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SUPERVISEES' EXPERIENCES OF RUPTURES IN MULTICULTURAL SUPERVISION: A
QUALITATIVE STUDY

by

Laura M. Lubbers, M.A.

A Dissertation submitted to the Faculty of the Graduate School,
Marquette University,
in Partial Fulfillment of the Requirements for
the Degree of Doctor of Philosophy

Milwaukee, Wisconsin

August 2013

ABSTRACT
SUPERVISEES' EXPERIENCES OF RUPTURES IN MULTICULTURAL SUPERVISION: A
QUALITATIVE STUDY

Laura M. Lubbers, M.A.

Marquette University, 2013

As the paradigmatic shift of multiculturalism emerges in counseling, the constructs of culture and context warrant examination in the supervision process. With an understanding that conflict is inevitable in supervision relationships particularly when cultural topics are being discussed, investigation into the process of ruptures and rupture repair as they take place within multicultural supervision is warranted. Despite the attention paid to addressing culture in supervision, surprisingly little empirical attention has focused on supervisee experiences of ruptures in multicultural supervision. This study sought to provide a deeper understanding of supervisees' experiences of ruptures in multicultural supervision. Twelve participants were interviewed regarding their experience of ruptures in multicultural supervision. Participants described experiencing ruptures in their supervision relationships when discussing multicultural topics that were based on a variety of precipitating factors (i.e. clinical conversations, cultural identity conversations) in supervision. These ruptures proved to be difficult experiences for supervisees and resulted in negative consequences on the supervision relationship, and the participants. Some participants were able to repair these ruptures with their supervisors and others were not. The impacts of these repairs and non-repairs are also discussed in the study. Limitations and implications for training, supervision, and research are addressed.

PREFACE

This study focuses on supervisees' experiences of ruptures that occur during multicultural supervision. I selected this topic for two reasons. First, I am interested in multicultural supervision, having benefited greatly through engaging in cultural conversations with my clinical supervisors during my graduate training, thus this project presented an opportunity for me to further explore this interest. Second, the limited prior empirical research in this area made it an appropriate topic for further study. I am hopeful this research has provided a deeper understanding of ruptures that occur in multicultural supervision.

ACKNOWLEDGMENTS

Laura M. Lubbers, M.A.

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Finally, I would like to thank my family without whom I could not have finished my dissertation or graduation education. Specifically, my parents Bill and Johnna whose support and encouragement is what gave me the confidence in myself to pursue a doctoral degree in the first place and who patiently listened to me and offered words of support and encouragement. And Joel and Lulu who met me in the process of pursuing my degree, and have provided steadfast support throughout. Though leading by example my brothers Brad, Will, and Nick helped me to strive for the best, and taught me to laugh at myself in the process. My extended siblings have also been extremely supportive, especially my sister Rachel whom provided a listening and empathic ear, and kept me motivated with key questions like, “about what percent do you feel done with your dissertation?” Lastly, and most importantly, I would like to thank my husband, and best friend, Rob. Thank you for your understanding and patience during the long days, for being a great listener, for always believing in me, and for reminding me that there is much more to life than work.

TABLE OF CONTENTS

PREFACE	i
ACKNOWLEDGMENTS	ii
LIST OF TABLES.....	ix
LIST OF FIGURES.....	x
CHAPTER 1: INTRODUCTION	
Statement of the Problem	1
Definition of Terms.....	4
Multicultural Supervision.....	4
Ruptures.....	5
Rationale for Study.....	9
Research Questions.....	11
CHAPTER 2: REVIEW OF THE LITERATURE	
Supervision	13
Defining Supervision.....	13
Supervision models	15
Supervision Research.....	19
Summary: Supervision Definition, Models, Research.....	21
Development of Multiculturalism in Psychology.....	23
Multicultural Supervision	26
Multicultural Supervision, Theory, and Models	26
Multicultural Supervision Research.....	28
Summary: Multicultural Supervision Definition, Models, Research	32

Ruptures and Rupture Repair.....	33
Rupture and Rupture Repair in Psychotherapy	35
Rupture and Rupture Repair in Supervision	39
Ruptures Within Multicultural Supervision.....	44
Summary: Rupture and Rupture Repair.....	52
Area of Future Research	56
Consensual Qualitative Research (CQR)	59
Evaluation of CQR and Rationale.....	60
 Chapter 3: METHODOLOGY	
Participants	63
Supervisees.....	64
Supervisors.....	64
Research Team	64
Biases	65
Measures	61
Demographic Form	67
Participant Contact Form.....	67
Protocol.....	67
Procedures for Collecting Data.....	68
Piloting the Protocol.....	68
Participant Recruitment.....	68
Interview, Interview Process, and Transcription	69
Draft of Final Results.....	70

Data Analysis and Interpretation.....	70
Consensual Qualitative Research Methodology	70
Domaining the Transcripts.....	72
Developing Core Ideas.....	72
Cross-Analysis.....	73
CHAPTER 4: RESULTS	
Multicultural Supervision Rupture Event Findings	75
Supervision Experience Prior to Event.....	76
Events that Led to the MSR.....	78
The Rupture.....	80
Rupture Effects on Supervision.....	81
Rupture Effects on Supervisee.....	83
Rupture Resolution / Repair Findings.....	86
Attempts to Resolve the Rupture.....	86
Impacts of Attempts/ No Attempts.....	89
Factors that Contributed to the Rupture.....	91
Factors that Could Have Helped Resolve the Rupture.....	93
Closing Findings.....	96
Supervisee Comments on Multicultural Supervision.....	96
Effects of Interview	97
Typical Pathways.....	98
Illustrative Examples of MSR Events	101
MSR Events that Resulted in Resolution.....	101
MSR Event that Did Not Result in Resolution	104

CHAPTER 5: DISCUSSION

Pre-Rupture Supervision Relationship	108
Events that led to the rupture.....	109
Multicultural Supervision Rupture.....	112
Rupture Effects on Supervision.....	115
Rupture Effects on Supervisee.....	117
Attempts to resolve rupture.....	118
Impacts of attempts/ non attempts.....	125
Unresolved.....	125
Resolved.....	126
Factors that Contributed to Rupture.....	126
Factors that could have helped resolve rupture.....	129
Effect of Interview.....	131
Supervisee Comments on MSRs.....	131
Summary	131
Limitations	132
Implications	133
Multicultural Supervision.....	134
Training.....	136
Future Research.....	137
Conclusion	138
REFERENCES.....	140
APPENDICE	
Appendix A: IRB submission.....	149
Appendix B: Letter to Potential Participants.....	156
Appendix C: Informed Consent.....	158

Appendix D: Client Demographic Form	159
Appendix E: Interview Protocol.....	160
Appendix F: Letter for Participants Regarding Results.....	161
Appendix G: Listserv Recruitment Announcement	162

LIST OF TABLES

Table 1	Domains, Categories, and Frequencies of Multicultural Supervision Rupture Event Findings
Table 2	Domains, Categories, and Frequencies of Rupture Resolution/ Repair
Table 3	Domains, Categories, and Frequencies of Closing Findings Regarding Multicultural Supervision Ruptures

LIST OF FIGURES

Figure1 Pathways for MSR Events

Chapter One: Introduction

Statement of the Problem

Many psychologists suggest that multicultural competencies are directly related to ethical practice in providing services to clients (APA, 2003; Arredondo & Toporek, 2004; Fouad, 2006; Heppner, 2006; Sue, Arredondo, & McDavis, 1992). The APA Code of Ethics (2010) states, "Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their education, training, supervised experience, or appropriate professional experience" (Principle 1.04). Additionally, Arredondo and Toporek (2004) cite the ACA Code of Ethics as the backbone for inclusion of Multicultural Counseling Competencies as ethical practice. Fouad (2006) further cites the ethical need for skills in recognizing differences among cultural groups and in learning to work with those who differ from us. She suggests that helping trainees become culturally competent increases their ability to be effective practitioners, teachers, and researchers. Additionally, Fouad (2006) suggests that training needs to be infused with a culturally centered perspective, with practicum being included in the curriculum. Further, Heppner (2006) contends that increased cross-cultural competence encourages a deeper understanding of counseling as it occurs within a cultural context, increases the overall effectiveness of counseling, as well as increases the profession's ability to address the needs of diverse populations. These researchers all stress the importance of multicultural education in both the curriculum and practicum experiences of counselors in training.

The literature in professional psychology and counseling emphasizes that one key component in learning and integrating a multicultural framework and developing multicultural counseling competence is having had professional supervision that effectively attends to these issues (Pope-Davis & Coleman, 1997). While there is consensus that multicultural supervision is judged to be an important activity by many professional psychologists, ways to effectively and appropriately conduct multicultural supervision are still somewhat undefined (Arredondo & Toporek, 2004). In fact, many studies have shown that conflict is a common phenomenon in both cross-cultural and multicultural supervision (Burkard et al., 2006; Fukuyama, 1994; Murphy-Shigematsu, 2010; Toporek et al., 2004). For example, Ladany, Lehrman-Waterman, Molinaro and Wolgast (1999) found that 16% of supervisees in cross-cultural supervision relationships, and 7% of supervisees who were engaged in multicultural supervision experienced negative events. While there is a lack of more recent statistics discussing the frequency of these experiences, Constantine's (1997) study suggests trends that may lead to conflict in these types of supervision. Specifically, she found that 70% of supervisees had received training in multicultural counseling in graduate school, whereas only 30% of supervisors had received such training in their academic programs. Furthermore, Duan and Roehlke (2001) found that 93% of supervisors in their study reported having no experience supervising trainees who were racially or culturally different from themselves. The discrepancy between supervisee and supervisor education and training in multicultural issues, and supervisors' lack of experience working with culturally diverse supervisees, may very well lead to conflict in supervision. While the frequency of conflicts in

multicultural and cross-cultural supervision is somewhat uncertain, there is greater specificity in regard to the types of conflict that have occurred.

Within cross-cultural supervision, researchers have identified some specific types of conflict that occur, which include cultural insensitivity, negative stereotyping, dismissing cultural concerns, and conflictive situations involving multicultural communication (Fukuyama, 1994; Toporek et al., 2004). Additionally, other researchers have investigated culturally unresponsive supervision events, such as the supervisor being culturally oppressive towards the supervisees, supervisors verbally dismissing cultural concerns of client cases, and the supervisor avoiding discussing effects of culture on client treatment (Burkard et al., 2006).

Research has also shown that if unresolved, these conflicts may contribute to a number of negative impacts, including decreased supervisee satisfaction with supervision (Burkard et al., 2006), decreased supervisee multicultural competence (Toporek et al., 2004), supervisee distress (Burkard et al., 2006; Fukuyama, 1994), and decreases in the quality of client care (Burkard et al., 2006; Cook & Helms, 1988). Considering the effects these conflicts have been shown to have on supervision, supervisees, and clients, one must question if these conflicts have led to ruptures in the supervision relationship. An examination that seeks to explore this question by investigating both supervisee and supervisor experiences of ruptures in multicultural supervision, the effects of the ruptures, and ways in which one may begin to work through them is warranted. However, in order to successfully examine these topics of inquiry, a consensus on the definitions of these terms must be established. In the following sections, a definition of terms is offered to provide further clarity for the focus of this study.

Definition of Terms

Multicultural Supervision. Multicultural supervision and cross-cultural supervision are relatively new terms in the profession. They are often used interchangeably to describe the process whereby counseling practitioners collaborate with other counseling experts in ways that enhance their overall understanding and effectiveness in working with culturally different clients (D'Andrea & Daniels, 1997). Additionally, they have also been used interchangeably to describe supervision dyads where the supervisor and supervisee are from different cultural backgrounds. For example, Bernard and Goodyear (1998) described multicultural supervision as occurring when two or more culturally different individuals with different ways of perceiving their social environment and experience are united in a supervisory relationship where cultural dynamics have the potential to impact supervision content, process, and outcome. The interchangeable use of these two terms not only causes confusion in the field, but also confuses research and its application. Because both terms stimulate a variety of images about the purpose and practice of supervision, it is important that supervisors and supervisees have a clear understanding of what these terms mean.

Leong and Wagner (1994) have outlined the differences between these two terms. According to these researchers, cross-cultural supervision is a supervisory relationship in which the supervisor and the supervisee are from different cultural backgrounds (most often in relation to race and ethnicity). In contrast, multicultural supervision reflects a supervisory and/or counseling (between the supervisee and client) interaction that is affected by multiple cultural factors, the only necessary factor being that multicultural topics are being discussed. Inherent to these definitions, an individual could be in a cross-

cultural supervision relationship, and would be engaging in multicultural supervision as long as they are talking about cultural topics during supervision (e.g. cultural dynamics in the supervision relationship, cultural dynamics of a client case). For example, multicultural supervision includes situations like a White supervisor providing clinical supervision to a White supervisee who is working with for example, an Asian, African American, or Latino American client and they (supervisor and supervisee) discuss the cultural values of these clients and how they affect the counseling process. Another example of multicultural supervision would be an Asian American supervisor who is responsible for the clinical supervision of an African American supervisee whom decides to have an open discussion with her/his supervisee about her/his individual cultural values and how they might affect the supervision relationship. Additionally, an individual could be in a cross-cultural supervision relationship, and never engage in multicultural supervision. For example, a White supervisor and African American supervisee would represent a cross-cultural supervision dyad, but they may never discuss cultural topics related to either their supervisory relationship, or, the process of counseling. For the purpose of this dissertation, Leong and Wagner's (1994) definition will be adopted, and multicultural supervision will be referred to and defined as a time in supervision in which multicultural topics are being discussed, regardless of the racial/ethnic background of the supervisee, supervisor, or client.

Ruptures. Similar to the definitional confusion that is present in the literature surrounding multicultural and cross-cultural supervision, the terminology that is used to describe the discord or conflict that occurs in multicultural and cross-cultural supervision relationships is also confusing. Conflict that takes place within these types of supervisory

relationships has been referred to in the literature as critical incidents (Fukuyama, 1994; Toporek, Ortega-Villalobos, Pope-Davis, 2004), conflict (Mueller & Kell, 1972; Nelson & Friedlander, 2001) impasse (Hird et al., 2001; Pope-Davis et al., 2002) and breach (Ellis, 2006), amongst others. The challenge is to translate these various voices into coherent perspectives with implications for both cross-cultural and multicultural supervisory practices.

Given the lack of definitional clarification in the theoretical and empirical work on ruptures in multicultural supervision, we look to the literature in general supervision and psychotherapy to inform how ruptures may present themselves during multicultural supervision. When examining the literature on conflict in psychotherapy, we see a clear definition and progression of the term rupture as defined as, “a problematic shift which resulted in a fluctuation in the quality of, or impairment in the relationship between the therapist and client” (Safran, Crocker, McMain, & Murray, 1990, p.1). The term rupture has been referred to in the same way in general supervision literature, and has been further clarified as including a deterioration in the relationship between the supervisor and supervisee that can vary in intensity, duration, and frequency (Bernard & Goodyear, 2009; Davis, Little & Thorton, 1997). When examining the literature on conflict in multicultural supervision, we see that the concepts in each study, despite all being given a different name (e.g. conflict, impasse, breach), meet the criteria set forth by psychotherapy and supervision researchers in the definition of a rupture. For example, Toporek et al. (2004) examined critical incidents in multicultural supervision which consisted of conflictual situations (e.g. supervisor stated race did not have an impact on supervision and supervisee did, supervisor ignored cultural component of a client case

when supervisee thought it was important) between a supervisee and supervisor that involved cultural components, which in many cases resulted in significant negative changes in the supervisee and supervision relationship (i.e. supervisee felt damaged and shut down; supervisee felt attacked in supervision and future supervisory sessions were not the same). Through these examples we can see that the term rupture as set forth by Safran et al., (1990) could be adopted by multicultural supervision researchers to unify the various constructs used in this realm of research that describe a problematic shift supervisees feel within their supervision relationships. This unification would lead to a clearer understanding of the current studies that relate to ruptures in supervision, and better inform future research that aims to investigate these topics of inquiry. Furthermore, by examining ruptures in multicultural supervision from this definitional perspective, we will gain valuable information on what exactly constitutes a rupture experience. This distinction is one of value and importance to clarifying the current literature base, and operationalizing a framework for the continued study of the dynamics that take place in multicultural supervision.

As we have come to understand, the terminology that is used in regard to multicultural and cross-cultural supervision as well as ruptures within these supervisory relationships yields a “Tower of Babel” experience for most professionals who attempt to read it. This definitional confusion has at times required consumers of this research to interpret the meaning of studies for themselves and base their understanding of the implications on conjecture. Importantly, research that has claimed to investigate conflict in multicultural supervision has often improperly used the term ‘multicultural supervision’ and was really investigating conflict that occurred in cross-cultural

supervision (i.e. they studied conflict in cross-cultural supervision dyads, not necessarily conflict that occurred when talking about multicultural issues). In these cases, although many of the conflicts included a cultural component (i.e. the racial/ethnic background of the supervisee or supervisor), they did not result directly from discussing multicultural topics during supervision. For example, Gardner (2002) discussed conflict in cross-cultural supervision with eight supervisees. Results concluded that in situations that were deemed culturally inhibiting, all supervisees reported that at times they felt culturally attacked, misunderstood, or micro-aggressed by their supervisors' comments about their racial/ethnic identities. In sum, supervisees reported conflict that was based on their supervisor's perceptions or comments about their race/ethnicity, not based on conversations the dyad was having about multicultural topics. This study is a great example of what we know about the types of conflicts that can occur in cross-cultural supervision, and highlights the need for similar investigations specifically during times that multicultural topics are being discussed in the supervision relationship regardless of the racial/ethnic backgrounds of the supervision dyad (i.e. multicultural supervision).

Within cross-cultural supervision, researchers have identified the specific types of conflict that occur, which include cultural insensitivity, negative stereotyping, dismissing cultural concerns, and conflictive situations involving multicultural communication (Fukuyama, 1994; Toporek et al., 2004). Additionally, other researchers have investigated culturally unresponsive supervision events such as: the supervisor being culturally oppressive towards the supervisee, supervisor verbally dismissing cultural concerns of client cases, and the supervisor avoiding discussing effects of culture on client treatment (Burkard et al., 2006). In this same study, Burkard et al. (2006) shared

results on the effects of these culturally unresponsive events, which included the experience of negative emotions (i.e. sadness, distress) on behalf of the supervisee, and negative effects on supervision (i.e. supervisee became guarded, felt uncomfortable, and disclosed less). Additionally, this study found that in some cases, culturally unresponsive supervision led to a decrease in the quality of client care (Burkard et al. 2006). While there are some preliminary studies that inform the field about conflict in cross-cultural supervision, there are no studies to date that examine ruptures in the supervision relationship. Additionally, most studies were investigating conflict within cross-cultural supervision dyads, and not looking at conflictual situations where the only inclusionary criteria was that it occurred when multicultural discussions were taking place in supervision (i.e. multicultural supervision). Further, there is a paucity of research on effects of these types of ruptures, and ways in which these ruptures can begin to be repaired.

Rationale for Study

Given the shifting paradigm to the belief that all beings are cultural beings (Arredondo, et al., 1996; Arredondo & Toporek, 2004; Sue & Sue, 1992) and the importance of supervisory relationships particularly in the area of building multicultural competencies (Burkard et al., 2006; Carney & Kahn, 1984; Constantine, 1997; Leong, 1994), there needs to be a study that clearly defines both multicultural supervision and ruptures and specifically examines the emergence of ruptures during discussions of multicultural issues in supervision, regardless of the racial/ethnic make-up of the supervision dyad. Further investigation of this topic of study will provide a deeper understanding of supervisees' experiences of ruptures when talking about cultural issues

in supervision, and will clarify the already existing literature on conflict in cross-cultural supervision by establishing the definition of a rupture, and separating it from the concept of conflict. Additionally, it will have important implications for supervision and supervision research, including understanding how supervisees' experience multicultural based ruptures, the effect of these ruptures, and the process of working through these ruptures during supervision.

In this study, I will interview masters and doctoral trainees in counseling, clinical and counseling psychology programs. These professional psychology specialties were chosen to allow for a sufficiently large pool of potential participants. Additionally these specialties are part of a training culture in which multicultural competence and culturally responsive clinical work is emphasized and valued. The participant's ruptures could have varied in length, duration, and intensity; however, the main criterion for participation is that they must have experienced a rupture that is classified as a problematic shift during supervision that occurred when multicultural topics were being discussed and that resulted in an impairment or fluctuation in the quality of their supervision relationship.

All data will be analyzed using consensual qualitative research (CQR; Hill, Thompson, & Williams, 1997; Hill et al., 2005), which emphasizes description of experiences in context and the inductive emergence of meaning from the data. CQR is an appropriate choice for the topic of study, given the status of the extant literature in this area. Due to the fact that so little is known in which to base research hypotheses, a quantitative approach that relies on testing hypotheses and theory verification is not warranted. Instead, an approach that utilizes the participants themselves to help generate hypotheses and research questions is a more effective way to investigate the topic of

interest. CQR allows participants to provide rich descriptions of their experiences, thereby deepening our understanding of this topic and helping to generate research questions from the source, instead of imposing questions based on researcher's subjective opinions.

Research questions

The overarching research question of this study is, "What are supervisees' experiences of ruptures that occur when discussing multicultural topics in supervision?"

Examining this central question will occur via a number of more specific queries.

- *What were the ruptures that took place in supervision while discussing multicultural topics?*
- *What factors contributed to these ruptures?*
- *What were the supervisees' experiences of these ruptures?*
- *What effect on supervisees, supervision, and the supervision relationship did these ruptures have?*
- *If there were attempts made to work through the rupture what those were like?*
And if not, what could have been done to help resolve the rupture?

These questions are intended to foster a rich understanding of supervisees' experiences of ruptures that occur during multicultural supervision. They also seek to understand factors that may be associated with the ruptures that occurred, the impacts of these ruptures, and if/how the ruptures were worked through. Gaining a clearer understanding of this phenomenon through this study will provide both supervisees and supervisors with valuable information about the types of ruptures that can occur in supervision when discussing multicultural topics. Through learning about supervisees' specific experiences

in relation to these ruptures, supervisors will attain valuable personal insights into what their supervisees may be experiencing if a rupture were to occur. They will also gain practical knowledge in terms of the ways in which these ruptures can begin to be addressed within supervision to avoid or reduce the negative effects associated with these types of ruptures. For these reasons, it is clear that this study will positively influence the general knowledge base in the field of multicultural supervision and provide exploratory information about the topics at hand. This study's findings will generate future areas of research in the realm of multicultural supervision and ruptures as well as contribute practical utility to supervisors and supervisees in the field of psychology.

Chapter Two: Review of the Literature

Supervision

Supervision has been identified as an essential ingredient for the professional development of counselors in training so much so that it is mandated as a required part of professional training by state regulatory bodies, professional credentialing groups, and accrediting bodies. Supervision is a central element of these regulatory functions that guide the profession in that it provides, “a means to impart necessary skills, to socialize novices into the particular profession’s values and ethics, to protect clients, and finally, to monitor supervisees’ readiness to be admitted to the profession” (Bernard & Goodyear, 2009, p.3).

Defining Supervision. While there has always been a general consensus in the field of counseling about the necessity of supervision, perspectives about the definition of supervision have evolved over time. Beginning with Freud in the 20th century, supervision was simply defined as an encounter with a master or mentor, who indoctrinated the trainee into the profession (Heru, Strong, Price & Recupero, 2004). Moving forward, the first comprehensive definition of counselor supervision was offered by Loganbill, Hardy, and Delworth (1982) when they defined supervision as, “an intensive, interpersonally focused on-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person” (p.4). This definition emphasized three essential components of supervision: uniqueness, relationship, and authority. Since this time many researchers have built upon Loganbill et

al.'s definition, and have continued to describe and organize the nature, function, interactions and relationships in counselor supervision.

Shortly over a decade after Loganbill et al.'s definition of supervision appeared in the field, O'Bryne and Rosenberg (1998) proposed a socio-cultural definition of supervision that integrated cross-cultural aspects into the description. They described supervision as a process by which the supervisee was acculturated into the counseling profession through a socialization process. This definition was one of the first in the field of counseling to highlight the importance of the individual culture of counselors in training and their clients into supervision theory and research.

Professional accrediting bodies in the field of counseling have also defined supervision. For example, The Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2009) defined counselor supervision as, "a tutorial and mentoring form of instruction in which a supervisor monitors the student's activities in practicum and internship and facilitates the learning and skill development experiences associated with practicum and internship. The supervisor monitors and evaluates the clinical work of the students while monitoring the quality of services offered to clients" (p.60).

Among the many descriptions of supervision, Bernard and Goodyear's (1996; 2009) definition contains all of the key elements that are specific enough to be helpful, yet broad enough to encompass the multiple roles and settings associated with clinical supervision. They offer the following as a working definition of supervision:

An intervention provided by a more senior member of the profession to a

more junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession. (Bernard & Goodyear, 2009, p.7).

Multiple authors have asserted that this definition is regarded in the field of counseling as the standard in the United States (Falender et al., 2004; Watkins, 1997). It is one of the most often cited definitions of counselor supervision and has its hallmark in noting that supervision is first a distinct intervention as opposed to an extension of counseling, and second, is based on a relationship with particular responsibilities and purposes. In contrast, Milne (2007) has argued that this definition is unsatisfactorily specific and has elaborated on Bernard and Goodyear's definition citing two additional components of supervision form (i.e. intensive, relationship based, case focused), and function (i.e. quality control, facilitating supervisee competence) (p.438). In this definition, Milne highlights two important aspects of supervision that are often overlooked when engaging or entering into a supervision relationship. In many ways, the definitions of supervision have strongly influenced the formation of the models that have been set forth in the field to guide supervisors in their deliverance of supervision

Supervision Models. Due to the proliferation of supervision theories and models that have evolved over the past 40 years, only a sample of these models will be discussed to illustrate the nature of the literature. The models that are discussed were selected based on the quality of the empirical support for these models in the field. Stoltenberg,

McNeill, and Delworth (1998) suggested that very early models of clinical supervision relied on psychotherapeutic processes to describe how one becomes a psychotherapist. They noted that while this approach was useful in providing guidance on the process of clinical supervision, it often times crossed into the realm of counseling more so than supervisory relationships should. Today, Friedlander and Ward's (1984) Supervisor Style Model, Stoltenberg and colleagues' (1998; 2010) Integrated Developmental Model, Holloway's (1995) Systems Approach, and Ladany, Friedlander & Nelson's (2005) Critical Events Model are among the most popular and frequently referenced models of clinical supervision. Collectively, each of these theorists has made unique contributions to the establishment of best practices in clinical supervision.

Two researchers whose models focus primarily on the supervisory relationship are Friedlander and Ward (1984). They identified supervisory style as an important determinant to how trainees respond to the supervisory relationship and interventions. In this model, supervisory style consists of three interrelated constructs. The first construct is the attractive style, which is characterized by friendliness, warmth, and flexibility. The next construct is interpersonally sensitive style, in which the supervisor can be characterized as invested, therapeutic, and intuitive. The final construct is labeled task-oriented style, which is characterized by goal oriented pragmatism and structure. According to Friedlander and Ward, supervisors may choose to adopt a variety of these supervisory styles within the supervision relationship to influence supervision process and outcomes. It is through the vacillating of these supervision styles that supervisees can learn, develop and grow in their development.

An important stage development model, the Integrated Developmental Model (IDM) for supervising counselors was developed by Stoltenberg, McNeill, and Delworth (1998; 2010). This model is an adaptable model for supervising counselors at all levels of experiences, and is quickly growing in popularity amongst supervisors in the field. It identifies a variety of trainee variables in considering how to best deliver supervision, including autonomy or independence, interest or enthusiasm, awareness of the client, avoidance, and motivation. This model proposes three levels of supervisee characteristics or behaviors and describes the appropriate concurrent behaviors required of the supervisors who are working with supervisees at each of the three levels. For example, supervisees at level one are typically described as having high anxiety, high motivation, having dependency on the supervisor, and being afraid of evaluation. Requisite supervisor behaviors at level one include being supportive, structured, and using confrontation minimally. Supervisees at the level two stage may fluctuate in self-confidence, be conflicted in needing autonomy and dependence upon the supervisor, often act more assertive, function more independently, focus more on the client, and demonstrate more empathy and understanding of clients worldview. At this stage, the supervisor focuses on trying to attain a balance between autonomy and support. Lastly, supervisees at the level three stage will demonstrate a stable motivation, focus on professional identity, firmly believe in their own autonomy, and be able to accept her or his own strengths and weaknesses while maintaining a focus on the client as well as the counseling process. Level three supervisors focus on helping trainees continue to develop autonomy while providing support and confrontation as necessary. Stoltenberg and colleagues (1998; 2010) suggest that trainees will cycle back and forth between one level

to another as they encounter new issues in their experience of delivering counseling services. These authors posited that the supervisor's responsibility is to guide and facilitate each supervisee's development into her or his own integrated professional identity. The hallmark of this model, and many other developmental models, is that supervisees develop along a continuum, have different needs at different points on the continuum, and need different interventions from supervisors at different points on this continuum. While developmental models are widely accepted in the field, some have criticized these models for lacking empirical support (Ellis & Ladany, 1997; Falender & Shafranske, 2004). Despite this criticism, the concept of supervisee development is appealing to many supervisors, and many take such an approach when conducting clinical supervision (Westfeldt, 2009).

