Initial Validation of the Race-Ethnicity Supervision Scale (RESS)

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INITIAL VALIDATION OF THE RACE-ETHNICITY SUPERVISION SCALE (*RESS*)

by

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ABSTRACT
INITIAL VALIDATION OF THE
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In this dissertation study, the author reports on the initial psychometric evaluation of the Race-Ethnicity Supervision Scale (RESS) with data collected from three studies and 307 mental health counseling and psychology trainees. Exploratory factor analyses yielded a 29-item scale with a four factor model (a) *Promoting Supervisee Racial/Ethnic Cultural Competence*, (b) *Development and Responsivity to Cultural Identity in Supervision*, (c) *Perceived Supervisor Cultural Competence*, and (d) *Harmful Supervisory Practices*. RESS scores were internally consistent and remained stable over a 3-week period. Construct validity evidence suggested RESS scores were positively related to MSI scores and unrelated to social desirability. Limitations and recommendations for future research are also discussed.

Dedication

This final project of my doctoral studies is dedicated to my mother, personal and professional mentor, and friend, Dr. Nina Petrovich Bartell. For your lifelong example, direction, and support, I will be forever grateful. I feel incredibly proud and honored to be your daughter. I love you, Mom.

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Initial Validation of the Race-Ethnicity Supervision Scale (RESS)

I: Introduction

Diversity and multiculturalism are increasingly more prevalent in professional psychology as an important aspect of practice in clinical work (Hird, Cavalieri, Dulko, Felice, & Ho, 2001). In fact, Falender and Shafranske (2004) eloquently stated, "[s]heer demographics indicate that attention to cultural diversity is a necessity – not an option" (p. 115). In this sense, the cultural demographics of clients are rapidly changing in the United States, and as such, psychology sought to provide more relevant services by increasing attention to cultural issues in client care (Sue & Sue, 2007). In response to the changing landscape, the American Psychological Association (APA) and Council for Accreditation of Counseling and Related Educational Programs (CACREP) accreditation of graduate programs at the doctoral and master's levels provided standards related to training of cultural issues in practice. These standards were designed, in part, to decrease the gap in culturally sensitive services provided to clients and by providing for multicultural counseling training. In fact, programs are now unable to achieve accreditation status without demonstrating integration of diversity training into program curriculum (Falender & Shafranske, 2004).

An important aspect of this training process and the accreditation standards noted above is clinical supervision. Supervision is almost universally hailed in the literature as a necessary component of educational training in counseling, and certainly should be considered as an important aspect of promoting the cultural competency among new professionals in mental health practice (Falender & Shafranske, 2004). As such, understanding how multicultural issues and counseling processes are addressed in clinical

supervision is essential to ensure emerging professionals are learning to integrate culture into clinical practice in ways that assist clients.

Surprisingly, the exact empirical literature in multicultural supervision is relatively limited in regards to quantity and quality. One of the factors considered contributing to the limited amount and quality of research, with regards to multicultural supervision, is the limited availability of measures that could be useful in advancing such research (Burkard et al., 2006). Perhaps the basic question is: What is *multicultural supervision*? Unfortunately, there exist wide discrepancies in the literature to the definition of "multicultural supervision" (Bernard & Goodyear, 2014; Burkard et al., 2006; Daniels, D'Andrea, & Kyung Kim, 1999; Ridley & Kleiner, 2003). Definitions of multicultural supervision range from general discussion on cultural issues in supervision to a supervisory relationship that encompasses many complex multicultural interactions (Falender et al., 2013).

The lack of a unified definition of multicultural supervision led to confusion in the development of measures of multicultural supervision. More specifically, there are currently seven measures designed to assess and test aspects of multicultural supervision. Only three of the measures have appropriate psychometric properties. These measures also use broad definitions of multiculturalism and multicultural supervision in an attempt to be inclusive of all aspects of diversity. Such an approach to measurement may lead to confounds, for respondents may be unclear if they should respond to items based on one aspect of culture (e.g., race and ethnicity) or multiple aspects of culture. As an additional concern, this approach also presumes competence in addressing aspects of culture (e.g., ethnicity, race, socioeconomic status), when, in fact, an individual may not present with

competence in all of these areas. For example, a supervisor may feel comfortable and have some expertise in discussing race/ethnic issues with their supervisees; yet, not have that same comfort for broaching issues of sexuality. As such, the potential measurement confusion created by broad and inclusive definitions of multiculturalism may impede and lead to confounds in empirical research in multicultural supervision. In sum, the measurement must focus within multicultural supervision research and newer measures need to establish a clearer conceptual focus. A new measure(s) will need to address confounds in the definition, address potentially new developments in multicultural supervision research (e.g., Burkard et al., 2006), and establish psychometric properties.

Statement of Purpose

The intent of this project was to conduct a validity and reliability study to examine the structure and stability of a recently developed scale by Burkard and Hartmann (2012). The purpose of developing the psychometric properties of Race-Ethnicity Supervision Scale (RESS) was to advance an operational definition of multicultural supervision that addresses race-ethnicity concerns in clinical supervision, while also capturing the full range of supervisory experiences from culturally responsive to unresponsive. By studying supervisee perspectives regarding their experiences in supervision, mental health professionals (MHP) will better understand and capture the current state of supervisee experiences with regard to race and ethnicity in supervision. A further goal is to begin operationalizing this paradigm within multicultural supervision.

The proposed study will add to the literature on multicultural supervision by examining the psychometric properties of measure that is domain-specific to race and ethnicity in multicultural supervision. An exploration of the current literature and

available measures informed the development of the proposed scale. This scale validation study seeks to examine the scale structure of the RESS through an exploratory factor analysis, testing the construct validity, and examining reliability.

Research Questions

Three research questions were developed to guide the development of this study.

Question 1: What is the model structure and internal consistency for the Race-Ethnicity Supervision Scale (RESS)?

A proposed structure of the RESS was driven by an extensive literature review and analysis of qualitative interviews obtained from prior research (Burkard et al., 2006). The measure is designed to examine supervisee perceptions in supervision, and to assess the following three hypothetical dimensions of multicultural supervision: promoting/inhibiting supervisee racial/ethnic cultural competence; developing/inhibiting the supervisory racial/ethnic cultural alliance; and supervisor racial/ethnic multicultural competence. An exploratory factor analysis is utilized to test the scale structure and operational definition developed by Burkard and Hartmann (2012). Internal consistency of the measure will then be examined and the correlations between items presented.

Question 2: What is the convergent and divergent validity evidence for the RESS?

The relationship between the RESS, the Marlowe-Crowne Short Form-C and Multicultural Supervision Inventory-B will be examined to test for the convergent and divergent validity. With regard to divergent validity, it is hypothesized that RESS scores will not be significantly related to social desirability scores (i.e., scores on the Marlowe-Crowne Short Form-C). Researchers have long known that social desirability, as a response tendency, may confound self-report measures (Pope-Davis & Dings, 1995).

Nevertheless, a study on multicultural competence conducted by Constantine and Ladany (2000) found that social desirability had little effect on the relationship between how respondents viewed their multicultural counseling competence and a measure of their conceptualizations of their clients. However, a review of the mean scores in the self-report scales indicated that overall the respondents may have "overestimated their actual level of multicultural counseling competence" (Constantine & Ladany, 2001, p. 162). While these findings are being extrapolated to the supervisory process, this discrepancy in results provide empirical evidence for the continued examination of the connection between self-report multicultural counseling competence scales and social desirability scores, as well as the need to control for the social desirability scores when examining the relationships of multicultural supervision with related variables.

In addition to divergent validity, convergent validity will also be examined; specifically, the relationship between scores from the Multicultural Supervision Inventory (MSI) scale with the RESS scale scores was scored. The MSI studies similar aspects of the supervisee's experience of multicultural supervision, albeit approached with a broader definition of multiculturalism than the RESS, thus, it is expected that supervisor's multicultural supervision scores, as measured with the MSI (Pope-Davis, Toporek, & Ortega-Villalobos, 2003), would be moderately related to RESS scores.

Question 3: What is the evidence for temporal stability for the aforementioned measure?

Here the temporal stability of the RESS developed in Study One will be examined through a test-retest reliability procedure over a three-week period. The expectation is

that the measure is stable and that adequate reliability coefficients can be established for the RESS.

II: Review of the Literature

Multicultural supervision incorporates into the supervision process a competent understanding, sensitivity, and discussion of multicultural and cross-cultural issues, awareness, identity, and other concerns related to such differences between the trainee and their clients (Falender et al., 2013). The general understanding of this definition is based on the assumption that all relationships are multicultural in nature. Thereby, all mental health professionals' own cultural background and experiences enter into their therapeutic work and to the supervisory relationship (Arthur & Collins, 2009). As such, culture permeates not only into our work as therapists and counselors, but into the supervisory setting as well.

Generally, operational definitions are essential to the development of mutual understandings among professionals as to how to communicate, discuss, examine and measure vague or abstract theoretical constructs. Only through effective communication concerning equivalent definitions of constructs can advancement in the understanding regarding multicultural supervision occur. A unified understanding will, in turn, lead to further developments in the theoretical and empirical literature relevant to multicultural supervision. However, operationalized definitions of multicultural supervision in the literature differ. In this chapter, this researcher clarified what mental health professionals know and the challenges in operationalizing multicultural supervision. Working definitions of *multicultural supervision* in the psychological field will be discussed, followed by an introduction to approaches or models of multicultural supervision. Later, empirical research relating to this topic will be discussed and available instruments will be presented and critiqued.

