100 indicates a great degree of confidence, how would you rate your confidence in addressing multicultural issues?"

Position and Self-Reported Knowledge

Both independent variables, position and knowledge were statistically significant ($p < .001$) in explaining differences in both Fostering Multicultural Competence and Culturally Sensitive Collaboration scores. Supervisors as compared to counselors had significantly higher scores on Fostering Multicultural Competence (supervisor M = 5.49 vs counselor M =4.13) and on Culturally Sensitive Collaboration (supervisor M = 6.11 vs counselor M =4.94).

The comparison between individuals self-reporting higher multicultural knowledge levels compared to those reporting lower multicultural knowledge levels had significant differences on

both MSI subscales. Those with higher levels of knowledge had a Fostering Multicultural Competence mean of 4.75 compared to those with lower levels of knowledge who had a mean of 4.04. A similar difference existed on the Culturally Sensitive Collaboration score. Those reported higher knowledge levels had a mean of 5.42 compared to those with lower knowledge levels who had a mean of 4.98. There was a significant ordinal interact between position and knowledge. Figure 4 below demonstrates this interactive effect.

Table 14: *Descriptive Statistics for MANOVA Analysis for Position and Knowledge*

Dependent Variable	Position	Knowledge	Cases	Mean	SD
Fostering Multicultural Competence	Counselor	Lower	69	3.84	1.52
		Higher	136	4.27	1.66
		Total	205	**4.13**	1.62
	Supervisor	Lower	24	4.61	1.17
		Higher	60	5.84	.91
		Total	84	**5.49**	1.31
	Total	Lower	93	**4.04**	1.47
		Higher	196	**4.75**	1.64
		Total	289	4.52	1.62
Culturally Sensitive Collaboration	Counselor	Lower	69	4.76	1.46
		Higher	136	5.02	1.52
		Total	205	**4.94**	1.50
	Supervisor	Lower	24	5.60	.92
		Higher	60	6.31	.50
		Total	84	**6.11**	.72
	Total	Lower	93	**4.98**	1.39
		Lower	196	**5.42**	1.42
		Total	289	5.28	1.42

Notes:
The response scale for the two Multicultural Supervision (MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.
Knowledge reflects self-reported data for the following survey item. "On a scale from 0 – 100, where 0 indicates no knowledge and 100 indicates a great degree of knowledge, how would you rate your knowledge in addressing multicultural issues?"

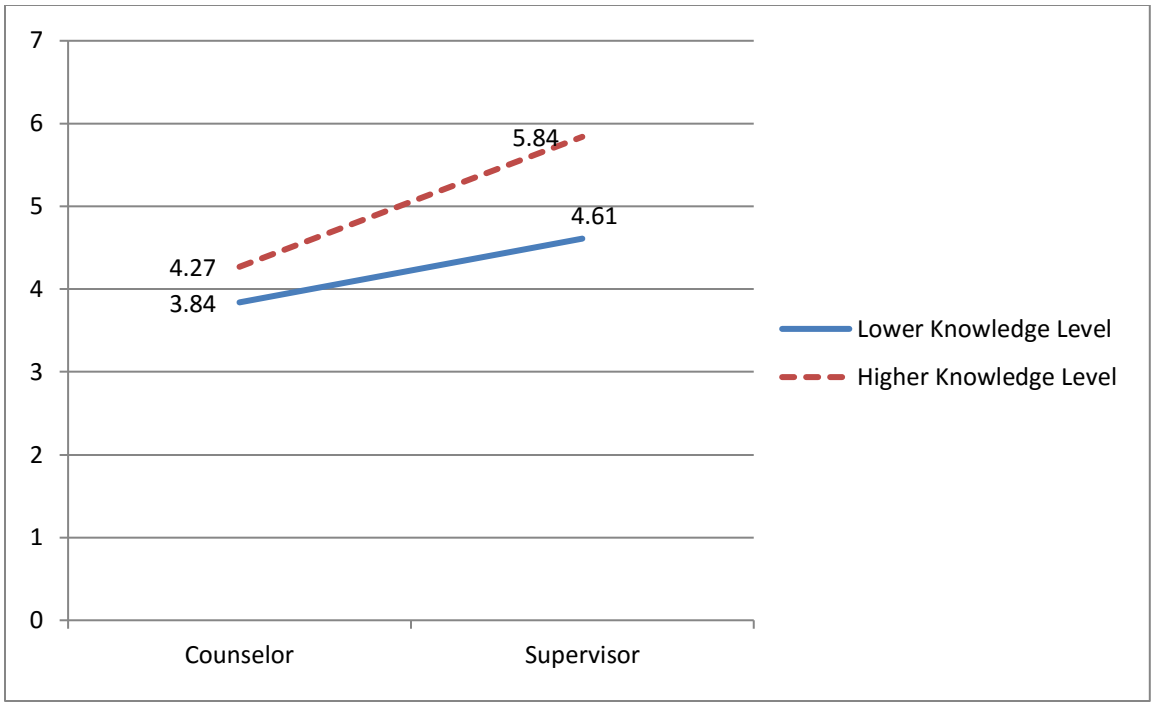

Figure 3. Ordinal Interaction for Fostering Multicultural Confidence

Position and Self-Reported Competence

Both independent variables, position and competence were statistically significant ($p < .001$) in explaining differences in both Fostering Multicultural Competence and Culturally Sensitive Collaboration scores. Supervisors as compared to counselors had significantly higher scores on Fostering Multicultural Competence (supervisor M = 5.49 vs counselor M =4.13) and on Culturally Sensitive Collaboration (supervisor M = 6.11 vs counselor M =4.94).

The comparison between individuals self-reporting higher multicultural knowledge levels compared to those reporting lower multicultural knowledge levels had significant differences on both MSI subscales. Those with higher levels of knowledge had a Fostering Multicultural Competence mean of 4.75 compared to those with lower levels of knowledge who had a mean of 4.04. A similar difference existed on the Culturally Sensitive Collaboration score. Those reported higher knowledge levels had a mean of 5.49 compared to those with lower knowledge levels who had a mean of 4.83.

Table 15: *Descriptive statistics for MANOVA Analysis for Position and Competence*

Dependent Variable	Position	Competence	Cases	Mean	SD
Fostering Multicultural Competence	Counselor	Lower	72	3.73	1.52
		Higher	133	4.34	1.64
		Total	205	**4.13**	1.62
	Supervisor	Lower	22	4.55	1.21
		Higher	62	5.82	.90
		Total	84	**5.49**	1.31
	Total	Lower	94	3.92	1.49
		Higher	195	4.81	1.60
		Total	289	4.52	1.62
Culturally Sensitive Collaboration	Counselor	Lower	72	4.63	1.44
		Lower	133	5.10	1.51
		Total	205	**4.94**	1.50
	Supervisor	Lower	22	5.52	.92
		Higher	62	6.31	.50
		Total	84	**6.11**	.72
	Total	Lower	94	**4.83**	1.39
		Higher	195	**5.49**	1.40
		Total	289	5.28	1.42

Notes:
The response scale for the two Multicultural Supervision (MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.

Competence reflects self-reported data for the following survey item. "On a scale from 0 – 100, where 0 indicates no competence and 100 indicates a great degree of competence, how would you rate your competence in addressing multicultural issues?"

Position and Personal Reaction Inventory Score

Information in Table 16 reveals supervisors scores (M = 5.48, SD = 1.60) on the Fostering Multicultural Competence subscale were significantly higher ($p < .001$ per Table 10) than counselors scores (M = 4.13, SD = 1.12). A similar significant difference was found for the MSI subscale Culturally Sensitive Collaboration (Supervisor M = 6.11, SD = .71 v. Counselor M = 4.94, SD = 1.49). There was no significant interactive affect between position and Personal Reaction Inventory on either of the MSI subscale scores.

Table 16: *Descriptive Statistics for MANOVA Analysis for Position and Personal Reaction Inventory Score*

Dependent Variable	Position	Personal Reaction Inventory	Cases	Mean	SD
Fostering Multicultural Competence	Counselor	Lower (< 22)	94	4.03	1.59
		Higher(≥22)	118	4.21	1.61
		Total	212	**4.13**	1.60
	Supervisor	Lower (< 22)	34	5.15	1.15
		Higher(≥22)	54	5.69	1.10
		Total	88	**5.48**	1.12
	Total	Lower (< 22)	128	4.33	1.56
		Higher(≥22)	172	4.68	1.61
		Total	300	4.53	1.60
Culturally Sensitive Collaboration	Counselor	Lower (< 22)	94	4.85	1.46
		Higher (>22)	118	5.01	1.51
		Total	212	**4.94**	1.49
	Supervisor	Lower (< 22)	34	5.87	.77
		Higher(≥22)	54	6.27	.63
		Total	88	**6.11**	.71
	Total	Lower (< 22)	128	5.12	1.39
		Higher(≥22)	172	5.41	1.42
		Total	300	5.28	1.41

Notes:
The response scale for the two Multicultural Supervision (MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.
The Personal Reaction Inventory score was recoded into 2 groups using the median score to create the two groups.

Position and Received Multicultural Training

Information in Table 17 reveals supervisors scores (M = 5.49, SD = 1.13) on the Fostering Multicultural Competence subscale were significantly higher (p <.001 per Table 10) than counselors scores (M = 4.13, SD = 1.62). A similar significant difference was found for the

MSI subscale Culturally Sensitive Collaboration (Supervisor M = 6.11, SD = .72 vs Counselor M =4.94, SD = 1.51). There was no significant interactive affect between position and gender on either of the MSI subscale scores.

Table 17: *Descriptive Statistics for MANOVA Analysis for Position and Received Multicultural Training in Previous Three Years.*

Dependent Variable	Position	Received Multicultural Training	Cases	Mean	SD
Fostering Multicultural Competence	Counselor	Yes	158	4.22	1.62
		No	47	3.81	1.61
		Total	205	**4.13**	1.62
	Supervisor	Yes	72	5.58	1.09
		No	12	4.98	1.27
		Total	84	**5.49**	1.13
	Total	Yes	230	4.64	1.60
		No	59	4.05	1.61
		Total	289	4.52	1.62
Culturally Sensitive Collaboration	Counselor	Yes	158	4.99	1.53
		No	47	4.76	1.41
		Total	205	**4.94**	1.51
	Supervisor	Yes	72	6.16	.68
		No	12	5.79	.92
		Total	84	**6.11**	.72
	Total	Yes	230	5.36	1.43
		No	59	4.97	1.38
		Total	289	5.28	1.42

Notes: The response scale for the two Multicultural Supervision (MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.
Received Multicultural Training reflects self-reported data for the following question on the survey. "Have you received any multicultural counseling training in the past 3 years?"

Position and Experience

Information in Table 18 reveals supervisors scores (M = 6.10, SD = .71) on the Culturally Sensitive Collaboration subscale were significantly higher (p <.001 per Table 2) than counselors scores (M = 4.93, SD = 1.49). A similar statistically significant difference was found for the MSI subscale Fostering Multicultural Competence (Supervisor M = 5.48, SD = 1.13 vs

Counselor M =4.12, SD = 1.61). There was a statistically significant interactive effect between position and experience see Figure 5 below.

Table 18: *Descriptive Statistics for MANOVA Analysis for Position and Experience*

Dependent Variable	Position	Experience In Current Position	Cases	Mean	SD
Fostering Multicultural Competence	Counselor	0-5 Years	82	4.36	1.61
		6 – 15 Years	72	4.28	1.59
		≥ 16 Years	54	3.55	1.52
		Total	208	**4.12**	1.61
	Supervisor	0-5 Years	42	5.40	1.07
		6 – 15 Years	21	5.51	1.21
		≥ 16 Years	24	5.61	1.19
		Total	87	**5.48**	1.13
	Total	0-5 Years	124	4.71	1.53
		6 – 15 Years	93	4.56	1.59
		≥ 16 Years	78	4.18	1.71
		Total	295	**4.52**	1.61
Culturally Sensitive Collaboration	Counselor	0-5 Years	82	5.25	1.45
		6 – 15 Years	72	5.00	1.53
		≥ 16 Years	54	4.33	1.34
		Total	208	**4.93**	1.49
	Supervisor	0-5 Years	42	6.02	.76
		6 – 15 Years	21	6.03	.77
		≥ 16 Years	24	6.32	.51
		Total	87	**6.10**	.71
	Total	0-5 Years	124	5.51	1.31
		6 – 15 Years	93	5.24	1.46
		≥ 16 Years	78	4.94	1.47
		Total	295	**5.27**	1.42

Notes:
The response scale for the two Multicultural Supervision (MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.
Experience in Current Position reflects self-reported total years as a rehabilitation counselor for the counselor and total years as a supervisor for the supervisor. For the rehabilitation counselor it does not include their years as a rehabilitation counselor.