A model of supervision that incorporates a developmental perspective, but extensively draws on an interpersonal conceptualization is described by Ladany et al. (2005) in their book *Critical Events in Psychotherapy Supervision: An Interpersonal Approach*. This model heavily emphasizes the importance of a strong supervisory relationship and the importance of working through various critical events in supervision for the trainee to become a competent therapist. The critical events and associated tasks include: remediating skill difficulties and deficits, heightening multicultural awareness, negotiating role conflicts, working through counter-transference, managing sexual attraction, repairing gender-related misunderstandings, and addressing problematic attitudes and behavior. The authors believe that supervision and supervisory events, "are not discrete entities" (p.211), and they emphasize the importance of role induction in the model. In this model, the supervisee's developmental level is taken into consideration

when designing tasks to focus on; however, the authors conceptualize the supervisory relationship as the primary agent for instruction, learning, and change.

Different from a developmental or interpersonal approach to supervision is Holloway's Systems Approach to Supervision (SAS), which takes into account multiple factors as they work together within the supervision relationship. In addition to the importance of the relationship, Holloway discusses the importance of a variety of other factors, including the client, the supervisor, the person being supervised, the institution, the functions of supervision, and the tasks of supervision. In her view, these factors, but in particular the relationship between the supervisor and supervisee, define clinical supervision (Holloway, 1995; Holloway & Neufeldt, 1995).

It should be noted that the competency based model of supervision, well exemplified by Falender and Shafranske (2004) is a model that is gaining attention (Westfeldt, 2009). These authors focus on measurable competencies and the development of individual competencies within supervisees. There is also a strong emphasis on formative and summative feedback in this model. As demonstrated by the review of supervision models, there are a variety of points of view concerning how to effectively supervise. While some supervisors may choose to conduct supervision from a particular school of thought, many researchers argue that a combination of various types of models works best (Westfeldt, 2009). With supervision models and theories in place, researchers began to focus their attention on the process of supervision, and the dynamics that take place between supervisor and supervisee that affect the supervision relationship, supervisee, and client care.

Supervision Research. A comprehensive discussion of the empirical literature

related to supervision in counselor education was provided in a seminal article written by Goodyear and Bernard (1998). These scholars identified at least 32 reviews of literature on supervision. Within this review, several themes emerged from the literature regarding the characteristics of supervision. Some of the themes identified were: the role of individual differences in supervision approaches, attention to clients' individual differences, the importance of trainee experience level on supervision expectations, impact of gender on the supervisory relationship, and the role of race and ethnicity in supervision. Goodyear and Bernard (1998) suggested that these topics illuminated the contextual variables that affect supervision processes and outcomes. Some specific examples of supervision research follow.

An example of research reflecting one of Goodyear and Bernard's (1998) identified themes is a study of supervisor self-disclosure, and its relationship to supervisory style and the supervisory working alliance, conducted by Ladany and Lehrman-Waterman (1999). In this study, supervisors' self-disclosure predicted trainees' perceptions of their supervisors' supervisory style. Specifically, supervisors who engaged in more disclosures were perceived as having an attractive style. The results also indicated that the more frequently a supervisor self-disclosed the more supervisees reported having a strong supervisory working alliance. Ladany, Walker, and Melincoff (2001) also examined the relationship between supervisors' perception of their supervisory style and supervisory working alliance. The results indicated that the more interpersonally attractive the supervisors perceived themselves to be, the greater their perception was that a strong working alliance was present. In addition, the more they perceived themselves as interpersonally sensitive, the stronger they perceived their supervisory working alliances.

In another study, Hart and Nance (2003) evaluated counselors' supervision style preferences and perceptions among supervisor-supervisee dyads. Specifically, the researchers examined supervisors' and supervisees' perceptions about which styles of supervision they preferred and then assessed which styles they perceived were actually utilized in supervision. Results of this research indicated that prior to the start of supervision, supervisors expressed a preference for using highly supportive and low directive supervisory style (Hart & Nance, 2003). Supervisees also stated a preference for being supervised using a high support and low direction supervisory style. Supervisors' perceptions of their actual style were similar to that which they stated they had a preference for prior to supervision. On the other hand, the supervisees in this study expressed an initial preference for support and perceived that their supervisors employed a directive supervisory style, which was not well received. These results raise questions about the current application of the Integrative Developmental Model (Stoltenberg, McNeill, & Delworth, 1998; 2010), in which the authors suggested that beginning counselor trainees prefer a greater degree of direction. Although, this study provided an interesting discourse of supervisory styles there were several problematic limitations. Because this sample was derived from a single training program, most of the participants were European American (75% of the supervisors and 65% supervisees) and more than two thirds of the entire sample were females. Thus, some of the results may be skewed in terms of preferred supervision style of the supervisees based on race/ethnicity.

Summary: Supervision Definition, Models, and Research. As a group, the supervision theories, characteristics and models discussed in this section provide a structure for understanding the complexity of the supervisory relationship, process, and

role expectations and have helped to define the term in a universally understood way. There appears to be a natural association between the supervisor style (Friedlander & Ward, 1984) and the basic supervisor roles. Additionally, supervision has come to be understood as a distinct intervention in which supervisors carry out their chosen roles in different ways, with each of the chosen interventions having implications on the supervisory relationship and consequential working alliance. A variety of supervision models were reviewed, showing divisions in this research in terms of developmental models (Stoltenberg et al. 1998; 2010), interpersonal models (Ladany et al., 2005) and a common theme amongst most supervision models for an importance of the supervision relationship as central to successful supervision and supervisee growth (Friedlander & Ward, 1984; Holloway, 1995; Ladany, Friedlander & Nelson, 2005; Stoltenberg et al., 2010).

The supervision researchers, reflected in the sampling of supervision research included here, expanded the profession's understanding of the supervisory working alliance, the importance of supervisory self-disclosure, and multiple functions of supervisory styles (Hart & Nance, 2003; Ladany & Lehrman-Waterman, 1999; Ladany, Walker, & Melincoff, 2001). Although these studies produced convincing empirical evidence for the relationship between the supervisory working alliance, supervisor self-disclosure, and supervisory style; causal inferences could not be made for any of these studies as each of the studies discussed in this section shares an inherently flawed methodology, relying entirely on the reported perception of either supervisees or supervisors and even supervisor dyads. While self-report measures and interviews have advantages, they also have specific disadvantages that threaten the validity of the

responses collected. For example, participants may choose to exaggerate or limit certain aspects of their experience (Paulhus, 1998), or may respond in socially desirable ways (Crowne, Marlowe, 1960).

Knowing that every study may have some limitations, we can still see that there is a breadth of good literature to instruct, guide, and inform future and current supervisors about the concept and process of supervision. Within the extensive body of research in the area of supervision, trends and divisions have formed. As highlighted above, there are various themes that have been noted in the literature, and areas of specialty that have been given particular attention in research. One specific area that warrants this individual attention is that of multicultural supervision. The following sections will discuss the development of the multicultural movement in psychology, as well as discuss multicultural supervision theory, models, and research.

Development of Multiculturalism in Psychology

Before reviewing multicultural supervision literature, and understanding of the emergence of multiculturalism in psychology must be developed. Multiculturalism and diversity have been enduring “hot” topics in the mental health profession (Pistole, 2004). Many mental health professionals acknowledge that people of color and other marginalized groups in our society live under oppressive circumstances of individual, institutional, and cultural forces that deny them equal access and opportunity to education, jobs, and quality health care (Atkinson et al., 1993; Jones, 1997; Laird & Green, 1996). There is also a growing recognition that White-middle-class value systems are often reflected in traditional psychological theory, research, and counseling. The values embedded in traditional psychological theory raise reasonable suspicion about the

appropriateness of conventional counseling approaches and techniques when applied to diverse populations (Casa, 1982; Casa, Ponterotto & Gutierrez, 1986; Ibrahim & Arrendondo, 1986; Sue and Sue, 1990).

Within psychology, a broad view of culture is widely accepted. Typical culture-related factors include ethnographic variables such as ethnicity, nationality, religion, and language, as well as demographic variables such as age, gender, sexual orientation, socioeconomic status, and physical ability (Pedersen, 1990). In the Multicultural Guidelines published by the American Psychological Association in 2003, the profession is reminded that behavior arises out of the social, political, historical, and economic context both shared and unique to each individual. Also, ethical researchers and practitioners in the field recognize culture as subjective, complex and dynamic. Disregard for these attributes of culture has resulted in bias, racism, and social injustice (Pedersen, 1988).

Multiculturalism has been identified as the most important new idea to shape the field of psychology in the last 30 years (Pedersen, 1990). There is growing motivation among psychologists to understand cultural variables in order to improve quality of psychological services. Although racial/ethnic diversity among MA and PHD level graduates in psychology is still quite modest (NCES, 2003) culturally diverse psychologists' influence in promoting multicultural advancements has greatly informed research practices and psychological services. Multiculturalism is a crucial factor in psychology and has widespread implications for professional practice. The foundational roots of what is known as "multiculturalism" draw upon cultural, social, political, and economic contributors that influence how people view themselves and others from a

multidimensional perspective, including from the points of views of individuals as members of a group (Pedersen, 1995). Counseling professionals have been cautioned to acknowledge that counseling does not occur in isolation from larger society. Specifically, it is stated that counseling professionals have a responsibility to understand how the political forces and events affect both their personal and professional lives (Sue, Arredondo, & McDavis, 1992).

Additionally, to a large extent, the professional associations in counseling and counseling psychology are responsible for promoting the advancement of multiculturalism and diversity. For example, in 1972 the American Counseling Association (ACA) was among the first national membership societies to establish a division devoted entirely to issues of culture, ethnicity and race (Kaplan, 2002). Additionally, The Association for Multicultural Counseling and Development (AMCD) has played a pioneering role in addressing issues of diversity. Among its most substantial accomplishments is the establishment of the Multicultural Standards and Competencies (Sue, Arredondo, & McDavis, 1992). These standards and competencies were among the first to be devised that defined the parameters, skills, knowledge, and strategies necessary to be an effective cross-cultural counselor. Similarly, multicultural counseling standards and competencies have become embraced in the counseling field as evidenced by the recent adoption by the American Psychological Association (APA, 1993; 2003), Division 17 for Counseling psychology and several divisions of the ACA (Toporek, 2001). Since the development of multiculturalism in the field of psychology, researchers have begun incorporating the study of cultural aspects into various domains within the profession.

One of these domains is that of multicultural supervision. Below, an overview of the state of the literature on multicultural supervision will be presented.

Multicultural Supervision

Clinical supervision has been identified as a critical training activity for professional psychologists (Bernard & Goodyear, 2009). However, the topic of multicultural supervision has been receiving increased attention in the counseling literature only in recent years (Constantine, 2001). Articles and books in professional psychology and counseling have pointed out the importance of multiculturalism as a context for supervision (Leong & Wagner, 1994). As a result, multicultural dynamics of counseling supervision have become a pressing issue to be addressed within the supervision literature (Gardner, 2002). The following section of the literature review is an attempt to describe how the information about cultural differences has been translated into appropriate and culturally competent supervisory practices that foster culturally sensitive and skilled counselors.

Multicultural Supervision Theory and Models. When examining multicultural supervision theories and models, several themes emerge in the literature. First, these models address the roles and goals for multicultural supervision. Bernard and Goodyear (1998) suggested the goals of multicultural supervision are to examine client welfare and help increase the professional cultural competence of the supervisee. One study discussed multicultural supervision from the perspective of supervisees who were psychologists-in-training who identified facilitating the integration of cultural components into client care, increasing trainee cultural competence, and demonstrating competent clinical practice as goals for multicultural supervision (Hird, Cavalieri, Dulko,

Felice, & Ho, 2001). These supervisees also suggested that the dynamics of the supervisory relationship are greatly affected by cultural interactions; and that the quality of supervision is impacted by power dynamics associated with multicultural aspects including race, ethnicity, gender, and other cultural factors.

In addition to the goals of multicultural supervision, supervisor roles have also been suggested. Chen (2005) proposed for roles of supervisors conducting multicultural supervision that included: teacher, counselor, supervisor, and advocate. Others have discussed encouraging the supervisee to examine her or his own cultural background (Morgan, 1984), facilitating the exploration of cultural factors in supervision and modeling positive discussion of culture (Tyler, Brome, & Williams, 1991), and promoting multiculturalism within institutions (Pedersen, 1991) as important roles of supervisors.

Three important models of supervision that encompass the roles and goals asserted by the research in this field are that of Constantine (1997), Chen (2001), and Carney and Kahn (1984). Constantine proposed a framework that involves the use of semi-structured questions to aide the discussion of culture among supervisory participants. This process involves asking the supervisor and supervisee to identify their cultural group identities and acknowledges the extent to which these identities influence their interactions in both supervision and counseling relationships. Here, it is recommended that these discussions take place early on in the supervision relationship to capitalize on the rapport-building phase of the relationship. Constantine pointed out that although the framework is intended to be used early in the stages of supervision, it could be used on an ongoing basis to assist supervisors and supervisees to identity and understand the relevant cultural,

contextual information (Constantine, 1997). Similarly, Chen (2001) also suggested an interactional model of multicultural supervision. This model strives to train supervisees who are mindful of their own views and assumptions and who can incorporate intervention strategies that take culture into the counseling process. Chen emphasized the intentional discussions of culture, and reflection on these discussions as essential aspects to the process of facilitating multicultural supervision.

Taking a somewhat different approach to multicultural supervision Carney and Kahn (1984) created a stage model of multicultural supervision that focused on the developmental stage of the supervisee. The first stage is highlighted by the supervisor's primary task, which is to encourage the supervisee to explore ways they and their clients have been impacted by group membership. In Stage two, the supervisor helps the supervisee to increase familiarity with ethnic-racial identity theories, helps to identify stages of identity development, discusses dynamics of interacting at different stages of identity development, and fosters awareness and confidence in using culturally-specific interventions. Stage three emphasizes the supervisor's acknowledgment of dilemmas supervisees face in willingness to work in a more culturally responsive manner, yet also feeling trapped by their limited professional training. In stage four, the supervisee is in the process of developing a professional identity as a multicultural counselor. Here, the role of the supervisor is to help the supervisee develop a comprehensive understanding of the intersection of various contextual factors. In the final stage, supervisees advocate for rights of persons of color, and the role of supervisor is one of consultant.

Multicultural Supervision Research. As noted earlier, the topic of multicultural supervision has received increasing attention in the counseling literature over the past few

years (Constantine, 2001). For example, research in the area of multicultural supervision has addressed issues such as cross-racial dyads (Fong & Lease, 1997; Priest, 1994), racial and cultural identity attitudes (Cook, 1994; D'Andrea & Daniels, 1997) and interpersonal process issues (Brown & Landrum-Brown, 1995). Other topics of studies of importance have been directed toward examining the perceptions of supervisees and supervisors engaged in a cross-cultural supervisory relationships (Constantine, 2001; Duan & Roehlke, 2001; Hird, 2001); investigating the role of race and racial identity in the supervisory relationship (Cook, 1994; Hilton, Russell, & Salmi, 1995; Vander Kolk, 1974) and measuring supervisees' multicultural competence (Ladany, Brittan-Powell, & Pannu, 1997; Ladany, Iman, Constantine, & Hofheinz, 1997). Additionally, several researchers have also explored the impact of gender on the supervisory working alliance (Gatmon, Jackson, Koshkarian, & Mortos-Perry, 2001) as well as supervision verbal interactions (McHale & Carr, 1998; Nelson & Holloway, 1990; Sells, Goodyear, Lichtenberg & Polkinghorne, 1997). This body of literature is impressive and has advanced the field of multicultural supervision considerably.

Much of the research in multicultural supervision has focused on supervisee experiences of engaging in multicultural supervision. For example, Burkard, Johnson, Madson, Pruitt, Contreras-Tadych, Kozloski, Hess, and Knox (2006) conducted a qualitative study which examined culturally responsive and unresponsive cross-cultural supervision experiences among supervisees of color and of European American background. By interviewing supervisees about their experiences in both culturally responsive and unresponsive supervision, Burkard et al. found that in culturally responsive supervision, supervisees felt encouraged to explore cultural issues and the

supervisory relationship, supervisee, and client outcomes were positively affected. Conversely, cultural issues were not acknowledged, actively disregarded or dismissed by supervisors who were perceived to be acting in a culturally unresponsive manner. Similarly, Constantine (1997) reported that some participants in her study examining critical incidents in multicultural supervision felt that their supervision relationship, and multicultural competence suffered due to the lack of time spent addressing multicultural issues. Another study described results that indicated that supervisees directly attributed the growth of their multicultural counseling competence to receiving multicultural supervision (Pope-Davis, Reynolds, Dings, & Nelson, 1995). A recent study found that supervisee's perceptions of their supervisor's multicultural competence was directly and positively related to the working alliance between supervisor and supervisee (Inman, 2006). This author suggested that supervisory relationships that implement cultural competence through mutually agreed upon goals and tasks related to multicultural issues may lead to greater supervisee satisfaction in supervision. Similarly, Gatmon, Jackson, Koshkarian, Martos-Perry, Molina, and Patel et al. (2001) found that when discussions of culture occurred in supervision dyads, supervisees reported greater working alliances and increased satisfaction with supervision. These studies highlight the importance of supervisors being open to discussions of multicultural issues in supervision, as well as suggest that the supervisory relationship may be more effective when discussions of multicultural topics take place.

Furthermore, some studies have demonstrated that cultural factors within the supervisory dyad can impact the supervisory relationship. Some researchers have noted that heightened conflict appears to occur in supervision when the influence of cultural

factors was disregarded in the supervisory relationship (Burkard, et al., 2006; Brown & Landrum-Brown, 1995; Cook, 1994). Relatedly, Ladany, Britton-Powell, and Pannu (1994) found that supervisory working alliance was strongest for supervision dyads that were at similarly high levels of racial identity development and shared similar racial worldviews. Dyads where the supervisee was at a less advanced level of racial identity development than the supervisor were shown to also have strong supervisory relationships, with relationships in which the supervisee was at a more advanced level of racial identity development than the supervisor showing the weakest bond.

As has been noted, previous research has focused on supervisee perceptions of multicultural competence, satisfaction with multicultural supervision and ability to address multicultural issues in case conceptualization. As mentioned above, the majority of these studies have defined multicultural supervision as those in which the supervisor and supervisee differ along race and ethnicity, or in which the supervisor and supervisee discuss racial and ethnic differences between the supervisee and her/his clients. Previous research has also examined behaviors of supervisors in multicultural supervision, as well as the relationship of multicultural supervision to supervisory working alliance.

However, many of the previously mentioned studies regarding multicultural supervision hold certain assumptions. One such assumption is that multicultural supervision is that in which the supervisor and supervisee are different racially, ethnically and/or culturally. Most of these studies do not address differences on other levels of identity, such as gender, sexual orientation, age, religion/spirituality, ability, etc. Further, none of these studies examined what actually occurred in supervision; rather, they relied on self-report measures to inform their results. Social desirability is a concern with any

self-report measure, especially those in which multicultural competence is a factor (Marlowe-Crowne, 1960). These studies did not control for social desirability. Further, except for one study that examined multicultural case conceptualization, the studies did not examine other forms of reports on multicultural competence, such as reports from others or the types of interventions used by supervisees or supervisors that might further assess multicultural competence. What is also missing from the literature is an examination of what happens when multicultural discussions occur in supervision. Specifically, investigations into problems that arise when multicultural discussions take place in supervision could be valuable.

Summary: Multicultural Supervision Models and Research. The definitional constructs, models and theories discussed in this section provide a structure for understanding the cultural aspects that relate to the process of supervision. There appears to be some definitional confusion between the terms multicultural supervision and cross-cultural supervision literature that is confusing; however, there have been attempts to provide clarification on these terms (Leong and Wagner, 1994) and it makes sense to follow the definitions set forth in the field that cross-cultural supervision refers to supervision dyads when the supervisee and supervisor represent differing racial/ethnic background and that multicultural supervision refers to discussions that take place between a supervisor and supervisee that involve multicultural topics regardless of the racial/ethnic backgrounds of the supervisee and supervisor.

Models have emerged in these domains that discuss supervisor roles, goals, cultural competencies, personal characteristics, and frameworks to help inform current supervisors about how to effectively perform multicultural and cross cultural supervision

And through these models we understand that supervisors need to approach both multicultural and cross-cultural supervision with open minds, empathy, care, and cultural competence (Constantine, 2007; Fong & Lease, 1997; Martinez & Holloway, 1997).

Researchers in the areas of multicultural and cross-cultural supervision have considerably advanced the field. Several database studies have highlighted the importance of addressing culture in supervision (Fukuyama, 1994; Pope-Davis et al., 1995). Additionally, a variety of researchers have specifically addressed race, and ethnicity within multicultural supervision, identifying various problems that can occur in cross-cultural supervision such as racial prejudice (Duan & Roehlke, 2001); and cultural miscommunications (Daniels et al., 1999). Despite the fact that the area of multicultural supervision is relatively new, a solid base of knowledge does exist from which to inform understandings of the cultural processes of supervision, and from which to build future research investigations.

Ruptures and Rupture Repair

As evidenced in the results of some of these above studies, disagreement, conflict, ruptures, confusion, and impasses are inevitable during the process of supervision. Arguably, these aforementioned problems in the supervision relationship are at an increased likelihood to occur when cultural discussions are taking place due in fact to a generation of supervisors who have not been educated in multicultural concepts and an increasingly diverse makeup of new counseling graduates, contributing to the likelihood that supervisors will be engaging in cross-cultural supervision as an increased rate (Constantine, 1997). According to Mueller and Kell (1972), some type of conflict is inevitable in supervision. They note that conflict may be manifested in a simple

disagreement about how to construct a treatment plan for a client, could be shown in an impasse related to supervisee resistance to feedback, or may be a conflicted dynamic taking place within the supervision relationship.

Just as the definitions of supervision and multicultural supervision have evolved over time, and faced definitional challenges, so has the term rupture. The concept of rupture was first examined as it occurred in psychotherapy, thus between a counselor and a client. In this body of literature, rupture has been commonly referred to as, “an impairment or fluctuation in the quality of the alliance between the therapist and client. (Safran, Crocker, McMain & Murray, 1990). Or, as a negative shift in the quality of the existing alliance. Even more simply, it has been defined as deterioration in the relationship between a therapist and patient (Safran & Muran, 1996). In psychotherapy, ruptures are thought to be an inevitable event in treatment that is contributed to by both patient and therapist (Safran, Crocker, McMain, & Murray, 1990). Psychotherapy researchers have argued that the interpersonal nature of an alliance rupture distinguishes the term from other commonly misidentified terms such as impasse, resistance, defensiveness, or breach, as a rupture is not a phenomenon that is located exclusively within the patient or caused exclusively by the therapist. Rather, a rupture is an integrative process that includes both members of the therapeutic alliance to occur (Safran & Muran, 1996). Within this body of research there is clear and consistent use of the term rupture to refer to relational problems that take place within the therapeutic relationship. Ruptures in therapy have been examined using both qualitative and quantitative methodology, and various research questions related to these phenomena have been investigated. The universal use of the term rupture in this research, and variety

of methodology used to investigate these events have greatly contributed to the fields understanding of ruptures and rupture repair in psychotherapy. The next section of this review will elaborate on some of the studies conducted in this area of inquiry.

Rupture and Rupture Repair in Psychotherapy. Safran, McMain, Crocker and Murray (1990) discuss the concept of therapeutic ruptures in depth. These authors state that therapeutic alliance ruptures can vary in intensity, duration, and frequency depending on the therapist-client dyad from overt ruptures where someone may overtly indicate negative sentiments to the other, to minor fluctuations in the quality of the alliance that may be very difficult to detect. These authors argue that given the large body of empirical evidence, which demonstrates that the therapeutic alliance is the best predictor of psychotherapy outcome, it would seem important to clarify both the factors that contribute to ruptures in these relationships and the factors involved in repairing ruptures in the therapeutic alliance.

Addressing this hypothesis, various researchers have investigated both what contributes to rupture episodes, and specific markers that acknowledge the presence of a rupture in the relationship. One study coined the term ‘rupture episode,’ which is defined as a “constellation of two primary components involving both patient and therapist contributions: a misunderstanding event, and patient rupture markers” (Samstag, Muran, Safran, 2004, p. 210). This study found that a misunderstanding event included the immediate background (e.g. the therapeutic task in which the dyad was engaged at the moment) and the precipitant or way in which they did something the patient did not need or else failed to provide what the patient needed. Rupture markers included various behavioral observations such as turning body away, crossing arms, face falling, furrowed

brow, etc. Additionally these authors identified various types of rupture episodes including withdrawal ruptures, attacking and blaming markers, and manipulative markers (Samstag, Muran, & Safran, 2004).

Building further on this research, Watson and Greenberg (2000) identified several reasons for ruptures within the therapeutic alliance including clients having difficulty exploring their thoughts and feelings, clients questioning the purpose and value of engaging in therapy, clients having expectations that diverge from those of their therapists, and therapists being perceived by clients as offensive. They point out that ruptures during later phases of therapy are more intensive and most often result from a breakdown in trust and collaboration between the client and supervisor.

Further examinations investigated therapist-client dyads that had identified problems in the therapeutic alliance by listening to audiotapes of their sessions they identified several consistent alliance rupture markers: overt expression of negative sentiments, indirect communication of negative sentiments or hostility, disagreement about the goals or types of therapy, compliance, avoidance maneuvers, self-esteem enhancing operations, and non-responsiveness to intervention. As alliance ruptures are always interactional, each of these themes occurs between the therapist and client (Safran et al., 1990). In this same study, the authors also examined the process it took on behalf of the therapist and client to resolve their alliance ruptures. They state, “resolving alliance ruptures involves a process of therapeutic meta-communication in which two individuals are talking about what is currently transferring in the therapeutic relationship” (Safran et al., 1990, p.159). While this study was beneficial in identifying rupture markers within

the therapeutic alliance, it lacked a practical application of rupture resolution that stretched beyond basic ideas.

In later study Safran and Muran (2000) addressed this gap in their research, and further defined and described the concept of meta-communication that they see as intricate to rupture resolution. Three general principals of meta-communication were described: 1) the quality of the therapist's participation with the patient and orientation toward the rupture experience, 2) the focus of the therapist attention in the context of treatment and 3) the therapist experience of working through an impasse in therapy. These authors purport that in order to repair a therapeutic alliance rupture, the therapist should approach the experience with a genuine curiosity, tentativeness and an exploratory attitude, encouraging the patient to collaborate in coming to an understanding of the treatment impasse. Second, the therapist must maintain a here- and-now focus on the therapeutic relationship offering concrete and specific observations about his or her experience of the interaction. Third, the therapist should be aware that initial attempts to resolve an impasse will often instigate additional rupture episodes, and they should be prepared to address these issues as they come up. In addition to these steps, several other key elements that take place in this meta-communication for successful resolution of a rupture were described. These elements included: attending to ruptures in the alliance, awareness of ones own feelings, accepting responsibility, empathizing with the others experience, and maintaining the stance of the participant and observer.