Definition of Multicultural Supervision

The American Counseling Association (ACA) ethical guidelines specify that counselor educators are to incorporate multicultural and diversity competency into their training and supervision practices (ACA Codes, 2005, F.11.c). In addition, counseling supervisors are ethically guided to be aware of, and address the role of multiculturalism and diversity in supervision (ACA Codes, 2005, F.2.b.). *Multicultural supervision* includes both how the supervisor assists the supervisee with multicultural matters in the counselor-client relationship and the cultural dynamics of the supervisory relationship between the supervisor and supervisee. The literature suggests that multicultural supervision definitions in the psychological field range from generally discussing cultural issues in supervisor to a supervisory relationship that encompasses many complex multicultural interactions (Falender et al., 2013). According to Guanipa (2002), *multicultural supervision* refers simply to the "supervisory relationships where participants are from different backgrounds" (p. 59). She stresses that this definition infers supervisory relationships are inherently multicultural, as individuals all carry in-group and between-group differences due to our unique backgrounds. One aspect that the article did not discuss was the dynamics of this type of relationship. Garrett, Crutchfield, Torres-Rivera, Brotherton, and Curtis (2001), proposed a similarly broad definition, stating multicultural supervision "occurs when two or more culturally different persons, with different ways of perceiving their social environment and experiences, are brought together in a supervisory relationship with the resulting content, process, and outcomes that are affected by these cultural dynamics" (p. 148). More recently, definitions of *multicultural supervision* have evolved to incorporate specificity regarding the

supervisory dynamics and tasks necessary to achieve multicultural supervision. For example, Bernard and Goodyear (2014) add that the definition includes any differences in the perception of the social environment between the supervisor and the supervisee that impact the cultural dynamic of the supervisory relationship, content, process, and/or outcome. Falender and Shafranske (2004) describe multicultural supervision with distinct emphasis on the multicultural competency of the supervisor, stating that multicultural supervision necessitates that:

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

Accordingly, although academics and researchers appear to agree on the importance of multiculturalism as a core aspect of clinical and counseling supervision (Wong et al., 2013), what *multicultural supervision* is and encompasses, both in the theoretical and empirical literature is still unclear. To some, *multicultural supervision* is the passive observation and impact of cultural differences (e.g., race, ethnicity, gender, sexual orientation, ability, or socioeconomic status) between parties involved in supervision. To others, *multicultural supervision* incorporates an active process of discussion regarding

those differences in the supervisory triad with the development of competencies. Fundamental disagreements on definition such as these lead to confusion as the field discusses, debates, and measures this topic; since, *what* definition is being discussed, understood, or assumed is indistinct.

What is clear, is that there exist certain *characteristics* of which many researchers agree contribute to a multicultural approach to supervision (Bernard & Goodyear, 2014; Falender et al., 2013; Falender & Shafranske, 2004; Wong et al., 2013). For example, the mere exposure of trainees addressing cultural factors in supervision, whether that is through the discussion of client cultural variables or that of the supervisory dynamics or personal identifications, contributes to what the field understands as *multicultural supervision*. Other common factors across instruments and theoretical models include: an inclusion of a discussion of the ethics and moral reasoning for understanding multiculturalism as a part of counseling, a knowledge and appreciation for cultural differences, and a basic knowledge (competency base) of relevant racial and/or ethnic differences between cultural groups that influence the therapeutic process (Falender et al., 2013; Wong et al., 2013). With the development of additional common characteristics, the field will begin to discern what specifically is *and* is not involved in multicultural supervision. Only with a communal operational definition of *multicultural supervision* within our theoretical and empirical literature can we measure aspects of this important aspect of clinical development. An eventual goal is to use empirical data based upon an operational definition of multicultural supervision, which then leads to standardized, empirically-supported and practical approaches to supervision that incorporates key aspects of the development of multiculturally-competent psychologists.

A further complicating factor in operationalizing the definition of *multicultural supervision* is continuing disputes in definition of the term *multicultural* (Leong & Wagner, 1994). Briefly, much of the literature continues to use "cross-cultural" and "multicultural" interchangeably to describe cultural differences between participants in the counseling and supervisory backgrounds (Arthur & Collins, 2009; Leong & Wagner, 1994). However, current literature has adopted Arthur and Collins (2009) distinction between these two terms (Norton & Coleman, 2003; Pope-Davis, Toporek, & Ortega-Villalobos, 2003). Arthur and Collins (2009) refer to cross-cultural supervision as "supervision content, processes and outcomes pertaining to the client-counsellor-supervisor triad in which at least one of the parties in the triadic relationship is culturally different from one or both of the parties." This is in contrast to their definition of *multicultural supervision*, whereby the supervisor is advising or guiding the supervisee in their treatment of a culturally different (from the supervisee) *and* the general study of cultural patterns and multicultural issues in counseling and supervision (Arthur & Collins, 2009). That is, *multicultural supervision* incorporates and elaborates on the responsibilities of *cross-cultural supervision.* For this study, *multicultural supervision* is currently conceptualized as the latter definition (Arthur & Collins, 2006), and seeks to specify components that aid in breaking down this definition into measurable parts.

In summary, theorists generally agree upon the importance of incorporating the awareness and discussion of multicultural issues in supervisory practices (Falender et al., 2004; Wong & Wong, 2013). As the general population and the counseling field continue to grow and culturally diversify, multiculturalism becomes ever more crucial in the counseling room and in supervision. Culture has been shown to be a dominating

influence within both the client-counselor relationship and the supervisor-supervisee relationship (Bernard & Goodyear, 2014). There appears to be consensus in the literature regarding the importance of multicultural supervision in the ethical distribution of clinical services and to facilitate the personal and professional growth of the trainee in line with ethical standards of overarching professional organizations. However, there remains confusion in critical discussions in this area due to diffuse, over-generalized, and conflicting concepts and definitions in the theoretical and empirical literature. A noteworthy complication is definitions that describe multiculturalism and multicultural supervision very broadly in an attempt to capture all aspects of culture (e.g., race, ethnicity, gender, sexual orientation, or ability). The broad and elaborate nature of these definitions likely impedes empirical research in multicultural supervision and leads to overall confusion with practicing supervisors in their effort to teach important aspects of multiculturalism to their supervisees. This is in contrast to those definitions which provide more narrow criteria. That is, the inclusion of specific traits of multiculturalism as contributing to multicultural supervision (e.g., race/ethnicity *or* sexual orientation). While the narrow definitions admittedly may not capture every nuance of multiculturalism, they intuitively yield more definitive/clear empirical results, as only one aspect/trait of the larger concept of *multiculturalism* would be examined at a time. In tandem with the development of an operational definition of multicultural supervision, is the need for the field to clarify the roles and responsibilities in this area of the participatory members in the supervisory relationship (Inman, 2006).

How can the field measure or understand the efficacy of multicultural supervision without a clear definition? There is a clear need for the clarification in the meaning and

operational definition of multicultural supervision. Un-defined, broad, and overly generalized references to multicultural supervision have impeded a furtherance of research in this area. Without a clear operationalization of multicultural supervision, theoretical and practical frameworks designed to address aspects of multicultural supervision have been developed to assist the profession's conceptual understanding. Theory may help us understand multicultural supervision through articulations of how others have conceptualized multiculturalism and how it fits within the supervisory process. Many theories also identify distinct aspects of the inclusion of multiculturalism into supervision that may assist in operational definition development through the comparison of common features across theories and models.

Approaches to Multicultural Supervision

Models and theories associated with multicultural supervision have similarly faced critique for the broad or narrow focus in which they are approached. The intent of creating models to multicultural supervision is to provide a framework to understand the complexity of the interaction of diversity and worldview among the supervisory triad in a supervision context (Falender, Shafranske, & Falicov, 2014). The comparison of common features across models of multicultural supervision assessment may perhaps have informative implications on the definitional development. There are four categories of models to be discussed: utilizing racial identity models to assess the dynamics of the supervisory dyad, a competency-based approach, an ecological model, and a narrative model of multicultural supervision.

Racial Identity Models in Clinical Supervision. While there exists a universal felt-experience of a single, coherent self, that self draws from the multiple identities each

person maintains by balancing the salience of each of their multicultural traits, and what it socially means for each to hold that trait (Bernard & Goodyear, 2014; Hernandez & McDowell, 2010; Jernigan, Green, Helms, Perez-Gualdron, & Henze, 2010). These identities can be visible (e.g., race) and/or invisible (e.g., sexual orientation) to the social world, influencing our social interactions through social judgments assigned to each identity (Bernard & Goodyear, 2014). In addition to navigating one's own development of each aspect of their identity through introspection (e.g., "I am White" or "I am a woman"), each then considers the social construction of what it means to identify as a gendered, racial, sexual, or able-bodied person (Bernard & Goodyear, 2014). One's overall sense of self, then, is contributed to by a dynamic, continual balance of these multiple identities (and more) with societal views of those identities.

Of all of the multicultural identities (e.g., race, ethnicity, gender, sexual orientation, ability), Helms (1995) asserts that one's racial identity hold particular salience to individuals in the United States (U.S.). Historically, racial identity models considered the social implications of race (i.e., issues of power differential), and applied such developmental understandings to assess the dynamics of the supervisory dyad and of its impacts (Atkinson, Morten, & Sue, 1998; Cook, 1994). In particular, discussion and research surrounding Helms' (1995) Racial Identity Developmental Model was crucial to the incorporation of multicultural consciousness into clinical supervision (Hernandez & McDowell, 2010).

Racial identity "assumes relationship between one's own race and that one another, particularly with respect to our histories of racialized oppression" (Bernard & Goodyear, 2014, p. 115). Bernard and Goodyear (2014) suggest that identity

development occurs when an individual experiences a shift in their place in the social status quo, as related to one or more of their multicultural identities. Racial identity development is, then, someone who accepts things the way they are, and then experiences an upsetting moment that upsets his or her understanding of the world with reference to race. That individual may eventually reach new understanding about themselves and their identities as a result of that change or disturbance (Bernard & Goodyear, 2014). While not everyone moves through each and every one of the stages, Helms' (1995) Racial Identity Model provides a general framework for how people move from unconscious acceptance of that racial status quo to assuming a new understanding of their identities.

Helms' (1995) Racial Identity Model postulates five racial identity stages for Persons of Color and six complementary stages for White persons. Helms (1995) clarifies that the difference in stage development is due to racial privilege that permits White persons in the U.S. to often not initially acknowledge themselves as racial beings. In the first indicated model, Persons of Color begin their development by accepting a preference for the values and norms of the dominant culture. They rely on the assumption that all people experience similar opportunities, regardless of race (called "Conformity"). Then, an individual Person of Color may experience dissonance following an incident or experience of discrimination, which prompts a rethinking about the role and salience of race (named the "Dissonance" stage). Immersion/Emersion follows as an over-identification with one's own ethnic group and development of a security within their racial identity leading to a reduction in resistance or rigid attitudes toward the dominant culture ("Internalization"). Finally, Persons of Color go through

what Helms (1995) describes as an “Integrative Awareness.” During this stage, individuals reached a secure racial identity and went beyond a tolerance of the dominant culture by recognizing and acknowledging constructive aspects of that culture.