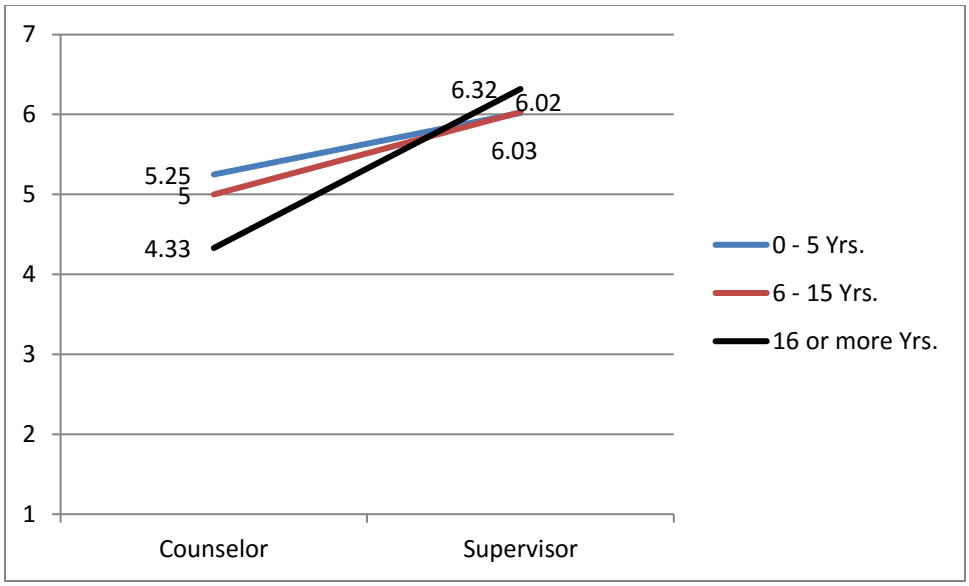

Figure 4. Disordinal Interaction for Culturally Sensitive Collaboration

Multiple Regression Analysis for Supervision Outcomes

This section is organized into three sections. First, the strategies used to check the assumptions for using multiple regression analysis are described. Second, the results for research question two are presented. Third, the results for research question three are presented.

Examination of Assumptions for Regression and Transformations

Several statistical assumptions need to be considered when conducting multiple regression. Those assumptions relate to normality of interval scaled variables, linearity between interval scaled predictor variables and the dependent variable, normality of the residuals (error terms) and potential multicollinearity issues. To check those assumptions the following steps were taken. First, a bivariate correlation matrix of the variables used in the regression analysis was examined for high relationships ($r > \pm .9$) between the predictor variables. Second, linearity between the interval predictor variables (years' experience, MSI score, Impact of Supervision on Personal Development and Personal Reaction Inventory) and the dependent variable (Supervision Outcome score) were examined using curve estimation procedures available in

SPSS. Third, box plots with histograms and skewness values were examined using the Explore program in SPSS. Fourth, the assumption regarding normality of the residuals (error terms) from the prediction equation was assessed using a normal probability plot of the residuals and examination of the Durbin Watson statistic. After the regression was completed a final check of whether multicollinearity existed was assessed by examining the Tolerance, Variance Inflation Factor and Condition Index Values.

The check of assumptions revealed one major outlier for the variable years of experience which influenced the linearity assumption between the variable years of experience and the dependent variable SOS score. Further examination of that outlier revealed a value of "1315" for years of experience. Because that appeared to be an "unreasonable response" and was a major outlier that value was removed from further analysis. There is much variability in the experience variable and the box plot revealed six minor outliers. With 204 cases for counselors this would not be considered by Field (2014) to be a problem in using the variable in a regression analysis.

The check of assumptions revealed that after removal of the major outlier all assumptions were met according to guidelines suggested by Tabachnick and Fidell (2007) and Field (2014). Appendix H provides information regarding the check of assumptions.

The nominal variables (gender, race/ethnicity and received multicultural training in prior three years) were transformed using "dummy" coding for regression analysis. The dummy coding for gender was males = 0 and females = 1. For received multicultural training yes = 0 and no =1. Race ethnicity was coded white Caucasian = 0 and all other ethnicities = 1.

Supervisee Supervision Outcomes

Information was collected to examine counselors' perceptions regarding the effectiveness of the supervision they received. This research question examined the relationship between counselor perceptions of supervisor multicultural competence as predicted by specific

independent variables of interest. How does perceived multicultural competence of supervisors as reported by counselors, predict outcome of received supervision when accounting for respondent (a) gender, (b) race/ethnicity, (c) participation in multicultural training, (d) counselor years of experience, (e) scores on the Multicultural Supervisory Inventory, (f) counselor perceived impact of supervision on his/her professional growth, (g)and social desirability?

Tables 19 and 20 summarize the variables used in the regression analysis for research question two. Counselors reported an average of 11 years' experience (SD = 10.77) in their rehabilitation counselor role. Approximately 77% reported having received multicultural training within the previous three year period.

Table 19: *Supervisee Biographical Information used in the Supervisee Regression Analysis (n = 205)*

Characteristic	Number of Cases	Valid Percent
Gender		
Male	49	23.9
Female	156	76.1
Race/Ethnicity		
White Caucasian	163	79.5
All Other Ethnicity	22	20.5
Received Multicultural Training in the last three (3) Years		
Yes	158	77.1
No	47	22.9

The variable, Impact of Supervision, has a 7-point Likert response scale. It is a single item designed to collect an overall perception regarding the impact (effectiveness) of supervision provided by the supervisor on the professional development of the counselor. A mean of 5.20 (SD = 1.54) reflects on average a "minimal positive impact" of supervision on the counselors' professional development. The Supervision Outcomes Scale score had a mean value of 3.08 (SD = 1.07) which reflects a "somewhat helpful" interpretation of supervision provided.

Table 20: *Descriptive Statistics for Scale Variables Used in Multiple Regression Analysis (n=204)*

Variable	Mean (SD)	Median (IQR)	Skew Value	Low Value	High Value
Supervision Outcome Scale	3.08 (1.07)	3.14 (1.57)	-.36	1.00	5.00
Personal Reaction Inventory	21.84(2.45)	8.00(14.00)	1.15	15.00	26.00
Multicultural Supervision Inventory (MSI)	4.40 (1.54)	4.65 (2.47)	-.26	1.29	7.00
Impact of Supervision on Supervisee	5.20 (1.54)	4.65 (2.47)	-.27	1.00	7.00
Experience in Current Position (Years)	11.04(10.77)	22.00(4.00)	-.28	< 1 year	45.00

Notes:
Supervision Outcome Scale (SOS): The response scale for SOS was: 1 = Not helpful at all; 2 = Helpful but very little; 3 = Somewhat helpful; 4 = Very helpful; and 5 = Extremely helpful.
Personal Reaction Inventory: Scores for the PRI could theoretically range from a low of 13 to a high of 26.
Multicultural Supervision Inventory: The response scale for the two Multicultural Supervision (MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.
Impact of Supervision: 1 = Significant negative impact; 2 = Moderate negative impact; 3 = Minimal negative impact; 4 = Neutral; 5 = Minimal positive impact; 6 = Moderate positive impact; and 7 = Significant positive impact.

The bivariate correlations (Table 21) reveal four variables significantly correlated with the dependent variable Supervision Outcome Scale (SOS) score. The two variables most highly correlated with SOS score are MSI score ($r = .69$, $p > .001$) and impact of supervision value ($r = .60$, $p < .001$). Years of experience was negatively correlated with SOS score ($r = -.21$, $p = .001$) as was race/ethnicity ($r = -.12$, $p = .044$).

Table 21: *Correlations for Variables Used in Regression Analysis for RQ2*

Variable	X1	X2	X3	X4	X5	X6	X7	X8
Supervision Outcome Scale X1	1.000 220							
Personal Reaction Inventory X2	.045 .253 220	1.000 232						
Multicultural Supervision Inventory (MSI) X3	.691 <.000 212	.050 .237 212	1.000 212					
Impact of Supervision on Supervisee X4	.604 <.000 206	.018 .398 206	.650 .000 206	1.000 206				
Years' Experience in Current Position X5	-.209 .001 207	-.137 .024 207	-.235 <.000 207	-.188 .004 205	1.000 207			
Gender of Supervisee X6	. -.056 .213 208	.068 .165 208	-.091 .097 208	-.114 .052 206	-.003 .480 207	1.000 208		
Race/Ethnicity of Supervisee X7	-.119 .044 208	-.098 .080 208	.067 .169 208	-.075 .141 206	.109 .059 207	-.067 .167 208	1.000 208	
Received Multicultural Training in Previous Three Years (0 = Yes, 1 = No) X8	-.110 .059 205	-.006 .468 205	-.095 .089 205	-.054 .219 205	.303 .000 204	-.075 .142 205	.012 .430 205	1.000 205

Note: Cell information includes correlation value, significance (1 – tail) and number of cases for each correlation value.

In the final reduced regression model (Table 22), three independent variables explain about 55% (R square = .545 = 54.5%) of the variance (difference) in Supervision Outcome Scale (SOS) scores. Race/ethnicity was statistically significant (beta = .135, p <.001) as was MSI score (beta = .551, p <.001) and counselors' perceptions (beta = .235, p <.001) regarding the impact (effectiveness) of the supervision they received.

For the variable race/ethnicity, a positive beta value means that all other ethnicities (coded a 1) tended to have higher SOS scores as compared to white Caucasian counselors (coded

a 0). Higher MSI scores were positively associated with higher SOS scores, and higher scores on the perceived impact of supervision on the counselors' professional development were also associated with higher SOS scores.

Beta values often are used to identify the relative importance of variables used in a regression analysis. In this analysis MSI score (beta = .551) has the greatest influence in explaining differences in SOS scores.

Table 22: *Supervision Outcomes Score Regressed on Selected Variables*

Block and Variable	Model 1 Beta/ p	Model 2 Beta / p	Model 3 Beta / p	Reduced Model Beta / p
Block I				
Gender (0 =M, 1 = F)	-.062 / .366	.015 / .980	.016 / .745	
Race/Ethnicity (	.099 / .157	**.130 / .009**	**.131 / .009**	**.135 / .006**
Training in MC (0 = Yes, 1=No)	-.053 / .462	-.031 / .902	-.031 / .547	
Experience in Current Position	**-.190 / .010**	-.021 / .847	-.023 / .666	
Block 2				
MSI Score		**.543 /<.001**	**.544 / <.001**	**.551 / <.001**
Impact supervision received on supervisee prof. development		**.237 / <.001**	**.237 / <.001**	**.235 / <.001**
Block 3				
Personal Reaction Inventory			-.009 / .849	
Model Summary				
F	3.39	39.62	33.80	79.78
df	4/199	6/197	7/196	3/200
p	.010	<.001	<.001	<.001
R Square	.064	.547	.547	.545
Adjusted R Square	.045	.533	.531	.538
Durbin Watson Statistic	XXX	XXX	XXX	1.86

Supervisor Supervision Outcomes

Information was collected to examine the supervisors' perceptions regarding effectiveness of supervision they provided to rehabilitation counselors. The purpose was to identify whether certain independent variables influenced supervisor perceptions regarding the

effectiveness of the supervision they provided. In terms of the research question, it was stated as: How does perceived multicultural competence of supervisors as reported by supervisors, predict outcome of received supervision when accounting for respondent (a) gender, (b) race/ethnicity, (c) participation in multicultural training, (d) counselor years of experience, (e) scores on the Multicultural Supervisory Inventory, (f) counselor perceived impact of supervision on his/her professional growth, (g) and social desirability?