In response to this paucity of research, other empirically derived models of rupture resolution eventually evolved over the past decade (Safran & Muran, 1996; Safran et al. 1994). Two rupture resolution models emerged from task analytic research:

one model for passive withdrawal ruptures and another for active confrontation ruptures. In both models, patients initially respond to therapists in a defensive way, and this is directly followed by the therapist focus on that moment through friendly and supportive inquiry, empathic reflection, or self-disclosure. Finally, the therapist encourages direct expression of the underlying relationship need or wish. Safran and Muran (1996) state that if properly dealt with, alliance ruptures can provide an important opportunity for therapeutic change. They state that, “By systematically exploring understanding and resolving ruptures, the therapist can provide patients with a new constructive interpersonal experience that will modify their maladaptive schemas” (p.447).

In their discussion of resolving therapeutic alliance ruptures, Safran and Muran (2000) emphasized the importance of meta-communicating with clients about observed impasses, and addressing and processing what seems to be occurring in the relationship. Drawing on the working alliance literature (Bordin, 1983), they recommended attention to all three components of the alliance-bonds, tasks, and goals- when resolving difficulties. At a concrete level, the goals and tasks of therapy may need to be clarified. At a more abstract level, the dynamics of the therapeutic relationship may need to be addressed. They state that the resolution of a therapeutic rupture through the understanding, insight, and adaptation, of the therapist can provide a corrective emotional experience for the client.

Research efforts in the area of rupture and rupture repair in psychotherapy are well represented and described in the literature. Within this body of research ruptures have been well defined as a problematic shift in an already existing working alliance, examined from various avenues and standpoints, and described so much so that there are

strong examples of how and why these ruptures in the alliance occur, and ways in which these ruptures can begin to be repaired. Unfortunately, research on rupture and rupture repair in supervision has not yet reached the levels that it has in psychotherapy.

Rupture and Rupture Repair in Supervision. Just as the therapeutic relationship is important to the process of change in clients, so is the supervisory relationship important to supervisee growth and development. Additionally, just as conflict in therapy is inevitable, so supervision relationships are also prone to conflictual and problematic interactions. Unlike in psychotherapy literature, the term rupture is not clearly defined in supervision literature, and in fact is often used interchangeably with other concepts such as impasse (Hird et al., 2001), breach (Ellis, 2006), or negative event (Pope-Davis et al., 2002). In each of the articles that use this terminology, none of the terms are defined, which further complicates the readers understanding of what is being studied. This lack of specificity on what constitutes the term under investigation leaves it up to the reader to imply what is under examination, which takes away from the generalizability and applicability of studies findings.

When examined together, it seems as though most of these researchers are examining phenomenon similar to that of psychotherapy researchers examined decades ago: a negative shift or event that occurs in an already existing supervisory working alliance. For example Nelson and Friedlander (2001) examined conflictual relationships in supervision. Although they did not define conflict in this study, an examination of the results proved that the concept under investigation fit with the definitional construct of rupture. Specifically, all types of conflict in this study involved a situation in the supervisor relationship (i.e. power struggle, theoretical disagreement, disagreement on

supervision goals, irresponsible supervisor behavior) that resulted in a deterioration or negative shift within the supervision relationship (i.e. loss of trust in the supervisor, supervisee experienced distress) (Nelson & Friedlander, 2001).

Another study examined critical incidents in supervision that were defined as, “major turning points within the supervision process that resulted in changes in supervision” (Ellis, 2006, p.124). Although defined in this way, upon examination of the results we see that these critical incidents involved an event in supervision (disagreement about competence, client care, ethics, supervisee motivation) that resulted in negative shift in the supervision relationship (i.e. relationship deteriorated, supervisee withdrew, supervisor became frustrated) (Ellis, 2006). In order to better correlate with psychotherapy literature, and to unify the supervision literature base, the term rupture should be adopted when referring to negative events or shifts in the supervisory relationship versus using other misidentified terms such as conflict, impasse, breach or critical incident. The adoption of this unified term will clarify this domain of research and prompt future researchers to define and operationalize the terms of their investigations to greater extents.

Although limited, several authors have begun to investigate conflict within supervisory relationships. First, the prevalence of conflict in supervision was studied by Moskowitz and Rupert (1983), who reported that 38.8% of respondents had experienced a major conflict with a supervisor. Of that group, most initiated a discussion about the conflict with their supervisors. For 37.5% of those who did so, the situation remained problematic, got worse, or became unworkable and resulted in a change of supervisor.

Next, Wulf and Nelson (2000) interviewed licensed psychologists about their internship supervisors' contributions to their growth. Here, most participants described conflictual relationships and a lack of investment on the part of the supervisors, little support for supervisee autonomy, and an absence of confirmation for the supervisee's strengths. As another example, a survey of psychiatric supervisees showed that 58% reported educational neglect and 50% reported emotional neglect from supervisors (Kozlowska, Nunn, & Cousins, 1997).

Additionally, numerous investigations of negative supervision events have indicated that difficulties arise when supervisors either neglect or mishandle conflict (Kozlowska, Nunn, & Cousens, 1997; Nelson & Friedlander, 2001). While these studies have made professionals aware that conflict does indeed occur in supervisory relationships, and that this conflict can be harmful, they did little to further investigate the ramifications or effects of this conflict on supervisees, supervisors, the supervision relationship, and client work. Additionally, the nature of the precipitating factors of conflict in supervision, markers of this conflict, the extent of if this conflict led to ruptures in the supervision relationship, and the types of these ruptures have not been examined in depth.

One study in supervision research employed a qualitative method to begin to address some of these gaps in the literature, by attempting to uncover common themes in supervisee's phenomenological experiences of harmful conflict in supervision. In this study, Nelson and Friedlander (2001) interviewed 13 masters and doctoral trainees about a supervision experience that had detrimental effect on their training. Two major patterns emerged in participants' descriptions of how they experienced the establishment of their

supervisory relationships. The most typical pattern involved supervisors who were not committed to establishing a strong training relationship and were thus perceived by their supervisees as too busy to bother with their training needs. As a result, supervisees felt uncomfortable and disappointed with their supervisors from the beginning. The second pattern that emerged involved supervisors who behaved in too familiar and friendly ways with their supervisees, which also left the supervisees feeling uncomfortable.

A second wave of results described impasse characteristics of the supervisory relationship, which involved the following: a power struggle or role conflict, role complications, disagreement on supervision goals and tasks, theoretical or technical disagreement, and different worldviews or values (e.g. cultural misunderstandings). Examples Nelson and Friedlander (2001) found in terms of supervisees reactions to the negative event included experiencing a lack of support, extreme stress and fear, losing trust in the supervisor, feeling unsafe, written off, and manipulated. Interestingly, these authors inquired about the supervisees' perceptions of their supervisor's reactions to the conflictual event, with participants reporting that their supervisor was angry at them, blamed the supervisee for the problem, resorted to criticism, threatened punishment, and ignored or denied a problem ever existed. Even more impressive, these authors looked at supervisee coping strategies related to the events which included acting on their own behalf, involving department directors, and getting support from others. Additionally, both positive and negative outcomes of these supervisees' experiences were discussed in the article (Nelson & Friedlander, 2001). While this study is comprehensive in nature, it does have some important limitations. First, the events that were described represent the supervisees' perspectives only, and the sample was homogeneous in nature, primarily

White and female. Despite these limitations, this study provided interesting results that are worthy of further study, and shed light into other areas of research that are warranted.

Of note, there are only two studies that evaluate how to address conflict in supervision relationships. First, in their classic text, *Coping with Conflict*, Mueller and Kell (1972) argued that trust is a prelude to collaboration in supervision. Like therapy, supervision can get off the ground only when there is safety in the relationship. They stated, “only if the therapist trusts that the supervisor is genuinely interested in assisting him to be a better therapist will he endanger himself by providing the supervisor with relevant information to those events which make him anxious” (pp.30-31). The supervisor needs to be someone the supervisee can depend on. Mueller and Kell (1972) further asserted, “impasses in human relationships can occur because the one who is depended on becomes undependable” (p.43). If the supervisor responds to the supervisee in a way that reenacts the supervisee’s painful relationships with prior authority figures, the supervisee may become resistant and refuse to cooperate. Thus, it behooves supervisors to anticipate what impasses could occur, to avoid what is possible to avoid and to plan for creatively addressing the inevitable conflicts; large or small that will come up. Adopting such a mindset allows the supervisor to approach the supervisee with comfort and confidence that problems can be solved.

The second study that discussed how to resolve conflict in supervision investigated ways to effectively manage conflict in supervision (Nelson, Barnes, Evans & Triggiano, 2008). This study interviewed supervisors that were identified by their professional peers as highly competent about experiences of conflict in supervision and their dependable strategies for managing it. The resulting dependable strategies included

contextualizing conflicts in light of developmental and environmental factors, seeking consultation with colleagues, self-coaching, processing conflicts, accentuating supervisee strengths, interpreting parallel processes, and withdrawing from supervisee dynamics. Interestingly, all of the supervisors that were interviewed described themselves as open to conflict as a way of growth, willing to acknowledge shortcomings, developmentally oriented, and willing to learn from mistakes. They believed that creating a strong supervisory relationship; modeling openness to conflict and providing timely feedback have helped them to successfully navigate conflict in the past (Nelson et al., 2008).

Limitations of this study included a small sample size (12), and a homogenous sample of Caucasian female supervisors. It would be interesting to focus a similar study on differences in gender, ethnicity and other aspects of diversity to determine whether supervisors from different groups approach conflict differently. Despite these limitations, this study offers implications for supervision, particularly by suggesting ways in which current supervisors may attempt to manage inevitable conflict with supervisees.

Ruptures Within Multicultural Supervision. As we further specify into the types of ruptures that occur within supervision, it can be assumed that conflicts and ruptures occur differently depending on what the supervisee and supervisor are discussing. In specifically examining situations in supervision where multicultural topics are being discussed (i.e. multicultural supervision), ruptures have been described similarly to the way they are in supervision as conflict (Mueller & Kell, 1972), impasse (Pope Davis et al., 2001), breach (Ellis, 2006), and most often as a critical-incident (Fukuyama, 1994; Toporek, Ortega-Villalobos, Pope-Davis, 2004). Again, each of these terms seem to be used at times interchangeably, and is never accompanied by a thorough

definition of what the term under study exactly entails. Just as in the domain of supervision literature, the term rupture can and should be used to unite the various concepts used to constitute deterioration in the supervision relationship in supervision when multicultural topics are being discussed.

An important aspect of multicultural supervision is that many supervisors have not had the opportunity or formal training to develop cultural competencies and responsiveness within the supervision process (Constantine, 1997). As a result, many counselors and psychologists in training often have more theoretical, conceptual, and practical experiences than their supervisors do when it comes to multicultural counseling. As a result supervisors and supervisees may struggle to openly address multicultural issues as they occur in counseling and supervision relationships, and ruptures may easily arise.

An early study found that 70% of supervisees had received education on multicultural issues in graduate school, where only 30% of supervisors had received such training (Constantine, 1997). Additionally, another study found that 93% of supervisors in their research study reported no experience supervising trainees who were racially or culturally different from themselves (Duan & Roehlke, 2001). It follows logic that with this discrepancy in training on multicultural issues, and lack of experience on the part of supervisors with culturally different supervisees, conflict may arise in supervision (Burkard et al., 2006).

When supervisees were asked to identify critical incidents in supervision, the most frequently cited incidents clustered around the supervisory relationship and involved negative communication with supervisors, miscommunications based on

cultural aspects of a client case or found their resolution through that relationship (Nelson & Friedlander, 2001; Ladany et al., 2005). While the term critical incident was not defined in this study, it was clear that these incidents all took place within the supervisory working alliance and involved a negative shift in the relationship, otherwise known as a rupture.

Furthermore, qualitative data concerning counseling trainees' experiences of conflict in multicultural supervision were elicited in a critical incidents study conducted by Fukuyama (1994). More specifically, Fukuyama's phenomenological approach to exploring the dynamics of multicultural supervision illuminated the salient issues of 18 racially-ethnically diverse pre-doctoral psychology interns. The interns' responses to the survey were used to develop a framework to define the issues in multicultural supervision of visible ethnic trainees. Respondents were instructed to describe a positive critical incident related to multicultural issues that occurred in individual supervision during their internship year. In general, the respondents indicated that they felt supported by supervisors who demonstrated a belief in their ability to work effectively with challenging clients and were not stereotyped personally. They were also asked to describe a negative critical incident related to multicultural issues in individual supervision. Only four of the trainees listed a negative incident. Their responses suggested that their supervisors lacked cultural awareness and questioned the supervisees' ability (Fukuyama, 1994). Although not clearly defined, these researchers were beginning to identify various types of both positive and negative experiences that occur within supervisory relationships when discussing cultural issues. An important note in relation to this study is that the authors defined multicultural supervision as supervision dyads in which the

supervisee and supervisor differ in terms of race and ethnicity. So, in referring back to the definition of terms, these authors were actually examining ruptures that take place in cross-cultural supervision, not in supervision when multicultural topics were being discussed (i.e. multicultural supervision).

In a larger scale critical incident study, Chu and Chwalisz (1999) solicited accounts of positive and negative critical multicultural supervision events from 47 doctoral students and interns in counseling psychology. Positive multicultural supervision incidents included things such as the supervisor being supportive of supervisee's culture, the supervisor encouraging consideration of cultural variables in conceptualizing client issues, the supervisor being supportive of culturally relevant work with clients, and supervisor self-disclosures surrounding multicultural issues. Negative incidents included criticizing the supervisee based on supervisee's culture, ignoring cultural variables, well-intentioned cultural interventions gone badly, and conceptualizing based on stereotypes, generalizations, or personal biases. Limitations of this research include the sample, although large for a qualitative study, represented only a 13% response rate. The written nature of the data collection also did not allow for participants to elaborate on their incident accounts as they might be prompted to do in an interview study. A replication of this study that addressed its limitations could be valuable to the field.

In another study, Gardner (2002) investigated the dynamics of cross-cultural supervision experienced by eight trainees who received counseling supervision by a supervisor from a different ethnicity. She examined reports of critical incidents that focused on growth- promoting and growth-limiting supervisory environments. The qualitative data were gathered through the use of a semi-structured interview format.

Gardner (2002) identified six general multicultural supervision categories. The categories included feedback, perceptions of supervisor's competence, race and shared life experiences, cross-cultural knowledge, extent of relationship, and growth-limiting factors. Results of the growth- promoting and growth-limiting critical incidents reports indicated that supervisor competence and interpersonal bond were salient factors for cultivating a growth- promoting environment. Growth-promoting supervisory environments were characterized as accommodating, respectful, providing clear, informal, and tactful feedback as well as a demonstration of knowledgeableness, compassion, and positive role modeling. Supervisors who provided a growth-limiting environment were cited for giving abrasive, judgmental feedback, exhibiting disrespect, inattentiveness as well as culturally insensitive and reserved behavior. Gardner's (2002) research provides a comprehensive overview on the factors that lead to either a safe and facilitating supervisory relationship or one that is fraught with discord and un-productivity. Unfortunately, the survey instrument in this study consisted of leading questions that inquired specifically about facilitative supervisory conditions. Therefore, the responses may have been shaped by the nature of the questions used. Also a larger sample size would have likely identified more themes describing the emotional, social, and cultural barriers that often exist in cross-cultural supervision relationships.

Toporek and colleagues (2004) also conducted a qualitative analysis of critical incidents in multicultural supervision. Their sample consisted of 17 supervisees and 11 supervisors, all whom were involved in a cross-cultural supervisory relationships reflecting at least one of the following dimensions: gender, race, ethnicity, religion, sexual orientation, physical ability, or socioeconomic status. Participants were asked to

complete a Likert-scale that was developed by the authors, which inquired about various multicultural aspects of their training site. A qualitative analysis of the data revealed that there were 10 categorical types of critical incidents. The multicultural supervision critical incidents categories included: theoretical discussion, interpersonal discomfort between supervisor and supervisee or between supervisee and clients, insight- oriented interventions, issues raised concerning course material, self-disclosure, contact, reaction, positive communication, negative communication, and supervisor- or supervisee-initiated discussions. Toporek and others (2004) indicated that the reported multicultural supervision incidents had both negative and positive influences on the supervisory process. They also suggested that these positive critical incidents might have resulted in an increase in supervisees' multicultural competence.

Additionally, Burkard et al. (2006) conducted a study of supervisor responsiveness and unresponsiveness in cross-cultural supervision using qualitative research. Participants were asked to describe both a Culturally Responsive Event and a Culturally Unresponsive Event that took place within a cross-cultural relationship. Results of this study examined both types of events, and the effects of these events on the supervisees, supervision relationship, supervisee's clinical cases and satisfaction of supervision. In culturally responsive supervision, all supervisees felt supported when exploring cultural issues, which positively affected the supervisee, the supervision relationship, and client outcomes. In culturally unresponsive supervision, cultural issues were ignored, actively discounted, or dismissed by supervisors, which negatively affected the supervisee, the relationship and/ or client outcomes. Interestingly, European American supervisees' and supervisees' of colors experiences diverged significantly, with supervisees of color

experiencing unresponsiveness more frequently and with more negative effects than European American supervisees.

Yet another study examined difficulties and challenges that occurred during culturally inclusive student supervision. In addition to identifying difficulties that included minimizing culture, overemphasizing culture, and inappropriate comments by supervisors, ways in which to repair or address these challenges were also discussed (Arkin, 1999). This discussion is one of the first that begins to touch on the topic of conflict resolution in multicultural supervision. This author suggests that during difficult conversations in culturally inclusive supervision, supervisors should discuss and recognize the cultural challenge-taking place, normalize miscommunication about culture, develop acceptance and respect for cultural diversity, and show support and empathy for the supervisee. While this study does aim to provide practical information to supervisors about how to handle culturally based disagreements in supervision, the advice on repair is based solely on the author's opinions and experiences, rather than on empirical data, which takes away the validity of this discussion.

The only other article that both discusses conflict in cross-cultural supervision and also offers recommendations for this conflict is that of Remington and DaCosta (1989). In this study they addressed cross counseling supervision of black and white trainees, by examining cultural aspects of the supervisory relationship. Among the problems they identified through the use of case vignettes were: undiscussed racial-ethnic issues that distort the supervisory relationship, overcompensating indulgence in racial-ethnic issues that were previously denied, overdependence on supervisors and their knowledge and status, and assignment of only minority cases to minority supervisees. These authors

made seven recommendations to deal with these sources of conflict, and other cross-cultural counseling supervision problems. These recommendations included having the supervisor address ethno cultural issues early in supervision and using a model that considers both supervisory and counseling relationship as appropriate topics for supervision. Exploration of ethno cultural factors in the supervisory relationship, and exploration in the supervisor biases, and cultural background. While Remington and Da Costa (1989) have a beginning of a conceptual idea, their model is limited by its focus on only black and white interactions. Thus, because all of their recommendations were derived in a black and white context, they may be missing some important elements of other ethnic and racial minority cultural communication styles.

Bradshaw's (1982) chapter, "Supervision in Black and White: Race as a Factor in Supervision," is similar to Remington and Da Costa's (1989) work in that Bradshaw looked at particular problems in various black and white supervisor supervisee dyads. He identified common problems such as over interpreting the influence of culture, under interpreting the influence of culture, avoiding cultural issues, or fear of being labeled racist that commonly arise in cross cultural supervision. While Bradshaw surveyed the problems involved in various black and white supervisor dyads, he did not provide much in terms of potential solutions. This dearth of potential solutions and sole focus on black and white dyads represents a serious limitation for Bradshaw's work.

We know from literature that when multicultural issues are addressed competently in supervision, a positive effect on the supervisee and the supervision relationship occurs. For example, supervisees reported increases in personal awareness of cultural issues, in their ability to include multicultural issues in client treatment, and in overall case

conceptualization abilities when multicultural issues were discussed in supervision (Constantine, 2001; Toporek et al., 2004). Also, Gatmon et al. (2001), found that when supervisees reported that supervisors discussed cultural differences, supervisees rated the supervision working alliance higher and reported higher levels of satisfaction with supervision. Similarly, for participants in another study that experienced culturally responsive events in supervision, these events were important in developing a positive cross cultural supervision relationship with their supervisor, felt more at ease in supervision and felt more capable of addressing cultural issues with supervisors in contrast to participants that experienced culturally unresponsive events that reportedly disrupted their supervision relationship, caused emotional distress, and left them feeling less equipped to manage cultural issues in supervision (Burkard et al., 2006). Thus, supervision that is responsive, attentive and handles cultural well, result in a more positive supervision experience for supervisees. Following the logic these studies have established, it make sense that building on the current literature that exists on conflict in multicultural and cross-cultural supervision and investigating ruptures in multicultural supervision, the effects of these ruptures, and attempts to work through these ruptures in the supervision relationship as bridge to promote culturally responsive supervision is of importance to the field.

Summary: Rupture and Rupture Repair. The section on rupture and rupture repair demonstrates the importance of understanding conflict as it occurs in psychotherapy and supervision. It is evident in this review that the study of rupture and rupture repair is most advanced in the area of psychotherapy which includes a strong definition and consistent use of the term rupture (Safran et al, 1990), numerous

investigations into the processes of ruptures within therapeutic relationships and their effects (Safran et al. 1990; Safran & Muran 2000; Samstag et al., 2004) and models that inform the repair of ruptures in these relationships (Safran & Muran, 1996; 2000). This body of research is comprised of both broad quantitative studies that helped define terms and identify areas in need of more detailed investigation, and the qualitative studies that elaborated on the areas in need of further study. These studies uniformly identify that ruptures consist of a problematic interactional sequence between two people that vary in intensity, degree, and content and result in a deterioration or negative shift within the therapeutic working alliance (Safran et al., 1990; Samstag et al., 2004). With this strong definition and understanding of a term, other researchers were able to identify the types of ruptures that occur including negative sentiments, hostility and disagreement and negative communication, and effects of these types of ruptures that include client and counselor distress, difficulty with treatment, and negative therapeutic outcome (Safran et al., 1990; Samstag et al. 2004). Additionally, with a clear link to the negative effects of therapeutic ruptures, researchers in this area have identified several rupture resolution methods. While these studies include some areas of weakness in sample size and homogeneity, together they comprise a wealth of facts that positively informs the understanding of rupture and rupture repair in psychotherapy.

As the concepts of rupture and rupture repair are examined further in the areas of supervision, cross-cultural and multicultural supervision, we see the definitional clarification deteriorate, with numerous terms (e.g. conflict, impasse, breach, and disagreement) being used to describe these processes, and a lack of specificity in the research that examines these concepts. The lack of definitional clarification in this area

detracts from the applicability of the limited studies that have been conducted, as readers are confused, and are left to imply their own meaning of what happened between the supervisee and supervisor.

From an examination of the research that has been conducted we know that negative events, conflict, impasses, breaches, and supervision disagreements all involve a process that takes place between an already existing supervision working alliance, and involve a negative shift within this relationship. For this reason it makes sense to replace these unclear and undefined terms with one unified term, such as rupture, and focus on conducting research that furthers the study of this process in supervision and multicultural supervision. Results from a study that examined ruptures in multicultural supervision with clearly defined concepts of study could offer a basis of comparison for the already existing literature on conflict, and serve as a platform for further research studies on ruptures that involve discussions of culture in supervision.

While some studies have examined conflict (Mueller & Kell, 1972; Nelson & Friedlander, 2001) and conflict resolution in supervision (Nelson & Friedlander, 2001) even less have examined this process in multicultural supervision (Burkard et al., 2006; Chu & Chawlisz, 1999; Constantine, 1997). The reviews that have been conducted identify negative events such as criticism of cultural variables, supervisor error, stereotypical and offensive comments about culture, and ignoring of cultural variables as they relate to client cases as types of ruptures within multicultural supervision (Burkard et al., 2006; Chu & Chwalisz, 1999; Fukuyama, 1994). Additionally, positive events in multicultural supervision have also been investigated and list supervisor competence, openness and cultural competence as predictors of culturally responsive supervision

(Burkard et al., 2006). Many of these studies chose to define multicultural supervision as a difference in the cultural background in the supervision dyad- thus the conflict in these studies were specifically examining cross-cultural dynamics instead of the dynamics that take place when discussing multicultural topics in supervision regardless of the race/ethnicity of the supervisor and supervisee. Further, many of these studies involved the use of self-report surveys, which are subject to social desirability bias, and participant deception, instead of collecting rich details from participants through qualitative study. Thus, a deep understanding of ruptures in supervision that occur when discussing multicultural topics has not yet been revealed.

Even fewer researchers have examined the effects of conflict; and only two studies begin to broach the topic of rupture resolution in multicultural supervision. While these two studies do begin to address the paucity of research on the next step of rupture investigation in multicultural supervision (i.e. repair) one studies recommendations on rupture repair were based solely on the authors opinions and not on empirical data (Arkin, 1999) and the other investigated rupture repair only as it happened in cross-racial supervision dyads (Remington & DeCosta, 1989), both of which represent limitations of the research. Future research that examines the repair of ruptures in multicultural supervision from both supervisee and supervisor perspectives would be extremely valuable.

It is clear from these reviews that especially in the domain of multicultural supervision, much has yet to be learned about whether conflict during multicultural supervision develops into ruptures, effects of these ruptures, and how to work through these ruptures to lead to continue culturally responsive and sensitive supervision. Future

research should utilize both quantitative and qualitative investigation to gather data about these important processes and should focus on the adoption of the term rupture and strict adherence to the definition of multicultural supervision to investigate these topics as a group.

Areas of Future Research

At the conclusion of this literature review, individuals should understand that the need for additional research in the areas of supervision, cross-cultural and multicultural supervision, and rupture and rupture repair are readily apparent. In terms of general supervision literature, researchers have expressed a need for empirical studies that examine the superiority of one supervision model over another. Additionally, they call for the further examination of the effect of different styles of supervision on supervisee's well-being, client care, and professional development (Bernard & Goodyear, 2009; Friedlander & Ward, 1984; Getz, 1999; Goodyear & Bernard, 1998). Additionally, there is a need in the field for reliable supervision measures to test for supervisor competence and effectiveness within supervision (Bernard & Goodyear, 2009; Getz, 1999).

In considering the realm of multicultural and cross-cultural supervision literature, there are a wealth of areas that could benefit from further investigation. First, several authors have suggested that multicultural and cross-cultural supervision needs to be researched from an institutional perspective in order to understand how training facilities and various other institutional settings influence the facilitation of culturally competent and responsive supervision (Gardner, 1980; Peterson, 1991). Second, more models for both a better understanding of the complexity of multicultural supervision and to effective intervention is needed (Arkin, 1999). Relatedly, assessment modalities need to

be created and researched to measure various aspects of both multi and cross-cultural supervision (e.g. supervisor effectiveness, supervisor cultural responsiveness and unresponsiveness, cultural communication style, etc.) (Burkard et al. 2006; Duan & Roehlke, 2001; Pope-Davis et al., 1995; Priest, 1994). Third, further exploration is needed of the conditions that create a supportive environment in which multicultural issues may be optimally addressed. Additionally, it would also be useful to gather data on how specific cultural variables on which supervisee and supervisors differ (e.g. race, ethnicity, gender, religion, class, sexual orientation) differentially influence the experience of supervision (Constantine, 1997).

Lastly, within the area of rupture and rupture repair in terms of both psychotherapy and supervision literature we are first faced with a number of definitional and conceptual issues that need to be clarified. Exactly what constitutes a supervision conflict, negative event, breach, impasse, and rupture all need to be clarified and distinguished from one another in the supervision and multicultural supervision literature.

To complete this process, the supervision literature should draw from the definitional constructs that are set forth in the psychotherapy literature. When examining the similarity of these terms within these two bodies of literature, we see that there is a great deal of overlap. Although supervision literature uses more terms to constitute the process of a problematic shift in an already existing working alliance these processes can all be unified by the term rupture and should be referred to as this in future studies. Future studies should conduct investigations into ruptures in multicultural using the definition stated above, which will help to clarify the terminology used in the field, and will significant advance the literature base of multicultural supervision.

Once definitional clarification is reached an increase in the survey research that addresses the prevalence of ruptures in supervision and multicultural supervision would further inform the field about the scope and urgency of the problem. To date, two studies have been conducted that reported that 7% of supervisees reported experiencing negative events in multicultural supervision (Ladany et al., 1999) and 16% of supervisees reported negative events in cross cultural supervision (Toporek et al., 2004). While informative, these studies are dated, and new statistical evidence needs to be collected on the frequency of both conflict and ruptures in multicultural and cross-cultural supervision.