By comparison, White persons have a complementary developmental stage process that begins with a lack of awareness of the self as a racial being and the obliviousness to racism (the "Contact" stage; Helms, 1995). It is hypothesized that as White persons increase their awareness of racism in the world, they begin to consider their own role and morals as it relates to oppression caused by racist acts or intents ("Disintegration"). Since those considerations force the individual to claim responsibility in societal racism through privilege, the ego-dystonic nature of that implication forces the individual into discomfort. This subsequent discomfort results in the individual resisting new-found awareness of the existence and complicity in an oppressed culture ("Reintegration"). As White persons enter the “Pseudo Independence” stage, they develop an intellectual conceptualization of race and seek contact with Persons of Color who share their personality or economic traits. During “immersion/emersion,” individuals choose to overcome discomfort, and confront their own White privilege. Individuals in this stage begin to explore themselves as a racial being, and how to integrate that identity into their overall self. The final stage is “Autonomy.” White persons in this stage of racial identity development demonstrate comfort as a racial self as they continue to confront privilege as related to race, and seek to abandon the entitlements they receive as a result of race (Helms, 1995). Within this developmental framework, White persons move from an abandonment of racism to “defining a non-racist” identity (Helms, 1995). Again, it is emphasized that not every individual goes

through every stage of Helms' Racial Identity Development Model. Each individual may start in a different place, and move fluidly through the stages, depending on their lifetime experiences related to race. It is likely, therefore, that each of us interact with and navigate through our social relationships with individuals at varying levels of racial identity development on a regular basis. How we interpret, or misinterpret, communication based on those differing levels of identity development may have significant implications for clinical supervision practices, including the potential for misunderstandings and conflict (Helms, 1995).

With reference to supervision, theorists in this area discuss levels of development in both the supervisor and supervisee and the effect of each member's development on the dynamics of the relationship (Atkinson, Morten, & Sue, 1998; Chang, Hays, & Shoffner, 2003; Fong & Lease, 1997; Cook, 1994). Chang, Hays, and Shoffner (2003) further developed an understanding of clinical supervision as interpersonally *regressive*, *parallel*, or *progressive* based on a White supervisor's racial identity development (derived from Helms, 1995) in relation to that of a supervisee of color. These researchers chose this cross-racial dynamic due to the common nature of its occurrence (Chang, Hays, & Shoffner, 2003). A relationship that is *regressive* with respect to racial identity is one in which the supervisee is at a higher level of racial identity development than their supervisor. A relationship that is *parallel* with respect to racial identity is one in which the supervisor and supervisee are at corresponding levels of racial identity development. A supervisory relationship that is *progressive* with respect to racial identity is one in which the supervisor is at a higher level of racial identity development than their supervisee (Bernard & Goodyear, 2014; Chang, Hays, & Shoffner, 2003). Each dynamic

influences the professional and personal multicultural development of the supervisee and supervisory alliance.

According to Ladany, Brittan-Powell, and Pannu (1997), racial matching (i.e., the corresponding levels of racial identity development) between supervisors and supervisees was predictive of the strength of the supervisory alliance, regardless of race and racial differences. Specifically, those dyads who shared *parallel*-high racial identity attitudes had the strongest working alliance, reported the highest levels of trust and likeability of their supervision counterparts, and supervisees within these categorical dyads perceived the most growth in their own multicultural development and competence (Ladany, Brittan-Powell, & Pannu, 1997). These positive results were followed closely by *progressive* supervisory dyads, while *regressive* interactions predicted the weakest supervisory alliance. Ladany, Brittan-Powell, and Pannu (1997) hypothesized that in the former two relationships, the supervisor provided both a safe and challenging context to facilitate the supervisory relationship. The majority of cross-racial supervision continues to involve the White supervisor-supervisee of color dyad (Bernard & Goodyear, 2014). Bernard and Goodyear (2014) suggested due to the included power differential of racial privilege, with the added evaluative power that comes with being a supervisor, it is the supervisors', not the supervisees', sophistication regarding cross-cultural interactions which drives supervision.

The Racial Identity Developmental Model (Helms, 1995) applied to supervision has both strengths and caveats. One strength of the model is in the consideration of the dynamic and complicated nature of race, and how it combines with identity development, power differentials, and supervision to provide a predictable framework with which to

anticipate the quality of supervisory interactions. The model also allows for movement and growth. This feature is particularly relevant for supervisors concerned about their own abilities and competencies in broaching multicultural issues with their supervisees, particularly when in a cross-racial dyad with a supervisee of color. While the model points to positive and negative impacts on the supervision relationship and professional development of a supervisee vis-à-vis corresponding levels of racial identity development between the supervisory dyad, the model fails to pin-point how and where those successes and failures occur. For example, in those dyads that experienced an increase in feelings of likability and trust for their counterpart, *what* did each member do to articulate or exchange which was consistent with their level of racial identity development and contributed to these feelings toward one another? Those actions which contribute directly to the positive interactions between supervisor and supervisee may correlate to increased racial identity development, rather than result from it. Identifying those specific actions could also provide supervisors with a toolbox with which to approach the complex and dynamic nature of multiculturalism with their supervisees.

Competency-Based Approaches to Multicultural Supervision. A *competency* is defined as the capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform "critical work functions" or tasks in a defined work setting (Sue & Sue, 1999).

> Continued acquisition of competency in general, and cultural competence in particular, is a life-long process…[which includes] awareness, knowledge, and appreciation of the three-way interaction of the client's,

> supervisee's, and supervisor's values, assumptions, biases, expectations derived from worldviews, and the integration of practice, assessment and intervention skills (Vasquez, 2014, p.xii).

Competencies often serve to specify the level of knowledge, skills, and abilities required for success as a professional in a given field, as well as potential measurement criteria for assessing competency attainment (Sue, Arrendondo, & McDavis, 1992). A competency-based approach is one that explicitly identifies the knowledge, skills, and values, which are assembled and utilized to develop learning strategies and evaluation procedures to meet criterion-referenced competence standards (developed by a given professional field and/or setting) in keeping with evidence-based practices and the requirements of the local clinical setting (Falender, Shafranske, & Falicov, 2014). And so, competency-based approaches to multicultural clinical supervision seek to identify those specific knowledge, skills, and attitudes which supervisors can employ to facilitate multicultural conversations with and awareness in supervisees (Bernard & Goodyear, 2014).

Competency-based approaches have garnered the most support from professional organizations and ethical professional bodies (Bernard & Goodyear, 2014). In 2014, the American Psychological Association (APA) published a set of clinical supervision guidelines that included areas of multicultural emphasis as part of their "Guidelines for Clinical Supervision in Health Service Psychology" (APA, 2014). The *Diversity* domain included in these guidelines utilized the Sue & Sue (1999) knowledge, skills, and attitudes framework for competency development. Competencies included in these guidelines were items directed toward the awareness of the supervisor's understanding of

themselves and their own identity (e.g., guideline item, "Supervisors strive to develop and maintain self-awareness regarding their diversity competence, which includes attitudes, knowledge, and skills;" APA, 2014) and in reference to their supervisees (e.g., guideline item, "Supervisors planfully strive to enhance their diversity competence to establish a respectful supervisory relationship and to facilitate the diversity competence of their supervisees; APA, 2014). Other guidelines include recognizing the value of, and pursuing, ongoing training in diversity competence, aiming to be knowledgeable about the effects of bias and prejudice, and aspiring to be familiar with the scholarly literature concerning diversity competence in supervision and training. Similarly, the APA Ethical Principles of Psychologists and Code of Conduct (2010) states that clinical professionals are ethically bound to gain professional and scientific knowledge through education, consultation, and training in factors associated with all listed diversity factors. These factors include: age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status. Other regional and national psychological organizations have adopted similar ethical guidelines related to supervision multicultural competency standards (Association for Applied Sport Psychology, 1996; American Counseling Association, 2005; National Association of School Psychologists, 2010; National Association of Social Workers, 2008; National Board of Certified Counselors, 2012).

An expansion of this competency model proposed by Smith, Constantine, Dunn, Dinehart, & Montoya (2006) suggests conceptualizing multicultural competencies as an interaction between the knowledge, skills, and attitudes related to the therapist's own characteristics with the knowledge, skills, and attitudes regarding dimensions deemed

important areas in multiculturalism (Smith, Constantine, Dunn, Dinehart, & Montoya, 2006). The three therapist characteristics are described as: therapist self-awareness, understanding the client's worldview, and culturally appropriate treatment (Smith et al., 2006). The multicultural dimensions are: *Social/Political* (i.e., the level of privilege or oppression that a person experiences based on cultural variables); *Intrapersonal-Identity* (i.e., a person's multicultural cultural identities that affect his or her sense of self in relationship with others); *Professional Identities* (i.e., that of the supervisor; e.g., how gender role behavior is expressed in and affects the work of supervisory dyads); *Interpersonal-Biases and Prejudice* (i.e., a person's expectations and prejudices toward another based on that person's membership in a particular group); and *Interpersonal-Cultural Identity and Behavior* (i.e., cultural influences on understandings of normative social role behavior). Each of these dimensions interacts with, and combines with personal characteristics, to affect the professional work of a clinical professional, including supervision (Smith et al., 2006).

Competency-based approaches provide a framework with which to facilitate the awareness and dialogue of multicultural issues in supervision. While competency-based approaches allow supervisors to address and evaluate specific, targeted areas related to multiculturalism with their supervisees, the development of the multicultural competencies and guidelines were framed on theoretical and professional anecdotal knowledge (Bernard & Goodyear, 2014). Furthermore, it is asking supervisors to be aware and competent in a variety of diversity areas; yet, *how* to become aware and *how* to talk about these issues with supervisees is largely undiscussed.

An Ecological Model of Multicultural Supervision. Bernard and Goodyear (1992) and Ancis and Ladany (2010) have all previous proposed ecological models to multicultural supervision. For supervisors employing an ecological approach to supervision, supervisors look to identify the supervisee's influencing ecological factors and provide feedback and support appropriate to those factors, while at the same time facilitating the supervisee's counselor development. Ancis and Ladany (2010) proposed a heuristic model of non-oppressive interpersonal development that includes affective/emotional components (Bernard & Goodyear, 2014). In that model, an individual may belong to a combination of socially oppressed and socially privileged groups, so an essential aspect is understanding each member's level or stage of development.