Table 23 provides basic information regarding background nominal variables used to answer research question three. Almost 86% of supervisors reported having received multicultural training in the previous three years.

Table 23: *Supervisor Biographical Information used in the Supervisor Regression Analysis*

Characteristic	Number of Cases	Valid Percent
Gender		
Male	24	27.6
Female	63	72.4
Race/Ethnicity		
White Caucasian	69	75.8
All Other Ethnicity	22	24.2
Received Multicultural Training in the last three (3) Years		
Yes	72	85.7
No	12	14.3

Information regarding scale (interval type data) variables used in answering research question three is summarized in Table 24. The variable, Impact of Supervision, has a 7-point Likert type scale. It is a single item designed to collect an overall perception regarding the impact (effectiveness) of supervision provided by the supervisor on the professional development of the counselor/supervisee. Supervisors reported a mean of 5.94 (SD = 1.02). This level reflects a perceived "positive moderate impact" held by supervisors regarding their

impact on the supervisees' professional development. The SOS score mean of 3.87 (SD = .62) reflects an average between a "somewhat helpful' to "very helpful" qualitative interpretation.

Table 24: *Descriptive Statistics for Scale Variables used in Supervisor Multiple Regression Analysis (n =87)*

Variable	Mean (SD)	Median (IQR)	Skewness Value	Low Value	High Value
Supervision Outcome Scale	3.87 (.62)	3.88 (.86)	-.15	2.14	5.00
Personal Reaction Inventory	21.92 (2.56)	22.00 (4.00)	-.81	15.00	26.00
Multicultural Supervision Inventory	5.70 (.94)	5.82 (1.29)	=.76	3.00	7.00
Impact of Supervision on Supervisee	5.94 (1.02)	6.00 (1.00)	-1.66	1.00	7.00
Experience in Current Position (Years)	11.13(10.62)	6.00 (15.00)	1.05	< 1year	38.00

Notes:
Supervision Outcome Scale (SOS): The response scale for SOS was: 1 = Not helpful at all; 2 = Helpful but very little; 3 = Somewhat helpful; 4 = Very helpful; and 5 = Extremely helpful.
Personal Reaction Inventory: Scores for the PRI could theoretically range from a low of 13 to a high of 26.
Multicultural Supervision Inventory: The response scale for the two Multicultural Supervision (MSI) subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration was: 1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Sometimes; 5 = Often; 6 = Very Often; and 7 = Always.
Impact of Supervision: 1 = Significant negative impact; 2 = Moderate negative impact; 3 = Minimal negative impact; 4 = Neutral; 5 = Minimal positive impact; 6 = Moderate positive impact; and 7 = Significant positive impact.

The bivariate correlations (Table 25) reveal three variables significantly correlated with the dependent variable Supervision Outcome Scale (SOS) score. The two variables most highly correlated with SOS score are MSI score (r = .74, p.>001) and impact of supervision value (r=.48, p <.001). These bivariate correlations indicate supervisors with higher MSI scores tended to have higher SOS scores and supervisors with higher self-reported impact supervision values

had higher SOS scores. Having received multicultural training in the previous three years was negatively correlated with SOS score (r = -.26, p = .001). Supervisors who indicated they received multicultural training during the previous three years were more likely to have higher Supervisory Outcome scale scores.

Table 25: *Correlations for Variables used in Regression Analysis for RQ3*

Variable	X1	X2	X3	X4	X5	X6	X7	X8
Supervision Outcome Scale X1	1.000 90							
Personal Reaction Inventory X2	.191 .071 90	1.000 90						
Multicultural Supervision Inventory X3	.737 <.001 88	.312 .003 88	1.000 88					
Impact of Supervision on Supervisee X4	.477 <.001 87	.164 .130 87	.459 .000 87	1.000 87				
Years' Experience in Current Position X5	.094 .385 87	-.114 .294 87	.017 .873 87	.235 .029 87	1.000 87			
Gender of Supervisee X6	-.141 .192 87	.061 .573 87	-.124 .253 87	-.086 .428 87	-.239 .026 87	1.000 87		
Race/Ethnicity of Supervisee X7	.118 .267 90	.093 .384 90	.251 .018 88	.085 .432 87	-.095 .383 87	-.066 .546 87	1.000 91	
Received Multicultural Training in Previous Three Years (0 = Yes, 1 = No) X8	-.257 .018 84	-.240 .028 84	-.203 .065 84	-.181 .100 84	-.065 .558 84	-.131 .236 84	-.047 .669 84	1.000 84

Note: Cell information includes correlation value, significance (2 – tail) and number of cases for each correlation value.

In the final reduced regression model (Table 26), one independent variable explains about 54% (R square = .544 = 54.4%) of the variance (difference) in supervisors Supervision Outcome

Scale (SOS) scores. MSI score (beta = .746, p <.001). No other variables were statistically significant variables in predicting supervisors SOS scores.

Table 26: *Supervision Outcomes Score Regressed on Selected Supervisor Variables*

Block and Variable	Model 1 Beta/ p	Model 2 Beta / p	Model 3 Beta / p
Block I			
Gender (0 =M, 1 = F)	-.147 / .187		
Race/Ethnicity (0=White, 1= All Others)	.178 / .098	**.**011 / .887	
Training in MC (0 = Yes, 1=No)	**-.266/ .015**	-.095 / .198	
Experience in Current Position	**-.**030 / .782		
Block 2			
MSI Score		**.660 / <.001**	**.746 / <.001**
Impact supervision received on supervisee prof. development		.153 / <.064	
Block 3			
Personal Reaction Inventory			
Model Summary			
F	2.83	29.00	50.63
df	4/79	4/79	2/85
p	.030	<.001	<.001
R Square	.125	.595	.544
Adjusted R Square	.081	.574	.533
Durbin Watson Statistic	XXX	XXX	2.17

Dependent variable is supervisor score on the Supervision Outcome Survey (SOS)

Summary

Chapter 4 presented the findings from the data analysis related to the three research questions. The first research question examined differences in the scores for two MSI subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration) between supervisors and counselors. Results of the two-way MANOVA revealed statistically significant differences in the scores for the two subscales existed between supervisors and counselors. Significant differences also existed for self-reported multicultural confidence, knowledge and competence. Table 27 summarizes the results for research question one.

Table 27: *Summary of results for differences in MSI subscale scores between supervisors and counselor*

Independent Variable	Main Effect ($p < .05$)	MSI Fostering Multicultural Competence Score	MSI Culturally Sensitive Collaboration Score
Position	Yes	Supervisor > Counselor	Supervisor > Counselor
Gender	No	Not Significant	Not Significant
Race/Ethnicity	No	Not Significant	Not Significant
Confidence	Yes	Supervisor > Counselor	Supervisor > Counselor
Knowledge	Yes	Supervisor > Counselor	Supervisor > Counselor
Competence	Yes	Supervisor > Counselor	Supervisor > Counselor
Multicultural Training	No	Not Significant	Not Significant
Experience	No	Not Significant	Disordinal Interaction($p=.03$)
PRI Score	No	Not Significant	Not Significant

Position = Supervisor or Counselor

The second research question examined factors which influenced counselors' perceptions regarding the effectiveness of the supervision they received. Counselors' perceptions regarding the supervision they received were influenced by perceptions by three predictor variables race/ethnicity, MSI score and perceived impact of supervision received on the counselor's professional development. The predictor variables of gender, having participated in multicultural training, years of experience and score on the Personal Reaction Inventory were not statistically significant in the regression analysis.

Research question three examined factors which influenced supervisors' perceptions regarding the effectiveness of the supervision they provided counselors. One predictor variable, MSI score, significantly influenced their scores on the Supervision Outcome Scale.

CHAPTER FIVE: DISCUSSION

The purpose of this study was to examine multicultural competency self-perceptions of rehabilitation counselor supervisors and to compare these perceptions with an independent group of rehabilitation counselors. A secondary purpose was to examine how demographic variables (age, gender, race/ethnicity, multicultural training) are related to perceptions of multicultural competence and supervision satisfaction. Findings, in this study, are considered within the context of social desirability given its potential impact on self-reports of multicultural competence. Chapters one through four was used to introduce the research questions, review related literature and empirical research studies, describe the research methodology, and present and summarize the research data and findings. The purpose of this chapter is to discuss the research findings, provide conclusions, and offer recommendations for future research.

Discussion of Results

Empirical research (e.g., Bellni, 2003; Granello & Wheaton 1998; Matrone & Leahy, 2005) within the profession of rehabilitation counseling indicates counselors are not fully adept at demonstrating multicultural competency. Part of this problem, importantly, may be historically attributed to what Cartwright (2001) reported in her findings of rehabilitation counseling programs that only 52% of programs required students to take a course in multicultural training. Taking a course, however, does not necessarily indicate that the student demonstrates multicultural competence. In fact, Donnell (2008) found that counselors who have taken multicultural courses as part of their graduate training were often taught general information regarding cultures rather than specific counseling techniques based in a multicultural context. Although these techniques, which Donnell discussed, may be taught by counseling supervisors in academic training institutions, the nature of training tended to be of short duration. For this

reason, a more thorough understanding of the complexities involved in multicultural counseling often demand a longer-term intervention that may or may not be present as part of rehabilitation counseling practice. Results from this study provide a new level of understanding particularly in reference to the multicultural competence of rehabilitation counselors and supervisors. Results reveal that although supervisors rate themselves as being culturally competent, and counselors rate their supervisors as being culturally competent, these perceptions appear to be an over estimation. The independent group of supervisors rated themselves higher than the independent group of counselor supervisee's ratings of the supervisors. This outcome suggests that there is an over estimation of cultural competence for supervisors. However, it is important to note that inferences about the two groups cannot be made, as they are two independent groups.

Differences in Multicultural Inventory Scores

Supervisors had significantly higher scores in terms of fostering multicultural competence and culturally sensitive collaboration as compared to counselors. Supervisors typically perceive themselves as "very often" to "always" demonstrating multicultural competence; whereas, counselors perceive their supervisors as demonstrating this competence "sometimes" to "often". Thus, there is some dissonance between how counselors view their supervision and how counselors perceive the multicultural competence of the supervisors.

When examining the influence of gender, race, self-perceived confidence, competence, and knowledge in addressing multicultural issues, presence of multicultural training, and social desirability, there were significant main effects found for years of experience and self-reported multicultural knowledge, competence and confidence on multicultural competence of the participant. The effects would typically be considered small to moderate effects. A significant ($p = .033$) disordinal interaction was found for years' experience by position. In the following

sections, specific information and discussion is provided for each of the control variables combined with position in the two way MANOVA.

These findings demonstrate that supervisors have substantial confidence in their own cultural sensitivity as well as their ability to enhance a supervisee's multicultural competence. This sense of success (as defined by 'very often' to 'always') seems to indicate that supervisors believe they are fulfilling their clinical role in developing and enhancing counselors' skill cultural skill set (Garrett et al., 2001). These results also imply that supervisors believe they provide a developmentally supportive relationship for supervisees. These findings are encouraging because, as Herbert (2016) points out in his definition, the primary end goal of clinical supervision is for "successful rehabilitation outcomes" (p. 75). Having confident and culturally competent supervisors, will translate into more culturally appropriate interventions with consumers ultimately benefitting from the clinical supervision process.

While the results between supervisors and counselors were statistically significant, that did not seem to indicate that counselors believed they were culturally incompetent based on their responses of 'sometimes' to 'often.' Counselors rated themselves in the middle of Likert scale on competency and sensitivity. These counselors provide direct service to consumers every day and perhaps were able to hold specific cases in mind while responding to the survey and have an understanding of their growth areas.

Positon and Gender

In this study, there were no statistical differences regarding fostering multicultural competence and providing culturally sensitive collaboration as a function of gender and position (supervisor v. counselor). This finding is consistent with earlier studies that also found no differences in self-report multicultural competence between genders (e.g., Ottavi, Pope-Davis, & Dings, 1994; Pope-Davis & Ottavi 1994); However, two studies found women scored

significantly higher than men on self-reported multicultural competence (Constantine, 2000; Middleton et al., 2005). There has been no consistent empirical support as to why gender in multicultural competence vary, as some studies report males perceive greater competence while, in other studies, women perceive higher competence. Interestingly, both supervisors (n = 24) and counselors (n = 49) who were male rated themselves higher than females on both the Fostering Multicultural Competence and Culturally Sensitive collaboration subscales. This suggests that supervisors and counselors who are male perceive themselves to be more culturally sensitive during collaborating with clients (for supervisees) and supervisees (for supervisors).