Additionally, process studies that examine actual ruptured interactions could illuminate the process of ruptures in supervision (e.g. exactly what happens between supervisors and supervisees). Finally, authors note that supervisors who have experienced highly challenging or conflicted relationships with their trainees should be examined, to offer a perspective other than supervisees to the literature base (Burkard et. al, 2006; Nelson & Friedlander, 2006). Other studies of rupture, especially in multicultural supervision need to examine ruptures in supervision relationships that take place when discussing multicultural topics. This research should examine the types of ruptures that occur between supervisee's and supervisors when discussing culture, the effects of these topics, and any attempts that were made to work through the ruptures in these relationships. This research would likely open the door for further and deeper examination into both the prevention of ruptures in multicultural supervision and the process of successfully working through them to continue effective supervision work.

Across all areas of future research, studies need to be approached from both quantitative and qualitative standpoints to avoid the pitfalls of conducting research from

only one investigative research paradigm. Most of the literature that is conducted on conflict in supervision and multicultural supervision is qualitative in nature; primarily relying on grounded theory and consensual qualitative research techniques to investigate research questions. While qualitative research is valuable in collecting rich and descriptive details about specific phenomenon (Havercamp, 2005; Hill et al., 2009) it also has some limitations. Future research on rupture and rupture repair should aim to both attain rich descriptive data about ruptures, the effects of these ruptures, and repair processes by utilizing qualitative methodology, but should also utilize quantitative measures to support the details gathered by these investigations.

The study of the difficulties which arise during multicultural supervision, and ways in which these difficulties may be addressed or repaired, may contribute to developing cultural sensitivity among supervisors and reduce the ineptitude of students. Additionally, by focusing on ruptures during multicultural supervision and their repair supervisors may be able to more successfully navigate these ruptures so that supervision work can continue with a revitalized alliance. Additionally, this may help both supervisees and supervisors develop a fuller understanding of how they construe events and how that construal impacts their interactions with others and to provide them with a new experience of relating. Ideally, this will help supervisors and supervisees to become more comfortable with managing culturally based ruptures in supervision, and turning them into growing and learning opportunities that can warrant positive experiences.

Consensual Qualitative Research (CQR)

Until the mid-1980s, traditional research methodology (i.e., quantitative methods) dominated the landscape of research in counseling psychology; this began

to change as an emphasis on capturing the complexity and richness of human experience emerged (Morrow & Smith, 2000). A number of authors called for increased pluralism in research to more accurately reflect the diversity of theory and practice in psychology, and expand knowledge of complex processes (Heppner, Kivlighan, & Wampold, 2007).

Qualitative research is a methodology that allows researchers to capture the richness of human experience in the context of a particular setting (Ponterotto, 2005). One goal of qualitative research, according to Heppner et al. (2007), is to better understand the social constructions of participants. Moreover, this methodology allows participants to share the meaning s/he has attached to the phenomena that is being studied (Morrow & Smith, 2000). Applied to this particular study, qualitative research will allow this researcher to capture the richness and complexity of supervisees' experiences of ruptures during multicultural supervision.

One specific qualitative methodology is consensual qualitative research (CQR). Introduced in 1997, CQR provides a way of analyzing data that retains the integrity of participants' words and experiences in the setting in which they occur (Hill et al., 1997). While qualitative analysis may be informed by researchers' hypotheses, discovery and openness to findings is a key component of qualitative research and CQR.

Evaluation of CQR and Rationale. The soundness of CQR can be addressed through a variety of means. First, trustworthiness is displayed by the care taken during collection and analysis of data, with particular attention paid to the focus of the protocol, the selection process used for the sample, and the decision-making

processes during data analysis. The testimonial validity of the findings which refers to the opportunity given to participants to determine whether or not researchers' interpretations match participants' actual experiences (Stiles, 1993); can provide the researchers with a sense of confidence in their findings. Thus, researchers routinely ask participants to review the findings to assess how well they reflect their experiences. CQR researchers also demonstrate the representativeness of results by using the category frequencies discussed previously. In demonstrating how results from CQR research can be used in practice, researchers should include information about the sample, contextual identifiers and clinical implications (Hill, Thompson, & Williams, 1997). Lastly, consideration should be given to whether the results were or can be replicated; for instance, a future research team might want to reanalyze the data, or additional data could be gathered using the same protocol to determine whether similar results are obtained.

Hill et al.'s (1997) CQR methodology is appropriate for this particular study for a number of reasons. Supervisees' experiences of ruptures during multicultural supervision are an unexplored topic in the empirical literature in multicultural supervision, and CQR's openness to all findings and the discovery-oriented nature of the methodology are particularly well-suited for this topic. Furthermore, CQR will allow researchers to capture a rich, comprehensive account of supervisees' perspectives and experiences during ruptures in multicultural supervision. Consistent with the methodology, data will be gathered from interviews with supervisees and will examine the process, factors affecting, and perceived outcomes of ruptures during multicultural supervision. Researchers will examine themes

across participants' unique experiences of this specific process in clinical supervision, in search of common themes and representativeness across participants. This examination of data will be done with an understanding of the context and complexity of each participant's experience and in hopes of, to a certain extent, generalizing to the population of participants, supervisors involved in clinical supervision. Finally, CQR was chosen because it is a rigorous and standardized method of qualitative research that has been well explicated, making it a particularly good fit for a doctoral dissertation study.

Chapter Three: Methodology

Participants. In selecting a sample for the study, CQR calls for the team to establish criteria for both inclusion and exclusion of the participants (Hill et al., 1997; Hill et al., 2005). Inclusionary criteria for this study was that participants needed to be enrolled in either a masters or doctoral program in counseling, counseling psychology or clinical psychology, and have experienced a rupture during multicultural supervision. For this study the term rupture was defined in accordance with how it has been defined and studied in psychotherapy and supervision literature as *a problematic shift during supervision that results in an impairment or fluctuation in the quality of the relationship between the supervisee and supervisor* (Hill & Nutt-Williams, 2000; Nelson & Friedlander, 2001; Safran, Crocker, McMain & Murray, 1990). Additionally, multicultural supervision was defined as *a time in supervision when multicultural topics are being discussed* (Leong & Wagner, 1994). Thus, participants in this study needed to have experienced a problematic shift in a supervision relationship that resulted in an impairment or fluctuation in the quality of the relationship between the supervisee and supervisor when multicultural topics were being discussed; regardless of the racial/ethnic composition of the supervision dyad. Additionally, only trainees whose supervision rupture took place within the previous six months to three years were sampled to ensure that trainees had enough time to reflect on their experiences but not so much time that the rupture experience would be distant or poorly remembered. Exclusionary criteria therefore was participants whom experienced a rupture outside of this time frame, whose rupture was so emotionally laden that participation in the study might cause significant distress for the participant, or participants whose participation would create a dual

relationship for one or more of the researchers.

Supervisees. Recruitment yielded twelve participants. Participants, all of whom were female, consented to participate in the study and completed both required telephone interviews. In regards to the racial demographics of participants, seven identified as Caucasian, two identified as Asian American, and three identified as African American. Participants ranged in age from 25-43 years ($M=32.41$; $SD=6.07$). In terms of clinical placements, six participants were completing their pre-doctoral internship at the time of participation and six participants were enrolled in practicum placements. In reference to their academic programs, three participants were enrolled in Ph.D. programs in Counseling Psychology, five were completing a Ph.D. in Clinical Psychology, one was completing a PsyD in Clinical Psychology, and three were completing a master's degree in counseling. All participants had been involved in at least four individual clinical supervision relationships ($M=6.08$; $SD=1.95$) and of these past supervision relationships, had anywhere from 0-10 past supervisors whom discussed multicultural topics during supervision ($M=3.8$; $SD=2.59$).

Supervisors. The twelve supervisors (seven female, five male) who the participant's identified in their rupture experiences ranged in age from their 30s to 60s, and all identified as Caucasian. Five supervisors held their Ph.D.'s in Counseling Psychology, six held Ph.D.'s in Clinical Psychology and one held a PsyD in Clinical Psychology. All twelve participants reported that they met with their supervisors once per week and the total length of supervision lasted approximately 6-12 months for all participants.

Research Team. Two European American graduate students and one Bi-racial

graduate student enrolled in a doctoral program in counseling psychology compromised the primary research team. All three team members have previously been members on at least one CQR team. Although all of the participant interviews were conducted by the primary investigator, research team members participated in all levels of the data analysis. The primary investigator's dissertation chair served as the auditor for this study. He is a European American Professor of counseling psychology and the current departmental chair of the Counselor Education and Counseling Psychology department at Marquette University, who has extensive experience conducting CQR studies.

Biases. Prior to data collection, the primary team members met to discuss their biases with regard to factors that contribute to ruptures in multicultural supervision, ruptures in multicultural supervision that the researchers had experienced, what made these ruptures possible or not possible to repair or process in supervision, and how these experiences shaped researchers expectations and beliefs about multicultural ruptures in supervision. Aside from the primary investigator, the other members of the primary research team are referred to here as male researcher and female researcher.

The primary investigator believed that there are many factors that contribute to multicultural ruptures in supervision including supervisee's possessing higher levels of multicultural education than their supervisors, miscommunications, and a general lack of conversations in supervision around multicultural topics. The male and female researchers echoed these beliefs regarding factors and the female researchers added that she believed lack of conversation around the cultural dynamics present in the supervision relationship (i.e. between SE and SR) can often lead to ruptures.

The primary investigator recalled experiencing a rupture during multicultural

supervision that revolved around cultural dynamics of a client case. The male researchers had also experienced a rupture during multicultural supervision that revolved around the cultural dynamics of a client case, and the female researcher had experienced a rupture in multicultural supervision around discussing her racial identity. The primary investigator and male researcher's ruptures were successfully processed and repaired with the supervisor, and the female researchers rupture was not repaired.

The primary investigator and male researcher agreed that their ruptures were able to be processed/ repaired in supervision due to a strong supervision relationship existing prior to the rupture taking place, supervisor openness and honesty during the processing of the rupture, and supervisor and supervisee sensitivity. The female researcher noted that her experience was not able to be repaired or processed primarily due to a lack of closeness and trust in the supervision relationship. Additionally, she noted that she felt the rupture was harder to manage due to it involving her personal racial identity.

Related to how these experiences shaped researchers expectations and beliefs about ruptures in multicultural supervision all researchers agreed that a strong supervision relationship is a helpful factor in being able to successfully process and resolve ruptures when they occur during multicultural supervision. Additionally, all researchers felt that if both the supervisee and supervisor are able to take a risk in addressing or bringing up the rupture within supervision, a resolution should be able to be reached. At the same time, all researchers acknowledged that there are likely many circumstances that can contribute to ruptures not being addressed or processed including safety, closeness and trust of the supervision relationship, supervisee and supervisor developmental level, and nature of the rupture. The primary investigator also believes

that ruptures are bound to occur when discussing cultural topics in multicultural supervision, and that if processed and repaired they can result in better clarity and a stronger relationship in supervision.

Measures

Demographic Form. The demographic form gathered basic information about the participant such as age, gender, race/ethnicity, educational background, degree obtained, previous supervision experiences, and number of years of clinical experiences.

Participant Contact Form. The participant contact form requested a name, email, mailing address if the participant wanted a copy of the results of the study, phone number, and availability for scheduling an interview.

Protocol. As suggested by Hill et al. (2005), a semi-structured protocol was used across cases to gain consistent types of information. The protocol for this study was informed by the aforementioned review of relevant literature to ensure that the collected data will address the identified gaps in the literature. In the initial stages of the protocol development, the primary investigator identified potential areas of exploration and drafted questions that examined these areas. This protocol was examined by this investigators dissertation committee, as well as the CQR research team, and consensus on the questions was well established. The questions used in the interview consisted of four different areas: opening/contextual questions, questions regarding the participant's experience of a rupture that occurred during multicultural supervision, questions regarding the perceived personal and professional effects of this rupture, questions relating to any attempts to work through this rupture, and closing questions. This protocol allowed the primary investigator to ask follow-up probing questions based on the

participants' responses to the planned questions so that they are able to fully and richly discuss their experiences, involving areas that the planned questions did not anticipate. The complete interview protocol appears in Appendix E.

Procedures for Collecting Data

Piloting the protocol. The interview protocol was piloted with two individuals, one who had recently completed internship and another who was completing her third clinical practicum placement. These participants provided feedback about the interview regarding the wording, flow, and clarity of the questions. Based on the pilot interviews only minor changes were made to one of the questions regarding the rupture, and one of the questions regarding participant general feedback about ruptures in multicultural supervision. The piloting procedure also allowed the interviewer to become more familiar with the protocol questions prior to collecting data that was used in the study. Finally, piloting the protocol allowed the interviewer to confirm that the length of the interview would be between 45-60 minutes in length.

Participant Recruitment. In this study all 12 participants were recruited via "snowball technique" and, with appropriate permissions, through relevant listserves such as the APPIC pre-doctoral internship listserv (9 participants), COUNSGRADS (2 participants) and DIVERSEGRAD-L (1 participant). In initiating the snowball, the primary investigator sent an email with information about the study to listserv managers to gain permission to recruit participants electronically via relevant professional organizations. Postings were also made on other appropriate internet resources, and included information about the study as well as contact information for the dissertator. The primary investigator also used existing connections from program faculty, staff, and

peers to assist in recruiting. The primary researcher initially emailed potential participants to ask if they would consider taking part in the study. When potential participants responded to the email or listserv postings, the primary researcher likewise responded via email and provided the materials necessary for participation (i.e., cover letter, consent form, demographic form, and interview protocol). Consistent with the recommendations of Hill et al. (1997), 12 participants were recruited for this study.

Interviews, Interview Process, and Transcription. The primary investigator completed all initial and follow-up telephone interviews with participants. The first interview included an overview of informed consent, confidentiality (i.e. use of code number rather than participant identifying information) and a review of the definition of ruptures in multicultural supervision which was the focus of the study. Interview questions were divided into four areas: opening/contextual questions, questions regarding the participant's experience of a rupture that occurred during multicultural supervision, questions regarding the perceived personal and professional effects of this rupture, questions relating to any attempts to work through this rupture, and closing questions. Although it varied slightly from participant to participant, the initial interview was designed to take approximately 45 minutes to an hour.

After the initial interview, the primary investigator reviewed notes and the transcript of the interview prior to conducting the follow up interview. The follow up interview was shorter in length and less structured than the initial interview, and it occurred approximately two weeks after the initial interview. The primary investigator used the follow up interview to clarify any unclear content about the initial interview, and to allow the participant to share any additional thoughts that have come up after the initial

interview. At the conclusion of the follow up interview participants were asked if they would like to review and comment on a draft of the final results. The duration of the follow up interview again varied from participant to participant and was designed to take approximately fifteen minutes.

All initial and follow-up interviews were audio recorded and transcribed verbatim by the primary investigator. Minimal encouragers, non-language utterances and any identifying information related to the participant and or her supervisor were excluded from the transcripts. Furthermore, each transcription was assigned a code number to ensure participant confidentiality.

Draft of Final Results. Participants were invited to provide feedback on the results and discussion sections of the manuscript (see Appendix F). Seven participants responded stating that they had no additional feedback, one participant noted a pagination error, and four participants did not respond.

Data Analysis and Interpretation

Consensual Qualitative Research Methodology. In their seminal work on CQR Hill, Thompson, and Williams (1997), indicate the core principles of CQR:

- (1) data are gathered using open-ended questions in order to not constrain participants' responses, (2) the method relies on words rather than numbers to describe phenomena, (3) a small number of cases are studied intensively, (4) the context of the whole case is used to understand the specific parts of the experience, (5) the process is inductive, with conclusions being built from the data rather than imposing and testing an *a priori* structure or theory, (6) all judgments are made by a primary team of

three to five researchers so that a variety of opinions are available about each decision. Consensus is used so that the best possible understanding is developed for all data, (7) one or two auditors are used to check the consensus judgments to ensure that the primary team does not overlook important data, (8) the primary team continually goes back to the raw data to ensure that their results and conclusions are accurate and based on the data. (Hill et al., 1997, pp. 522-523)

In addition to these components, CQR consists of three steps. First, responses to open-ended interview questions are placed into domains. Next, core ideas are developed for each domain within each individual case. And third, domains are analyzed across cases to develop categories that described themes that emerge in core ideas (Hill et al., 1997).

An integral process of CQR data analysis is centered on team members reaching consensus about the organization and meaning of the data. This is based on the belief that multiple perspectives increase the likelihood of approximating the “truth” and limit the influence of researcher biases. In this process team members examine the data independently and then discuss their interpretations collectively in order to reach a joint understanding for the consensual conceptualization of the data. According to Hill et al., (1997), this process requires “mutual respect, equal involvement, and shared power” (p.523) and allows for disagreement among team members and individual differences in conceptualization, with team members actively working through these differences to gain consensus.

Domaining the Transcripts. The first step in data analysis is domain coding. In this stage the research team developed a list of domains or topic areas based on the questions from the protocol and from reviewing the first few transcripts. Once initial domains were identified, team members worked independently and read through each transcript, assigning data to a domain. Every word was placed somewhere, and data that did not appear to fit into a domain was coded as “other” to be reexamined later. Data was also allowed to be coded into multiple domains. Once researchers had independently coded all data from a transcript into domains, the group met to discuss how they coded the data and arrived at a consensus version which included the domain titles followed by all of the raw participant data for each domain. The original transcription was never altered, which allowed researchers to review exactly what was said and in what context during the interview (Hill et al., 1997).

Developing core ideas. The next step in the data analysis process in CQR is to develop core ideas. In this procedure, researchers generated core ideas in which the data in each domain were summarized to capture the participant's responses in a more condensed, clarified manner (Hill et al., 1997) while also staying as close as possible to the interviewee's original words. As has been done in other CQR studies (Burkard et al., 2003; Knox, Schlosser, Pruitt, & Hill, 2003), the individual who conducted the interview for a particular case was responsible for making a draft of the core ideas. In this study, the lead author conducted all the interviews and thus created the initial draft of the core ideas for each case. The primary team then reviewed the draft with the core ideas to determine whether the core ideas accurately captured and summarized the data. This process continued until the primary team reached

consensus about all core ideas in each case, and this process was repeated for all cases in the study. Once a consensus version of core ideas for each domain of a case were reached, the case was sent to the auditor for review. The auditor reviewed the consensus version (i.e., the domained and cored data) and provided feedback regarding the accuracy of both the core ideas and the domain coding. Team members then discussed the feedback of the auditor and made adjustments as necessary.

Cross-Analysis. Once the data was analyzed into domains and core ideas, the process of data interpretation began. Here, the primary investigator completed the cross-analysis process by looking for patterns across cases but within domains and developing categories to reflect those patterns and common themes across cases (Hill et al., 1997). As in all steps of CQR, these categories were consensually agreed upon by the research team. The identification of categories was discovery orientated, as they were derived from the data rather than theories. Core ideas were allowed to go into one or several categories. The team then revisited the data to ensure that no data was left out of initial coding, and revisions occurred as necessary. At this stage of data analysis, researchers also noted the frequency of categories within the domains. Each category received one of the following labels set forth by Hill et al., (2005), applying the term *general* to results that applied to all or all but one case, *typical* to those that applied to more than half of the cases, and *variant*, to those that applied to half or fewer of the cases.

The auditor then also reviewed the cross analysis to evaluate the fit of core ideas within the specified categories, the appropriateness of category labels, and overall clarity of ideas. The auditor provided feedback to the research team, which the team reviewed and arrived at a consensus regarding whether to accept or reject the recommendations.

The team again sent the modified cross analysis back to the auditor, and this process continued until all members believed that a strong understanding of the data had emerged.

Once these steps were completed, the data was examined in its entirety for patterns or pathways that emerged. The primary investigator looked to see if specific categories in one domain aligned with specific categories in other domains. Patterns between general and typical categories across domains emerged and are discussed in the results and discussion sections.

Chapter 4: Results

The results of this study are presented in three major sections. The first section, as summarized in Table 1 includes findings related to supervisees' experiences of multicultural supervision ruptures (MSR's), and the impacts of these ruptures on both supervision, and the supervisee. In Table 2 and the next section, findings related to attempts to resolve and repair the ruptures and the impacts of these attempts are presented. This section will also include factors that participants identified as contributing to the ruptures, and factors they felt may have helped resolve the ruptures. Findings related to closing questions, are presented in Table 3. Finally, two illustrative examples of MSR events are presented. The first illustrative example depicts a participant who was able to successfully repair the rupture with their supervisor and experienced positive effects. In contrast, the second case example depicts a participant who was unable to repair the rupture with their supervisor and experienced negative effects. As stated earlier, categories are labeled with the following frequency descriptors based on 12 cases total: General equals 11-12 cases, Typical equals 7-10 cases, and Variant equals 2-6 cases. Themes that emerged in only one case were moved to an "other" category; "other" results are not described for this study.

Multicultural Supervision Rupture Event Findings

Participants were asked to describe a specific instance in which the participant experienced a problematic shift that resulted in impairment or fluctuation in the quality of the supervision relationship while discussing multicultural topics in supervision. Participants were asked to describe a multicultural supervision rupture (MSR) event that

occurred in individual supervision with a licensed mental health provider during a clinical placement as part of the participant completing either a masters or doctoral degree in clinical or counseling psychology. Participants described the event including what happened before, during, and after the MSR. The findings from the MSR event questions are presented in Table 1, which follows this section.

Supervision Experience Prior to Event. When asked to describe their experience of supervision prior to the MSR, participants typically described working well with their supervisors. For instance, one participant stated, “my supervisor and I worked really well together. I had high hopes for supervision and she was living up to all my expectations.” Five subcategories emerged in relation to this category. In one subcategory participants typically described their relationships with their supervisors as positive. “I had an overall very positive relationship,” one participant noted. In a second typical subcategory, participants described their supervision relationships as supportive and interpersonal. One participant stated, “My supervisor was extremely supportive, and took time to process things interpersonally with me such as life outside of work.” Similarly, one participant shared that her supervisor was, “extremely supportive of my needs as a person and professional,” and discussed how she appreciated her supervisor’s, “interpersonal focus on supervision.” In a third subcategory, participants typically discussed appreciation for their supervisor’s experience and knowledge. One participant indicated that she, “appreciated the wealth of my supervisor’s knowledge and experience.” Another described having, “immense respect and appreciation for my supervisor’s breadth of knowledge about clinical work and cultural topics.” In the two final subcategories, participants described variantly appreciating their supervisor’s

positive characteristics, and trusting their supervisors. To illustrate this, one participant described her supervisor as, “kind, personable, energetic and friendly.” Another participant stated, “My supervisor was so kind and caring, I trusted him completely and felt comfortable talking about anything with him.”

In contrast to these positive experiences, in a second broad category related to the supervision relationship, participants typically described experiencing interpersonal difficulties in the supervision relationship prior to the MSR. For instance, one participant described feeling, “disconnected,” in supervision, and stated that she felt her supervisor was often “standoffish and curt.” Three subcategories emerged in relation to this category. In the first typical subcategory, participants described experiencing challenges in the supervision process. One participant shared, “Supervision was completely task focused, and my supervisor never took time to ask about how I was doing as a person.” In the second subcategory, participants typically described experiencing difficulties in the supervision relationship. For example, one participant shared, “our supervision relationship was strained, I felt like my supervisor didn’t know me and the relationship felt uncomfortable.” Similarly, another participant noted, “our supervision relationship was difficult, we only talked about administrative topics and my supervisor did not seem invested in me as a trainee or the supervision relationship.” In the final and third subcategory, participants variably described having minimal cultural discussions during supervision, which they felt contributed to the interpersonal difficulties they experienced in working with their supervisor’s. For instance, one participant stated, “We never discussed cultural aspects of client cases, or the very visible cultural differences in our relationship.” Another participant noted, “It felt strange in supervision never to discuss

our cultural identities, I had no idea who my supervisor was as a cultural being, and she had no context about my identities or cultural beliefs.”

Events that led to the MSR. Participants described events that led to the MSR, and typically discussed ways in which their supervisor’s criticized their approaches to culture in their case conceptualizations or treatment planning. As an illustration, one participant described discussing a case she was working on with an African American client whom was struggling with major depression related to experiences of prejudice and discrimination at her workplace. The participant was discussing her desire to incorporate cultural considerations into the client’s treatment plan when her supervisor told her, “I needed to focus less on culture, and more on behavioral interventions.” She went on to say, “my supervisor said that I was over focusing on culture, that cultural dynamics did not matter and that I needed to work on planning specific interventions to improve the client’s depressive symptoms.” In these cases, three subcategories emerged in which participants variantly reported that their supervisors dismissed cultural concerns of client cases, made culturally insensitive remarks about client’s, or confronted supervisee’s cultural insensitivity. For example, one participant shared that when she was talking about her client’s cultural identity and how that impacts the client’s presenting concerns; her supervisor stated that, “those cultural dynamics are not relevant, I don’t see the point in you talking about them.” Another participant discussed that her supervisor referred to her client’s sexual identity as “perverse and weird,” and went on to say that her supervisor openly shared that he believed, “being gay was a choice, and people that identify that way are sinners.” Another participant shared that when she made a clinical error by not including her client’s racial identity into her conceptualization of their

presenting concerns her supervisor, “came down hard on me, and accused me of being culturally ignorant.” She elaborated and stated that her supervisor accused her of not possessing enough multicultural education, and stated that she was “disappointed and shocked,” by the participant’s negligence.

In a second broad category, participants typically described that their supervisor’s made culturally insensitive remarks regarding the participant’s cultural backgrounds. For example, one participant described that when watching a video recording of a counseling session with her supervisor, her supervisor paused the tape and stated, “I know you are an international student, but your English is horrible, I can’t even understand you and it’s annoying.” As further elaboration, two variant subcategories emerged in this category in which participants described their supervisors imposing inappropriate cultural assumptions about supervisees’ cultural identities, and verbally insulting and dismissing supervisee’s cultural beliefs. As an illustration, when one participant was discussing countertransference she experienced in relation to a client that she identified with racially, her supervisor commented, “oh so this is a black thing, so you must have grown up in poverty right?” Another participant shared, “my supervisor stated that because I am Latina, I must identify with my clients concerns, but, I’m not Latina, I identify as Asian American.” This participant went on to state that when she informed her supervisor that she identifies as an Asian American, he stated, “well, you don’t look Asian, I bet people think you are Latina all the time.” In another case, one participant stated that when she informed her supervisor that she identifies as Catholic, her supervisor stated, “Well those beliefs are supernatural and not based at all in science, so you probably should not discuss religion with your clients because your beliefs will harm your clinical work.”

The Rupture. A relationship rupture emerged after the supervisors criticized participants' approach to their clinical case or they made culturally insensitive remarks regarding the participant's cultural background. "The change in the supervision relationship was abrupt, and I immediately felt negatively about supervision and my supervisor," one participant stated. Another participant shared, "I felt the shift in the supervision relationship was immediate and negative." Yet another said, "I was thrown off immediately and felt that any shred of a relationship with my supervisor was destroyed." Three subcategories provided further detail of this relationship rupture. For instance, participants typically described no longer trusting their supervisor, coming to view their supervisor as harsh and invalidating, and viewing the supervisor as culturally insensitive or oppressive. As one participant shared,

"I lost all trust in my supervisor. This was a person that I was supposed to be vulnerable with, and since the trust was destroyed I felt like I had to be protective and guarded in supervision."

Another participant noted, "all trust in my supervisor disappeared, and I was really surprised how quickly that went away." Similarly, another participant described viewing her supervisor as "invalidating, forceful and demanding," during her experience of the rupture, and another participant stated, "suddenly I saw my supervisor as this invalidating person who was really harsh and not understanding." Furthermore, one participant stated that she felt her supervisor was "disrespectful," of her cultural beliefs, and that she went from experiencing her supervisor as "a supportive woman, to someone who was culturally insensitive and who micro aggressed me repeatedly during supervision." Similarly, another participant shared that "my opinion of him changed from being a nice

and supportive man, to a culturally ignorant and insensitive man who I didn't want to seek professional guidance from.

In the fourth and final subcategory, participants variantly discussed that they realized their cultural beliefs were the source of conflict with their supervisor. To illustrate, one participant shared "I felt I held differing cultural beliefs than my supervisor. He did not seem to understand, and that created a problem in our relationship." Another participant described that learning that her supervisor held LGBT non affirming beliefs, which conflicted with participants' LGBT affirming beliefs. She stated, "I suddenly realized that my cultural beliefs were the point of discord in our relationship. That felt uncomfortable, and my supervisor did not seem to care."