A more recent approach, the Multidimensional, Ecological, Comparative Approach (MECA; Falicov, 2014), is described by its author as a postmodern model which utilizes a comprehensive definition of culture and incorporates sensitivity to culturally diverse values and social stresses in counseling and supervision. The model suggests that the supervision encounter is really one of the interactions between the supervisory triads' members' *cultural maps* (Falicov, 2014; Fancher, 1995). These cultural maps include the therapist's views about each client, as well as a supervisor's view of their supervisee, which stem from a preferred brand of theory, as well as personal values, views, and preferences (Falicov, 2014). These factors dynamically interact each time a supervisory interaction occurs. Further complicating these interactions is the introduction of personal background factors and societal influences that develop the identities of each and every human being (Falicov, 2014). The MECA framework was

designed to "offer a way of thinking about domains of similarities and differences that are relevant to therapeutic practice" (Falicov, 2014, p.42). The model addresses four core areas of multicultural consideration when engaging in supervision: *ecological context* (e.g., community, work, school, and religion); *family life cycle* (e.g., ideals, meanings, timings, and transitions); *migration/acculturation* (e.g., separations/reunions, trauma, disorienting anxieties, and cultural identities); and *family organization* (e.g., nuclear/extended family, connectedness, hierarchies, and communication styles; Falicov, 2014). The MECA model encourages a comparative approach that identifies and literally maps out areas from the above core areas that are shared among the supervisory triad participants with the intent to empower each participant to find a level of trust and comfort in their work with the others (Falicov, 2014).

The MECA approach encourages tangible identification of common ground between individuals, each being the culmination of many cultural identities and differences. Common ground in background, values, skills, or attributes are known to lead to factors associated with trust and likability (Falender, Shafranske, & Falicov, 2014). If a supervisee likes and trust their supervisor, and a client likes and trusts their therapist, they are more likely to be willing to engage in meaningful and challenging professional and personal (respectively) developmental work. However, simply incorporating multicultural similarities and differences into developmental models may neglect cultural dynamics of the supervisory relationship and between-culture variables of the supervisory triad's individual participants (Ancis & Ladany, 2001; Miville, Rose, & Constantine, 2005).

A Narrative Model of Multicultural Supervision. To address deeper understandings of cultural dynamics and influences, and the social construction of race, Harrell (2014) adapted Tummala-Nara's (2004) research on Narrative Approaches to therapy to the process of clinical supervision. Harrell (2014) asserts that a narrative approach to multicultural supervision "provides an opportunity to explore people's stories about race and how their identity, perceptions, emotional reactions, behavior, and interpersonal interactions are affected by race-related narratives" (p. 85). The approach draws upon the identification of cultural meaning systems (Falicov, 2003); whereby, the members of the supervisory triad name, discuss, explore contexts and experiences, reframe, and consider alternative perspectives when discussing multicultural issues (Harrell, 2014). The approach identifies three steps for integrating race narratives into supervision: the disclosure of how each participant conceptualizes their racial identity and background (i.e., *race narratives*), an exploration and unpacking of the meanings and emotions that come with *how* one discusses their race narrative (e.g., words and tone used in discussion), and an exploration of the clinical implications of their race narratives (Harrell, 2014). Due to the charged content that frequently accompanies multicultural exploration and content that can trigger strong affective and defensive responses, the model recommends compassionate confrontation and empathic exploration (Harrell, 2014). Basically, the agreement is made between supervisor and supervisee to acknowledge and empathize with the pain, anxiety, ambivalence, and anger than can accompany race-related conversations. Simultaneously, they are asked to challenge one another on issues of race and culture (Harrell, 2014).

The Narrative Model occurs in three phases. Phase one encourages the establishment of supervisory rapport prior to the inclusion of the race narrative into supervision (Harrell, 2014). This phase stipulates that the supervisor must lay the groundwork to a trustworthy, aligned supervisory relationship before a supervisee will feel able to engage in meaningful, challenging multicultural processes and discussions. Harrell (2014) provides suggestions for supervisors when building positive rapport: discussion regarding the expectations of supervision, processing diversity-related clinical material (e.g., discomfort, minimization, or marginalization), and acknowledgement of the power differential present in supervision.

The second phase relates to timing and opportunity. As part of her model, Harrell (2014) identifies key indicators within the supervisee's race narrative suggesting attention or intervention is needed in furtherance of the supervisee's professional and ethical development. These indicators include: gaps in self-awareness, reactivity, minimization or devaluing the significance of race, interpersonal dynamics, unfamiliarity/inexperience and lack of knowledge, oversimplification or superficiality, invisibility of race, guilt/shame/internalized racism, blaming the victim, and naiveté/idealizing. When these indicators are identified by the supervisor, they alert the supervisee to areas that could be impacting the treatment of the client (Harrell, 2014). Consequently, Phase Three provides supervisors with a three-step intervention strategy to intervene in such situations. First, the supervisor provides an invitation for the supervisee to share their personal narrative related to cultural influences related to their identity and a description, or narrative, associated with the indicator event. Then the supervisor engages with the supervisee in an exploration of the narrative with respect to the supervisee's internal

experience, feelings related to issues of power and privilege, and the impact on the therapy *and* the supervisory process. Finally, the supervisor facilitates the supervisee's process of integrating self variables, client variables, and contextual variables to form a "coherent narrative of the therapy or supervisory event" (Harrell, 2014, p. 97). Through the Narrative Model, the supervisor is provided the tools to facilitate meaningful and challenge conversations through the utilization of race narratives. The intention, then, is to assist in the professional and multicultural development of the supervisee and in their service of the client.

The Narrative Model provided by Harrell (2014) eloquently confronts many of the challenges, complexities, and anxieties that can be presented by the dynamics and discussion of multicultural issues in supervision. She also provides distinct situations for supervisors to confront; yet, provides a framework with which to confront them. A difficulty may occur in measuring the effectiveness with which this process is executed by supervisors. For example, how does a supervisor know when enough groundwork has been laid before intervention strategies will result in a parallel growth in both supervisory alliance and in supervisee professional development? Through the development empirical support, the overarching themes of the theoretical research can be supported or invalidated. Those overarching themes include: multicultural supervision includes the discussion of the social construction of race, supervisors are responsible for facilitating the growth and development of the supervisee related to multicultural issues, and there exist a complex network of interacting dynamics that affect the relationships between members of the supervisory triad.

Each of the aforementioned models and approaches to multicultural supervision looked to provide a framework with which to understand the complexity of and factors which contribute to effective and responsive multicultural supervision (Falender, Shafranske, & Falicov, 2014). The Racial Identity Model proposed by Helms (1995) applied to multicultural supervision linked the importance of supervisors and supervisees developing racial self-awareness as a main component of applying effective multicultural empathy, counseling, supervision, teaching, and advocacy. The competency-based approach, first presented by Sue and Sue (1992), provided basic standards with which to measure supervisor competence, as defined by a framework outlined by benchmark knowledge, skills, and attitudes. The Multidimensional, Ecological, Comparative Approach (MECA) put forth by Falicov (2014), provides explicit life-areas and other cultural factors to consider and compare when analyzing supervisory dynamics and developing cultural competence. Finally, the narrative approach to multicultural supervision (Harrell, 2014) asks the supervisor to listen to and analyze supervisees' words when addressing their own cultural identity and in addressing the cultural variables of others. They are asked to listen with the intent of understanding the developmental level of the supervisee and allow for effective intervention when a supervisee exposes a lack of competence in their explanations. While the models and approaches each represent a distinct perspective on multicultural supervision, common themes emerge. A model comparison approach lends support for the following factors as contributory to a working definition of multicultural supervision: the burden on the supervisor to exhibit general competence in multiculturalism, including self-awareness of the components and dynamics of their own cultural identities; cultural self-awareness leading to a better

understanding of cultural dynamics and therefore, cultural empathy and sensitivity; and finally, supervisors are to be aware of the developmental level of the supervisee in multicultural competence, and guide and challenge appropriately to that developmental level. These themes represent common conceptual understandings of multicultural supervision. While these frameworks articulate conceptual themes and recommendations in providing effective related to multicultural supervision, how does one know if our conceptions are accurate in providing effective and multiculturally responsive supervision? Multicultural supervision research contributes further to our common understanding of this construct, and allows for the empirical measurement and validation of the established framework themes.

Multicultural Supervision Research

While much of the multicultural supervision literature is conceptual, there exists a significant increase in empirical investigation in this area over the last two decades (Bernard & Goodyear, 2014). Empirical evidence suggested definitional implications, including the existence of both positive and negative aspects of multicultural supervision that has yet to be captured in multicultural supervision measures (Toporek, Ortega-Villalobos, & Pope-Davis, 2004). Themes in the empirical literature emerge regarding the importance of *responsive* and *competent* multicultural supervision in creating positive outcomes in the areas of personal and professional growth for the supervisee and the supervisory relationship. However, the field appears to struggle with identifying those specific qualities that contribute to a *good* or *responsive* multicultural supervision (Burkard et al., 2006). That is, while measures currently exist that are designed to measure multicultural supervision, how the field operationalizes multicultural supervision

is still largely unclear. Presented is a review of such empirical evidence and other empirical findings relevant to understanding and defining multicultural supervision. This review will include a discussion of the history and challenges stemming from cross-cultural supervisory dyads, practical supervisory duties (e.g., frequency of multicultural discussions and distributions of responsibilities), research on the spectrum between positive and negative supervision experiences of supervisees, and the impact of multicultural supervision on the supervisory working alliance and supervisory satisfaction. In addition, an examination of the empirical support for the development of multicultural supervision will provided. Ultimately, empirical evidence in this area, combined with the field's general theoretical understanding of multicultural supervision (however vague and disjointed), will lend to the development of measures that will assist in the creation of a shared understanding of multicultural supervision.

Frequency of Multicultural Discussion in Supervision. While many theorists acknowledge the inclusion of multicultural discussions in supervision to be an important part of supervisee growth and development (Constantine, 1997), Duan and Roehlke (2001) found that supervisees and supervisors tend to differ regarding the frequency of discussion around issues of multiculturalism in supervision, with supervisees reported fewer of these discussions. Furthermore, Gatmon et al. (2001) reported a particularly low frequency of discussions regarding cultural variables as related to race/ethnicity in supervision, with only 32% of supervisory dyads reporting such discussions. These results suggest that discussions related to multicultural issues and dynamics are, at best, only approached infrequently (i.e., in less than half of supervisory experiences), and there exists a notable difference in the frequency in which supervisors and supervisees report

multicultural discussions. Nevertheless, while these discussions do not happen frequently, when they do and are encouraged, supervisees often grow personally and professionally (Burkard et al., 2006). Therefore, a component of operationalizing multicultural supervision might be simple engagement in the behavior of discussion and/or raising topics concerning multicultural issues.