Male supervisor (M = 6.27, SD = .57) and supervisee (M = 5.10, SD = 1.31) means were the highest on subscale two, Culturally Sensitive Collaboration. The item content of Factor 2 entails the supervisor's ability to develop a collaborative working relationship (Ortega-Villalobos, Pope-Davis, & Merluzzi, 2007). Additionally, Pope-Davis explained that culturally sensitive collaboration describes supervisor behaviors which encourage supervisees to express their concerns and opinions about client conceptualization freely. These findings suggest that these male supervisors are more inclined to foster a collaborative working relationship, value learning from the supervisee, evaluate the supervisee's performance in multicultural counseling, avoid stereotyping supervisees, being knowledgeable about culturally different groups, and respecting the supervisee's cultural beliefs and practices. These findings also suggest that male counselors may be more inclined to foster a collaborative relationship with their clients, place value in learning from clients of different cultural groups, and demonstrate respect for their client's cultural beliefs and practices. These findings also indicate male supervisors and counselors can potentially have an inflated view of their abilities. Perhaps this data could be interpreted to indicate they are more multiculturally competent while, at the same time, one must

remember the results are all self-reported. This can indicate non-recognition of their privilege status in accordance with the MSJCC theory.

Position and Race and Ethnicity

Although supervisors had statistically significant higher ($p < .001$) scores than rehabilitation counselors on both MSI subscales (Fostering Multicultural Competence and Culturally Sensitive Collaboration), there was no significant main or interaction effect for the variable race/ethnicity. Similarly, there were no statistically significant differences between White counselors and nonwhite counselors' perceptions of their supervisors' capacity to foster multicultural competence and promote multicultural collaboration.

In terms of possible implications of multicultural competence of rehabilitation counselors and its potential impact on outcomes pertaining to race and position, Wilson (2004) found that in comparison to White clients, African Americans were more likely to be rejected for rehabilitation services when controlling for education, type of disability, disability severity, and socioeconomic status. Results of this study supported earlier research by Wheaton (1996) who found that White Americans and Asian and Pacific Islanders were more likely to be accepted for rehabilitation services than African Americans. More recently, Barnes, Williams, and Barnes (2014) supported Wilson and Wheaton by reiterating that this still continues to be an issue in the profession. Though these studies neither supports nor refutes these findings for acceptance rates, when considering race, it is important to note that supervisee (counselor) scores were significantly lower on both fostering multicultural competence and culturally sensitive collaboration. This finding, coupled with the aforementioned research studies that examined vocational rehabilitation outcomes of different client ethnicity/races suggests that counselors may lack the ability to foster a collaborative relationship with clients. Taking in consideration results of the current study that supervisors seem to have a higher appraisal of their competence

than an independent group of counselors and no differences were found between and within groups as a function of race, the need for multicultural training seems pervasive among rehabilitation counselors and supervisors.

When considering the theoretical model and framework used in this study, at the core is the belief that multiculturalism and social justice should be at the center of all counseling, and by extension, supervision. More specifically, the developmental domains or circles over lapping each quadrant represent the ideology that multicultural and social justice begins with supervisor self-awareness and then extends to the supervisee. This self-awareness then extends from the supervisees to their clients and the counseling relationship, and to counseling and advocacy interventions and strategies. In order for supervisors and counselors to develop the ability to foster multicultural competence and demonstrate culturally sensitive collaboration, it is imperative they are self-ware of their own cultural values, biases and beliefs. Having this comprehension, provides counselors and supervisors insight as to how their worldviews impact client, counseling and supervisory relationships.

Position and Confidence

In terms of confidence in fostering multicultural competence, supervisors had a statistically higher level compared to an independent group of counselors' who perceived their supervisors as having less ability to provide culturally sensitive collaboration. Differences in confidence between respondent groups might be associated with marginalization as issues of power, privilege and oppression play out between supervisors and counselors and extends to the counseling relationship. The MSJCC provide clear statements about skills that will facilitate the recognition of marginalization through attitudes, beliefs, knowledge and skills. The MSJCC framework calls for all practicing counselors and supervisors to have knowledge about privileged

and marginalized statuses as well as oppression, as marginalization is how social injustice is maintained (Vera & Speight, 2003).

Position and Knowledge

Similar to other perceptual differences, supervisors again evaluated themselves higher on multicultural knowledge than an independent group of counselors. It would be valuable for supervisors and counselors to examine the multicultural competence dissonance gap between supervisors and counselors a fundamental basis for developing common ground for developing professional development initiatives. If we are to develop "common ground" between supervisors and counselors regarding. Bellini explained that the 1992 Rehabilitation Act Amendment specifically acknowledged that ethnic minorities who are also persons with disabilities have been poorly served in the state-federal program and illuminated that service inequities in this program would continue if rehabilitation counselors lack the appropriate knowledge and cross-cultural competencies needed to serve a diverse client population. Previous researchers (Alston & Bell, 1996; Schaller, Parker, & Garcia, 1998) have supported Bellini's 2003 findings, also explaining the need for a cultural relevance in rehabilitation practices. Though supervisor's scores are higher this poses concerns for counselors, as they are directly serving clients.

As far back as 1992, Sue, Arrendondo, and Mc Davis discussed foundational concepts and the importance of multicultural theory as it applies to knowledge, awareness, and skill. Some fail to see this focus as an integral or necessary component to their counseling/supervision style and ability. This issue continues to be discussed in the literature as researchers continually call attention to the need for cultural sensitivity (Lee & Park, 2015; Lee, 2015). To understand the importance of implementing the MSJCC theoretical framework as part of counseling and supervision, one must realize the need and rationale for a multicultural perspective in our ever-

growing diverse society, specifically as it pertains to counseling development and continuing professional education. Current CACREP standards (CACREP, 2017) indicate that educational program objectives should "reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society." Supervisors and counselors should be knowledgeable about the effects of power, marginalization, and privilege, as well as the impact that can have on the supervisory and counseling relationships.

In addition, supervisors and counselors who are knowledgeable understand that when cultural responsiveness is continuously integrated with social advocacy they are better equipped to handle cultural concerns. These supervisors and counselors hold multicultural and social justice as a core value. They should be knowledgeable regarding social justice and multicultural interventions and strategies that are culturally relevant and address individual and community level change.

Position and Competence

Supervisors as compared to counselors had statistically significant higher scores on Fostering Multicultural Competence and on Culturally Sensitive Collaboration. Previous research (Sue, 1991) suggests that cultural competency relies on having sufficient knowledge and, in particular, that pertaining to oppression, racism, discrimination and stereotyping (Sue, Arrendondo, & McDavis, 1992).

When considering the MSJCC Model, having knowledge about cultural competency and identity development models helps counselors and supervisors to be more aware of shared and unshared identities, beliefs values, and biases, and marginalized privileged and statuses. In addition, competent supervisors and counselors identify ways in which culture influences the counseling relationship and are able to implement evidence-based treatment interventions.

Position and Personal Reaction Inventory

Given that there were no statistical differences in terms of social desirability as measured by the Personal Reaction Inventory as a function of position on either of the multicultural collaboration and competence subscales, results suggest that both respondent groups expressed similar viewpoints. Thus, any intentional desire to provide misleading answers or select socially desirable responses was assumed to be a non-contributory factor when assessing supervisor multicultural competence as perceived by supervisors and an independent group of counselors regarding their supervisors' competence. Given the possibility of how social desirability may impact self-report multicultural competence (Black, 1999), it provides an indication of the authenticity of existing findings.

Position and Multicultural Training Received

Although supervisors and counselors indicated that in terms of the amount of training received during the past three years was similar, supervisors reported greater competence in their ability to foster multicultural competence and cultural sensitivity than counselors reported of their supervisors. While there does not seem to be any statistical difference between the amount of training in multicultural training, it must be remembered that no evaluation as to the quality of training was obtained. In addition, how supervisors received and benefitted from this training as counselors prior to their promotion to supervisor is unknown. At some point in time, all supervisors were counselors and worked with clients from various racial backgrounds. Unfortunately, without effective training in multicultural counseling throughout one's professional development perpetuates the problem of supervising counselors who may also lack this skill set. Thus, the cycle continues and little change occurs. Without direct and ongoing multicultural counseling training, competence will remain elusive (Constantine, Juby, & Liang, 2001; Pope-Davis, Reynolds, Dings, & Ottavi, 1994). To further support this position, it is

important to note that years of professional experience as a supervisor did not necessarily result in higher levels of perceived multicultural competence. Among counselors however, those with fewer years' experience reported higher levels of multicultural competence than counselors with 16 years or more experience. In other words, the longer one works as a rehabilitation counselor, the less competent one becomes in terms of cultural sensitive collaboration.

These findings appear to indicate that experienced counselors may have had many more opportunities to assess competency and sensitivity and be more realistic about their abilities. Also, it is important to note, that historically rehabilitation counseling programs did not require any multicultural coursework. Possible these counselors who have been in the profession for sixteen or more years did not have the opportunity of more recent graduates.

Counselor Perceptions of Supervision Outcomes

Counselor perceptions regarding supervisor multicultural competence as it pertained to the level of supervision helpfulness was influenced by race/ethnicity (beta = .135), MSI score (beta = .551), and perceived impact of supervision received on the counselor's professional development (beta = .235). Collectively, the variables explained 54.5% of the variance in the Supervision Outcome Inventory Survey (SOS) score. Predictor variables including gender, participation in multicultural training, years of experience and social desirability were not statistically significant predictors in the regression analysis.

Previous literature reports inconsistent findings regarding racial/ethnic differences and multicultural competence. Some studies find that racial/ethnic (non-White) trainees report higher scores on MCC than White trainees (e.g., Constantine, 2001; Neville, Spanierman, & Doan, 2006). Conversely, other studies report no significant difference between White and racial/ethnic minority trainees on scores of MCC (e.g., Manese, Wu, & Nepomuceno, 2001).

Supervisor Perceptions Regarding Supervision Outcomes

Only supervisor perceptions regarding level of helpfulness of their supervision to counselors was predictive of their score on the multicultural supervisory inventory and, in fact, contributed over half (54.4%) of the variance. Thus, self-perceptions regarding one's helpfulness to counselors influence one's perception regarding multicultural competence. All other hypothesized variables including gender, race/ethnicity, participation in multicultural training, years of work experience and social desirability were not statistically significant predictors.

Implications

When considering practice implications, counselors and supervisors need more introspective and evolved proactive thinking as it pertains to providing and receiving multicultural supervision. Since Sue's (1992) earlier discussions of cultural competence to more recent discussions (e.g., Lee & Park 2014; Ratts, Singh, Nassar-McMillan, Butler & Rafferty McCullough, 2016) suggest that not much has changed since these initial writings. Although data contained in this study showed that supervisors rated themselves as being highly culturally competent, data reported by an independent group of counselors about their supervisors indicated a statistically significant lower evaluation of supervisor competence. Counselor MSI averaged around 4 (indicating "sometimes") and supervisors averaged between 5-6 (indicating "often" to "very often").

As it pertains to practicing rehabilitation counselors and supervisors who also maintain a client caseload, discussion about multicultural competency should be done prior to making clients eligible for services (or placing clients into the Rehabilitation Services Administration Status 10). Given vocational rehabilitation outcomes of ethnic minorities are less likely to receive and complete a service plan (Wilson, 2008) and findings from the current study which suggests that there may be an over estimation of self-reported cultural competence by

supervisors, it raises concern as to the likelihood that this outcome would change. Further, counselors seem to believe that supervisors, as a group, tend to overestimate their multicultural competence. The veracity of their perceptions, as a self-report measure, could be questioned but given that participant responses did not statistically deviate from acceptable social desirability indicators, one could conclude that these perceptions represent their true beliefs in terms of competence.