Rupture Effects on Supervision. Participants spoke about the effects of the MSR on supervision. Typically, participants noted that supervision relationship became uncomfortable. "I felt like our supervision relationship turned really negative, and I worried constantly in supervision," one participant noted. Another participant said she felt "unsafe and uncomfortable," with her supervisor in the room, and noted that she, "felt like the relationship was awkward and strange." Two subcategories emerged in relation to this category. In the first, participants typically described that supervision became task focused and interpersonally distant. For instance, one participant shared that supervision became formal and focused on administrative topics, and "interpersonally cold and distant." Another participant noted that her supervisor, "avoided personal topics, and instead only wanted to talk about what I was doing on site." She went on to say that her supervisor became, "closed off and interpersonally awkward." In the second subcategory, participants variantly described that they distrusted their supervisors and felt unsafe in

supervision. For example, one participant shared that she became distrustful of her supervisor's judgment and felt, "unsafe to share personal or professional things." Another noted that, "I started to really distrust my supervisor on many levels, and I felt really unsafe in supervision."

In a second broad category participants variantly shared that supervision became unuseful professionally. One participant stated, "I stopped learning anything in supervision, we did not do anything worthwhile and I was not benefitting from attending supervision." Three subcategories emerged in relation to this category. In the first subcategory, participants variantly reported that clinical conversations were avoided in supervision. For example, one supervisee shared that she and her supervisor, "avoided discussing clinical topics, and focused more on didactic work." Another participant stated that she no longer respected her supervisor's judgment, and "avoided processing or discussing my clinical work at all costs." In the second subcategory, participant's variantly described actively avoiding discussions about culture. To illustrate, one participant shared, "I completely avoided talking about anything that had to do with culture during supervision." Another stated that she lost faith in her supervisor's ability to provide consultation around multicultural topics and, "avoided as much as possible any topics related to culture." Yet another participant stated, "I put a lot of effort into avoiding cultural conversations either about myself, or my clients in supervision. I purposely left out important cultural elements of my work." In the third and final subcategory participants variantly described withdrawing during or from supervision. "I hated going to supervision and would often make up excuses not to go," one participant shared. Another noted, "I completely withdrew during supervision, I stayed quiet and

participated as minimally as possible.” Similarly, another participant stated, “I often pretended to be sick so I could miss supervision.”

Rupture Effects on Supervisee. Participants detailed a number of perceived effects of the MSR that were personal rather than related to other professional aspects of supervision. Generally, participants reported experiencing distress. “I was so upset and distressed for so many days,” one participant shared. Another noted, “I was distressed in general, clinically, personally, and professionally.” One general, and two typical, subcategories emerged in relation to this category. Generally, participants reported feeling invalidated, isolated, and upset. To illustrate, one participant shared that she cried at home and felt, “terribly isolated and completely invalidated by what my supervisor said.” Another participant shared that she felt sad, and struggled a great deal both at the agency and at home. She went on to say that, “attempting to process my supervisor’s comments was extremely emotionally taxing.” Similarly another participant shared, “I felt ashamed and embarrassed by the accusations my supervisor made about my culture, and it was such an isolating experienced.” In two other subcategories, participants typically reported feeling angry and devastated, while other participants questioned themselves professionally and culturally. As an illustration one participant shared, “I was devastated by the culturally oppressive remarks my supervisor was making about my racial identity, and that pissed me off.” Another participant shared, “I felt completely devastated that my supervisor was insulting me based on my cultural identification and beliefs.” Yet another participant noted, “I was so angry and mad that I was being culturally micro-aggressed in a professional setting, there is really no excuse for that behavior.” In terms of participants questioning themselves professionally and culturally,

one participant noted, “I began to question if my religious identification was impacting my work as negatively as my supervisor insinuated it was, which was upsetting.” Another participant reflected on herself as a clinician and wondered if she would ever turn out to be “as culturally insensitive and invalidating as my supervisor was.” In the final three broad categories, participants variantly discussed becoming anxious in supervision, reflecting on personal and professional topics, and seeking support from others. For example, numerous participants discussed feeling “increased anxiety,” surrounding both attending supervision and interacting with their supervisors. Another participant described feeling symptoms of “anxiety and panic,” when thinking about having to talk about culture with her supervisor. Another participant discussed that the MSR event created time for her to “reflect and really think about what it means to be culturally sensitive and knowledgeable as a supervisor.” Another noted that, “being racially oppressed in supervision made me think about other times I’ve experienced racism in my life.” In reference to participants seeking support from other individual’s one participant shared that she did not feel her supervisor could meet her needs so she sought out other interns and staff on site to get professional consultation. Another participant added, “I had to get professional and emotional support elsewhere, so I had to identify different supportive people at the agency.”

Table 1. Domains, Categories, and Frequencies of Multicultural Supervision Rupture Event Findings

Domain	Category	Frequency*
Pre-rupture supervision relationship	Worked well together	Typical
	Positive relationship	Typical
	Supportive and interpersonal	Typical
	SE appreciated SR experience/ knowledge	Typical
	SE appreciated SR's positive characteristics	Variant
	SE trusted SR	Variant
	Interpersonal difficulties in working together	Typical
	Challenges in supervision process	Typical
	Difficulties in supervision relationship	Typical
	Minimal cultural discussions	Variant
Events that led to rupture	SR criticized SE's approach to culture in case conceptualization and treatment planning	Typical
	SR dismissed cultural concerns of client case	Variant
	SR made culturally insensitive remarks about SE's client	Variant
	SR confronted SE cultural insensitivity	Variant
	SR made culturally insensitive remarks regarding SE's cultural background	Typical
	SR imposed inappropriate cultural assumptions about SE's cultural identity	Variant
	SR verbally insulted and dismissed SE's cultural beliefs	Variant
Rupture	SE immediately felt unstable and disconnected in the supervision relationship	General
	SE no longer trusted SR	Typical
	SE came to view SR as harsh and invalidating	Typical
	SE viewed SR as culturally insensitive or oppressive	Typical
	SE realized her cultural beliefs were the source of conflict with SR	Variant
Rupture effects on supervisee	Supervision relationship became uncomfortable for SE	Typical
	Supervision became task focused and interpersonally distant	Typical
	SE distrusted SR and felt unsafe in supervision	Variant
	Supervision became professionally useless	Variant
	Clinical conversations were avoided	Variant
	SE actively avoided discussions of culture	Variant
	SE withdrew during or from supervision	Variant
Rupture effects on supervisor	SE was distressed	General
	Felt invalidated, isolated, and upset	General
	Felt angry and devastated	Typical
	Questioned self professionally/ culturally	Typical
	Became anxious in supervision	Variant
	SE reflected on personal and professional topics	Variant
	SE sought support from others	Variant

*Twelve total case. General=11-12, Typical=7-10, Variant =2-6

Note. SE=supervisee; SR=supervisor

Rupture Resolution/ Repair Findings

Participants were asked to discuss any attempts that occurred with their supervisor to resolve the rupture, and repair the supervision relationship. Participants were also asked to share the effects of the attempts/ no attempts. Lastly, participants were asked to identify any factors they felt contributed to the MSR event, as well as factors they felt either did, or may have helped resolve the rupture and repair their relationship with their supervisor.

Attempts to Resolve the Rupture. Typically, participants described that they discussed the rupture with their supervisors. Six subcategories emerged related to this category, five in which the discussions were positive and one of which the discussion was negative. In the first subcategory, participants typically stated that they disclosed their distress and reasons for difficulties in supervision. For instance, one participant stated,

I really wanted to make things better so I took a risk and told my supervisor that I was offended and taken aback by the comments he made related to my client's cultural identity. I also told him how upset I was, and described the ways this was causing me to struggle in supervision.

Another participant noted that she brought up the culturally offensive comment that her supervisor had made, and shared with him that it really, "devastated," her, and caused her to, "struggle to open up, and hesitate to be vulnerable in supervision." In a second variant subcategory, participants described that their supervisors apologized and explained her/ his perspective on the events that led to the negative changes in supervision. For example, one participant noted, "my supervisor apologized for his choice of words and said that while he understood that I was offended, he did not mean the messages I took from the comments." Another participant noted that her supervisor apologized and said he felt,

“embarrassed” about the culturally insensitive comments he had made, and went on to explain his perspective on the rupture event. In a third variant subcategory, participants described that their supervisors noticed a negative change in supervision and asked them about their perspective. “My supervisor brought up the negative changes in supervision, and invited a conversation about them,” one participant shared. Similarly, another noted that her supervisor pointed out the sense of awkwardness and decrease in clinical conversations in supervision and “checked in with me about why those things were going on, and invited me to share my feelings and perspective on the situation.” In the fourth and fifth subcategories, participants variantly described that their supervisors discussed how to resolve the conflict and repair the supervision relationship, and demonstrated interest and sensitivity to the supervisees’ perspective. One participant spoke about her supervisor inviting an “open and honest,” conversation about how to resolve the conflict in supervision and repair the supervision relationship. She stated, “We talked about how we needed to process our relationship more in supervision, and work towards strengthening and increasing trust.” Similarly, another participant noted, “my supervisor and I talked about specific things that could help resolve the rupture, and improve our relationship like talking about culture more often, and sharing our cultural identities.” One participant shared that her supervisor approached conversations about the rupture with, “grace, poise, and sensitivity,” and that her supervisor, “actively demonstrated his interest in processing the rupture and showed sensitivity to my perspective on the events.” In the sixth and final variant subcategory, in which in contrast to the above cases where the discussions went positively, participants here noted that while discussing the MSR with their supervisors, the supervisors disregarded their feelings and perspective

and responded defensively which led to negative effects. To illustrate, one supervisee described that when she told her supervisor how offended and hurt she was by her comments, her supervisor “became defensive,” and stated that the participant was, “being overly sensitive and that she didn’t care that I was upset.” Similarly, another participant noted that when she shared her feelings and perspective about the MSR with her supervisor he looked at her and said, “Well I don’t care how you feel about the situation, it’s my license on the line in terms of supervising you so you are going to have to find some way to work with me.”

In a second broad category, participants variantly described that they did not discuss the rupture with their supervisors. Three subcategories emerged in relation to this category. In the first, participant’s variantly described that they suspected their supervisor was unaware that there was a problem in the supervision relationship. For instance, one participant noted, “I think my supervisor was oblivious to the fact that he said something that offended me, and I don’t think he even understood that supervision and our relationship was negatively impacted.” Another participant reflected on the reasons why she thought her supervisor never checked in with her about the rupture, and stated, “I can’t say that I am that surprised that she didn’t try to repair the rupture, as I don’t even think she knew one occurred.” In a second subcategory, participants variantly described that they did not feel comfortable discussing the negative changes in the supervision relationship. “The trust was gone in the relationship, and I felt so offended that I just didn’t want to go there in terms of processing with my supervisor,” one participant said. Similarly, another participant noted, “I thought about addressing the rupture a few times, but in the end just felt way too uncomfortable in the relationship to

bring anything up.” In the third subcategory supervisees variantly discussed that they felt it was their supervisor’s responsibility to address the negative changes in the supervision relationship, so they did not address their concerns in supervision. To illustrate, one participant shared, “I felt like as the person with the power in the relationship, my supervisor should be the one to address or bring up the rupture, so I never said anything.” Another participant noted, “when my supervisor never said anything, I decided not to as well. I figure it was her responsibility to process it, and when she didn’t I assumed she didn’t care.”

Impacts of Attempt/ No attempt. Participants typically described that they were not able to resolve their differences and difficulties with their supervisors and that the supervision relationship was not repaired. Five subcategories emerged related to this category. In the first two, participants typically described that their supervision relationships continued to deteriorate further and became unsafe, and stated that they lowered their expectations about what they could gain from supervision. For example, one participant discussed that when she and her supervisor did not process the rupture or resolve their difficulties she felt that, “Any shred of a relationship that we had just disappeared, and I felt completely unsafe in supervision.” Similarly, another participant noted that when her supervisor responded negatively to her attempting to discuss the rupture, “There was a complete fall out in the supervision relationship and I didn’t feel safe telling him anything anymore.” Another participant shared, “I realized that I wasn’t going to get anything professionally or personally from supervision,” and went on to say that she had to, “settle for not even mediocre guidance.” In a third subcategory, participants variantly discussed that inability to resolve their differences with their

supervisors caused them to become further distressed and upset.” For instance, one participant shared, “I became increasingly upset and anxious in supervision.” Another noted, “My distress level in supervision sky rocketed, and I struggled a lot personally and professionally.” In another subcategory, participants variantly discussed experiencing regret for not addressing her concerns during supervision. As an illustration, one participant stated,

I wondered a lot if I had copped out by not telling my supervisor about the rupture. I had a lot of regret about not taking a risk and trying to process it in supervision, because who knows; maybe it would have gone well. I never gave him or me a chance to repair the relationship and now I’ll never know what would have happened.

Finally, in the last subcategory, participants variantly discussed that they lost respect for their supervisors. One participant noted, “I lost all professional and personal respect for my supervisor.” Another participant noted, “There was no way I could respect this person any longer which made it really hard to engage in supervision.”

In contrast to these cases where supervisees and supervisors were not able to resolve their difficulties/ differences, in a second broad category participants variantly discussed that they were able to resolve their differences and difficulties and the supervision relationship was repaired. “My supervisor and I were able to successfully resolve our problems, and our relationship was restored,” one participant noted. Five subcategories emerged in relation to this category. In the first variant subcategory, participants reported that their supervision relationship was strengthened. To illustrate, one supervisee noted, “not only was my supervision relationship restored, I feel like it was enhanced and strengthened.” Another participant reflected on feeling more connected to her supervisor and shared, “I think we knew we could work through

difficult things, so in a way our relationship was stronger than it was prior to working through the rupture.” In a second variant subcategory participants reported that their supervision work was enhanced. One participant stated, “we were able to do better supervision work because I trusted my supervisor more, I talked more about my clinical cases and felt I could show more tape.” Similarly, another participant shared, “I think our supervision work was highly enhanced by working through the rupture, I felt like we could tackle any topic together.” In a third variant subcategory participants discussed that their respect for and trust in their supervisor was restored. For example, one participant noted, “the trust in my supervisor was restored, and I felt like I respected them again.” Another participant shared, “I respected my supervisor’s judgment again, which made me trust her a lot more.” In the fourth variant subcategory participants discussed feeling supported, and understood by their supervisors. One participant noted, “it felt so good to work through the rupture and feel supported by my supervisor.” Similarly, another shared, “for the first time in weeks I felt supported, affirmed, and validated by my supervisor, which was a huge relief.” In the final variant category participants discussed that they grew to value and developed confidence in resolving cultural conflicts with supervisors. One participant noted, “my anxiety about addressing cultural conflicts in supervision went away, and I suddenly saw this huge value in discussing ruptures.” Another shared, “I felt really confident to bring up ruptures with my supervision in the future.”

Factors That Contributed to the Rupture. Participants identified factors that they believed contributed to the rupture during multicultural supervision. Typically, participants noted that they felt their supervisor lacked training in supervision and

diversity. For instance, one participant stated, “I don’t think my supervisor had any idea how to address culture in professional work, or supervision. I’m not even sure he took a multicultural counseling class, so he was really behind the curve in terms of cultural competence. Another participant stated, “I don’t think my supervisor even knew how important cultural factors are to clinical work, or in the supervision relationship. I don’t think he had training in diversity, or in terms of how to be an effective supervisor in general.” In another category, participants typically described that supervision lacked discussion about the events that led to the rupture, which created a negative dynamic in supervision. As an illustration, one participant stated,

I thought a lot about what really caused the impairment in our relationship, and I think it was due to the fact that we really never processed or discussed the cultural disagreement that caused the rupture in the first place. So, how could we repair our relationship without even talking about what caused the problem to begin with?

Similarly, another participant stated that she felt, “a complete lack of discussion around the culturally insensitive comments he made in supervision,” contributed to the rupture. She went on to say that, “not talking about what happened created this huge elephant in the room, and sort of tied our hands of being able to move forward and have a good relationship again.” In a third category, participants discussed that they felt their supervisor was culturally insensitive. “The biggest factor that contributed to the rupture was the lack of cultural sensitivity my supervisor demonstrated in regards to the client I was discussing,” one participant shared. Another noted, “the fact that my supervisor was so culturally offensive and insensitive regarding my racial identity was probably the biggest contributing factor to the problems in supervision and our relationship.” In another category, participants variantly described that they possessed more multicultural education than their supervisors. To illustrate, one participant shared,

It was evident that I had more multicultural education than my supervisor, which I think created this huge mismatch in terms of us effectively incorporating culture into supervision. I had many courses in multicultural counseling, and had immersion diversity experiences in my coursework, and I don't think she had any and really no experience.

Finally, in the last category, participants variantly described that supervision lacked a discussion of supervisee and supervisor cultural identities and beliefs. "The fact that we never talked about our cultural identities in the supervision relationship is what led to the impairment in our relationship," one participant shared. Similarly, another participant noted, "we had never discussed our cultural identities or beliefs in supervision," and went on to say that, "the lack of these cultural conversations provided a space that was just ripe for cultural insensitivity, misunderstandings, and ruptures to occur."

Factors that Could Have Helped Resolve the Rupture. Participants identified factors that they believed either did, or could have helped to repair the rupture with their supervisor. Typically, participants described thoroughly working through and discussing the rupture in supervision. One participant stated, "the fact that my supervisor and I processed the rupture in supervision was the key element in us being able to successfully repair our relationship." Another noted, "I wished we would have talked about the rupture, I think processing what happened in its entirety would have made all the difference in the world." In a second category participants variantly identified supervisor's sensitivity and care as an important element in rupture resolution and repair. One participant shared, "my supervisor was so cold, if she would have demonstrated just a tad of sensitivity or care about me as a person I think we could have resolved things." Another noted, "the amount of care my supervisor exuded when I was telling her about how I felt was huge, I felt in that moment that everything was going to be ok." In a third

category, participants variantly identified that supervisor's acknowledgement of the emotional effects of the rupture on the supervisee was important. To illustrate, one participant shared, "it was like he didn't even care I was upset. I wished he would have at least acknowledged how much the rupture impacted me emotionally in negative ways." Similarly, another participant shared, "I needed my supervisor to acknowledge how upset I was, and how difficult the rupture was for me to experience. Even if it wasn't difficult for him, I needed him to acknowledge my distress." In the final category, participants variantly noted that supervisor's attention to the change of supervisee's behaviors during supervision all could have helped to repair the rupture. "If he would have just noticed how different things were in supervision and brought it up, that would have opened up a conversation which could have been helpful," one participant shared. Another stated,

The least she could have done was highlighted or noticed the negative changes that were going on in supervision. I mean, the impacts were obvious we were not getting along, and our supervision work had changed dramatically. If she would have just drawn attention to my behavior, or the changes in the room it would have showed me that she cared and I think we could have worked through things. When she didn't, I felt like, well, what's the point?

Table 2. Domains, Categories, and Frequencies of Rupture Resolution/ Repair

Domain	Category	Frequency*
Attempts to resolve rupture	SE and SR discussed the rupture	Typical
	SE disclosed her distress and reasons for difficulties in supervision	Typical
	SR apologized and explained her/ his perspective on the events that led to the negative changes in supervision	Variant
	SR noticed a negative change in supervision and asked SE about her perspective	Variant
	SE and SR discussed how to resolve the conflict and repair the supervision relationship	Variant
	SR demonstrated interest and sensitivity to SE perspective	Variant
	SR disregarded SE's feelings and perspective and responded defensively	Variant
	SE and SR did not discuss the rupture	Variant
	SE suspected SR was unaware that there was a problem in the supervision relationship	Variant
	SE did not feel comfortable discussing the negative changes in the supervision relationship	Variant
	SE felt it was SR's responsibility to address the negative changes in the supervision relationship so SE did not address her concern in supervision	Variant
Impacts of attempt/ no attempt	SR and SE were not able to resolve their differences/difficulties and the supervision relationship was not repaired	Typical
	Supervision relationship continued to deteriorate further and became unsafe	Typical
	SE lowered expectations about what SE would gain from supervision	Typical
	SE became further distressed and upset	Variant
	SE experienced regret for not addressing her concerns during supervision	Variant
	SE lost respect for SR	Variant
	SR and SE resolved their differences/ difficulties and the supervision relationship was repaired	Variant
	Supervision relationship was strengthened	Variant
	Supervision work was enhanced	Variant
	SE's respect for and trust in SR was restored	Variant
	SE felt supported and understood (e.g. affirmed, validated, respected)	Variant
	SE grew to value and developed confidence in resolving cultural conflicts with SR's	Variant
Factors that contributed to the rupture	SR lacked training in supervision and diversity	Typical
	Supervision lacked discussion about the events that led to the rupture	Typical
	SR was culturally insensitive	Typical
	SE possessed more multicultural education than SR	Variant
	Supervision lacked discussion of SE and SR cultural identities/beliefs	Variant
Factors that did/ could have helped repair the rupture	Thoroughly working through/ discussing the rupture in supervision	Typical
	SR sensitivity and care	Variant
	SR acknowledgment of the emotional effects of the rupture on SE	Variant
	SR attention to the change of SE's behavior during supervision	Variant

*Twelve total cases. General=11-12, Typical= 7-10, Variant=2-6

Note. SR=supervisor; SE=supervisee

Closing Findings

The closing questions allowed participants to reflect on the effects of participating in the study and add any additional information they felt was pertinent to the study.

Participants were also asked to share any comments they had about ruptures in multicultural supervision, as well as how participating in the study impacted them. The findings based on these questions are presented in Table 3 following this section.

Supervisee Comments on Ruptures in Multicultural Supervision. Typically, participant's felt that ruptures need to be discussed when they occur in multicultural supervision. To illustrate, one participant discussed regretting that she and her supervisor did not discuss the rupture. She noted that, "I truly believe that if we processed it, it would have been repaired." Another participant stated, "it made all the difference in the world that my supervisor and I talked about the rupture, so the message I want to leave is that ruptures need to be discussed when they occur in multicultural supervision." Similarly, another participant noted, "the most important thing is that the rupture is discussed when it happens in supervision." Two variant categories also emerged in which supervisees' stated that ruptures are a normal aspect of multicultural supervision, and that supervisors and supervisees need to discuss their cultural identities early in supervision to prevent ruptures. One participant shared, "talking about culture in supervision is tricky, and ruptures will occur." Another participant similarly spoke about the challenges related to discussing culture in supervision, and noted, "Ruptures are going to occur during multicultural supervision, it is more important how they are handled than the fact that they occur, because that's normal and expected." Another supervisee spoke about the importance of supervisors and supervisees discussing their cultural identities in

supervision early on, and stated that, “supervisors and supervisees need to engage in cultural conversations about their identities so both parties have a cultural context about the other on which to work within.” Another noted, “Discussing cultural identities early in supervision can prevent culturally based ruptures from happening in supervision.”

Effects of Interview. Typically, participants felt that their experiences with ruptures in multicultural supervision were validated during the interview. One participant found the interview, “very validating and affirming of my experience.” Another participant felt that her experience was “validated and supportive,” and appreciated the opportunity to share her story. In a second broad category, participants typically reported that the interview helped them work through the rupture experience and gain closure. “The interview helped me process and work through the rupture event, and provided some catharsis,” one participant shared. Another commented, “Talking about the rupture experience during the interview really provided good closure.”

Table 3. Domains, Categories, and Frequencies of Closing Findings Regarding Multicultural Supervision Ruptures

Domain	Categories	Frequencies*
Supervisee comments about ruptures in MC supervision	Ruptures need to be discussed when they occur in supervision	Typical
	Ruptures are a normal aspect of multicultural supervision	Variant
	SR and SE need to discuss their cultural identities early in supervision to prevent ruptures	Variant
Effects of Interview	Validated SE's experiences with ruptures in multicultural supervision	Typical
	Helped SE work through the rupture experience and gain closure	Typical
*Twelve total case. General=11-12, Typical=7-10, Variant =2-6		
<i>Note.</i> SR=supervisor; SE=supervisee		

Typical Pathways

Two distinct pathways emerged for participants describing MSR events, and subsamples of the data were utilized to highlight these differences. According to Ladany, Thompson, and Hill (2012), it is appropriate to compare subsamples of data when participants, “differ in some manner that is meaningful and noticeable” (p.125). Figure 1, which follows this section, reflects the pathways that emerged for MSR events. Here, a noticeable difference will be highlighted in the domains of attempts to resolve the ruptures, and the impacts of these attempts. In one pathway, supervisee’s either discussed the rupture with their supervisor or did not; which impacts of these attempts resulted in supervisee’s resolving their difficulties/ differences with their supervisors and repairing the supervision relationship or vice versa. Although the recommendation of Hill et al. (1997) is to only chart those categories that are typical or general, the categories of ‘SE did not discuss the rupture’ and ‘SR and SE resolved their difficulties/differences and repaired the supervision relationship –which are variant- were presented in order to clearly distinguish the distinct pathways participants described.

Within supervisee’s experiences of ruptures in multicultural supervision, supervisee’s typically reported that they were either working well with their supervisor, or experiencing interpersonal difficulties within the relationship. Events that led to the rupture typically involved the supervisor criticizing the supervisee’s approach to cultural in case conceptualization and treatment planning, or, making culturally insensitive remarks regarding the supervisee’s cultural background. Regardless of the events that led to the rupture, all supervisee’s ($n=12$) described the rupture as immediately feeling unstable and disconnected in the supervision relationship. In reference to the effects of

the ruptures, all supervisee's generally reported feeling distressed as a result of the rupture, and typically reported that the supervision became uncomfortable with them. Two distinct pathways emerged in relation to supervise and supervisor attempts to resolve the rupture. Typically, the supervisee and supervisor discussed the rupture ($n=7$) which either resulted in them resolving their differences and difficulties and repairing the supervision ($n=5$), or in two cases, being unable to resolve their differences/ difficulties in which case the supervision relationship was not repaired. In the second pathway, the supervisee and supervisor did not discuss the rupture, which directly related to them not being able to resolve their differences/ difficulties and the supervision relationship was unable to be repaired.

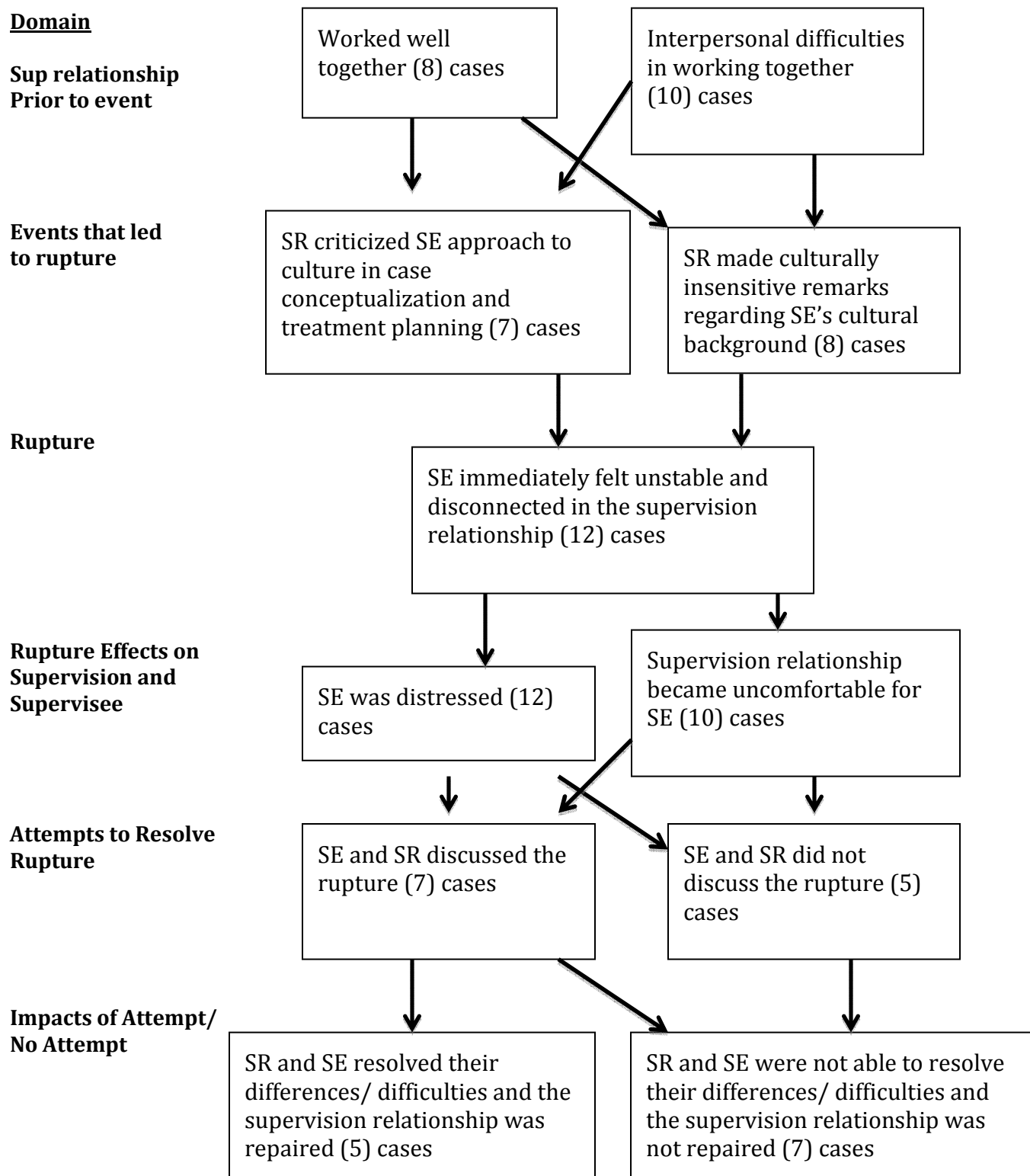


Figure 1. The pathway for MSR events in clinical supervision resulted in two ways, resolution or non-resolution. The number for each domain may add to more than 12 because some cases fit into multiple categories. SE=supervisee; SR=supervisor

Illustrative Examples of MSR Events

In this section, two participant's experiences of a multicultural supervision rupture event are detailed; both examples represent single cases. The first example illustrates a multicultural supervision rupture event in which the participant and their supervisor were able to resolve their difficulties/ differences, and repair the supervision relationship. The second example describes a multicultural supervision rupture in which the participant and their supervisor were not able to resolve their difficulties/ differences, nor repair their supervision relationship. These examples were chosen because they illustrate a variety of the general and typical findings presented in the previous sections of this chapter. Additionally, variant findings will also be referenced in the examples. To maintain participant confidentiality, slight changes have been made to demographic information as well as the experience itself, and participant and supervisors have been assigned pseudonyms.