Outcomes of Multicultural Discussions in Supervision. In considering the potential impact of simple engagement in multicultural dialogue, one wonders for the times in which such discussions are held in supervision, what are the outcomes and what are the reasons to why such outcomes occur? Logic tells us that any time a challenging, controversial, or potentially vulnerable aspect of training becomes a topic of supervision, there exists the possibility of personal and professional growth for the supervisee and of the supervisory relationship. Specifically, research in this area revealed a significant correlation between culturally responsive supervision (i.e., the processing of cultural issues within the supervisory dyad) with supervisee perception of a stronger working alliance and increased supervisee general satisfaction of the supervisory experience (Gatmon et al., 2001; Inman, 2006). Conversely, there also exists the potential for negative reactions or harm to occur to the development of the supervisee and to the supervisory relationship, particularly if the topic is mishandled. This suggests the existence of both positive and negative aspects of multicultural supervision. Therefore, the engagement in multicultural discussions may not be enough, rather, *how* those discussions are broached and held is more relevant to the creation of an operationalized definition in this area.

For instance, a study conducted by Toporek, et al. (2004) found that 15 to 16% of supervisees experienced negative events when discussing multicultural issues with their supervisors. These negative events included a perception of cultural insensitivity toward clients or toward the supervisee, and conflictive situations involving a lack of intervention by the supervisor (Toporek et al., 2004). However, when supervisees perceive their supervisors as willing facilitators of multicultural discussions, supervisees feel more at ease within the supervisory relationship when discussing cultural issues in supervision (Burkard et al., 2006). In addition, these supervisees also report increase personal awareness of multicultural issues (Toporek et al., 2004), which appears to have a positive effect on their work with clients (Burkard et al., 2006). Thus, in cases in which multicultural issues were effectively addressed in supervision, positive professional growth and benefit to the supervisory relationship occurred. However, the implications of those negative experiences had a far more serious impact on emerging professionals. Supervisees experiencing negative events perceived a hindrance in their professional knowledge, a lack of safety with their supervisor and their site, and a lack of supervisory satisfaction (Burkard et al., 2006; Toporek et al., 2004). Some experienced additional harm, including feelings of belittlement, perceived incompetence, and even a desire to leave the field altogether (Burkard et al., 2006; Duan & Roehlke, 2004; Fukuyama, 1994). Interestingly, Burkard et al. (2006) indicated that supervisees of varied racial and ethnic backgrounds noted that some supervisors, regardless of their own racial or ethnic identity, were unresponsive to cultural phenomena in supervision. For the continuation of our field, its quality, and its goal of inclusiveness, both of its clients and of its professional staff and students, an increased use of competent and positively received

multicultural supervision is not only encouraged, it is necessary. In the pursuit to develop an operational definition of multicultural supervision, how multicultural issues are discussed and the sensitivity and level of engagement of the supervisor have important implications.

Distribution of Responsibilities. Other areas of potential importance to consider in the development of an operational definition for *multicultural supervision* are the distribution of responsibilities within the supervisory relationship and the role of multicultural competence. That is, is it the existing professional and/or the emerging professional who holds the ethical responsibility to broach, teach, engage, and be effective in communication regarding multicultural issues in supervision? Does that individual know how to engage effectively in such conversations? Gatmon et al. (2001) concluded that even in the infrequent occurrence that cultural discussions occurred in supervision, these discussions were initiated by the supervisor only 48% of the time. However, this empirical data is in direct contrast to the consensus of the field that the ethical responsibility of the supervisor to contribute to the professional development of a trainee through addressing these types of issues. This consensus is mainly due to the acknowledgement of a power differential between the two roles within the relationship (i.e., a supervisor, in addition to their advanced experience, is in an evaluative role with regard to the trainee) and the personal, historical, or political dynamics underlying multiculturalism (Gatmon, et al., 2001). The consideration is, therefore, included in a definition of multicultural supervision could be a brief indication about which party is ethically responsible to incorporate multiculturalism into supervision.

While the supervisor may have the responsibility to integrate multicultural into supervision, many supervisors may not have the training or experience to provide culturally-responsive supervision. In fact, the majority of supervisors has not received formalized supervision training, nor has engaged in multicultural coursework (Bernard & Goodyear, 2014; Garrett et al., 2001). With the complexity of multicultural and the vulnerability that can come with discussions of these issues, there exists a clear lack of systematic assistance for supervisors for addressing these issues in an ethical, competent manner. A standard for obtaining competence in this area could, then, also be considered as an additional competent in defining multicultural supervision.

Due to the complexity and charge of the broad topic that is multiculturalism, trainees currently receive supervision experiences stretching the gamut between negative and positive experiences (Burkard et al., 2006). Many of these experiences affect the trainee's professional development, in both positive and profoundly negative ways (Burkard et al., 2006; Duan & Roehlke, 2004; Gatmon et al., 2001). An operational definition of multicultural supervision would provide concrete ways for supervisors to affect supervisees positively, standardize supervision experiences, and contribute to measurement in this area. In sum, themes and factors to consider in the empirical literature that could inform components contributing to the operationalization of multicultural supervision point to the frequency, content, and engagement in multicultural discussions and the role of supervisor in preparing to effectively and competently teach and engage in such discussions. The next step is to build evidence for utilizing these themes in an operational definition, and thereby contributing to a generalized conceptual and measurable understanding of multicultural supervision, is through measurement.

Available Instruments in Assessing Multicultural Supervision

Despite the increase in multicultural supervision research over the past decade, there is a great lack of clearly defined constructs with operational definitions that assist in the advancement of our understanding and measurement in this area of clinical practice and training. Relatedly, a scarcity of valid and reliable instruments likely contributes to the lack of research on multicultural supervision. In fact, consideration to how these ideas and dynamics apply to supervision has developed increased attention only in very recent years, both theoretically and empirically (Bernard & Goodyear, 2014). For example, APA did not release an official set of recommendations for professional behaviors related clinical supervision, which included guidelines specifically related to the importance of multiculturalism until 2014 (APA, 2014). Without a common language with which researchers discuss, explore, and assess multicultural supervision, advancement in the understanding of what contributes to, deviates from, and impacts of multicultural supervision is stayed.

Some researchers sought to operationalize multicultural supervision or aspects of multicultural supervision though the development of measures. However, many of the current measures designed to assess multicultural supervision are relatively new and/or untested. As such, there exist very few valid and reliable instruments for assessing the prevalence and impact of addressing multicultural issues in supervision. Current instruments used for the assessment of multicultural supervision include: the Cultural Perspective Interview (CPI; Gardner, 2002); the Multicultural Supervision Critical Incidents Questionnaire (MSCIQ; Toporek, Ortega-Villalobos, & Pope-Davis, 2004); the Multicultural Supervisory Competency Indicator (MSCI; Chu & Chwalisz, 1999); the

Cross-Racial Supervision Survey (CRSS; Duan & Roehlke, 2004); the Multicultural Supervision Inventory (MSI; Pope-Davis, Toporek, & Ortega, 1999); Evaluating Multicultural Issues in Supervision (EMIS; Guanipa, 2002); and the Multicultural Supervision Competencies Questionnaire (MSCQ; Wong & Wong, 1999). While each of these was created with a general goal of identifying the essential components of multicultural supervision and perhaps even clarifying the responsibilities of supervisory roles in a multicultural supervision process (Buchanan, 2006), these measures hold different perspectives on important approaches toward the end of better understanding multicultural supervision. For example, the MSI (Pope-Davis et al., 1999) aimed to assess the multicultural competence of supervisors and its impact on supervision from the supervisee perspective. Other important aims by these measures include: addressing multicultural occurring in supervision (i.e., EMIS, MSCI, or MSCIQ), helping supervisees provide feedback to their supervisors (i.e., MSCI), and serving as a foundation for further research (CPI or MSCIQ). The current measurements are classified into two categories of assessments: quantitative and qualitative. An overview of each measure's psychometric properties, format, and intended participant use is provided in Table 1.

Table 1
Summary of Instruments of Multicultural Supervision

Measure	Respondent	Format	Psychometric properties
Qualitative Assessments			
Cultural Perspective Interview (CPI; Gardner, 2002)	SE[a]	Semi-structured interview; 15 questions	Not applicable.

Multicultural Supervision Critical Incidents Questionnaire (MSCIQ; Toporek et al., 2004)	SR[b] & SE; 1 version[c]	Asked to write a paragraph on a critical incident	Not applicable.
Multicultural Supervisor Competency Indicator (MSCI; Chu & Chwalisz, 1999)	SE	Asked to write descriptions of critical incidents	Not applicable.
Cross-Racial Supervision Survey (CRSS; Duan & Roehlke, 2004)	SR & SE; 2 versions	24 scaled and open-ended questions	Duan & Roehlke (2004) • Preliminary factorial analysis: internal consistency SR version, SE version = .73, .71
Quantitative Measures			
Multicultural Supervision Inventory (MSI; Pope-Davis, Toporek, & Ortega, 1999)	SR & SE; 2 versions[d]	43 Likert type self-report items	Pope-Davis, Toporek, & Ortega-Villalobos (2003) • Internal Consistency Reliability: α = .92 (supervisor version) and α = .97 (supervisee version) • Validity – Between versions (r = .68); Divergent validity supported against Social Desirability Scale Ortega-Villalobos (2011) • Internal Consistency Reliability: α = .90 (supervisor version) and α = .96 (supervisee version) • Validity – Discriminant validity supported against Social Desirability

			Scale; Convergent validity demonstrated with multicultural counseling competence scores, supervisory working alliance scores, and other related training experiences.
Evaluating Multicultural Issues in Supervision (EMIS; Guanipa, 2002)	SR & SE; 1 version	31 Likert type self-report items	None available.
Multicultural Supervision Competencies Questionnaire (MSCQ; Wong & Wong, 1999)	SE	67 Likert type self-report items	Wong & Wong (1999) • Internal Consistency Reliability: Attitude Subscale α = .97; Knowledge Subscale α = .93; Skills Subscale α = .98; Relationship Subscale α = .99; Total scale α = .99

[a]Supervisee; [b]Supervisor
[c]One version (i.e., the same) of the measure is presented to both supervisor and supervisee
[d]Two versions (i.e., a supervisee version and a supervisor version) of the measure are presented to corresponding participants

Qualitative Assessments. Four measures were developed through qualitative methodology for the purposes of investigating multicultural supervision. Authors connected with the development of the Cultural Perspective Interview (CPI; Gardner, 2002); the Multicultural Supervision Critical Incidents Questionnaire (MSCIQ; Toporek, et al., 2004); the Multicultural Supervisory Competency Indicator (MSCI; Chu &

Chwalisz, 1999); the Cross-Racial Supervision Survey (CRSS; Duan & Roehlke, 2004) assert the exploratory and practical utility of their measures. Each qualitative measure identifies themes related to multicultural supervision, and through the amalgamation of themes, leads to a more comprehensive understanding the overarching construct.