On the basis of data from this study when comparing supervisor to counselor perceptions of their supervisors, it seems that supervisors may overestimate their level of multicultural competence which may be indicative of a false sense of reality. Counselor scores on the MSI averaged around 4 ("sometimes") and supervisors averaged around 5-6 ("often" to "very often"). Previous research (Abrams & Trusty, 2004; Constantine & Ladany, 2000; Paulhus, 1991; Worthington, Mobley, Franks, & Tan, 2000) has shown that this perception level serves as an inherent problem when relying on self-report instruments. Previous researchers (Paulus; Sodowsky (1996); Constantine & Ladany) all indicate that self-report instrument measures should be accompanied with a measure of social desirability or contain an impression management assessment tool.

For example, Constantine and Ladany (2000) conducted a study on the self-report of multicultural counseling competence scales and their relation to social desirability attitudes. Results of their research infer that social desirability influenced self-report multicultural counseling competence. However, this research suggests that social desirability does not influence answers. These observations also hold true, and are the same for nonwhite supervisors, though about 80% of supervisors contained in this data sample are White (see Table 11) and, in general, supervisors rate themselves high regardless of race/ethnicity. However, research (Utsey,

Gernat, & Hammar, 2005) shows that White supervisors may not want to discuss issues of multicultural competence for fear that may be viewed as micro aggressive, yet, in general, there are still high means for multicultural competence.

Current CACREP standards state that rehabilitation counselors, and by extension, supervisors should be able to, "counsel individuals with a disability who face lifestyle choices that may involve gender or multicultural issues, reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society; social and cultural diversity, multicultural and pluralistic characteristics within and among diverse groups nationally and internationally, theories and models of multicultural counseling, cultural identity development, and social justice and advocacy" (p.12), regardless of their racial/ethnic background.

Under the premise of social and cultural diversity, supervisors and counselors possess knowledge of: (a) pluralistic characteristics within and among diverse groups nationally and internationally (b) theories and models of multicultural counseling, cultural identity development, and social justice and advocacy (c) multicultural counseling competencies (d) the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others (e) the effects of power and privilege for counselors and clients (f) help-seeking behaviors of diverse clients (g) the impact of spiritual beliefs on clients' and counselors' worldviews (h) strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination" (p.11).

Interestingly, leadership and advocacy strategies, pertaining to multicultural competency are also discussed. Strategies of leadership in relation to current multicultural and social justice issues should be implemented into the supervisor's leadership style. If supervisors are more

culturally competent than counselors, this suggests that counselors are not as well prepared/ trained in multicultural competence. Competent supervisors know how to effectively address multicultural issues and conflicts that occur in clinical supervision. Jernigan, Green, Helms, Perez-Gualdron, and Henze (2010) explained that competent supervisors address conflict by being knowledgeable and aware of racial issues and are able to assess racial identity status. These authors explained that competent clinical supervisors address multicultural conflict by (a) bringing up race while recognizing the conflict within the dyad, (b) assessing their own competency and self-efficacy with respect to racial dynamics, and (c) offering extra positive regard to supervisees who initiate conversations of race.

Current research (Lee 2014; Lee & Park 2014) shows that clients have heightened levels of comfort with counselors when they are knowledgeable about their cultural background. If accurate, it would seem that counselors and supervisors who are similarly knowledgeable would more easily engage in multicultural conversations. Supervisors who demonstrate cultural competency or an attempt to understand the cultural background of their supervisees (especially those who are minorities) may result in having a stronger working alliance.

There are things that we, as counseling professionals, must do beyond provide multicultural training to counselors and supervisors. Clearly counselors and supervisors rate themselves as being skilled, multicultural competent, knowledgeable and confident. It must be something more that an over estimation and self-perception of multicultural confidence which suffices for being a gauge on the adequacy of training. According to MSJCC framework, there must be more than training. Counselors and supervisors must have a willingness to engage, and self-critique. They should regard multicultural competence as a lifelong process where

counselors possess a commitment to continuously develop their knowledge and understanding of multicultural and social justice competence, as it pertains to the counseling profession.

Avoiding discussion of multicultural issues can potentially make multicultural training and supervision ineffective for those sincerely desiring attainable knowledge. Effectively expressing one's views on multiculturalism is imperative. If one is unable to discuss their views in a clinical supervisory setting, it is virtually impossible to broach topics of multiculturalism with clients of other cultures. This relationship is why sustaining a positive and healthy supervisory relationship where views are openly discussed is beneficial to both the development of the supervisee and supervisor. Having clearly defined roles also aids in keeping problems experienced within supervision to minimum.

There are recommendations and implications as to how training can be enhanced as part of pre-professional training. Data from this study shows that most counselors report having about one multicultural counseling course. In fact, Donnell (2008) found that counselors who have taken multicultural courses as part of their graduate training were taught general information regarding cultures rather than specific counseling techniques based in a multicultural context. While these techniques which Donnell discussed may be taught by counseling supervisors in academic training institutions, the nature of training would tend to be of short duration and, for this reason, a more thorough understanding of the complexities involved in multicultural counseling often demand a more longer-term intervention that may or may not be present as part of rehabilitation counseling practice. More recently, counselors and supervisors have come through programs that incorporate multicultural sensitivity in terms of needing to view the client holistically in context of the broad environment, resources, and deficits. Recommendations on enhancing multicultural training as part of pre-professional training as part would definitely

include more integration of multicultural competence through all courses and not just one main course.

In sum, researchers (Chang Hays & Shoffner 2004; Gray & Smith, 2009; Paradeck 2001) express that it is every important for supervisors to be multiculturally competent so that they promote a dialogue with their supervisees to feel comfortable and open to discussing feelings about culture, cultural conflict, and cultural statuses. These discussions, if productive, have the potential to impact the counselor-client relationship as well.

Strengths and Limitations

Strengths

A major strength of this study was the number of participants which included 205 counselors and 84 supervisors. Having the opportunity to allow participants to record their responses electronically, made it easier to reach a larger portion of the sample population. In addition, the raw data had a limited amount of missing data. Most missing data was for personal demographic and biographic variables. Using the multicultural supervision inventory as a measure allowed parallel data to be collected on the supervisees and supervisors.

Limitations

Data were collected through self-report instruments and therefore faking results (social desirability), bias in selecting answers, misinterpretation of the questions, random responding on Likert response scales, and intentionally providing misleading responses are considerations that may impact the data collected. The Personal Reaction Inventory was given to both supervisors and supervisors, and in all research questions and did not have an influence. This study was conducted with two independent groups of supervisors and supervisees. Thus, the research was not able to able inference on how the two groups impacted one another. Generalizations can only be made about the groups individually.

Recommendations for Future Research

When examining multicultural competence within supervision, prior studies often rely on obtaining self-report information from two independent groups of counselors and supervisors rather than evaluating their experiences within the same supervisory dyad. Using the same supervisory dyad allows for an examination of the supervision experience from persons who are directly involved in the same process (albeit from different perspectives). By doing so, the researcher has a stronger design in place given that both participants are being asked to respond to the same stimuli and, as a result, understanding of the supervisory experience becomes more personal than what was used in this study whereby counselors were asked to comment about their supervisory experiences from supervisors who, most likely, were not represented in the study. Having supervisees and supervisors within the same dyads would strengthen the validity of generalizations made regarding the influence that supervisors have on supervisees. In addition, implementing a mixed methods approach that includes a qualitative aspect may better elucidate nuances that impact multicultural competent behaviors within clinical supervision. With this understanding, we may better understand how specific behaviors impact the therapeutic supervisory alliance, and, ultimately the client-counselor relationship and resulting outcomes.

Future research should focus on the degree to which the implementation of updated CACREP standards as well as the discussion on one's self-identity and biases impacts multicultural competence of rehabilitation counselors. With the recent merge of CACREP and CORE, it may require reexamination of existing standards that exemplify multicultural competence within supervision practice. Beyond recognizing "who" are in need of multicultural training, we have to develop a better system of recognizing what knowledge components and skill needs exist for both counselors and supervisors and find a mechanism regarding individual skill level assessment.

Lastly, many practitioners have failed to recognize the importance of clinical supervision in rehabilitation and concentrated more on the administrative components rather than examining counselor-client and counselor-supervisor dynamics as part of clinical supervision. An initial study by English, Oberle and Bryne (1979) found that within the public sector: (a) most supervision addressed administrative and case conceptualization aspects, (b) field observation and case review techniques were the primarily techniques used in supervision, and (c) most supervisors performed poorly in many functional areas of consultation and evaluation. Although this early report did not address anything about multicultural competence, given the strong administrative focus in rehabilitation counselor supervision, it suggests that this aspect would be unlikely to emerge with an administrative supervision focus. Unfortunately, this focus persists in current practice as well (e.g., Herbert, 2004; Herbert & Trusty, 2006; Schultz, Ososkie, Fried, Nelson, & Bardos, 2002) and, by inference, it raises the question regarding the opportunity to sufficiently address concerns regarding multicultural dynamics that exists either between the counselor and the client as well as the counselor and the supervisor.

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APPENDIXES

Appendix A: Supervision Outcome Scale

Appendix A

Supervision Outcome Scale

Please answer the following set of questions about you and your **current (or most recent) individual supervisor.** Again, remember if you have MORE THAN ONE individual supervisor in your current (or most recent) clinical training setting, please choose one and use the **same one** throughout the survey.

Please describe the degree to which supervision with your **current (or most recent) individual supervisor** has contributed to the ***IMPROVEMENT*** of the following:

Table 4
Items and Rating Scale of Supervision Outcome Scale

Not helpful at all	Helpful, but very little	Somewhat helpful	Very helpful	Extremely helpful
1	2	3	4	5

1. Client symptoms (decrease in symptoms)	1	2	3	4	5
2. Your relationship with clients	1	2	3	4	5
3. Your counseling skills	1	2	3	4	5
4. Your case conceptualization ability	1	2	3	4	5
5. Your multicultural counseling skills (e.g., skills that are culturally appropriate in working with diverse clients)	1	2	3	4	5
6. Your multicultural beliefs/attitudes/awareness (e.g., awareness of your own worldviews)	1	2	3	4	5
7. Your multicultural knowledge (e.g., knowledge of worldviews of culturally different clients)	1	2	3	4	5

Note. Clinical competence subscale: Items 1, 2, 3, 4; Multicultural competence outcome subscale: Items 5, 6, 7. Please e-mail the corresponding author for permission to use the SOS.

Below is the modified SOS for supervisors:

Not helpful at all	Helpful but very little	Somewhat helpful	Very Helpful	Extremely Helpful
1	2	3	4	5

1. Client symptoms decrease	1	2	3	4	5
2. Counselor relationships with their clients	1	2	3	4	5
3. Counselor counseling skills	1	2	3	4	5
4. Counselor case conceptualization abilities	1	2	3	4	5
5. Counselor multicultural counseling skills (i.e., skills that are	1	2	3	4	5
6. culturally appropriate in working with diverse clients)					
7. Counselor multicultural beliefs/attitudes/awareness	1	2	3	4	5
8. (e.g., awareness of counselor's worldview)					
9. Counselor multicultural knowledge (e.g., knowledge of	1	2	3	4	5
10. worldviews of culturally different clients)					

Note: Clinical competence subscale items 1, 2, 3, 4. Multicultural subscale items: 5,6,7.

Appendix B: Multicultural Supervision Inventory-Supervisor Version

Multicultural Supervision Inventory-B

In this inventory the terms "culture/cultural" refer to race, ethnicity, gender, class, religion, sexual orientation, and physical disability. In completing this inventory consider that the process of developing multicultural competencies is an ongoing endeavor; therefore, it is understood that most practicing supervisors may have areas of limited experience.

Instructions: Read the following questions regarding your current or most recent multicultural supervision experience. Please consider the interactions with only one supervisee when answering each question (if you had more than one supervisee, select one). Because the term "culture" has been defined broadly, when answering questions about cultural matters please consider only those dimensions that were meaningful.