MSR Event that Resulted in Resolution. Keri was a 25-year-old Caucasian woman completing her predoctoral psychology internship in a community mental health setting. Her supervisor, Andrew, was a Caucasian male clinical psychologist in his 40s. Keri and Andrew had been meeting once a week approximately 8 weeks prior to the MSR event. Keri described supervision with Andrew prior to the MSR as, "positive, informal supportive, and helpful." She discussed that she felt Andrew was "attuned to culture," and said they "got along well," and had a good rapport.

During one particular supervision session, Keri and Andrew were discussing their reactions to the television program *Glee*, and to a particular character who identified as bisexual. Keri was sharing that she really liked that character, and enjoyed one of the

scenes the character was in regarding going on a date with a new woman for the first time. Without knowing that Keri identifies herself as a bisexual woman, Andrew made the comment, “well, bisexuals get the best of both worlds when it comes to sexual partners. They’ll just make out with anyone right?” Keri tried to defend the character stating that, “well, bisexual people are still discerning in terms of who they are with.” To which Andrew replied, “Yeah but since they are into everybody that have way more people to choose from.” Although Keri identified that she was aware that Andrew was joking around, she felt paralyzed in the moment, and “embarrassed that he didn’t know how I sexually identified.” She noted feeling too uncomfortable in the moment to discuss her identification, so changed the topic in supervision.

Keri described the rupture experience as, “immediately feeling uncomfortable in the supervision relationship.” She noted feeling “shocked and surprised,” that her supervisor had made such a culturally insensitive comment, because Keri perceived Andrew as a well rounded and culturally responsive clinician and supervisor. Keri noted that her supervision relationship went from feeling “trusting and comfortable,” to “awkward and anxiety provoking.” She shared that she began to question the judgment of her supervisor, where before she had not.

In the weeks following the MSR, Keri noted multiple changes in both supervision, and personal impacts. She discussed that supervision felt more “uptight and formal,” instead of “interpersonal and easygoing” like it had been prior to the rupture. She stated that supervision became more task and administratively focused and less personal in nature. Additionally, she began to distrust Andrew, and felt unsafe and uncomfortable during supervision. Keri also noted experiencing distress around the MSR. She reported

that even though she knew that Andrew was joking with the comments he made about bisexual individuals, she felt, “upset, disrespected, and invalidated.” Additionally, she shared that Andrew’s comments replicated comments that she has heard her whole life in reference to her sexual identity, of which she found, “offensive and insensitive.” She discussed feeling anxious and uncertain about how to broach the rupture with Andrew, since she and he have never talked about their cultural identities before. Keri reported feeling, “upset and sad,” that she felt “pressured to come out,” to Andrew in the wake of a rupture in the relationship. She noted feeling worried that Andrew may hold insensitive beliefs around LGBT populations.

The rupture began to be discussed in supervision when Andrew commented on the sense of awkwardness and “formality” to Keri and his supervision meetings. He invited Keri to share her thoughts on what was going on in supervision, and Keri said she felt, “I really wanted to fix things, so I took a risk and told him what I felt.” Keri discussed the comments Andrew had made in regards to bisexual individuals, and stated that she felt “hurt and taken aback,” by the comments, because she herself identified as a bisexual woman. Andrew said he remembered the comments he made, and immediately apologized. He stated that he felt “embarrassed and bad,” that he had made those comments, and especially that he had offended Keri. Andrew took time to process with Keri why she felt upset, and asked her what it was like for her to disclose her sexual identity in the process. Andrew shared with Keri that he was supportive and affirming of LGBT individuals, and that he was unaware how culturally insensitive his comments were. He thanked Keri for sharing her feelings, and asked what he might do to help her feeling trusting in him again.

Keri noted that during the discussion of the rupture she felt the “trust and safety in the relationship was restored.” She said that she felt “heard and understood,” by Andrew and that it was helpful to understand his perspective on why he made those comments. Additionally, she reported that she felt positive about discussing her sexual identity with Andrew, and felt he was supportive of that disclosure. Keri noted that she felt her supervision relationship was not only repaired in that moment, but that it was strengthened due to feeling like “my supervisor and I could work through anything.”

MSR event that did not result in resolution. Jackie is a 29-year-old African American woman completing her predoctoral psychology internship in a college counseling center. Her supervisor, Lauren, was a Caucasian female clinical psychologist in her late 50s. Jackie and Lauren had been meeting together once a week for approximately 16 weeks prior to the MSR event. Jackie described supervision with Lauren as “interpersonally difficult.” She noted that she felt her relationship with Lauren was most strained when they were discussing cultural topics of client cases, and that she felt her supervisor was “curt and stand-offish.” Jackie noted that she didn’t feel her supervision relationship with Lauren was “horrible,” but that she did not feel close or supported in the relationship.

In one supervision meeting, Jackie was discussing her clinical work with an African American client whom was struggling with depressive symptoms that were related to experiences she had related to racism and discrimination at her workplace. Jackie was noting that her client had discussed feeling culturally isolated in many sessions. Jackie noted in that supervision that she felt a great deal of countertransference with this client, as she had felt culturally isolated both personally and professionally as an

African American. Lauren stated, “oh, so this is a black thing,” and, “so you probably grew up in poverty and were probably abused by white people in your past right?” Jackie noted that she felt taken aback by these comments, as she and Lauren had never talked about her race or her experiences as an African American woman either growing up or in the present. Jackie corrected Lauren, stating that she grew up in a middle class family, and felt very cared for in her life. Lauren went on to state, “well you are clearly only identifying with your client based on your race, and I think that is racist in itself.” Jackie noted that she felt so uncomfortable hearing Lauren make this comment, that she shut down in supervision and ended the conversation.

Jackie reported that during the MSR she immediately felt disconnected and unsafe in the supervision relationship. She noted that her trust for Lauren, “immediately disappeared, and I viewed her as completely culturally offensive and oppressive.” She shared that she felt Lauren was being completely; “closed minded and harsh,” and that she felt that events had occurred that could not be repaired.

In the supervision sessions following the MSR Jackie reported that she felt, “uncomfortable and unsafe,” with Lauren. She noted that she stopped discussing clinical cases, and “avoided topics of culture at all costs.” She felt supervision became more task and administratively focused and that she and Lauren no longer checked in about personal topics. Jackie stated that she felt “anxious, invalidated, and extremely upset,” and felt like she completely withdrew from supervision. She noted that she, “cried a lot,” and would make up reasons to miss supervision meetings. To cope, Jackie sought support from colleagues in her academic department, and interns at her clinical site. She noted

that, “getting support in other places was important, because my supervisor was not providing any.”

Jackie stated that she never processed the rupture with Lauren. She shared that both she and Lauren were aware of the changes in supervision, and that she thought about bringing up the rupture but eventually felt, “it wasn’t worth it, and I just felt too hurt and uncomfortable to bring it up.” Jackie also said that she felt as the person with power and as the one that had made culturally insensitive remarks it was Lauren’s job to bring up the rupture. When she didn’t, Jackie felt that she “must not care.”

Jackie shared that the effects of not discussing the rupture were, “horrific.” She described that she and Lauren were not able to repair the supervision relationship and that it further deteriorated and became unsafe. Jackie said she, “lost respect,” for Lauren, and felt like, “there is no way I want to learn anything from her.” She noted that she resigned herself to gaining little to no support or guidance in supervision, and saw supervision as something she just needed to, “get through” to pass internship.

Chapter 5: Discussion

This study sought to examine supervisees' experiences of ruptures in multicultural supervision (MSRs), a phenomenon that remains empirically unexamined. It may be important to note that MSRs were defined as a time in supervision where supervisees and supervisors were discussing multicultural topics, and the supervisees experienced a problematic shift that resulted in an impairment or fluctuation in the quality of the supervision relationship. Given the integral role of competent multicultural supervision in supervisee multicultural competence development and the provision of culturally affirming clinical care, the purpose of this study was to understand supervisees' experiences of ruptures in multicultural supervision, and to learn how supervisees may have resolved such ruptures.

The overall findings of this study suggest the rupture occurred immediately. As a result of the ruptures, supervisees' experienced ruptures in quite personal ways within the supervision relationship. Some supervisees' were unable to resolve the rupture with their supervisor, mostly as a result of not discussing the rupture within the supervision relationship. Other supervisees' were able to engage in a dialogue about the rupture when invited by their supervisors to share their concerns, which resulted in a resolution of the rupture events and effects and led to further discussion of the concerns in supervision. To further illuminate the above points, this chapter will present the findings related to supervisees' experiences of ruptures in multicultural supervision in three broad areas. First, the rupture event is presented including the nature of the supervision relationship prior to the rupture, the concerns that contributed to the rupture in multicultural supervision, and the rupture effects on supervision and the

supervisee. Second, the attempts to resolve the rupture, and the effects of these attempts/non-attempts will be reviewed. Third, factors that contributed to the rupture, factors that did or could have helped repair the rupture, supervisees' perceptions of ruptures in multicultural supervision, and how the interview affected the supervisees' are reviewed. Finally, the limitations of this study are identified and implications for supervision, training and future research are addressed.

Pre-rupture Supervision Relationship

Many supervisees discussed working well with their supervisor prior to the rupture event and having a positive supervision relationship that was characterized by trust, support, interpersonal interventions, and appreciation for supervisor's knowledge, positive characteristics and experience. Supervisees' report of these positive aspects of their supervision relationship are consistent with literature on supervisory relationships that describe good supervisory relationships as encompassing warmth, acceptance, respect, understanding, and trust (Hutt, Scott, & King, 1983). In this sense, the supervisory relationship serves as the basis of all effective teaching and training; with positive supervisory working alliances yielding higher supervisee satisfaction with supervision (Ramos-Sanchez et al., 2002), greater ability to navigate conflict or tension (Bordin, 1983), and increased supervisee confidence (Worthen & McNeill, 1996). As such, many supervisees in this study believed their supervision relationship was off to a strong start. With supervisees feeling highly satisfied with supervision, perhaps they established expectations for how the supervisor might approach all supervision encounters and for what the supervision relationship might be like during their time together.

While many supervisees initially had productive supervision relationships, others indicated having interpersonal difficulties in working with their supervisors such as challenges to the supervision process, difficulties in the supervision relationship, and minimal discussions of culture which supervisees felt was problematic. In these cases, supervisees likely felt their supervision was on unstable ground, making it difficult for them to feel trusting and secure within their supervision work. These findings appear to echo those of Gray et al. (2001) who found that supervisory relationships that are not strong can cause supervisees to feel lost and unsupported. Similarly, it is believed that problems within supervision relationships may result in a deterioration of supervisee confidence in their clinical abilities (Bernard & Goodyear, 1998), lead to further counterproductive events in supervision (Gray et al., 2001), and decrease supervisee satisfaction with supervision (Worthen & McNeill, 1996). The significant role of the supervision relationship in contributing to either enhancing or harming supervision dynamics becomes even more evident upon closer examination of the MSR event findings, which are discussed below.

Events that led to the Rupture

When discussing the events that contributed to the ruptures during multicultural supervision, supervisees discussed circumstances primarily involving supervisor's criticism of supervisees' approaches to culture in case conceptualizations and treatment planning, or supervisor's culturally insensitive remarks regarding their (supervisee's) cultural backgrounds. These challenging antecedent events directly parallel prior research on negative events in

multicultural supervision. For example, situations in which supervisor's specifically dismissed cultural concerns of a client case or made culturally insensitive remarks about supervisees' clients mirrors Burkard et al.'s, (2006) findings that culturally unresponsive supervision events included events where cultural issues were ignored, actively discounted, or dismissed by supervisors. Similarly, Ladany et al., (1999) discussed negative events in multicultural supervision that included supervisor cultural insensitivity towards clients or supervisees. These findings may indicate that supervisees were more sensitive or attuned to the cultural needs of their clients than their supervisor's, which preceded conflict in supervision. As such, supervisees felt it was important for them to validate and include how the cultural components of their client cases impacted their presenting concerns. Thus, when supervisors criticized their conceptualizations, perhaps supervisees felt invalidated and at odds with their supervisors regarding clinical practice on fundamental and important levels involving multicultural topics, and their clinical training.

The large difference between supervisors and supervisees viewpoints on cultural dimensions of client work may be understood within the context of multicultural supervision competency literature. For example, the idea that supervisees possessing higher levels of multicultural awareness, knowledge, and skills than their supervisors can be problematic in supervision has been a unchanging finding (Constantine, 1997; Fukuyama, 1994). Consistent with this perspective, supervisees who are highly educated in cultural topics may expect supervisors to be trained and sensitive to cultural topics and actively address them in supervision. When paired with an unwilling or unable supervisor, these

supervisees may consequently feel frustrated and disappointed if supervisors do not live up to these expectations.

Another explanation for these differing viewpoints may relate to differences in focus of clinical treatment. While supervisee's seemed to stress the importance of cultural factors on their client's presenting concerns, perhaps their supervisor's had other priorities such as fulfilling their primary role as a supervisor of monitoring client welfare (Falender & Shafranske, 2004). Consistent with this perspective, perhaps supervisors felt the supervisee was missing important clinical components of a case, and in the process of directing conversations in supervision toward different clinical aspects, dismissed a cultural component. Or, perhaps, supervisees were not clear on the supervisor's role and supervisory focus at the time, which has been shown to lead to confusion or negative experiences in supervision (Bernard & Goodyear, 1998; Ladany & Friedlander, 1995).

Supervisees' may have felt the same sorts of differences in views from their supervisors during events prior to the rupture when supervisor's made insensitive comments regarding their (supervisees') identities and beliefs during supervision. For instance, supervisees discussed that their supervisor's imposed inappropriate cultural assumptions about their cultural identities, and verbally insulted and dismissed their cultural beliefs. As a result, supervisees may have felt invalidated, disrespected, and again noticed fundamental differences between their cultural values and beliefs in comparison with their supervisors.

These supervision interactions may have paralleled participants' past experiences of oppression and discrimination both in and outside of supervision,

resulting in participant's re-experiencing painful and hurtful emotions. Similarly, researchers found that negative events in multicultural supervision which included supervisors criticizing supervisees based on their culture, and conceptualizing them based on stereotypes, contributed to supervisees experiencing emotional distress (Chu & Chwalisz, 1999; Fukuyama, 1994). Moreover, Chu and Chwalisz (1999) described supervisees as experiencing an, "interpersonal cultural trauma," within the supervision relationship, that if not repaired led to negative impacts on supervisees, supervision, and client work. As such, supervisees' in this study may have felt this same cultural rift, which they believed contributed to the immediate formation of a rupture within the supervision relationship.

Multicultural Supervision Rupture

After supervisees were criticized for including culture in client work or experienced culturally insensitive remarks, they experienced disruption in the supervision relationship, specifically feeling unstable and disconnected. Supervisees' described this process as occurring immediately in their supervision relationship, instead of slowly over time. For supervisees, the rupture was a deterioration of trust in the supervision relationship, where they came to view their supervisor's as culturally insensitive or oppressive and saw their supervisors as harsh and invalidating. For a few supervisees the ruptures involved the realization that their cultural beliefs were the source of the difficulties with their supervisors. As such, supervisees' prior expectations and beliefs about their supervisor and how to function within supervision were turned upside down, and supervisees were left with feelings of discomfort.

Regardless of the strength of the supervision relationship prior to the MSR, ruptures occurred in all cases. While current research indicates that strong supervisory relationships can serve as a buffer to difficult situations in supervision (Bernard & Goodyear, 1998), it appears that for the participants in this study, there was little evidence to support the idea that a strong supervisory alliance can serve as a deterrent to ruptures occurring in multicultural supervision. This finding may partially be understood in the context of Mueller and Kell's (1972) research which suggests that conflict, and fluctuations in quality of the relationship within supervisory working alliances are a normal and expected part of supervision.

While there is no empirical research specifically on ruptures that occur during multicultural supervision (i.e. when multicultural topics are being discussed during supervision), these findings are consistent with research regarding ruptures in supervision in general. While the types of contributing events identified were not based on cultural components, they did parallel the antecedent events in this study in terms of supervisor insensitivity, dismissing supervisee's viewpoints, and differences in opinions between supervisee and supervisor on client cases which resulted negative repercussions within the supervision relationship (Fukuyama, 1994; Ladany et al., 1999; Toporek et al, 2004). Moreover, Ellis (2006) also discussed negative shifts in the supervision relationship which were described as, "major negative turning points that resulted in negative changes in the supervision relationship" (Ellis, 2006, p.124). As with our participants, supervisees Ellis's study discussed feeling personally disconnected to their supervisors, and noted a loss of trust and respect for their supervisors after experiencing challenging events.

The diminishing of trust that occurred in the supervision relationship during ruptures and the instability this creates for supervisees is of specific interest. Bernard and Goodyear (1998) suggest that trust is a necessary component in supervision for supervisees to grow and develop as culturally competent clinicians. As such, this shift in the supervision relationship seemed to have disrupted the supervision process, making it particularly difficult for supervisee's to be vulnerable during supervision, and jeopardizing their growth as culturally competent clinicians.

Furthermore, with this study focusing on culturally based ruptures, perhaps the interpersonal and sensitive nature of these topics for supervisees contributed to the immediacy of the shift that supervisees described, where ruptures not based on culture may develop more slowly and over time. For example, the pre-rupture events included difficult conversations regarding cultural identities and beliefs that held great meaning for the supervisees in this study, which when insulted, dismissed, or responded negatively to by supervisors may have caused supervisees to feel immediately unstable within the supervision relationship. Where, other situations involving dismissal or insensitivity by supervisors, say for instance related to supervisee performance, or case presentations that do not involve culture may not have been perceived as so directly threatening by supervisee's resulting in a rupture forming more slowly. This concept is illuminated by Burkard et al. (2006) whom suggested that supervisees of color whom experienced negative events in cross-cultural supervision considered these experiences to be a direct challenge to their racial/ethnic identity, and experienced more intense and inward focused

reactions than compared to European American supervisees who may not have experienced negative events in cross-cultural supervision in a personal way and were therefore able to move forward more easily. This example highlights how supervisees' in this study may have felt challenged in regard to their cultural identities and beliefs, which resulted in negative effects both on the supervisee, and supervision processes in general.

Rupture Effects on Supervision

Effects of MSRs on supervision were twofold, and included detrimental repercussions on the supervision relationship, and also on the content within supervision. Disruption in both of these categories may have resulted from continued avoidance of the rupture that occurred. As supervisees noted that the longer they and their supervisors went without discussing the rupture, the worse and more pronounced these effects became.

Specifically within the supervision relationship, supervisees became uncomfortable with their supervisors, distrusted them, and felt unsafe. Burkard et al. (2006) discussed similar findings, noting that supervisees whom experienced culturally unresponsive supervision events felt uncomfortable, distrustful, and more guarded within their supervision relationships. Furthermore, Mueller and Kell (1972) suggested that conflict in supervision while normal, can lead to discord, and negative changes in the supervision relationship.

Effects on the process of supervision included supervisee avoidance of clinical and cultural conversations, supervision becoming task focused and interpersonally distant, and supervisees finding supervision professionally unuseful

and withdrawing from supervision. These behaviors on behalf of supervisees in response to the MSRs appear to be the most effective ways of managing the rupture that supervisees felt they had available to them at the time, and are not uncommon among supervisees in conflict with supervisors (Nelson & Friedlander, 2001; Burkard et al., 2006). This is further exemplified by Epstein's (2001) work which indicated that persisting negative behaviors such as lateness or missing supervision sessions can be resistances by supervisees and negative reactions to supervision. Moreover, Vasquez and McKinley (1982) have found that supervisees of color whom experienced negative events in supervision coped by emotionally withdrawing from supervision to protect themselves from further harm. Supervisees in this study responded similarly to supervisees' in Vasquez's study, by withdrawing from supervision as a way to manage the distress they were experiencing within the rupture, and protect themselves from further harm.

Although these reactions by supervisees are normal and expected, they pose concern, as supervisees withdrawal from supervision and avoidance of discussions regarding important clinical and cultural components of client cases may significantly jeopardize client care. Additionally, it poses an ethical concern for supervisors, whom as Bernard and Goodyear (1998) point out, are legally responsible for the quality of their supervisee's client care. For instance, if supervisees are not forthcoming about their client care, supervisor's will not be well informed and may not be able to carry out this important role.

Furthermore, it is reasonable to expect that supervisee's growth and development as therapists and professionals especially in the area of multicultural

competence was sacrificed as a result of the negative changes that occurred in supervision after the ruptures. As, supervisee cultural competence has been shown to be directly related to the quality of multicultural supervision, and discussion of cultural components of client cases (Pope-Davis, Reynolds, Dings, & Nelson, 1995). Thus, if supervisees are avoiding discussions of culture in supervision, it may be less likely for them to progress forward in this important area of professional competence.

Rupture Effects on Supervisee

In addition to negative consequences for supervision, the MSR's yielded negative reactions from all supervisees including anger, distress and isolation. Similarly, Burkard et al. (2006) found that culturally unresponsive supervision events affected supervisees emotionally in negative ways including anger, frustration, and disappointment. Specifically, in this study, supervisees expressed feelings of devastation and anger in response to the rupture and became anxious in supervision. Other supervisees questioned themselves professionally and culturally, which they described as uncomfortable and isolating. All supervisees shared intense and internally focused emotions (i.e. anxiety, upset, scared), which when not validated or attended to by supervisors, required different avenues of support. As a result, when supervisors were unresponsive to their needs, some supervisees relied on other professionals and close colleagues for emotional support regarding their adverse reactions to the rupture and clinical guidance on cultural aspects of their cases. A recent study on transformational relational events in multicultural supervision yielded similar results, with supervisees whom experienced difficult

events during multicultural supervision relying on colleagues, secondary supervisors, and other professionals for emotional and clinical support (Burkard et al., in progress).

Supervisee's may have experienced such strong reactions for many reasons that have been identified previously including theses culturally related ruptures triggering past experiences of oppression and discrimination (Burkard et al., 2006), fears related to receiving negative evaluations due to the relationship rupture (Bernard and Goodyear, 1998) or feeling insecure and lacking confidence in terms of how to address the rupture event in supervision (Ronnestad & Skovholt, 1993).

Attempts to Resolve Rupture

While the effects of the rupture were powerful for supervisees and significantly altered the processes of supervision and the supervision relationship; if discussed in supervision many supervision dyads were able to resolve their differences and repair the relationship. In contrast, other supervisees either did not discuss the rupture or within discussions continued problems arose, which resulted in most supervisees and supervisors being unable to resolve their difficulties/ differences and the supervision relationship not being repaired. In the sections below the findings related to the discussions that either did or did not take place regarding the rupture will be detailed, with the findings related to the resolution/ unresolution being detailed in the following section.

To facilitate discussions about the ruptures, many supervisors noticed changes in supervision and the supervision relationship and invited the supervisees to share their perspective. With this invitation, supervisees felt encouraged to

disclose their distress and reasons for difficulties in supervision. As such, supervisor attentiveness to even small fluctuations in the supervision relationship were of great importance and the need to discuss the reasons for these changes were important to supervisees and ultimately to resolution. Moreover, it seems as though supervisors noticing and inviting a conversation was necessary for supervisees to feel comfortable to discuss their negative reactions, which suggests that the process of supervision could benefit from supervisors taking an active role in regards to rupture resolution by noting even minor changes in the nature of the supervision relationship.

Supervisees also noted that cases where their supervisors apologized, took responsibility for making a mistake, and explained her/his perspective on the events that contributed to the rupture, felt most reparative for them. Perhaps this process of exchanging perspectives allowed supervisees to gain an understanding of their supervisor's approach, a perspective they did not previously have. Supervisees also appreciated that supervisor's demonstrated interest and sensitivity to their perspectives, and enjoyed conversations that they and their supervisors had about how to resolve the conflict and repair the supervision relationship. Perhaps supervisees felt validated, supported and encouraged by supervisor's demonstrating interest and sensitivity during difficult discussions in supervision; characteristics which have been previously been acknowledged as important to supervisees and supervisors ability to successfully navigate challenges within the supervision relationship (Bernard & Goodyear, 1998; Falendar & Shafranske, 2008).

Similarly, Nelson et al. (2008) identified strategies for successfully working through conflict in supervision which parallel current findings such as supervisor openness to conflict and commitment to processing supervisee negative reactions. Perhaps supervisor's demonstrating openness and interest to processing ruptures in supervision represents a key element in supervisees feeling comfortable to discuss their perspectives and reactions with their supervisors during challenging situations in supervision. Moreover, as noted earlier, in ruptures that involve clinical components that are very sensitive and emotional for supervisees' this processing and debriefing component may be even more important. Furthermore, Nelson recommended that in order to successfully resolve conflict in supervision supervisors should focus on contextualizing conflicts in light of developmental and environmental factors, seek consultation with colleagues, process conflicts and accentuating supervisee strengths (Nelson et al., 2008). As such, perhaps supervisees felt that their supervisor's attentiveness to their needs, and ability to validate their concerns allowed them to open up.

Furthermore, it seems as though supervisor's ability to take responsibility and admit making a mistake in supervision helped to establish a basis for supervisees to share their difficult reactions and perceptions to the rupture event with their supervisors. Similar process oriented and sensitive approaches on behalf of supervisors have been identified as effective supervision interventions. For example, Falendar & Shafranske (2008) noted that the use of facilitative interventions which enabled supervisees to share cathartic reactions to supervision

processes, and supportive interventions that validated supervisees' disclosures can be helpful in processing challenges in supervision.

In contrast to discussions about the MSR that went well, in two instances, supervisees attempted to discuss the rupture and their supervisor disregarded their feelings and perspectives and responded defensively which resulted in further negative consequences on the supervisee, supervision relationship and supervision processes. It is clear from this finding that defensiveness or an accusatory and dismissive tone used by supervisors in these discussions may further jeopardize the supervision relationship and are not effective interventions in resolving ruptures. While this type of response occurred in only a few cases in this study, it raises an important question related to whether this may be an experience that is more common for other supervisees. As, while it is clear that not all processing of ruptures in multicultural supervision will go well, we know little about why some discussions result in resolution and others do not. This question elicits an important area of future research, as this information may be very valuable in understanding how to successfully resolve ruptures in multicultural supervision.