The Cultural Perspective Interview (CPI) is a 15-question semi-structured interview protocol (Gardner, 2002), with the intent of ascertaining an idea of the current state of affairs in multicultural supervision through gathering and categorizing cross-cultural supervision experiences of supervisees. The measure asks supervisees to define and describe their own conceptions of multicultural supervision and their experiences with their supervisors with reference to multiculturalism. Sample questions from the CPI ask the supervisee to "[d]escribe the nature of your supervisory relationship" and reflect on "[h]ow did discussion of cultural issues emerge during supervision" (Gardner, 2002)? Through supervisee responses, researchers are able to identify and categorize themes related to the values of current supervisees in relation to multicultural supervision.

The Multicultural Supervision Critical Incidents Questionnaire (MSCIQ) is a measure developed by Toporek, Ortega-Villalobos, & Pope-Davis (2004). The MSCIQ was developed to obtain a better understanding of how supervisees conceptualize multicultural supervision and identifying the impacts of positive or negative supervisory experiences related to multicultural issues or dynamics (Toporek et al., 2004). The MSCIQ asks participants to write a paragraph describing one or more critical incidents in which multicultural issues arose in supervision. They were then asked to rate on a Likert-type scale (1=Very, 5=Not at All) to what extent that experience was positive, negative, helpful, challenging, supportive, offensive, or threatening (Toporek et al., 2004). The

participants were then asked to reflect upon and describe how these incidents influenced the development of their multicultural counseling competence. Finally, participants were asked to provide suggestions for improving multicultural supervision (Toporek et al., 2004).

The Multicultural Supervisor Competency Indicator (MSCI; Chu & Chwalisz, 1999) represents the first empirically derived tool for assessing or evaluating supervisors' multicultural competency (Buchanan, 2006). Similar to the structure of the MSCIQ (Toporek et al., 2004), the MSCI asks supervisee participants to write descriptions of critical incidents in supervision centered on multicultural issues or dynamics. Data collected using this instrument is qualitatively coded into performance dimensions and behavioral anchors reflecting perceived supervisor competencies (Chu & Chwalisz, 1999). The performance dimensions represent themes derived from the responses categorized as either very or extremely relevant to the expected roles of clinical supervisors engaged in multicultural interactions (Buchanan, 2006).

Finally, the Cross-Racial Supervision Survey (CRSS; Duan & Roehlke, 2004) sought to include the perspectives of both supervisees and supervisors in understanding those behaviors related to multiculturalism, which impact the supervisory process. The CRSS is a 24-item instrument consisting of both scaled and open-ended questions (Duan & Roehlke, 2004). The survey was developed to assess supervisees' and supervisors' perceptions (i.e., two iterations respectively) in the following areas: (1) supervisors' behaviors in addressing race-related issues, (2) supervisors' positive attitude toward supervisees, (3) supervisors' trustworthiness and helpfulness, (4) mutual comfort in self-disclosure, and (5) overall satisfaction with the supervisory relationship (Duan &

Roehlke, 2004). The survey probes for those specific supervisor behaviors that affect supervisees' supervision satisfaction and the supervisory working alliance.

Due to the ease of administration, the qualitative measures are able to elicit and gather updated data related to supervisees' perceptions on those qualities that contribute to effective and responsive multicultural supervision and how/if those perceptions change over time. That is, results could present information allowing the consideration of multicultural supervision as a dynamic experience both within each individual supervisory dyad across time and in tracking supervisees' perceptions on this topic as a whole (i.e., in how the field understands multicultural supervision). The analysis of responses on each qualitative measure also provided guidance to supervisors in how supervisees respond to the timing of broaching multicultural issues in supervision and therefore assist in the development of practical multicultural supervision frameworks. Consequently, qualitative measures also gauge the dynamics and consequences of unresponsive multicultural supervisory practices from the supervisees' point of view. The measures may be used to provide feedback to supervisor's that could lead to performance improvement, as well as identify needs for targeted professional development training.

While the qualitative measures do provide utility to the furtherance of the field's understanding of multicultural supervision and in identifying those behaviors that contribute to responsive supervisory practices, there also exist limitations. Primarily, the measures ask the participants to rely on their own definitions of multiculturalism. The assumption here is that all aspects of multiculturalism (e.g., race, ethnicity, gender, sexual orientation, or ability) are experienced similarly, and are therefore coded similarly, when

identifying supervisor behaviors relevant to multicultural supervision. Furthermore, clinical supervisors will unlikely be trained in the coding procedures required to identity and differentiate those behaviors that lend to responsive multicultural supervision. Since particular procedures are utilized in qualitative coding to identify themes in a standardized manner, any research utility is lost when providing the scale to clinical supervisors for use. Overall, qualitative measures possess useful clinical application qualities, yet may not provide much information to supervisors beyond supervisee general feedback regarding multicultural supervision practices.

Quantitative Assessments. Three measures were developed through quantitative methodology for the purposes of investigating multicultural supervision. Quantitative instruments serve to quantify data, thereby allowing for generalization of the concepts being studied. The lack of psychometric data for many of the quantitative measures is a reflection of the stage the field is in: The topic of multicultural supervision is still quite novel in its stage of research development (Bernard & Goodyear, 2014). Current quantitative measures of multicultural supervision include the Multicultural Supervision Competencies Questionnaire (MSCQ; Wong & Wong, 1999), the Evaluative Multicultural Issues in Supervision (EMIS; Guanipa, 2002), and the Multicultural Supervision Inventory (MSI; Pope-Davis, Toporek, & Ortega, 1999).

The Multicultural Supervision Competencies Questionnaire (MSCQ; Wong & Wong, 1999) is a 60-item, Likert-type, self-report scale developed for a variety of purposes. First, the scale was developed to provide supervisees with an outlet and opportunity to provide feedback to their supervisor. The second purpose was to facilitate multicultural training process from supervisor to supervisee/counselor. The third was to

determine the suitability of the supervisor to work with culturally different supervisees. The final purpose of the MSCQ was to facilitate quantitative research in the arena of multicultural competence in supervision. Overall, this questionnaire assesses for the supervisee's perspective regarding their supervision experiences (Wong & Wong, 1999).

In the MSCQ, there are four subscales based on Sue, Arrendondo, and McDavis' (1992) (with the additional component suggested by Sodowsky, Taffe, Gutkin, & Wise's (1994) cross-cultural competency), model of cross-cultural competencies: Attitudes and Beliefs (12 items), Knowledge and Understanding (10 items), Skills and Practice (22 items), and Relationships (16 items). The supervisee participants indicate on a 5-point scale as to what degree they agree with statements related to their current, direct supervisor. Responses range from *Strongly Disagree* (1) to *Strongly Agree* (5), with (3) indicating an *Undecided* response. Sample items include: "[My supervisor] demonstrates openness and respect for culturally different supervisees" (*Attitude and Beliefs*); "Shows some knowledge about the cultural traditions of various ethnic groups" (*Knowledge and Understanding*); "Takes into account cultural biases in assessments and clinical judgments" (*Skills and Practice*); and "Is willing to advocate for minorities who experience institutional discrimination" (*Relationship*; Wong & Wong, 1999). A number of items are reversed scored, and higher scores indicate higher supervisor multicultural competence (Wong & Wong, 1999). Due to the small sample size on this measure, any psychometric information currently available is not considered acceptable as a determinant of reliability or validity, as related to supervisor multicultural competency in supervision.

The Evaluating Multicultural Issues in Supervision (EMIS, Guanipa, 2002) is a 31-item, Likert-type, self-report scale. The EMIS was developed with the purpose to facilitate multicultural discussion in supervision. This scale was intended to be used through self-administrations by both supervisor and supervisee periodically throughout the supervisory relationship, with results then discussed between the two during supervision. The scale assesses five core components of cultural competence as described by Sue (1998), which serve as the subscales: *Knowledge Base and Interest in Clinical Groups* (12 items), *Clinical Skills* (9 items), *Flexibility* (5 items), and *Multicultural Mission* (5 items). Participants are asked to respond to item statements on 6-point Likert scale, indicating to what extent they agree with the item statement. Participant responses range from *Strongly Disagree* (1) to *Strongly Agree* (6). Sample items include: "Supervisor/Supervisee is able to apply multicultural theories in supervision" (*Clinical Skills*); "Supervisor/Supervisee is able to understand the role of culture in supervision and clinical practice" (*Cultural Awareness);* "Supervisor/Supervisee develops a set of hypotheses and applies diverse theoretical perspectives in the context of the client's cultural world" (*Flexibility*); and "Supervisor/Supervisee promotes multicultural competence" (*Multicultural Mission*; Guanipa, 2002). High scores on the EMIS indicate higher levels of multicultural competence.

Similar to the MSCQ, there exist no psychometric data to support the utility of the EMIS. While Guanipa (2002) acknowledged this current lack of psychometric data, she stressed that the intent and utility occurred in the facilitation of collaborative discussion on multicultural issues between the supervisory dyad. Additional utility also exists in identifying relative strengths and weaknesses in the competencies of each supervision

party (Guanipa, 2002). The measure additionally allows its participants to provide written feedback regarding this topic to their professional dyad partner.