Please use the following rating scale:

1= Never 2= Rarely 3= Ocassionally 4= Sometimes 5= Often 6= Very Often 7= Always

		Never			Sometimes			Always
1.	I demonstrated that I respected my supervisee's cultural beliefs and practices.	1	2	3	4	5	6	7
4.	I encouraged my supervisee to think about cultural issues when working with clients.	1	2	3	4	5	6	7
12.	I helped my supervisee think of how their cultural identity is relevant to their identity as a counselor.	1	2	3	4	5	6	7
14.	I helped my supervisee understand how cultural communication styles might affect their interactions with his/her clients.	1	2	3	4	5	6	7
17.	I am knowledgeable about groups who are different from me culturally.	1	2	3	4	5	6	7
21.	I helped my supervisee identify other opportunities for multicultural counseling experience.	1	2	3	4	5	6	7
13.	I interacted with my supervisee in ways that did not stereotype him/her.	1	2	3	4	5	6	7
26.	I informed my supervisee about resources he/she can use to learn more about cultural issues in counseling.	1	2	3	4	5	6	7

1= Never 2= Rarely 3= Ocassionally 4= Sometimes 5= Often 6= Very Often 7=Always

		Never			Sometimes			Always
28.	I am aware of how cultural issues may have influenced our supervisory relationship.	1	2	3	4	5	6	7
29.	My supervisee felt comfortable talking to me about differing opinions due to cultural matters.	1	2	3	4	5	6	7
33.	I helped my supervisee understand how the major theoretical orientations in psychology have value related assumptions relevant to multicultural counseling.	1	2	3	4	5	6	7
34.	I understood how cultural communication styles might affect the interactions between my supervisee and myself.	1	2	3	4	5	6	7
39.	I fostered a collaborative working relationship with my supervisee.	1	2	3	4	5	6	7
35.	I was aware of certain cultural beliefs and norms that are (were) important to my supervisee.	1	2	3	4	5	6	7
38.	I encouraged my supervisee to express his/her opinions and concerns about client conceptualization freely	1	2	3	4	5	6	7
NEW.	In evaluating my supervisee's counseling skills, I took into account their performance in multicultural situations.	1	2	3	4	5	6	7
40.	I valued learning from my supervisee and our supervisory relationship.	1	2	3	4	5	6	7

Appendix C: Multicultural Supervision Inventory-Supervisee Version

Multicultural Supervision Inventory-B

In this inventory the terms "culture/cultural" refer to race, ethnicity, gender, class, religion, sexual orientation, and physical disability. In completing this inventory, please consider that the process of developing multicultural competencies is an ongoing endeavor; therefore, it is understood that most practicing supervisors have areas of limited experience.

Instructions: Read the following questions regarding your current or most recent multicultural supervision experience. Please consider the interactions with only one supervisor when answering each question (if you had more than one supervisee, select one). Because the term "culture" has been defined broadly, when answering questions about cultural matters please consider only those dimensions that were meaningful.

Please use the following rating scale:

1= Never 2= Rarely 3= Ocassionally 4= Sometimes 5= Often 6= Very Often 7= Always

		Never			Sometimes		Always	
1.	My supervisor demonstrated that he/she respected my cultural beliefs and practices.	1	2	3	4	5	6	7
4.	My supervisor encouraged me to think about cultural issues when working with clients.	1	2	3	4	5	6	7
12.	My supervisor helped me think of how my cultural identity is relevant to my identity as a counselor.	1	2	3	4	5	6	7
14.	My supervisor helped me understand how cultural communication styles might affect my interactions with clients.	1	2	3	4	5	6	7
17.	My supervisor was knowledgeable about groups who were different from his/her culture.	1	2	3	4	5	6	7
21.	My supervisor helped me identify other opportunities for multicultural counseling experience.	1	2	3	4	5	6	7
13.	My supervisor acted in ways that did not stereotype me.	1	2	3	4	5	6	7
26.	My supervisor informed me of resources I can use to help me learn more about cultural issues in counseling.	1	2	3	4	5	6	7
28.	My supervisor was aware of how cultural issues influenced our supervisory relationship.	1	2	3	4	5	6	7
29.	I felt comfortable talking to my supervisor about differing opinions due to cultural matters.	1	2	3	4	5	6	7
33.	My supervisor helped me understand how the major theoretical orientations in psychology have value related assumptions relevant to multicultural counseling.	1	2	3	4	5	6	7

1= Never	2= Rarely	3= Ocassionally	4= Sometimes	5= Often	6= Very Often	7= Always
			Never		Sometimes	Always

34.	My supervisor understood how cultural communication styles might affect the interactions between us.	1	2	3	4	5	6	7
39.	My supervisor fostered a collaborative working relationship.	1	2	3	4	5	6	7
35.	My supervisor was aware of certain cultural beliefs and norms that are (were) important to me.	1	2	3	4	5	6	7
38.	My supervisor encouraged me to express my opinions and concerns about client conceptualization freely.	1	2	3	4	5	6	7
new.	In evaluating my skills, my supervisor took into account my performance in multicultural counseling.	1	2	3	4	5	6	7
40.	My supervisor valued learning from me, and the supervisory relationship, as much as I valued learning from him/her.	1	2	3	4	5	6	7

Appendix D: Personal Reaction Inventory

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide how it pertains to you.

Please respond either TRUE (T) or FALSE (F) to each item. Indicate your response by circling the appropriate letter next to the item. Be sure to answer all items.

1. It is sometimes hard for me to go on with my work if I am not encouraged. T F
2. I sometimes feel resentful when I don't get my way. T F
3. On a few occasions, I have given up doing something because I thought too little of my ability. T F

4. There have been times when I felt like rebelling against people in authority even though I knew they were right. T F

5. No matter who I'm talking to, I'm always a good listener. T F
6. There have been occasions when I took advantage of someone. T F
7. I'm always willing to admit to it when I make a mistake. T F
8. I sometimes try to get even rather than forgive and forget. T F
9. I am always courteous, even to people who are disagreeable. T F
10. I have never been irked when people expressed ideas very different from my own. T F
11. There have been times when I was quite jealous of the good fortune of others. T F
12. I am sometimes irritated by people who ask favors of me. T F
13. I have never deliberately said something that hurt someone's feelings. T F

Appendix E: Supervisor Questionnaire

Components of the Supervisor and Supervisee questionnaire was adopted from Ortega-Villalobos (2003):

1. What is your age?
    a. Write in the answer

2. What is your sex?
    a. Male
    b. Female
    c. Other
        i. Write in answer

3. What is your Race/Ethnicity? Select all that apply.
    a. Alaskan Native
    b. Asian Descent
    c. Middle Eastern Descent
    d. Black/African Descent
    e. Latino(a)/Hispanic
    f. Native American
    g. Native Hawaiian/Pacific Islander
    h. White/Caucasian
    i. Other
        i. (Fill in the blank) Please Specify

4. How long have you worked as rehabilitation counselor? If less than one year, please indicate by using a zero (0).
    a. Write in answer- numerical format

5. How long have you worked as a rehabilitation counselor supervisor? If less than one year, please indicate by using a zero (0).have you provided clinical supervision?
    a. Write in answer- numerical format

6. How many rehabilitation counselors do you currently supervise?
    a. Write in the answer

7. Do you carry a client load as a supervisor
    a. No
    b. Yes
        i. About how many clients are on your case load?
            1. Write in answer

8. What is the highest degree you have earned?
    a. Bachelor
    b. Education Specialty Beyond Bachelor's Degree
    c. Master's
    d. Doctorate

9. Please indicate your major area of study for your highest degree. If you have multiple degrees at the same level (e.g., two master's degrees) then select all that apply.
    a. Business Administration
    b. Counseling
    c. Counseling Psychology
    d. Health Care Administration
    e. Nursing
    f. Occupational Therapy
    g. Physical Therapy
    h. Psychology
    i. Rehabilitation Counseling
    j. Rehabilitation Psychology
    k. Social Work
    l. Special Education
    m. Other
        i. Fill in the blank-write in answer

10. How long has it been since you completed your highest educational degree? If less than a year indicate by using a zero (0)?
    a. Write in answer- write in number of years

11. Job Title?
    a. Administrator/Manager
    b. Case manager
    c. Counselor
    d. Educator/ Professor
    e. Forensics/ Expert Witness
    f. Job Development/ Placement
    g. Mental Health Therapist/Counselor
    h. Rehabilitation Consultant/Specialist
    i. Rehabilitation Counselor
    j. Student
    k. Supervisor (Rehab Staff)
    l. Unemployed
    m. Vocational Rehabilitation Counselor/ Specialist
    n. Vocational Evaluator
    o. Other
        i. (fill in the blank) Please Specify

12. What is your present occupation?
    a. State Federal Vocational Rehabilitation Program
    a. Private Not-For Profit Rehabilitation (e.g., Corrections Programs, Disability Centers, College/University, Community Mental Health Centers, Community Rehabilitation Program, Independent Living Programs, K-12 Education, Non-Profit Research Institutions).

   b. Private For-Profit Rehabilitation (e.g., Corporate Environment, For-Profit Research Institutions, Forensic, Medial Center or Rehabilitation Hospital, Insurance Company, Long Term Disability, Workers Compensation)
   c. Not Working (Student or Retired)
   d. Other
      i. Write in response

13. Within the past 30 work days, how often did you meet with each of your counselors for individual supervision where you discussed multicultural issues or concerns about their clients or related professional issues to improve their skills as rehabilitation counselors?
    a. Always
    b. Frequently
    c. Occasionally
    d. Rarely
    e. Never
14. If you met at least one or more times with each of your counselors during the last 30 days, how long, on average, did the individual supervision session last?
    a. Less than 15 minutes
    b. 16-30 minutes
    c. 31-60 minutes
    d. More than 60 minutes

15. How satisfied are you with respect to the overall quality of multicultural supervision you provide to counselors you supervise? Remember that multicultural supervision encompasses many aspects such as age, race/ethnicity, disability, gender, religion/spirituality, sexual orientation, language preference, or socioeconomic status.
    a. Extremely Satisfied
    b. Satisfied
    c. Slightly Satisfied
    d. Slightly dissatisfied
    e. Dissatisfied
    f. Extremely dissatisfied

16. How has the amount and quality of individual supervision you provided impacted the professional development of rehabilitation counselors you supervise?
    a. Significant negative impact
    b. Moderate negative impact
    c. Minimal negative impact
    d. Neutral
    e. Minimal Positive impact
    f. Moderate positive impact
    g. Significant positive impact

17. What are the percentages by race of your current supervisees? The total should approximate 100%.
    a. Alaskan Native

        i. Fill in the blank
    b. Asian Descent
        i. Fill in the blank
    c. Middle Eastern Descent
        i. Fill in the blank
    d. Black/African Descent
        i. Fill in the blank
    e. Latino(a)/Hispanic
        i. Fill in the blank
    f. Native American
        i. Fill in the blank
    g. Native Hawaiian/Pacific Islander
        i. Fill in the blank
    h. White/Caucasian
        i. Fill in the blank
    i. Other
        i. (Fill in the blank) Please Specify

18. On a scale from 0-100, where 0 indicates no confidence in addressing multicultural issues during supervision and 100 indicating a great deal of confidence, how confident are you in your ability to effectively address multicultural issues when providing individual supervision?
    a. Fill in answer

19. On a scale from 0-100, where 0 indicates no multicultural knowledge and 100 indicates a great deal of knowledge, how would you rate your level of multicultural knowledge when providing individual supervision?
    a. Fill in the blank

20. On a scale from 0-100 where 0 indicates no multicultural competence and 100 indicates a great deal of multicultural competence, how would you rate your multicultural competence when providing individual supervision?
    a. Fill in the blank

21. Have you received any multicultural counseling training in the last 3 years?
    a. Yes
    b. No

22. How many on-the-job training hours have you received within the past 3 years that dealt with multicultural topics?
    a. Number of Hours
        i. Fill in the blank

23. How many courses did you complete addressing multicultural topics as part of your most recent educational degree?
    a. Number of Courses

i. Fill in the blank

24. When you think about all of the multicultural training that you received as part of formal schooling, how would you rate its overall impact on your professional development?
    a. Significant negative impact
    b. Moderate negative impact
    c. Minimal negative impact
    d. Neutral
    e. Minimal Positive impact
    f. Moderate positive impact
    g. Significant positive impact