While many supervision dyads attempted to resolve the rupture through discussion, some supervisees and supervisors never attempted to process the rupture. Notably, in these situations many supervisees wondered if their supervisors were aware that a rupture had occurred. Additionally, supervisees indicated feeling uncomfortable discussing the negative changes in the supervision relationship with their supervisors, and felt it was the supervisor's responsibility to broach these conversations. These findings may be an indication of the inherent

power differential that exists in supervision (Porter & Vasquez, 1997). With supervisor's holding power in the supervision relationship, supervisees may become more frightened, concerned about evaluation and passive, perhaps waiting for their supervisors to provide direction both on the tasks and goals of supervision processes and the structure and formation of the supervision relationship. As such, instead of taking responsibility to address the ruptures themselves, participants identified supervisors as the individual with control and ability to discern what needed to be addressed within the supervision relationship. It may also be possible that supervisees questioned the validity of their need to process the rupture, thinking that if their supervisors did not see this as an important aspect of supervision, they should not pursue it further.

Alternatively, developmental concerns may also account for some supervisees' lack of attention to the rupture. As, less advanced supervisees may require more direction and leadership on behalf of the supervisor than more advanced supervisees. Falendar & Shafranske (2009) highlight this idea stating that novice supervisees are dependent on their supervisors and require structure, positive feedback, and assistance in furthering supervisee self-awareness. In contrast, experienced supervisees are more confident in their professional abilities, are less dependent on their supervisor, and may take on a more collegial relationship with their supervisor (Stoltenberg & McNeil, 2009). As such, it makes sense that a less confident and novice supervisee may wait for their supervisor to address difficult topics in supervision, where a more advanced supervisee may understand the importance of working through difficulties in the supervision

relationship, and may even feel confident enough to be the one that initially broaches these conversations.

The lack of discussion of ruptures is a disturbing finding, for it may suggest that only behaviors in supervision that pose challenges to supervisees' clinical work warrant discussion. Perhaps it was not a routine practice for these supervisors to enter into discussions of the supervision relationship and process, and therefore they felt uncomfortable, or incompetent in taking this approach when there was a problem in the relationship. Alternatively, while supervisors may have just been unaware that a rupture occurred, they also may have been insensitive or not cared that supervisees were distressed. Unfortunately for those supervisees, supervisors who demonstrate less willingness to engage in open discussions with supervisees tend to provide less effective supervision and may also stimulate less professional growth on the part of the supervisee (Barnett et al., 2007).

Lastly, the lack of discussion about the ruptures reported here may also reflect a general reluctance on the parts of both supervisor and supervisee to engage in such here-and-now conversations in professional relationships. Bauer and Mills (1989) asserted that a number of factors account for this resistance, including supervisee's perception of threats in supervision, need to individuate from supervisors, and anxiety. Perhaps, then, the supervisees in this study feared that a here-and-now focus on the rupture may increase anxiety and thus avoided the conversation all together.

Of note, when supervisees and supervisors were able to successfully discuss their differences, many supervisees had described a positive and strong supervision relationship prior to the rupture. As such, perhaps the strength of the supervision

relationship prior to the rupture created an atmosphere of trust, and made the resolution process possible. Interestingly, while many positive supervisory relationships seemed to facilitate the rupture resolutions, other supervisees who described positive supervisory relationships were not able to discuss their differences. For example, in cases of supportive and strong supervision relationships supervisees may have felt the environment was conducive to discuss the difficult rupture events openly and honestly due to having conditions based on trust and understanding already established with their supervisors. Conversely, in cases where supervisees did not discuss their difficulties in their supervision relationships, they may have felt a lack of foundational trust, confidence, and support to approach these discussions in supervision which resulted in the rupture not being discussed, or, the discussion going poorly. Lastly, in cases where supervisees reported a strong supervision relationship but were unable to discuss the rupture or the discussions went poorly, perhaps the rupture was so powerful for supervisees they felt it was beyond repair. It may also be possible that supervisees and supervisors may have felt ill-equipped to navigate the negative changes in their relationship.

These findings highlight the importance of building a strong supervision relationship at the onset of supervision, a phenomenon that is emphasized as a necessary component to quality supervision (Bernard & Goodyear, 1998). Moreover, the importance of strong supervisory alliances in regard to withstanding difficult discussions in supervision is an emphasis by supervision theorists (Holloway, 1987; Mueller & Kell, 1972).

Impact of Attempts/No Attempts

In discussing the effects of the attempts or non-attempts to resolve the rupture, two pathways emerged. As such, the discussion below in two sections: Attempts/non-attempts where no resolution was reached and resulted in negative effects; and instances in which the supervisee and supervisor were able to resolve their difficulties and differences which resulted in positive impacts.

Unresolved. Most supervisees did not realize a resolution to the rupture, whether the concerns leading to the rupture were addressed or not. As a result participants described further deterioration of their supervision relationship and an increased sense of fear in supervision. Often supervisees experienced further emotional distress, lost respect for their supervisors, and lowered their expectations regarding what they may gain out of supervision. Other researchers have found that unresolved conflicts in supervision lead to a number of negative repercussions including decreased supervisee satisfaction with supervision (Burkard et al., 2006), decreased supervisee multicultural competence (Toporek et al., 2004), supervisee distress (Fukuyama, 1994), and decreases in the quality of client care (Burkard et al., 2006; Cook & Helms, 1988). Perhaps when supervisees in this study realized that no resolution was to come of the rupture, they lost hope that the negative changes in supervision and their supervision relationship would improve, which caused them distress. Furthermore, since many participants felt that they no longer could benefit from supervision, they may have felt frustrated that their professional and clinical goals were no longer able to be met.

Resolved. In situations where the discussion of the rupture went well, supervisors and supervisees were able to resolve their differences and difficulties and the supervision relationship was repaired. Here, participants reported that these discussions strengthened their supervision relationship, restored their trust for their supervisors, helped them to feel supported, validated, and understood, enhanced supervision work, and taught them to value and develop confidence in resolving cultural conflicts with their supervisors. Such positive outcomes, speak to the importance of addressing ruptures in relationship in multicultural supervision. Research on culturally responsive supervision parallels these findings, as in situations where supervisors acted in culturally responsive ways, supervisees reported feeling sensitized to cultural issues in therapy, personally validated and supported, and closer to and more trusting of their supervisor (Burkard et al., 2006). These findings suggest that appropriately attending to cultural components during supervision is a necessary component of effective supervision, and that when problems arise during multicultural supervision, if appropriately and sensitively addressed by supervisors, the negative impacts on supervision, the supervision relationship, and supervisees can be reduced.

Factors that Contributed to Rupture

Supervisees identified a number of factors that contributed to ruptures in multicultural supervision. Notably, participants identified supervisor's lack of training in supervision and diversity. Supervision research has consistently noted various competencies that professionals must possess to be effective supervisors including education and training in supervision, organizational skills, and

knowledge regarding interpersonal dynamics of supervision relationships (Bernard & Goodyear, 1998; Stoltenberg & McNeil, 2009). Unfortunately, not all training programs follow these guidelines, and as a result, professionals assume the role of supervisor without being fully prepared (Friedlander & Ward, 1984; Loganbill, Hardy & Delworth, 1982). Perhaps this was the case for supervisors in this study, whom may have felt ill-equipped to handle even basic supervisor responsibilities, far less the more advanced supervision interventions that are required to effectively attend to culture in supervision.

Furthermore, as noted earlier, participants felt that they possessed a higher level of multicultural education than their supervisors. Constantine (1997) also found that 70% of supervisees received training in multicultural counseling in graduate school whereas only 30% of supervisors had received such training in their academic programs, a division that was shown to be problematic in supervision. Similarly, Duan and Roehlke (2001) found that 93% of supervisors in their study reported having no experience supervising trainees who were racially or culturally different from themselves, which also contributed to conflict in supervision. The discrepancy between supervisee and supervisor education and training in multicultural issues evidently played an important role in supervisee's experiences of ruptures. Perhaps a lack of multicultural education on behalf of supervisors caused them to overlook important cultural aspects of client cases that supervisees were attending too. Furthermore, they may have lacked the necessary knowledge and awareness to demonstrate sensitivity to cultural components of client cases, and to the cultural dynamics at play within the supervision relationship.

Additionally, participants identified a lack of discussion regarding supervisor and supervisee cultural identities and beliefs during supervision as a factor that contributed to the ruptures. As dynamics of the supervisory relationship are greatly affected by cultural interactions; and the quality of supervision is impacted by power dynamics associated with multicultural aspects including race, ethnicity, gender, and other cultural factors (Hird, Cavalieri, Dulko, Felice, & Ho, 2001), it makes sense that if not discussed in the context of the supervisory relationship, problems could arise. As, when cultural factors are discussed within the supervision relationship, supervisees and supervisors have a better understanding related to what each other value and how they see the world which helps them understand both the strengths and weaknesses of one another's approaches. Furthermore, absence of such discussions may suggest that culture is not important, which may also be a conflict for supervisees that value such perspective as taught in their graduate programs.

Importantly, research by Constantine (1997), Chen (2001), and Carney and Kahn (1984) encourage supervisees and supervisors to engage in discussions about their various cultural identities, and to have these discussions early and often in the supervision relationship to capitalize on the rapport building phase of the relationship. Furthermore, as these conversations provide a sense of cultural understanding between supervisees and supervisors, the supervisory relationship may actually be more effective when discussions of multicultural topics take place. (Gamon et al., 2001). Supervisees in this study confirm these perspectives, noting

that that if they and their supervisors would have discussed their cultural identities early in supervision, perhaps the rupture could have been avoided all together

Lastly, supervisor's cultural insensitivity, and supervision lacking discussion about the pre-rupture events were identified as factors that contributed to the ruptures in multicultural supervision. This cultural insensitivity on behalf of the supervisor, and lack of conversation about the rupture seem to be important findings in this study, as they play a role in the pre-rupture events, the MSR itself, and are identified as contributing factors in the negative effects of supervision, and on the supervisee. These findings stress the importance of further research on why supervisees and supervisors avoid discussions of ruptures within supervision, and highlight the importance that discussions that do take place need to be handled with sensitivity and care.

Factors that Could Have Helped Resolve the Rupture

Supervisees felt that addressing the rupture is a vital component in working towards resolution. Ladany et al. (2005) similarly emphasizes the importance of working through various critical events in supervision for the trainee to become a competent therapist. Furthermore, supervisees also acknowledged that supervisors needed to approach rupture conversations with sensitivity and care, and that in order to move forward they needed to feel that their supervisor acknowledged the emotional affects that the rupture had on them. These results suggest that in order for supervisees to reach resolution of ruptures in multicultural supervision, they need direction by their supervisors, and that it is important for them to feel emotionally validated, which requires supervisor comfort and skill in this area.

Although not directly related to supervision, Safran and Muran (2000) highlight the importance of processing therapy rupture events and state that, “resolving alliance ruptures involves the process of communication in which two individuals are talking about what is currently transpiring in the therapeutic relationship,” (Safran et al, 1990, p.159). These authors also purport that in order to repair a therapeutic alliance rupture the therapist should approach the experience with genuine curiosity, tentativeness and an exploratory attitude (Safran et al. 1994). It is reasonable to assume that similar observations in terms of the importance of processing in the moment interactions can be helpful in rupture resolution in supervision, as it is in therapy relationships (Bernard & Goodyear, 1998). Thus, supervisors and supervisees in this study may have benefitted by attending to the rupture as it was occurring in the supervision relationship.

Furthermore, Friedlander and Ward (1994) identify supervisory style as an important determinant to how trainees respond to the supervisory relationship and interventions. Of particular interest are their attractive and interpersonally sensitive styles which are characterized by friendliness warmth and, flexibility, and investment on behalf of supervisors. Within this context, these findings suggest that as our participants identified, supervisors whom demonstrate a sensitive and process oriented style may be more apt to successful processing and resolution of rupture events.

Effects of Interview

As supervisees in this study identified that processing of the rupture is an important part of resolution, and since many of them did not have a chance to participate in this debriefing process with their supervisor it comes as no surprise that participants reported that the process of participating in the interview was an enjoyable experience that helped them work through their rupture experience and gain closure. Participants also discussed that they felt their experiences in multicultural supervision were validated during the interview process.

Supervisee Comments on MSRs

When asked to discuss their general thoughts about ruptures in multicultural supervision, supervisees discussed topics consistent with the findings noted throughout this discussion section. Overall, they noted that ruptures during multicultural supervision are normal aspects of discussing culture within supervision, and that when ruptures do occur during multicultural supervision, it is important that they are discussed. Additionally, they again noted that importance of supervisors and supervisees discussing their cultural identities in early and often within the supervision relationship.

Summary

The findings from this study suggest that ruptures during multicultural supervision were quite difficult and powerful events for supervisees to experience. For these participants, the ruptures affected not only the supervisees but the supervision relationship as well. In situations where the ruptures were discussed in supervision in helpful ways, supervisees felt a relief of their negative effects, and like

their supervision relationship and work was strengthened and enhanced. In situations where the ruptures were not discussed, or the discussions went poorly supervisees reported that they felt further distressed and that their supervision relationship and work deteriorated further.

Limitations

There are several limitations of this research. First, the results of this study are limited in that it only examined ruptures in multicultural supervision from the point of view of the supervisee. By only soliciting the perception of the supervisee, no information was gathered on behalf of the supervisors who may have quite different recollections and commentary on the multicultural supervision rupture event. Second, this study was based solely on the self-report of the participants, regarding experiences that occurred in the past. As a result, retrospective errors may have occurred in the participant report and we have no objective verification of supervisees' reports.

A third limitation of the study relates to the alteration of standard CQR methods due to this project being a dissertation study. Specifically, the first author conducted and transcribed all of the interviews, and took the lead on domaining, coring of ideas, and cross analysis, potentially giving her greater influence over the data analysis than other team members. Although a team consensus was reached during all parts of the data analysis, the primary investigator having more influence over the data in the initial stages of analysis may have provided a more biased interpretation of the data than if the analysis would have been spread across all team members in the early stages.

Fourth, the results of this study are primarily applicable only to supervisee samples similar to those who participated (e.g. predoctoral psychology interns, MA in counseling students), and thus should be applied more broadly with caution. Additionally, no male supervisees participated in the study, which further limits generalizability as male supervisees' may have had considerably different experiences of ruptures in multicultural supervision.

A fifth limitation surrounds the racial/ethnic background of the participants in this study. This study did not have a large enough sample size to conduct a split analysis comparing supervisees' of color with Caucasian supervisee participants, which prevented researchers from uncovering the rich differences and similarities that may arise in regard these group of supervisees experiences with ruptures in multicultural supervision.

Lastly, this study sought to examine the breadth of supervisees' experiences with ruptures in multicultural supervision as a whole, which while yielding important findings, may have missed important data that could have been more richly described by supervisees' if any one of the factors examined in this study were researched from a more narrow perspective.

Implications

Results of the present study yield a number of implications across several different areas. Implications for multicultural supervision, training, and future research are discussed in the sections below.

Multicultural supervision. For the participants in this study, ruptures in multicultural supervision caused an immediate deterioration of trust in the

supervision relationship and left supervisees feeling uncomfortable in supervision. The ruptures were quite difficult for supervisees to experience, and resulted in negative effects on supervision, the supervision relationship, and the supervisees. In situations where the ruptures were discussed in positive ways, supervisees felt relieved from the negative effects and their supervision relationship was enhanced. Conversely, in situations where the ruptures were not discussed or the discussions went poorly supervisees reported that they experienced further distress.

In this study, a general lack of cultural discussions in supervision regarding supervisor and supervisee cultural identities and beliefs were identified by participants as a factor that contributed to the ruptures. As such, many supervisees recommended that supervisors discuss culture often and early in supervision as a way to prevent ruptures from occurring in supervision, a suggestion that is further supported by multicultural supervision literature (Constantine 1997; Chen, 2001). Furthermore we know that discussions of culture in supervision can enhance supervision working alliances (Gamon et al., 2001). These findings highlight the importance not only of supervisors broaching cultural topics in supervision early and often in the formation of the supervision relationship, but understanding the importance of these conversations, and possessing the necessary skills to facilitate such conversations.

Interestingly many cases regarding MSR events, supervisees did not seek to address or try to resolve the ruptures. These lacks of attempts may represent a self-protective mechanism in supervision, as many supervisees may lack the developmental, professional confidence and assertiveness to address ruptures in

their supervision relationships (Liddle, 1986). These findings indicate that especially when working with novice supervisees, supervisors cannot be passive regarding ruptures in supervision, and must address changes they notice in the supervision relationship immediately and often with their supervisees. As noted by supervisees in this study, when addressing these changes in the supervision relationship, supervisors should do so with sensitivity and care for the supervisee. In such situations, supervisors should self-reflect and consider any supervision exchanges that may have been harmful or offensive to supervisees, and take time in the processing of the rupture to explain their perspectives, and help supervisees explore their perspectives and reactions, processes that participants in this study identified as helpful in rupture resolutions. Furthermore, since these types of supervision interventions take skill and confidence on behalf of supervisors, it may benefit supervisors to seek consultation from colleagues regarding how to approach these conversations in supervision.

Training. In addition to the implications for multicultural supervision, the results of this study hold implications for training for future supervisors and those who are currently supervisees. These recommended interventions do assume that the supervisor is aware of and willing to acknowledge that a rupture has occurred in the relationship, a phenomenon that many of our participants questioned in this study. Perhaps the fact that such ruptures go unnoticed by some supervisors suggest that they need training to help them recognize changes in supervision as well as recognize when supervisees are experiencing distress and responding negatively to supervision interventions. Furthermore, perhaps this responsibility

should not rest solely on supervisors shoulders and supervisee's may need to be better prepared in training programs to address ruptures in their supervision relationships, learn how to advocate for themselves professionally, and understand the importance of transparency in their supervision relationships.

Additionally, more supervision training should focus on providing supervisors with the necessary skills to both avoid ruptures, and how to address and manage them when they occur. It could be instructive for supervisors in training to be introduced to literature on multicultural supervision to support more knowledge and unbiased interactions between supervisors and supervisees. For example, it would be helpful for supervisor's to have instruction regarding how to open conversations of culture both in terms of clinical work and supervisee and supervisor cultural identities with their supervisee's, and to understand the importance of having these conversations during supervision. Furthermore, supervisors may benefit from instruction on how to both facilitate and effectively attend to supervisees' exploration regarding cultural components of clinical cases, as discord in this area played a role in many of the pre-rupture events in this study.

Supervisor's that lack multicultural knowledge, awareness, and skills need to seek education, and supervision training courses in order to effectively work with generations of supervisee's that have a wealth of knowledge and experience in topics of diversity (Constantine, 1997). Moreover, the responsibility of ensuring that supervisors of emerging clinicians are equipped with the necessary multicultural knowledge, awareness, and skills should be shared by clinical agencies in including

multicultural education as part of supervision curriculum, and requiring that supervisors possess these skill sets.

Lastly, it may behoove supervisors to reflect on and anticipate what ruptures could occur during multicultural supervision; avoid what is possible to avoid and to plan for creatively addressing the inevitable ruptures that will occur. Adopting such a mindset would allow the supervisor to approach the supervisee with comfort and confidence that problems that arrive during multicultural supervision can be addressed and resolved.

Future research. The results of this study have several implications for future research. Due to the small number of participants, and use of qualitative methodology in this study, reexamining these findings including quantitative elements could help assess if participants experiences are reflective of a larger population of supervisees. Furthermore, no males participated in this study, and future research in this area should seek a more gender balanced participant pool; as, male and female experiences of ruptures in multicultural supervision may be quite different. Additionally, investigating ruptures in during multicultural supervision individually from a supervisor's perspective, or within in the same supervisory dyad (i.e. asking the same questions of supervisors and supervisees) may also provide useful information about multicultural ruptures from different perspectives.

Furthermore, it may be helpful to more fully examine various aspects of the rupture and rupture repair process in isolated areas. In the present study, participants identified various impacts of rupture repair, and non-rupture repair and highlighted in multiple domains the importance they felt rested on the

processing of the rupture events. A more narrow focus on specifically investigating the process of the rupture repair events between supervisee and supervisor and the consequent impacts of these attempts would be interesting to obtain through supervisee and or supervisor perspectives. Specifically, it would be interesting to further examine the unique finding of this study in which in most supervision dyads that had a previously positive and strong supervision relationship were able to resolve the rupture, and others were not. It would be interesting to examine what facilitated some strong relationships to repair the rupture, and what seemed to go wrong both in supervision processes and the supervision relationship in situations where no rupture resolution could be reached. Learning more about how supervisees and supervisors navigate these ruptures in multicultural supervision may warrant valuable information to present to supervisors.

Conclusion

In summary, the findings from this study illuminate supervisees' experiences of ruptures that occur during multicultural supervision including the effects of these ruptures on supervisees and supervision. The study also identified factors that seemed to contribute to these ruptures, and factors that could have helped to resolve the ruptures, and provided an introductory exploration of the process of rupture resolution, which is important in regard to supervisors being able to provide culturally competent supervision.

In closing, the importance of providing competent multicultural supervision was recently discussed in a major contribution special issue in *The Counseling Psychologist*. In a noteworthy article, Foo Kune & Rodolfa (2012) discuss the

importance of putting research into practice in regard to providing effective multicultural supervision. This dissertation study supports the need for further research and investigation into the occurrence of ruptures in multicultural supervision, and also the repair. As, working through problems that may arise when engaged in multicultural supervision, is evidently part of providing effective multicultural supervision.

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Appendix A IRB Submission

Human Research	Protocol #: ORSP #: Sponsor Tracking #:
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Institutional Review Board Protocol Summary Form

Directions: Submit this completed Protocol Summary Form with original signature(s) along with any additional materials, including consent forms, information sheets, surveys, interview questions, etc.

Submit to: Office of Research Compliance, 560 North 16th Street, Room 102, Milwaukee, WI 53233

Phone: 414-288-7570

Fax: 414-288-6281

Web site:

<http://www.mu.edu/researchcompliance>

Type of Review being sought: Exempt ☐ Expedited ☒ Full Review ☐

Exempt Review: Submit **originals** of all materials; 1 copy of grant application.

Expedited Review: Submit **originals AND 1 copy** of all materials; 1 copy of grant application.

Full Review: Submit **originals AND 14 copies** of all materials; 1 copy of grant application.

Principal Investigator: *Laura M. Hartmann, M.A.*

Department: *Counselor Education and Counseling Psychology (CECP)*

Phone: *(920)946-3773*

E-mail: *Laura.Hartmann@mu.edu*

Project Title: *Supervisees' Experiences of Ruptures in Multicultural Supervision: A Qualitative Study*

PI Certification

By signing below or submitting this document electronically, I agree to accept primary responsibility for the scientific and ethical conduct of this project as approved by the IRB. The project cannot begin until I receive documentation of IRB final approval.

Signature of Principal Investigator

Printed Name

Date

FOR STUDENTS, a Marquette faculty supervisor's signature is required or this document must be submitted electronically by the supervisor. **Faculty Supervisor:** By signing below or by submitting this document electronically, I certify that I have reviewed the research plan and this document and I have approved the scientific and ethical aspects of the project. I will supervise the above listed student and ensure compliance with human subjects' guidelines.

Signature of Faculty Supervisor

Printed Name

Department

*****Please note that in order to choose any of the check boxes on this form, you must double click the box and select "Checked" as the Default Value*****

Section A: RESEARCH PROJECT CHARACTERISTICS

1. This is a:

- ☐ Research Proposal
☒ Thesis/Dissertation
☐ Class Project (list Dept. & Course #):
☐ Other (specify):

2. Grant or Contract Funded: ☐ Yes ☐ Funding is Pending ☒ No

Sponsor/Source of funding: ***No source of funding***

If external funding, have you registered your project with Research and Sponsored Programs (ORSP)? ☐ Yes ☐ No

If Yes, Please list your ORSP Reference #: _____

If your project is grant funded, submit a copy of the funding/grant proposal and list the AGENCY GRANT NUMBER: _____

If the project title listed on page 1 of this application is different from your grant title, list the grant title: _____

If the funding agency requires an official IRB approval letter or form, list the program area, contact person, title and complete mailing address:

3. Does the investigator or key personnel have a potential financial conflict of interest in this study that should be disclosed?
☐ Yes ☒ No If Yes, Please explain:

4. PI Status:

- ☐ Undergraduate
☒ Graduate
☐ Faculty/Administrator
☐ Other (specify):

5. Provide the names, titles and affiliations of **all** investigators (include yourself, co-PIs, other investigators, and students). Please use an attachment if more space is required.

OHRP interprets an “**investigator**” to be any individual who is involved in conducting human subjects research studies. Such involvement includes:

- obtaining information about living individuals by intervening or interacting with them for research purposes;

- obtaining identifiable private information about living individuals for research purposes;
- obtaining the voluntary informed consent of individuals to be subjects in research; and
- studying, interpreting, or analyzing identifiable private information or data for research purposes.

Note that any collaborative work with another institution will require the submission of that institution's IRB approval letter.

Name	Institution	Status (Faculty, Grad., Undergrad., etc.)	Project Role (Co-PI, Key or Non-Key Personnel, Consultant, etc.)	Contact e-mail	Tutorial* (Attached or On File w/ MU ORC)
Laura Hartmann	Marquette University	Graduate Student	PI	Laura.Hartmann@mu.edu	On file
Eric Everson	Marquette University	Graduate Student	Key personnel	Eric.Everson@mu.edu	On file
Shirley Newcomb	Marquette University	Graduate Student	Key personnel	Shirley.Newcomb@mu.edu	On file
Alan Burkard	Marquette University	Faculty	Key Personnel and Dissertation Advisor	Alan.Burkard@mu.edu	On file

***Please note that Training Certificates are required for all human subject investigators. Certificates can be obtained by visiting <http://phrp.nihtraining.com/users/login.php> and completing the IRB Tutorial Designed by the National Institute of Health. Copies of Training Certificates are to be forwarded to the Office of Research Compliance.**

- 6.** Do you wish to have this project considered for Exempted Review?
☐ Yes ☒ No (See Submission Requirements on ORC web site for definition and list of categories)

If Yes, identify the Exemption category number you believe covers your project:

- ☐ Category 1 ☐ Category 2 ☐ Category 3 ☐ Category 4 ☐
☐ Category 5 ☐ Category 6

Explain your basis for this level of review here:

- 7.** Do you wish to have this project considered for Expedited Review?

☒ Yes ☐ No (See Submission Requirements on ORC web site for definition and list of categories)

If Yes, identify the Expedited Review category number you believe covers your project:

☐ Category 1 ☐ Category 2 ☐ Category 3 ☐ Category 4 ☐
☐ Category 5 ☒ Category 6 ☒ Category 7

Explain your basis for this level of review here: This research protocol involves interview of advanced students in professional psychology training. Although the data will be de-identified, there will remain a singular link between the coded data and participant names until the end of the investigation.

8. Inclusive dates of Project: (Project may not start prior to approval)

From: **IRB Approval Date** To: **August 2013**

9. How long is the active involvement of participants in the study? (e.g. six half-hour sessions over six months): **One hour long telephone interview, followed by another 20-minute phone interview. This makes for a total of 1.5 hours over a two-week period.**

10. Research Location: Where will the research be performed (if not on campus, please provide the full address; if online, please indicate online)? **Interviews will be conducted in a private room (Room 151C or SC171E, Schroeder Health Complex) that has audiotaping equipment appropriate for recording telephone interviews.**

Note: If the research will be conducted in a school or institution other than Marquette University, include a letter, on letterhead stationery, of permission from that institution and/or its IRB. This letter must be received by the ORC prior to IRB approval.