The third, and most empirically-supported, quantitative measure of multicultural supervision is the Multicultural Supervision Inventory (MSI; Pope-Davis, Toporek, & Ortega, 1999). The MSI was designed to assess supervisor multicultural competence, from the perspectives of both supervisee and supervisor (i.e., two versions of the inventory). Similar to the MSCQ, the MSI utilized Sue, Arrendondo, and McDavis' (1992) conceptualization of multicultural competence though awareness, knowledge, and skills, as the foundation for their measure (Pope-Davis et al., 1999). The most recent iteration of the MSI was developed by Ortega-Villalobos (2011) and consists of 18-items in parallel supervisee and supervisor forms. Items are rated on a 7-point Likert-type scale with response anchors that range from *Never* (1) to *Always* (7). Total scores on both versions of the MSI range from 18 to 126, with high scores on the supervisee version indicating supervisee perception of supervisor multicultural competence, and high scores on the supervisor version indicate supervisor self-report of multicultural competence provided in supervision (Ortega-Villalobos, 2011).

The parallel supervisee and supervisor forms of the MSI consist of two subscales: *Fostering Multicultural Competence in Supervisees* (FMCS; 11 items) and *Culturally Sensitive Collaboration* (CSC; 7 items). The *FMCS* subscale examined the supervisor's ability to foster, communicate, and teach multicultural supervision competence through helping supervisees to understanding their own cultural identities, communicate in multiculturally aware and sensitive ways, understand value assumptions in traditional clinical theoretical orientations, encourage supervisees to think about multicultural issues

in their clinical work, and help supervisees identify opportunities and resources to enhance multicultural counseling knowledge (Ortega-Villalobos, 2011). The *CSC* subscale examines supervisors' ability to develop a cultural collaborative (i.e., collegial or co-equal) and sensitive working relationship with their supervisees (Ortega-Villalobos, 2011). The *CSC* items thus reflect theoretical themes related to the importance of the collaborative working relationship within the supervisory dyad and supervisor encouragement of supervisees' open expression and opinions about cultural conceptualizations of client concerns (Ortega-Villalobos, 2011). Sample items from the Supervisee Form included, "My supervisor helped me understand how cultural communication styles might affect my interaction with clients" (*FMCS*), and "I felt comfortable telling my supervisor when we had misunderstandings due to our cultural differences" (*CSC*). While the Supervisor Form consisted of items: "I encouraged my supervisee to think about cultural issues when working with clients" (*FMCS*), and "I interacted with my supervisee(s) in ways that did not stereotype them" (*CSC*). Although there were three developmental studies for the MSI (i.e., Pope-Davis et al., 1999; Ortega-Villalobos, 2003, 2011; Ortega-Villalobos, Pope-Davis, & Merluzzi, 2008), the Ortega-Villalobos (2011) study presented the most recent and valid psychometric properties and represented the most current iteration of the scale.

As noted, the MSI (Ortega-Villalobos, 2011) is the third revision of the measure originally conceptualized by Pope-Davis and colleagues (1999). In testing scale structure within the 18-item parallel forms, Ortega-Villalobos (2011) completed a confirmatory factor analysis, and validity and reliability analyses. She recruited a sample of 364 supervisees and 162 supervisors. Ortega-Villalobos (2011) found internal consistency

reliability estimates for scores on the MSI-Supervisee Form (MSI-SE) was $\alpha = .96$, while the supervisor sample yielded an estimate of $\alpha = .90$ on the MSI-Supervisor Form (MSI-SR).

Due to the fact that a majority of the multicultural supervision literature focused on the supervisee perspective, Ortega-Villalobos (2011) decided to focus on the supervisor sample for the completion of a confirmatory factor analysis. Internal consistency reliability of the MSI-SR subscales was estimated to be ($N = 162$) $\alpha_{FMCS} = .90$ and $\alpha_{CSC} = .73$. A Cronbach's alpha of over 0.70 is generally accepted as a sign of acceptable reliability. Therefore, these data indicate that the measure had adequate consistency. The two-factor structure accounted for 49.76% of the variance. The *FMCS* factor consisted of 11 items and accounted for 38% of the variance, with factor loadings ranging from .35 to .80. The *CSC* factor consisted of 7 items and accounted for 11% of the variance, with factor loadings ranging from .37 to .93 (Ortega-Villalobos, 2011).

In addition, the MSI-SR demonstrated strong convergent validity with other instruments, thereby demonstrating relationships with several multicultural counseling and supervisory behaviors, including: multicultural counseling competence, supervisory working alliance, the amount of time spent addressing multicultural issues, supervisor behaviors and attitudes, and the supervisor's training and experience. For instance, MSI-SR FMCS subscale scores were significantly and positively correlated with Multicultural Counseling Knowledge and Awareness (MCKAS; Ponterotto, 1997) scores ($r = .50$, $p < .001$). A statistically significant positive relationship was similarly found between MSI-SR CSC subscale scores and Working Alliance Inventory (WAI; Bahrick, 1990) scores ($r = .53$, $p < .001$). Bahrick's (1990) Working Alliance Inventory focused on the quality of

the relationship between supervisor and supervisee. These results indicated that the strength of the supervisory working alliance was related to the supervisor's ability to foster a culturally sensitive supervisory setting for supervisees. Additionally, the amount of time spent addressing multicultural issues in supervision and MSI-SR total scores were moderately correlated ($r = .46$, $p < .001$), which indicated that as supervisors increased the level to which they initiated discussion of multicultural issues in supervision, strong supervisory relationships emerged. Bonferroni comparisons on the MSI-SR found that supervisors who opined a high level of benefit of multicultural discussions in supervision ($M = 98.01$, $SD = 12.08$) had significantly different MSI-SR total scores than supervisors who expressed moderate benefits ($M = 82.97$, $SD = 12.17$), and those who perceived minimal benefits ($M = 77.00$, $SD = 10.10$). Significant differences were also found between supervisor's level of intentionality addressing multicultural issues in supervision and MSI-SR total scores with a main effect $F(2, 152) = 38.86$, $p < .001$. These significant differences indicate that when supervisors had a plan in mind to discuss multicultural issues in supervision, they believed they were more competent. Similarly, a significant main effect ($F(2, 154) = 15.99$, $p < .001$) was found between MSI-SR total scores and the level of importance a supervisor afforded to multicultural issues in supervising trainees. Lastly, a significant main effect ($F(2, 154) = 19.84$, $p < .001$) was observed between MSI-SR total scores and supervisors' reported overall knowledge and skill in multicultural counseling, as measured by the MCKAS (Ortega-Villalobos, 2011). No validity evidence for the MSI-SE exists at this time (Ortega-Villalobos, 2011).

Principally, it should be noted that Pope-Davis and colleagues (1999) and Ortega-Villalobos (2011) are to be admired for beginning the complex process of understanding

multicultural supervision and related competencies through measurement. An important strength of the MSI is the conceptual grounding in the multicultural supervision literature and strong base of developmental studies. The language of the Sue and colleagues' (1992) model of multicultural counseling competencies have been adopted, taught, and embraced by professional organizations, including the APA (Ortega-Villalobos et al., 2007). In fact, the Sue and colleagues (1992) model serves as a baseline of universal language that is familiar to, and can be imitated by other researchers. Other strengths of this inventory include the ease of administration, adequate psychometrics, and serves as a foundation for the development of assessment measures of other multicultural factors in supervision.

While preliminary analyses proved adequate (keeping in mind the focus on the Supervisor Form), the conceptual framework for approaching analysis is unfocused. The MSI adopts the inclusive definition of multiculturalism, which assumes that multicultural competence crosses all cultural domains. That is, the theoretical implication is that a supervisor who is competent in one area of multiculturalism (e.g., race), can be considered similarly competent in all other domains (e.g., gender and sexual orientation). The inclusive nature of the measure may dilute the measure's effectiveness through confusion. With a lack of multicultural domain specificity, the items may not be an accurate reflection of how participants understand their multicultural competence and training. Participants are invariably forced to choose how they balance these domains.

Additionally, the authors appear to presume equivalency between the supervisor and supervisee forms of the MSI. While the MSI-SR demonstrated high internal consistency and strong convergent validity results, little evidence was provided for the

Supervisee Form of the MSI as a stand-alone measure. Yet, they continue to be referred to as "parallel measures" (Ortega-Villalobos, 2011), thereby appearing to assume similar psychometrics between the measures. Without further testing on the MSI-SE, the MSI-SR can be considered the only validated version of the MSI.

Summary of Measures. There exist very few valid and reliable instruments for assessing the prevalence and impact of addressing multicultural issues in supervision. Current measures have different intents and utilities, whether that is providing a structure for supervision feedback (e.g., CRSS, EMIS), in gaining perspectives on perceived supervisor multicultural competence (e.g., MSI, MSCI, MSCQ), or serving as foundation for further research (e.g., CPI, MSCQ). In reviewing the available assessments, there exist both conceptual and definitional limitations and concerns that likely confuse the overall picture of: What is multicultural supervision? Without the conceptual understanding and operationalization of what multicultural supervision is and what it truly entails, any validity to the measures comes into question.

With regard to limitations, current measures appear to assume that multicultural experiences have either positive or benign impact on supervisees and on their training. Unresponsive supervision research indicated that multicultural supervision can often have more than a benign impact on supervisees, and rather the impacts on supervisees run the gamut between beneficial, and harmful/hurtful. Furthermore, the lack of generalized understanding and utilization of multiculturalism in supervision within the field is further reflected in current measures, all of which adopt a broad, inclusive definition of multiculturalism. These broad and inclusive definitions attempt to capture all aspects of cultural likely confused the data, in contrast to those definitions that provide admittedly

more narrow criteria (e.g., the inclusion of very specific aspects of multiculturalism as contributing to a larger construct of multicultural supervision, like race/ethnicity); yet, yields more definitive and clear empirical results. It may be that the delay of empirical research and instruments in this area is a reflection of the field's attempt to measure something they are currently unable to define or agree upon.

Moving forward, a measure that addresses these limitations is needed: One which recognizes the negative as well as the positive aspects and impacts of multicultural supervision. Also, a measure that does not assume all aspects of multiculturalism are the same and competence in one area assumes competence in all. Rather, a measure is needed that breaks down the definition of multiculturalism to study one aspect at a time in relation to supervision, as to allow for empirical utility (e.g., validation). Further, a measure is needed which reflects the unique nature of each aspect of culture and in how we understand and explore each of the multicultural factors within supervision.

III. Methodology

This dissertation project was a scale validation study. Given the confounds in the measurement of multicultural supervision, this author sought to validate an operationalized definition of multicultural supervision developed by Burkard and Hartmann (2012). This definition has a narrow focus on one aspect of multiculturalism: race and ethnicity. The following provides an overview of the procedures utilized for exploring the psychometric properties of the proposed Race-Ethnicity Supervision Scales (*RESS*). Three studies were conducted for this project, two validation studies and one reliability study. Data collection for the first two studies occurred concurrently (with the utilization of archival data), and the third study occurred after the completion of the data collection and the data analysis of the initial two studies. Additionally, an explanation regarding the approach to data analysis procedure will be provided.