25. When you think about all of the multicultural training that you received as part of on the job training, how would you rate its overall impact on your professional development?
    a. Significant negative impact
    b. Moderate negative impact
    c. Minimal negative impact
    d. Neutral
    e. Minimal Positive impact
    f. Moderate positive impact
    g. Significant positive impact

26. If you wish to make any further comments regarding this survey or other aspects related to your clinical multicultural supervision as you experience it, please do so.
    a. Fill in the blank

Appendix F: Supervisee Questionnaire

1. What is your age?
    a. Write in the answer

2. What is your sex?
    a. Male
    b. Female
    c. Other
        i. Write in answer

3. What is your Race/Ethnicity? Select all that apply.
    a. Alaskan Native
    b. Asian Descent
    c. Middle Eastern Descent
    d. Black/African Descent
    e. Latino(a)/Hispanic
    f. Native American
    g. Native Hawaiian/Pacific Islander

4. How long have you worked as rehabilitation counselor? If less than one year, please indicate by using a zero (0).
    a. Write in answer- numerical format

5. How long have you received clinical supervision? If less than one year, please indicate by using a zero (0)?
    a. Write in answer- numerical format

6. How many clients is your on case load(s)?
    a. Write in the answer

7. What is the highest degree you have earned?
    a. Bachelor
    b. Education Specialty Beyond Bachelor's Degree
    c. Master's
    d. Doctorate

8. Please indicate your major area of study for your highest degree. If you have multiple degrees at the same level (e.g., two master's degrees) then select all that apply.
    a. Business Administration
    b. Counseling
    c. Counseling Psychology
    d. Health Care Administration
    e. Nursing
    f. Occupational Therapy
    g. Physical Therapy
    h. Psychology

i. Rehabilitation Counseling
j. Rehabilitation Psychology
k. Social Work
l. Special Education
m. Other
    i. Fill in the blank-write in answer

9. How long has it been since you completed your highest educational degree? If less than a year indicate by using a zero (0)?
    a. Write in answer- write in number of years

10. Job Title?
    a. Administrator/Manager
    b. Case manager
    c. Counselor
    d. Educator/ Professor
    e. Forensics/ Expert Witness
    f. Job Development/ Placement
    g. Mental Health Therapist/Counselor
    h. Rehabilitation Consultant/Specialist
    i. Rehabilitation Counselor
    j. Student
    k. Supervisor (Rehab Staff)
    l. Unemployed
    m. Vocational Rehabilitation Counselor/ Specialist
    n. Vocational Evaluator
    o. Other
        ii. (fill in the blank) Please Specify

11. What is your present occupation?
    a. State Federal Vocational Rehabilitation Program
    b. Private Not-For Profit Rehabilitation (e.g., Corrections Programs, Disability Centers, College/University, Community Mental Health Centers, Community Rehabilitation Program, Independent Living Programs, K-12 Education, Non-Profit Research Institutions).
    c. Private For-Profit Rehabilitation (e.g., Corporate Environment, For-Profit Research Institutions, Forensic, Medial Center or Rehabilitation Hospital, Insurance Company, Long Term Disability, Workers Compensation)
    d. Not Working (Student or Retired)
    e. Other
        iii. Write in response

12. Within the past 30 work days, how often did you meet with each of your counselors for individual supervision where you discussed multicultural issues or concerns about their clients or related professional issues to improve their skills as rehabilitation counselors?
    a. Always

b. Frequently
c. Occasionally
d. Rarely
e. Never

13. If you met at least one or more times with each of your counselors during the last 30 days, how long, on average, did the individual supervision session last?
    a. Less than 15 minutes
    b. 16-30 minutes
    c. 31-60 minutes
    d. More than 60 minutes

14. How satisfied are you with respect to the overall quality of multicultural supervision you provide to counselors you supervise? Remember that multicultural supervision encompasses many aspects such as age, race/ethnicity, disability, gender, religion/spirituality, sexual orientation, language preference, or socioeconomic status.
    a. Extremely Satisfied
    b. Satisfied
    c. Slightly Satisfied
    d. Slightly dissatisfied
    e. Dissatisfied
    f. Extremely dissatisfied

15. How has the amount and quality of individual supervision you provided impacted the professional development of rehabilitation counselors you supervise?
    a. Significant negative impact
    b. Moderate negative impact
    c. Minimal negative impact
    d. Neutral
    e. Minimal Positive impact
    f. Moderate positive impact
    g. Significant positive impact

16. What are the percentages by race of your current supervisees? The total should approximate 100%.
    a. Alaskan Native
        i. Fill in the blank
    b. Asian Descent
        i. Fill in the blank
    c. Middle Eastern Descent
        i. Fill in the blank
    d. Black/African Descent
        i. Fill in the blank
    e. Latino(a)/Hispanic
        i. Fill in the blank
    f. Native American
        i. Fill in the blank

g. Native Hawaiian/Pacific Islander
    i. Fill in the blank
h. White/Caucasian
    i. Fill in the blank
i. Other
    i. (Fill in the blank) Please Specify

17. On a scale from 0-100, where 0 indicates no confidence in addressing multicultural issues during supervision and 100 indicating a great deal of confidence, how confident are you in your ability to effectively address multicultural issues when providing individual supervision?
    a. Fill in answer

18. On a scale from 0-100, where 0 indicates no multicultural knowledge and 100 indicates a great deal of knowledge, how would you rate your level of multicultural knowledge when providing individual supervision?
    a. Fill in the blank

19. On a scale from 0-100 where 0 indicates no multicultural competence and 100 indicates a great deal of multicultural competence, how would you rate your multicultural competence when providing individual supervision?
    a. Fill in the blank

20. Have you received any multicultural counseling training in the last 3 years?
    a. Yes
    b. No

21. How many on-the-job training hours have you received within the past 3 years that dealt with multicultural topics?
    a. Number of Hours
        ii. Fill in the blank

22. How many courses did you complete addressing multicultural topics as part of your most recent educational degree?
    b. Number of Courses
        iii. Fill in the blank

23. When you think about all of the multicultural training that you received as part of formal schooling, how would you rate its overall impact on your professional development?
    a. Significant negative impact
    b. Moderate negative impact
    c. Minimal negative impact
    d. Neutral
    e. Minimal Positive impact
    f. Moderate positive impact
    g. significant positive impact

24. When you think about all of the multicultural training that you received as part of on the job training, how would you rate its overall impact on your professional development?
    a. Significant negative impact
    b. Moderate negative impact
    c. Minimal negative impact
    d. Neutral
    e. Minimal Positive impact
    f. Moderate positive impact
    g. significant positive impact

25. If you wish to make any further comments regarding this survey or other aspects related to your clinical multicultural supervision as you experience it, please do so.
    b. Fill in the blank

Appendix G: IRB Documentation

Great!

Yuying Tsong, Ph.D.
Assistant Professor
Department of Human Services
California State University, Fullerton
800 N. State College Blvd, EC-448
Fullerton, CA 92834-6868
657-278-3950 (phone)

Past-President
Section 5 Psychology of Asian Pacific American Women
APA Div 35 Society for the Psychology of Women

FB PAGE - http://tinyurl.com/SPW-S5

From: TIERRA AJANAI CALDWELL <tac5241@psu.edu>
Date: March 21, 2016 at 4:18:20 PM
To: Tsong, Yuying <ytsong@exchange.fullerton.edu>
Subject: Re: Permission to Use the Supervision Outcome Scale

Dr. Tsong,

I sincerely thank you for your permission to use this instrument and for the Word version of the survey. When I have findings I will most certainly notify you!

Kind Regards,

Tierra A. Caldwell, M.S.
Ph.D Candidate, Counselor Education
Graduate Assistant Career Services
Penn State Alumni Career Counselor
The Pennsylvania State University
101 Bank of America Career Services Center
University Park, PA 16802

From: "Tsong, Yuying" <ytsong@exchange.fullerton.edu>
To: "TIERRA AJANAI CALDWELL" <tac5241@psu.edu>
Sent: Monday, March 21, 2016 7:06:03 PM
Subject: Re: Permission to Use the Supervision Outcome Scale

Tierra,

Thank you for your email, and your research sounds very interesting! I am attaching the instrument in word format, so it may be easier for you to incorporate into your survey. I do ask that you let me know when you have you findings, so I can be updated on how the instrument is being utilized.

Good luck!

Yuying

Yuying Tsong, Ph.D.
Assistant Professor
Department of Human Services
California State University, Fullerton
800 N. State College Blvd, EC-448
Fullerton, CA 92834-6868
657-278-3950 (phone)

Past-President
Section 5 Psychology of Asian Pacific American Women
APA Div 35 Society for the Psychology of Women
http://division35section5.weebly.com/
FB PAGE - http://tinyurl.com/SPW-S5

From: TIERRA AJANAI CALDWELL <tac5241@psu.edu>
Date: March 21, 2016 at 8:31:29 AM
To: ytsong@fullerton.edu <ytsong@fullerton.edu>
Subject: Permission to Use the Supervision Outcome Scale

Hi Dr. Tsong,

I hope this email finds you well! My name is Tierra Caldwell and I am a 4th year doctoral candidate at Penn State pursing a degree in Counselor Education. My dissertation will focus on assessing the multicultural competence of state vocational rehabilitation counselor's and their current supervisors. This study is intended to analyze the self-perceptions of multicultural competence of clinical rehabilitation supervisors in state vocational rehabilitation. If possible, I would like to use the Supervision Outcome Scale to assist me in these efforts. I plan to use the the Supervision Outcome Scale to determine if the self-perceived cultural competency levels of rehabilitation supervisors impact the overall satisfaction and effectiveness of Clinical Supervision Outcomes. My advisor and I both agreed that we should obtain the most recent information before attempting to propose my dissertation. I am super excited about possibly using the Supervision Outcome Scale and wanted to make sure that I am covering all bases! Thanks in advance for all your help with this. If you need to contact me via phone my cell phone number is 201-638-6356.

Kind Regards,

Tierra A. Caldwell, M.S.
Ph.D Candidate, Counselor Education
Graduate Assistant Career Services
Penn State Alumni Career Counselor
The Pennsylvania State University

101 Bank of America Career Services Center
University Park, PA 16802

Hello Tierra,

The information you requested is attached. You have my permission to use the scale.

Good luck with your research.

Bill Reynolds

On Mon, Mar 21, 2016 at 8:30 AM, TIERRA AJANAI CALDWELL <tac5241@psu.edu> wrote:
Hi Dr. Reynolds,

I hope this email finds you well! My name is Tierra Caldwell and I am a 4th year doctoral candidate at Penn State pursing a degree in Counselor Education. I am writing to ask you for your permission to use the Short form of the Marlowe-Crowne Social Desirability Scale. My dissertation will focus on assessing the multicultural competence of state vocational rehabilitation counselor's and their current supervisors. This study is intended to analyze the self-perceptions of multicultural competence of clinical rehabilitation supervisors in state vocational rehabilitation. I would like to use the Short form of the Marlowe-Crowne Social Desirability Scale to assist me in these efforts. I plan to use self report instruments in my dissertation and would like to account for any levels of social desirability. I would like to obtain an electronic copy of the Short form of the Marlowe-Crowne Social Desirability Scale, if possible. My advisor and I both agreed that we should obtain the most recent information before attempting to propose my dissertation. I am super excited about possibly using the Short form of the Marlowe-Crowne Social Desirability Scale and wanted to make sure that I am covering all bases! Thanks in advance for all your help with this. If you need to contact me via phone my cell phone number is 201-638-6356.