11. What do you intend to do with the data collected?

☒ Publish paper ☒ Present at conferences/meetings
☐ Other (please describe):

Section B: SUBJECT RECRUITMENT

12. Indicate which of the following specially protected groups will be specifically targeted as research participants in this study (Check all that apply):

☐ Pregnant Women/Fetuses ☐ Children (minors under 18) ☐ Prisoners
☒ None of These

13. Indicate which of the following potentially vulnerable populations will be specifically targeted as research participants in this study (Check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> College Students* | <input type="checkbox"/> Institutional Residents | <input type="checkbox"/> Cognitively Impaired |
| <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Terminally Ill | <input checked="" type="checkbox"/> None of These |

***If using Marquette students, please consult HRP Policy 98.102 Participation of Students and Employees in Research**
<http://www.marquette.edu/researchcompliance/human/documents/HRPolicy98.102-StudentsEmployees.pdf>

14. Will both genders have an equal opportunity to participate as subjects in this research project?

☒ Yes ☐ No If No, explain your answer:

15. Will subjects of different racial and ethnic consideration have an equal opportunity to participate in this research project? ☒ Yes ☐ No If No, explain your answer:

16. How many subjects will be recruited into your research project as justified by the hypothesis and study procedures?

a) Total number of subjects required to complete your study: 12-30

How was this number determined? If a power analysis or other method was used, please include this in your response: **We are using Consensual Qualitative Research methodology for this study, and this method of inquiry typically requires at least 12 participants.**

b) Total number of subjects to be recruited (to account for drop out, etc.): Unable to

fully determine the number of subject's recruitment materials may reach, because of the nature of our recruitment procedures. However, no more than 30 participants will be recruited for this study.

c) Explain the reason for difference between (a) and (b) above (e.g. past studies have shown that there is a 50% drop out rate for students, the study is longitudinal and a drop out rate of 30% is anticipated): **We intend to use multiple recruitment methods for this study, including: Snowballing, listserv announcements, and direct solicitation. Consequently, we do not know how many potential participants may be researched by these methods.**

Please Note: If at a later time it becomes apparent that you need to increase your sample size, you will need to submit an IRB Protocol Amendment Form, including your justification for additional subjects.

17. What is the age range of subjects (please provide a specific range)?

22-75

18. What is the source of the subject list? **We will recruit participants from APPIC approved internship sites, through the APPIC (Association of Psychology Postdoctoral and Internship Centers) pre-doctoral and post-doctoral listservs, through the COUNSGRADS and DIVERSEGRAD-L listservs, and by word-of-mouth through a snowballing strategy.**

19. Who will contact the subjects (name and affiliation)?

Laura M. Hartmann, Marquette University

20. How will subjects be contacted? (Check all that apply)

☐ Advertisements*

☒ Letters*

☒ Notices*

☐ Telephone Lists

☐ Student Pool

☐ Random

Telephone Dialing

☒ Direct person-to-person solicitation

☒ E-mail*

☐ Other (please specify):

☐ University

News Briefs*

* A copy must be submitted for IRB approval. For letters, notices, advertisements, and others, submit verbatim copies.

21. Data collection methods: (Check all that apply and **provide copies of all tools**)

☐ Questionnaire or Survey¹

☐ Observation⁴

☒ Interview

☐ Archival Data²

☐ Intervention

☐ Video

Recording³

☐ Instruction/Curriculum

☐ Focus Groups

☒ Audio

Recording³

☐ Testing/Evaluation

☐ Other (please describe):

¹ If conducting an online survey, consult the University's Online Survey Policy (<http://www.mu.edu/upp/documents/upp1-22.pdf>)

² If using archival data, describe in the Narrative section (question 48) whether data are de-identified.

³ If you select video and/or audio recording, please provide further explanation in the Narrative section (question 48) regarding confidentiality of the recording(s).

- ⁴ If you select observation, please provide further explanation in the Narrative section (question 48) regarding who you plan to observe, where you plan to observe (public or private location), and the type of data you will be collecting.

NOTE: If data collection tools are provided in a language other than English, provide both the English and non-English versions.

22. If deception or experimental manipulation is used, please explain why it is necessary (as opposed to convenient) for this study. Include plans for how and when subjects will be debriefed and attach a copy of your debriefing sheet, if applicable:

N/A

23. Does any part of this activity have the potential for coercion of the subject (for example, a student being recruited by a teacher who controls his or her grade may feel coerced)? ☐ Yes ☒ No

24. If Yes, explain and describe the proposed safeguards:

Note: If you are planning to recruit Marquette employees or students, consult the HRP Policy regarding Participation of Students and Employees in Research (<http://www.marquette.edu/researchcompliance/human/documents/HRPolicy98.102-StudentsEmployees.pdf>)

Section C: CONSENT OF RESEARCH SUBJECT

25. What type of consent will be used? **You must attach a clean copy that will receive the IRB approval stamp. Consult the ORC website for the consent form instructions and required template.**

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Written Consent | <input type="checkbox"/> Waiver | <input type="checkbox"/> Online Consent |
| <input type="checkbox"/> Oral Consent | <input type="checkbox"/> Information Sheet | <input type="checkbox"/> Parent |
| Permission & Child Assent | | |
| <input type="checkbox"/> Guardian Permission & Adult Assent | <input type="checkbox"/> Other (please describe): | |

26. If you are requesting a waiver of informed consent, address each of the following:

- a) The research involves no more than minimal risk to the subjects;
- b) The waiver will not adversely affect the rights and welfare of the subjects;
- c) The research could not practicably be carried out without the waiver; and
- d) Whenever appropriate, subjects will be provided with additional pertinent information after participation.

Considering the above requirements for a waiver of informed consent, please describe how your research qualifies for this waiver:

27. Do you intend to use an informed consent document in a language other than English?

☐ Yes ☒ No If Yes, provide both the English and non-English versions.

28. If you are using an oral consent, describe the rationale, how it will be documented, and include a copy of the oral presentation; it must include all information required of written informed consents:

Section D: CONFIDENTIALITY

29. Where specifically will consent forms be kept (building location, room #, please include full address if off campus) **AND** who will have access?
Consent forms will be kept in a locked file cabinet at 4923 S. 10th Street, Sheboygan WI 53081, which is the primary investigators personal residence. No one outside of the primary investigator will have access to these forms.

30. How will research subjects be identified in the research data (by name, code, number, etc.)?

Research subjects will be identified in the research data by code number. Only the code number will be used in transcriptions.

31. At any time during your research will a direct link exist between collected data and research subjects? (i.e. participants' data can be directly linked to their name). For example, data collection sheet has a location for participant's name to be recorded.

☒ Yes ☐ No

At any time during your research will an indirect link exist between collected data and research subjects? (i.e. participants' data can be indirectly linked to their name.) For example, data collection sheet has a location for subject number to be recorded. In addition, a spreadsheet exists that links that subject number to a participant's name. Many multi-session and longitudinal studies use indirect links.

☒ Yes ☐ No

If either of the two above questions are answered "yes," please describe the provisions for security of any links: **Informed consent and demographic forms with participant contact information will be stored separately from any data. All transcriptions will be de-identified by the principal investigator before transcripts are shared with research team members. The principal investigator will maintain an electronic copy linking participant names and code in electronic form, which will be stored in a password-protected computer in the principal investigator's private**

residence. Once the data analysis has been completed and the manuscript is written, the file linking names and codes will be deleted.

32. When data results are reported/disseminated:

Will identifiers be used (for example: participant's name will be published in article)? ☐ Yes ☒ No

Will it be presented in aggregate form (For example: Group characteristics only=Yes, Individual Quotations=No)?

☒ Yes ☐ No

33. Will research data (raw data) be available to anyone other than the IRB, sponsor and study personnel?

☐ Yes ☒ No

If Yes, who will this data be shared with, describe how the data will be safeguarded, and be sure to include this information in the consent form (if applicable):

34. Describe how research records, data, electronic data, **(including deidentified data)** etc. will be stored (i.e. locked file cabinet, password protected computer file, etc.) **AND** for how long (research records must be maintained a minimum of 3 years; if kept indefinitely, please state this and indicate it on the consent form): **The paper copies of research records (i.e., informed consent, demographic forms) will be stored for 3 years after the completion of the study, and then destroyed through a shredder. The de-identified electronic records will be maintained indefinitely on a password protect computer that can be located in the principal investigator's private residence. The audio-recordings will be stored in a locked cabinet in the primary investigator's private residence until the completion of the study (i.e., the data analysis is finalized). Upon completion of the study, the audio recording will be electronically erased.**

Describe how the research records, data, electronic data, **(including deidentified data)** etc. will be destroyed (i.e. shred paper documents, delete electronic files, etc.), **AND** address whether they may be used for future research purposes (If records will be used in the future, please indicate this on the consent form): **As indicated above, the paper files will be destroyed after 3 years. The electronic transcription records will be stored indefinitely. None of the data will be used for further research purposes.**

35. Could any part of this activity result in the potential identification of child/adult/older adult abuse?

☐ Yes ☒ No

If Yes, is the mandatory report of child/adult abuse outlined in your consent?

☐ Yes ☐ No

36. Could any part of this activity result in the potential identification of communicable diseases or criminal activities? ☐ Yes ☒ No

Section E: BENEFITS AND RISKS TO RESEARCH SUBJECTS

37. Are the direct and indirect benefits to the research subjects for involvement in this project described in their informed consent form? ☒ Yes ☐ No

Describe the possible direct benefits to the subjects. If there are no direct benefits, please state this. Also, describe the possible benefits to society:

Participants may benefit from the opportunity to reflect on their experiences of ruptures that occurred during multicultural supervision. Supervisors and professional psychology may benefit greatly from this investigation, because the intent is to understand how potentially difficult experiences unfolded and were addressed in supervision. Such information may be helpful to improving supervisor skills in regards to developing multicultural competence, and in promoting greater sensitivity when discussing multicultural topics in supervision.

38. Will any electrical or mechanical systems that require direct human contact be used (does not include use of computers for data keeping and surveys)?

☐ Yes ☒ No

If Yes, attach a copy of the manufacturer's electrical/mechanical safety specification information for each instrument/device. If the device is custom made, attach detailed description/information on design and safety with respect to human subjects application.

*****Also include the most recent safety inspection information documented on either the [Marquette University Electrical Safety Testing Documentation](#) form or an equivalent electrical safety testing documentation form.**

NOTE: Electrical and mechanical safety inspections must be performed and documented on an annual basis. Documentation of the most recent safety inspection must be submitted with the initial protocol, as well as with any subsequent 3-year renewals.

39. Are the nature and degree of potential risks to research subjects described in the consent? Risks can be physical, psychological, economic, social, legal, etc.

☒ Yes ☐ No

40. Describe the risks to participants and the precautions that will be taken to minimize those risks (these risks should also appear on the consent form). If no risks identified, explain why:

We believe the risks to be minimal for participants, although it is possible that participants may experience some discomfort during the interview process. We will provide the research questions prior to any interview, helping participants to be prepared for the topic of the interview. Additionally, the principle investigator who will be conducting the interviews has been trained on how to debrief participants in case participants do experience some emotional distress. Participants can withdraw from the study at anytime, and participants can chose not to respond to specific questions. If participants choose not to respond, the research team will reserve the right to exclude the data from the final analysis.

Section F: COMPENSATION FOR RESEARCH SUBJECTS

41. Will research subjects be compensated or rewarded? ☐ Yes* ☒ No

If Yes, describe the amount of compensation, how and when it will be disbursed, and in what form:

*** If subjects are recruited from MU classes, indicate whether students are receiving course credit (regular or extra credit) and, if so, what alternatives are offered to those students who do not wish to participate in the research.**

Section G: NARRATIVE DESCRIPTION

For the following questions, try to use **non-technical** language that provides a first time reader (from any discipline) with a clear understanding of the research, and avoid abbreviations. **Do not "paste" text from the grant proposal, and do not refer to the grant proposal page numbers or include literature citations.** Information given should provide the first-time reader with a clear understanding of the proposed research. Focus your answers on the involvement and treatment of human subjects.

PROPOSED RESEARCH RATIONALE

42. Describe why you are conducting the study and identify the research question(s) being asked:

Little research on ruptures in supervision is conducted, and this study would be one of the first to understand supervisees' experiences of ruptures supervision when multicultural concerns are the focus of supervision. We seek to understand the nature of the rupture, the nature of the multicultural components of the experience, the factors that contributed to these ruptures, and the effects of the rupture on

supervision, the supervisory relationship, and the supervisee. Additionally, we hope to examine if attempts were made to work through the rupture. For this study, a rupture is defined as a problematic shift during supervision that results in an impairment or fluctuation in the quality of the relationship between the supervisee and supervisor, and the term multicultural supervision is defined as a time in supervision when multicultural topics are being discussed.

Our research question is: How do mental health trainees experience ruptures in supervision that occur when discussing multicultural topics?

SUBJECTS TO BE INCLUDED

43. Describe any inclusion and/or exclusion criteria:

We will seek to interview mental health trainees (i.e., masters or doctoral level). The rupture will have occurred in the past three years.

RECRUITMENT AND OBTAINING INFORMED CONSENT

44. Describe your recruitment process in a step-by-step manner:

We are using multiple methods of recruitment to identify potential participants. First, we will contact training directors at pre- and post-doctoral training sites that specialize in multicultural training. These training directors will be asked to share information on our study with current trainees. If trainees contact Laura Hartmann a recruitment letter and research materials will be sent to these potential participants inviting them to participate in the interview process. Finally, we also post recruitment notices to pre- and post-doctoral listserves for APPIC, inviting pre-doctoral and post-doctoral trainees to participate in the study, as well as at counseling listserves (COUNSGRADS and DIVERSEGRAD-L) soliciting masters level trainees for participation. Again, we will use the same procedures as identified above for the distribution of research materials.

45. Describe your informed consent process in a step-by-step manner:

The informed consent letter will be included in recruitment materials, and no interviews will be conducted until the informed consent letter has been returned to the principal investigator. Additionally, during the first interview, the interviewer will review how the participant's identity will be protected, specifically acknowledging that transcriptions will be de-identified, and that audio recordings will be erased upon completion of the study. Participants will also be informed the transcriptions will be coded so that no personally identifying

information can be associated with the interviewee. Finally, participants will have an opportunity to review any manuscript prior to submission to editors to further ensure that any personally identifying information is removed.

SPECIFIC PROCEDURES TO BE FOLLOWED

- 46.** Describe the methodology to be used and describe in a step-by-step manner the involvement and treatment of human participants in the research, through to the very end of participation. Identify all data to be collected:

Method

We chose the Consensual Qualitative Research (CQR) methodology developed by Hill, Thompson, and Williams (1997), an established qualitative methodology. In CQR, a comparatively small number of cases are explored intensively to acquire an understanding of a particular phenomenon, data analysis occurs via a consensual group process, and findings emerge inductively from the data. In the following we describe the analysis process.

Procedures for Analyzing Data

CQR team members seek to reach consensus regarding all data analysis decisions; these decisions are then independently reviewed by an auditor in the core idea and cross-analysis stages. In reaching consensus, team members discuss their differences in understanding the data until each team member agrees with the final decision regarding the placement of data into domains, as well as the development of core ideas and cross-analysis categories. The auditor's feedback is also discussed until the team reaches consensus regarding his suggested changes.

Domain coding. Using the interview questions as an initial foundation, the research team develops a "start list" (Miles & Huberman, 1994) of domains, or topic areas, used to group data about similar content. Each team member then independently assigns interview data to domain(s). The team next meets to discuss their assignment of data to domains until they arrive at consensus for all data. Consistent with CQR procedures, domains are altered during the analysis to reflect the data more accurately.

Core ideas. In the next step, for each participant that a team member interviewed, the team member independently reads all of the data in a domain and identifies the corresponding "core ideas." This process of creating core ideas is referred to as "boiling down" or "abstracting" (Strauss & Corbin, 1990), with the aim of reducing the data to their essence via core ideas that capture the interview data. After members' independent creation of core ideas for each case, the team meets to discuss the core ideas until they reach consensus on the core ideas' content and wording. This process yields a consensus version containing the transcribed interview data, here organized into domains, and the corresponding core ideas.

The consensus version is then sent to the auditor, who checks both the assignment of data into domains and the accuracy of the core ideas. The team

discusses auditor feedback until reaching consensus regarding suggested changes to domain coding and/or core ideas.

Cross-analysis. This stage of data analysis generates themes or patterns in core ideas across cases, but within a single domain. In this study, responsibility for the domains will be divided equally among the primary team members, with each such member developing the categories for the cases within her/his assigned domains. The other primary team members will independently examine the proposed category titles with their corresponding core ideas, and then meet to discuss them until reaching consensus on both the category labels and their corresponding core ideas. Core ideas that do not fit into a category will be placed into an “other” category for that domain.

This initial cross-analysis will be sent to the auditor, who will examine each category, its core ideas, and the fit between core ideas, categories, and domains. The team reviews the auditor’s feedback and reaches consensus regarding the suggested changes. The auditor next reviews a revised cross-analysis; this process continues until the auditor and research team reaches consensus on a final cross-analysis.

Participant Involvement from Beginning to End of the Study

Prior to the collection of data for the study, pilot interviews will be conducted with the interview protocol (see attachments in appendices) to test the validity of the interview questions and to further help clarify interview questions.

Potential participants will be mailed a packet of materials, including a cover letter describing the study, an informed consent form, a brief demographic form, and a copy of the interview protocol. If they agree to participate, they will return the demographic and signed consent forms to Laura Hartmann who will then contact the participant to arrange a time for the interview. Participants will each complete two audiotaped telephone interviews (the first lasting approximately 50 minutes; the follow-up interview lasting approximately 5 to 15 minutes). The interview will correspond with the semi-structured protocol in Appendix D, although as indicated above further probes will be used to help participants elaborate on their exploration.

Tapes will be transcribed, and data analysis will be done using the resulting transcripts. Those who do not respond to the packet will receive no further contact from the researchers.

Participants will have no further contact with researchers until a draft of the manuscript for this study is completed. At that time, an electronic copy of the manuscript will be emailed to participants, and they will be provided an opportunity to review the draft manuscript, comment on any concerns regarding confidentiality, and to provide information regarding the closeness of the manuscript description to their personal experiences (see Appendix for the forms for this phase of participant contact).

Attachments:

1. Appendix A: Email/listserv recruitment letter
2. Appendix B: Informed consent form
3. Appendix C: Client Demographic Form
4. Appendix D: Protocol
5. Appendix F: Letter for participants regarding results

Appendix B

Letter to Potential Participants

Dear <Name of Participant>:

My name is Laura Lubbers, and I am a fourth-year doctoral student in counseling psychology at Marquette University. I am currently seeking volunteers to participate in my dissertation research examining ruptures that occur in multicultural supervision.

I am hoping that you will be able to give about an hour of your time to share some of your experiences in this area, one that remains relatively unexplored. The study has been reviewed and approved by Marquette University's Institutional Review Board. Participation in this study involves 2 audiotaped, telephone interviews. The first interview will take about 45 to 60 minutes; the second interview is scheduled for approximately 2 weeks after the first and will take about 20 minutes.

The focus of the interviews will be on your experience of a rupture that occurred during multicultural supervision. This rupture is defined as a problematic shift during supervision that resulted in an impairment or fluctuation in the quality of the relationship between you and your supervisor, and this rupture must have occurred when multicultural topics were being discussed in supervision. I have included/attached the interview protocol so that you can see the questions participants will be asked. Tapes, as well as the resulting transcripts and data, will be assigned a code number to protect your confidentiality; after transcription, tapes will be erased.

Participation in this project is strictly voluntary, and you may withdraw your consent at any time without penalty. If you choose to participate, please complete the enclosed/attached Consent and Demographic forms as soon as possible, and return them either to the email address listed below or in the enclosed stamped envelope. I will then contact you to set up a time for an initial interview. As noted above, I have also included the interview protocol so that you may make fully informed consent. Please take a look at these questions prior to your first interview so that you have had a chance to reflect on your experiences. If you do not meet the criteria for participation, I would be grateful if you would pass this request along to a colleague who might be interested in participating.

Appreciatively,

Laura M. Lubbers, M.A., Doctoral Candidate
 Department of Counselor Education and Counseling Psychology
 College of Education
 Marquette University
 Milwaukee, WI 53201
 Phone: (920) 946-3773
Laura.Hartmann@mu.edu

Alan Burkard, Ph.D., Dissertation Advisor
 Department of Counselor Education and Counseling Psychology
 College of Education
 Marquette University

Appendix C

Informed Consent

MARQUETTE UNIVERSITY
AGREEMENT OF CONSENT FOR RESEARCH PARTICIPANTS
Supervisees' Experiences of Ruptures in Multicultural Supervision: A Qualitative Study
Laura M. Lubbers
Counselor Education and Counseling Psychology

You have been invited to participate in this research study. Before you agree to participate, it is important that you read and understand the following information. Participation is completely voluntary. Please ask questions about anything you do not understand before deciding whether or not to participate.

PURPOSE: The purpose of this research study is to gain a deep, contextual understanding of trainee's experiences of ruptures that occur in supervision when multicultural topics are being discussed. For this study we define a rupture as a problematic shift during supervision that results in an impairment of fluctuation in the quality of the relationship between the supervisee and supervisor, and the term multicultural supervision is defined as a time in supervision when multicultural topics are being discussed. You will be one of approximately 12 participants in this research study.

PROCEDURES: This study involves your participation in two audiotaped phone interviews, with the first interview lasting 45-60 minutes. The second interview, scheduled for approximately 2 weeks after the first, will take an additional 20 minutes. You will be audiotaped during these interviews to ensure accuracy. The tapes will later be transcribed and destroyed after three years beyond the completion of the study. For confidentiality purposes your name will not be recorded. The interviews involve a discussion of my experience of a rupture that occurred in supervision with multicultural topics were being discussed, and you will also be asked to complete a brief demographic form.

DURATION: Your participation will consist of two audiotaped phone interviews, with the first interview lasting 45-60 minutes. The second interview, scheduled for approximately 2 weeks after the first, will take an additional 20 minutes. You will also be asked to complete a brief demographic form.

RISKS: The risks associated with participation in this study include minor discomfort when talking about your experience of a rupture that occurred during multicultural supervision. These risks are minimal, and are no more than you would encounter in everyday life.

BENEFITS: The only benefit associated with participation in this study is to help improve your profession's understanding of supervision ruptures.

CONFIDENTIALITY: All information you reveal in this study will be kept confidential. All your data will be assigned an arbitrary code number rather than using your name or other information that could identify you as an individual. When the results of the study are published, you will not be identified by name. All data associated with this study will be kept in a locked file cabinet in the principle investigators access. Data will be kept for three years, and will then be destroyed by shredding paper documents and deleting electronic files. Your research records may be inspected by the Marquette University Institutional Review Board or its designees, and (as allowable by law) state and federal agencies.

VOLUNTARY NATURE OF PARTICIPATION: Participating in this study is completely voluntary and you may withdraw from the study and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled. In the event that you withdraw, all data collected prior to you terminating participation in the study will be destroyed.

CONTACT INFORMATION: If you have any questions about this research project, you can contact Laura M. Lubbers, M.A. at (920)946-3773 (Laura.Hartmann@mu.edu) or Alan Burkard, PhD (Dissertation Advisor) at (414) 288-3434 (Alan.Burkard@mu.edu)

Appendix D

Client Demographic Form

1. **Your Age:** _____
2. **Your Sex:** _____
3. **Your Race/Ethnicity:** _____
4. **Highest degree obtained (circle one):** MA/MEd/MS/ EdD /PhD
Other (please list): _____
5. **If you are currently enrolled in graduate program, please identify the degree sought (circle one):** MA/ Med /MS/ EdD/ PhD
Other (please list): _____
6. **What was or is the program specialization for your highest degree or for the graduate degree you are seeking (circle one):**
Counseling/ Clinical Psychology / Counseling Psychology
Other (please list): _____
7. **What is your current clinical position (circle one)?**
Employed; what position? _____
Post-doctorate / Pre-doctoral internship / Practicum/fieldwork experiences

How long have you been in this position/clinical experience? _____
8. **How many clinical supervisors have you had during your clinical training?**

9. **How many of those supervisors have discussed multicultural topics during supervision?**

10. **On a scale from 1 (Rarely) to 7 (Very Frequently) please identify how often these supervisors talked about multicultural topics in supervision.**
Rarely
1 2 3 4 5 6 7 Very Frequently

Contact Information:

Your Name: _____

Your Phone: _____

Your email: _____

Time Zone (please circle one): EST / CST/ MST/ HTZ/ PST

Please list convenient times you can be reached by phone during the next few weeks (please indicate if you plan to be away in the next few weeks):

Days/Evenings: _____

Time: _____

_____ Yes, I wish to receive a copy of the results of this study. Here is an address to which the results may be sent in 12-18 months.

Appendix E

Interview Protocol

Thank you for your interest in this study of supervisees' experiences of ruptures that occur in multicultural supervision. During this interview I will ask you questions about your experience of a rupture you experienced during multicultural supervision. A rupture is defined as problematic shift during supervision that results in an impairment or fluctuation in the quality of the relationship between the supervisee and supervisor, and the term multicultural supervision is defined as a time in supervision when multicultural topics are being discussed. In sum, I am interested in hearing about your experience of a time in supervision when you and your supervisor were discussing multicultural topics, and this discussion caused you, to experience a problematic shift that resulted in an impairment or fluctuation in the quality of your relationship with your supervisor.

1. Please describe your relationship with your supervisor prior to the rupture.
2. Please describe the rupture that took place during multicultural supervision.
3. How did you experience the rupture?
4. Please describe the effects of this rupture.
5. Please discuss any attempts made to work through this rupture.
 - a. What if anything did you do?
 - b. What if anything did your supervisor do?
6. What were the impacts of the attempts/ no attempts?
7. What factors seemed to contribute to the rupture?
8. What could have helped you and your supervisor work through the rupture?
9. When you think about the event as a whole, is there anything you would like to share that we have not talked about?
10. Do you have any other thoughts about ruptures that occur during multicultural supervision?
11. Demographic information about supervisor/supervision: (age, ethnicity/race, sex, length of time as a supervisor, frequency of supervision, length of time in supervision when the rupture occurred, total length of supervision relationship).
12. How did this interview affect you?

Appendix F

Letter for Participants Regarding Results

Dear <Participant>,

Some time ago, as part of my dissertation research, I interviewed you regarding your experience of a rupture that occurred during multicultural supervision. Thank you again for your willingness to participate. As you may recall, as part of your participation in my study “Supervisees’ Experiences of Ruptures in Multicultural Supervision: A Qualitative Study,” you have the option to provide feedback on the results

Attached you will find a copy of the Results and Discussion sections of my dissertation. This has been sent so that you may comment on the degree to which the collective results match your individual experience(s). It is also sent to ensure that your confidentiality has been maintained. If you have comments or feel that your confidentiality has not been protected, please respond to this email and let me know which portions of the write-up need to be altered. I would be grateful for your response by [two weeks from date of email]. If I do not hear from you, I will assume that you have no additional feedback. If you have any questions, please do not hesitate to contact me. Alternatively, you may contact my advisor, Dr. Alan Burkard. Thank you again for your participation.

Appreciatively,

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Appendix G

Listserv recruitment announcement

Dear Colleagues:

This announcement is posted with permission from XXX the list manager.

As supervisors seek to provide culturally responsive supervision, little research exists to inform such practice. In this study, then, we seek to advance our understanding of culturally responsive supervision by examining supervisee's experiences of ruptures that occur in multicultural supervision. We define a supervisory rupture as a problematic shift during supervision that results in an impairment or fluctuation in the quality of the relationship between the supervisee and supervisor, and the term multicultural supervision is defined as a time in supervision when multicultural topics are being discussed. In sum, we are interested in hearing about supervisees' experience of a time in supervision when the supervisee and their supervisor were discussing multicultural topics and the supervisee experienced a problematic shift that resulted in an impairment or fluctuation in the quality of their relationship with their supervisor. The study has been reviewed and approved by the appropriate institutional review boards at Marquette University.

Participants need to meet the following criteria:

- Supervisee must have been under supervision as a masters student, advanced doctoral student, pre-doctoral or post-doctoral intern
- The rupture would have occurred within the past three years while the clinician is/was in training (e.g., masters, doctoral, post-doctoral, pre-licensed)
- The rupture occurred as a result of a multicultural discussion during individual supervision.

The research involves 2 telephone interviews for each participant, cumulatively totaling approximately one hour. The first interview will take about 45 to 50 minutes to complete. The second interview will be scheduled for approximately 2 weeks after the first and will take about 10 to 15 minutes.

Ultimately, our goal is to improve culturally responsive supervisory practices, by providing information on ruptures that supervisees' experienced during multicultural supervision. We would greatly value your participation and believe your involvement would help inform our understanding of this important area of multicultural supervision. If you have any questions, please feel free to contact Laura Lubbers, M.A, using the contact information below.

Thank you for considering our request and we look forward to hearing from you!

Laura Lubbers M.A. (researcher to contact for participation)
 Eric Everson, M.A.
 Shirley Newcomb, M.A.
 Alan Burkard, Ph.D.

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