Kind Regards,

Tierra A. Caldwell, M.S.
Ph.D Candidate, Counselor Education
Graduate Assistant Career Services
Penn State Alumni Career Counselor
The Pennsylvania State University
101 Bank of America Career Services Center
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William M. Reynolds, Ph.D.
Professor and Chairperson
Psychology Department
Humboldt State University

Arcata, California 95521
Tel: (707) 826-3162
Fax: (707) 826-4993
email: wr9@humboldt.edu
web page: http://www2.humboldt.edu/psychology/faculty-staff/william-reynolds
~~~~~~~~~~

HUMBOLDT STATE UNIVERSITY

Department of Psychology

Dear Colleague:

Thank you for your interest in the Marlowe-Crowne Social Desirability – Short Form.

Below please find a copy of the 13-item Marlowe-Crowne Social Desirability Scale – Short Form. This form may be reproduced for use in your research.

To score the MC, assign values of *T*=1 *F*=2, then reverse score the following items: 5, 7, 9, 10, 13, where, T=2, F=1. Sum the items. A high score indicates a social desirability response tendency. To double check your scoring, it is advisable to enter the item data with the rest of your results into the computer and run a reliability analysis checking the item-total scale correlations (all should be positive, with negative typically indicating an error in reverse scoring). Because of the nature of the construct and measure, internal consistency reliability is typically in the low .70s to low .80 range.

This form has been used in quite a few published research studies by other researchers (I do not keep up with who uses it). It has become public domain – you do not need my permission to use the measure. Furthermore, please note that I am not the author of the scale, Crowne and Marlowe are the authors. I simply provided some empirical evidence to suggest that a shortened form of their original 33-item scale was viable as a quick measure of social desirability. You may cite my 1982 article as the source for the short form of this measure.

I wish you well in your research endeavor.

Sincerely,

William M. Reynolds, Ph.D.
Professor

Department of Psychology
Humboldt State University
Arcata, California 95521

Tel: (707) 826-3162
Fax: (707) 826-4993
email: William.Reynolds@humboldt.edu
web page: http://www.humboldt.edu/~psych/fs/reynolds/reynolds.htm
~~~~~~~~~~

Scan is best.

Don Pope-Davis, Ph.D
Dean, College of Education
Professor
Department of Counseling & Educational Psychology
New Mexico State University
575-646-5858

From: TIERRA AJANAI CALDWELL <tac5241@psu.edu>
Date: Tuesday, March 22, 2016 at 9:25 PM
To: Microsoft Office User <dpd@ad.nmsu.edu>
Subject: Re: MSI User & Contract Letter

Hi Dr. Pope Davis,

My sincerest apologies, I didn't know my voice mail was full! I thank you for reaching out! I will read and sign this contract and return it as soon as possible. Would it be ok to scan and email copies back or would you prefer it to be faxed? Once again I thank you!

Kind Regards,

Tierra A. Caldwell, M.S.
Ph.D Candidate, Counselor Education
Graduate Assistant, Career Services
Career Counselor, Alumni Career Services
The Pennsylvania State University
101 Bank of America Career Services Center
University Park, PA 16802

On Mar 22, 2016, at 11:15 PM, Don Pope Davis <dpd@ad.nmsu.edu> wrote:

Dear Tierra,

Please find attached to this email a copy of the MSI user and contract letters. Once you complete the contract letter, please sign and return it to me via email. Once I receive it, I will then provide you with a copy of the instrument and scoring key.

Don Pope-Davis, Ph.D
Dean, College of Education
Professor
Department of Counseling & Educational Psychology

New Mexico State University
575-646-5858

Multicultural Supervision Inventory – Brief Scales (MSI–B)
Utilization Request Form

In using the Multicultural Supervision Inventory – Brief Scales (MSI-B), I agree to the following terms and conditions:

1. I understand that the MSI-B is copyrighted by Lideth Ortega-Villalobos and Donald B. Pope-Davis e-mail: dpd@nmsu.edu, 574-646-5858

2. I am a trained professional in psychology or a related field. I have completed relevant coursework in multicultural issues, psychometrics, and research ethics. Or, I am working under the supervision of a professional who has met the above conditions.

3. In using the MSI-B, I and any other individuals or organizations with which I am affiliated, agree to comply with all ethical standards of the American Psychological Association or the ethical standards of a related professional organization. I will ensure that my use of the MSI-B complies with "Research with Human Subjects" guidelines specified by my university, college, institution, or professional setting. These ethical considerations include, but are not limited to, informed consent, confidentiality of records, adequate pre-and post-briefing of subjects, and subject opportunity to receive a summary of the study once it is completed.

4. I will save and protect my raw data for a minimum of five years as is consistent with accepted professional practice. I will make the raw data available to Dr. Pope-Davis and Dr. Ortega-Villalobos and to other students and professionals, by request. I understand that it is the ethical responsibility of Dr. Pope-Davis and Dr. Ortega-Villalobos to monitor the use of and developments on the MSI-B for reliability, validity, and other issues.

5. For any study in which I use the MSI-B, I will send a copy of my research results in manuscript form and the raw data in electronic form to Dr. Pope-Davis regardless of whether the study is published, presented, or fully completed.

Signature: T Caldwell Date: 3/25/16

Name: Tierra A. Caldwell Phone: 201-638-6356

Address: Career Services; The Pennsylvania State University; 101 Bank of America Building; University Park, PA 16802

If student, supervisor/mentor's name and phone number, affiliation, and signature:

Name: JAMES T. HERBERT Phone: (814) 863-3421

Affiliation: THE PENNSYLVANIA STATE UNIVERSITY

Signature: James T. Herbert Date: 3/25/16

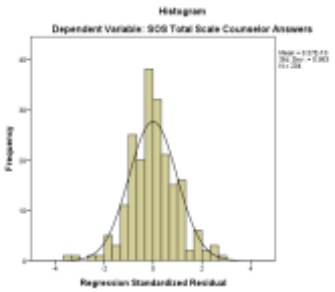
Appendix H: Assumptions

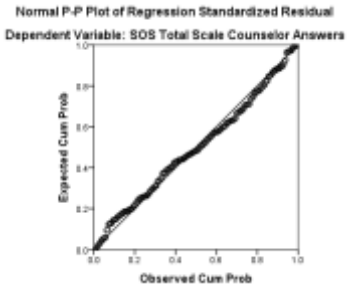
Assessing Assumptions for Multiple Regression Analysis

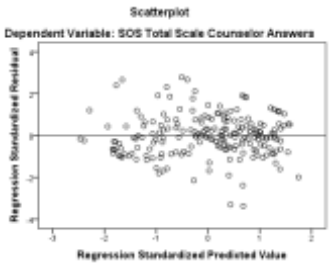
The following steps were used in checking the major assumptions of the multiple regression analysis. These steps follow suggestions by Tabachnick and Fidell (2007) and Field (2014).

1. Checking for normal distributions for interval (scale) variables.
    a. Use box plots, basic descriptive statistics (mean, median, standard deviation, interquartile range, histograms with normal curves, and skewness values).
    b. Examine for the possibility of outliers.
2. Check for linearity between interval (scale) independent variables and the dependent variable. (Used graphs and the SPSS curve estimation procedure).
3. Check for multicollinearity. This involved checking correlation numbers before running the regression. After the regression was run the tolerance values, variance inflation factor values and condition index values were examined were examined and the Durbin Watson value was computed.
4. To check the normal distribution of residuals (errors of prediction) a histogram of the errors was plotted and the z values of the residuals was plotted against the z values of the predicted value was created.

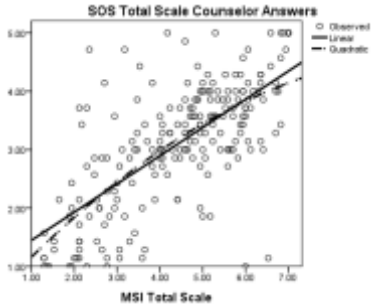
Checks for Normality of Residuals (Errors) of Prediction

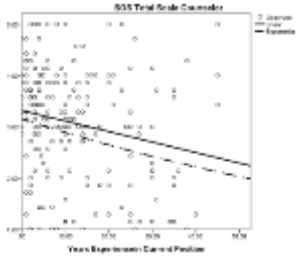




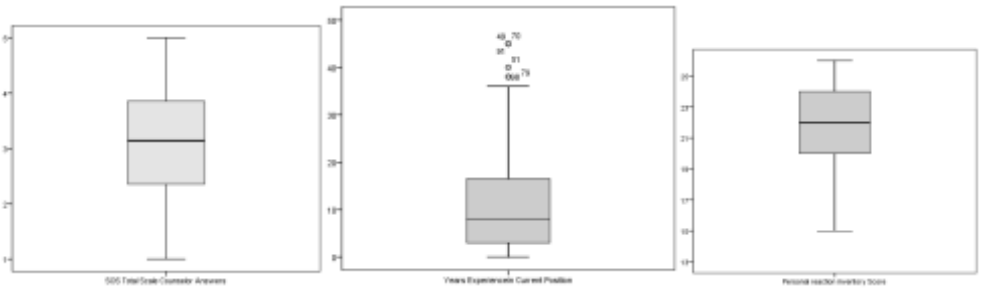


Checks for Linearity





Checks for Normal Distribution and Outliers Using Box Plots



Appendix I: Correlation Matrix for MANOVA

Correlations for variables used in two way MANOVA analysis.

Variable	X1	X2	X3	X4	X5	X6	X7	X8	X9	X10	X11
Fostering Multicultural Competence X1	1.000 300										
Culturally Sensitive Collaboration X2	.865 <.001 300	1.000 300									
Personal Reaction Inventory X3	.093 .109 300	.103 .076 300	1.000 322								
Counselor or Supervisor (0 = C, 1 =S) X6	.384 <.001 300	.379 <.001 300	.038 .499 322	1.000 331							
Gender (0 = M, 1 = F) X5	-.105 .071 295	-.086 .141 295	.065 .264 295	-.043 .466 295	1.000 295						
Race/Ethnicity (1 =White, 1 = Others) X6	.018 .760 300	.025 .667 300	.023 .678 322	-.069 .208 331	-.018 .764 295	1.000 331					
Years' Experience in Current Position X7	-.173 .003 294	-.172 .003 294	-.130 .025 294	-.016 .779 294	-.073 .210 294	-.136 .019 294	1.000 294				
Received Multicultural Training in Previous Three Years (0 = Yes, 1 = No) X8	-.148 .012 289	-.110 .061 289	-.070 .239 289	-.097 .099 289	-.085 .148 289	-.048 .420 289	.212 <.001 288	1.000 289			
Perceived Multicultural Confidence Level (0 = Lower, 1 = Higher) X9	.171 .003 289	.158 .007 289	.220 .000 289	.086 .143 289	-.065 .270 289	.136 .020 289	.094 .113 288	-.096 .104 289	1.000 289		
Perceived Multicultural Knowledge Level (0 = Lower, 1 = Higher) X10	.205 .000 289	.144 .014 289	.159 .007 289	.049 .402 289	-.003 .961 289	.097 .100 289	.074 .212 288	-.111 .061 289	.709 .000 289	1.000 289	
Perceived Multicultural Competence Level (10 = Lower, 1 = Higher) X11	.257 .000 289	.215 .000 289	.215 .000 289	.087 .142 289	-.058 .323 289	.046 .438 289	.055 .354 288	-.143 .015 289	.718 .000 289	.881 .000 289	1.000 289

Note: Cell information includes correlation value, significance (2 – tail) and number of cases for each correlation value.

CURRICULUM VITAE

Tierra A. Caldwell
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SUMMARY OF QUALIFICATIONS:

Doctoral candidate with experience in leadership, rehabilitation, career, and multicultural counseling. Demonstrated success in career program development in transitional education, teaching, research, and workshop presentations in the profession of counselor education.

EDUCATION:

Degrees:

- Doctor of Philosophy in Counselor Education, The Pennsylvania State University, State College, PA, *Expected graduation: December 2017*
- Master of Science in Rehabilitation Counseling, Winston Salem State University Winston Salem State University, NC, *Graduated*: *May 2010*
  Thesis: Rural vs. Urban: Differences in Successful Closures of Transitional Aged Youth in State Vocational Rehabilitation.
- Bachelor of Science in Rehabilitation Studies, Winston Salem State University Winston Salem, NC, *Graduated: May 2008*

WORK HISTORY:

Professional Positions:

April 2017- Present: Lead Co-Director for Summer Research Opportunities Program at Penn State University

- Systematized and executed a summer research program for cohort of 20 undergraduate scholars from underrepresented groups in STEM fields through the Office of Graduate Educational Equity Programs.
- Planned and implemented professional development seminars and research symposium.
- Mentored scholars on matters related to graduate school.
- Provided supervision for undergraduate SROP participants
- Developed and maintained collaborative working relationships with Faculty Mentors and Multicultural Directors