Participants

For the first and second studies, graduate students (i.e., masters and doctoral) from counselor education, counseling psychology, and clinical psychology programs, as well as pre- and post-doctoral psychology interns who were currently receiving clinical supervision were recruited. For these studies, participants were directly recruited from listservs specific to counseling and professional psychology (e.g., APPIC Intern and Postdoc-Networks, CESNET-L, COUNSGRADS, and Diversegrad-L), through email announcements, and an invitation to participate (see Appendix B for email announcement). Additionally, clinical and counseling psychology faculty from APA- and CACREP-accredited programs were contacted to request their assistance in distributing announcements to students regarding the study (see Appendix A for

colleague request letter). The invitation letter included with each listserv and colleague announcement explained the purpose of the study, confidentiality, anonymity, instructions for completing the websurvey, and a link to the websurvey. Supervisee participants were first invited to enroll in the study in October of 2013 through the listserv emails and colleague contacts, and again invited in March of 2014, November of 2014, October of 2015, and January of 2016. The inclusion criterion for participants required that a participant currently be receiving supervision as a part of a counseling/clinical field experience. The response rate could not be determined, because the number of supervisees reached by each of the listservs and colleague contacts could not be estimated.

After Study One and Two participants were recruited, their responses were collected electronically on the Opinio platform and supervisees were ensured of the complete anonymity of their responses (i.e., they were not required to provide identifying information). However, participants were given the option of including their email address with the sole purpose of receiving the final results. An informed consent statement was presented to the participants prior to the survey questions (Appendix D). Participants were required to acknowledge that they read the informed consent prior to participation in the survey. Participants were also required to answer every question to move on to further questions and ultimately complete the survey.

For this study, 376 supervisee participants were recruited. Of those individuals recruited, 280 supervisee participants were retained for analysis because they provided complete data sets by completing the entire websurvey. The decision to obtain in excess of 250 participants is based upon field standard recommendations for sample size

requirements in factor analyses (Comrey & Lee, 1992). These field standards were based upon the idea that larger samples more accurately represent the characteristics of the populations from which they are derived (MacCallum et al., 1999). While this writer acknowledges the more complicated formulae and considerations involved in obtaining an appropriate population size for these analyses (MacCallum et al., 1999), the rule-of-thumb sample sizes (Comrey & Lee, 1992) were utilized to increase the likelihood of sufficient power, while decreasing Type 1 and Type 2 errors in the analyses (Wilson VanVoorhis & Morgan, 2007). The acquired national sample of 280 supervisee participants consisted of 235 females (84%) and 45 males (16%) ranging in age from 22 to 74, with a mean age of 32 years (*SD* = 7 years). With regard to race/ethnicity, 170 (61%) respondents identified as European-American/White, 31 (11%) African-American/Black, 26 (9.3%) Biracial/Multiracial, 18 (6.4%) Asian-American, 11 (4%) Latina/Latino, and 24 (8.6%) identified as "Other." Seventy-three percent of participants were currently enrolled in a doctoral degree program, and 21% stated they were currently enrolled in a masters-level program. Of those programs, 50% of participants reported enrollment in a clinical psychology program, 37% in a counseling/counseling psychology program, and 8% in a counselor education program. Refer to Table 2 for descriptive data of the participants for Studies One and Two.

For the third study in this investigation, 27 students were recruited from master's and doctoral practicum and internship classes in the Department of Counselor Education and Counseling Psychology at Marquette University. Students were recruited to volunteer for a test-retest reliability study of the measure developed from Study One of this investigation. The acquired sample of 27 supervisee participants consisted of 20

females (74%) and 7 males (26%) ranging in age from 23 to 34, with a mean age of 26 years (*SD* = 3 years). With regard to race/ethnicity, 19 (70%) respondents identified as European-American/White, 3 (11%) African-American/Black, 2 (7%) Biracial/Multiracial, 1 (4%) Latina/Latino, and 2 (7%) identified as "Other." Of the participant sample, 20 (74%) reported that they were currently seeing clients, while 7 (25%) reported that they were not currently seeing clients at the time of the survey. Refer to Table 3 for descriptive data of the participants for Study Three.

Measures

Study One and Two. As stated previously, data for Studies One and Two were collected concurrently. In addition to a demographics form (Appendix D), participants were asked to complete the experimental form of the Race-Ethnicity Supervision Scale (RESS; Burkard & Hartmann, 2012), Marlowe-Crowne Social Desirability Scale: Form C (MC-C; Crowne & Marlowe, 1960; Reynolds & Gerbasi, 1982), and the Multicultural Supervision Inventory: Form B (MSI-B; Pope-Davis, Toporek, & Ortega-Villalobos, 2003) (See Appendix E). Due to the web-based survey, the measures were presented in a single order, rather than being counterbalanced.

Demographic Questionnaire. A demographic section was included in the websurvey to obtain background information on the participants' age, sex, racial/ethnic background, sexual orientation/identity, number of current clients, number of supervisors during their time in clinical training, and the number of supervisors identified as a different race/ethnicity than the supervisee participant over the course of their training. Participants were also asked to estimate how many client contacts they had each week, and to what extent that they feel that multiculturalism, as related to race-ethnicity, was

integrated into their supervision experiences (see demographic background questionnaire in Appendix D).

Race-Ethnicity Supervision Scale. The Race-Ethnicity Supervision Scale (RESS) is designed to measure supervisee perspectives of racially and ethnically responsive and unresponsive supervisory practices from the supervisee perspective (Burkard & Hartmann, 2012). The experimental form of the RESS is a 64-item, self-report instrument to which supervisees rate items based on their perceptions of three domains of multicultural supervision related to race/ethnicity on a 7-point Likert scale (1 = Never; 4 = Neutral; 7 = Always). Prior to the scale's development, Burkard and Hartmann (2012) reviewed the interview data from the Burkard et al. (2006) study of responsive and unresponsive supervision and identified three domains of supervision important to effective multicultural supervision. These domains include the extent their supervisor (1) promotes or inhibits supervisee race-ethnicity cultural competence in clinical work with clients, (2) develops or inhibits the supervisory race-ethnicity cultural alliance with the supervisee (respondent), and (3) the supervisee's perception of the supervisor's level of competence with regard to race-ethnicity multicultural issues in supervision (supervisor-focused). These domains served as the basis for development of items for the three RESS subscales. Items for the former two domains were written in a bipolar manner to elicit observations in both the negative and positive direction. In this sense, the items were written to capture the negative and positive ends of a single experience, rather than looking to capture or reflect separate and independent supervision experiences. For example, items reflecting the second domain asked participants to rate the extent their supervisors, "[c]reates a safe atmosphere to discuss race/ethnicity during

supervision," and rate the extent to which the same supervisor, "[m]akes me feel unsafe when discussing racially/ethnically diverse clients." Using the three hypothesized scales, 70 items were written to capture the ideas generated from the analysis of the Burkard et al. (2006) interview data. The items were written to capture the supervisee's perspective of supervision. After writing items, Burkard and Hartmann (2012) reviewed the items for editing, and used expert review utilizing three multicultural counseling experts and three counseling psychology doctoral students to establish the content validity of the scale. After reviewing the content validity data, the RESS was reduced to a 64-item experimental form.

Table 2

Studies One and Two: Descriptive Information for the Sample

Descriptives	*N*	Percent
Total Sample	280	
Sex		
Male	45	16.1
Female	235	83.9
Race/Ethnicity		
African-American/Black	31	11.1
Asian-American/PI	18	6.4
Biracial/Multiracial	26	9.3
European-American/White	170	60.7
Latina/Latino	11	3.9
Other	24	8.6
Age		
Range	22-74	
Mean	31.7	
SD	7.2	

Current Degree Program		
Doctoral	205	73.2
Masters	60	21.4
Other	15	5.4
Area of Specialization		
Clinical Psychology	142	50.7
Counseling Psychology	104	37.1
Counselor Education	22	7.9
Other	12	4.3
Currently Seeing Clients		
No	68	24.3
Yes	212	75.7

Table 3

Study Three: Descriptive Information for the Sample

Descriptives	*N*	Percent
Total Sample	27	
Sex		
Male	7	25.9
Female	20	74.1
Race/Ethnicity		
African-American/Black	3	11.1
Asian-American/PI	0	0.0
Biracial/Multiracial	2	7.4
European-American/White	19	70.4
Latina/Latino	1	3.7
Other	2	7.4

Age		
Range	23-34	
Mean	25.7	
SD	2.9	
Currently Seeing Clients		
No	7	25.9
Yes	20	74.1

A literature review was also completed, and it was determined these themes were consistent with prior supervision research. During the literature review of measures, three important issues were identified that were considered important to scale development. First, prior multicultural supervision measures (e.g., Multicultural Supervision Inventory (MSI; Pope-Davis, Toporek, & Ortega, 1999); Evaluating Multicultural Issues in Supervision (EMIS; Guanipa, 2002); and the Multicultural Supervision Competencies Questionnaire (MSCQ; Wong & Wong, 1999) assumed an inclusive definition of multicultural supervision that addressed many aspects such as socio-economic status, sexuality/sexual preference, race, ethnicity, and acculturation. In this sense, multiculturalism was defined broadly, and the authors presumed that respondents had equivalent knowledge and skill levels for each aspect of the cultural factors included. As such, this inclusive perspective could create a conceptual confound for respondents, since respondents may be unclear which aspect of multiculturalism to rate on scale items. Finally, all measures presumed a positive perspective or a benign perspective of multicultural supervision experiences. Research indicated the need to

capture supervisory experiences that are culturally unresponsive or that are potentially oppressive (Burkard et al., 2006). In this sense, the author/researcher hopes to capture the full range of multicultural supervision experiences from negative to positive.

The 90-item experimental form of the RESS was used in a content analysis study (Burkard & Hartmann, 2012). Three advanced counseling psychology doctoral students who had multiple practicums and supervision experiences in multicultural settings rated each item on a scale from 1 (*low fit*) to 10 (*high fit*) for fit with each of the hypothesized subscales. These students were recruited through personal contacts of the researchers. Respondents also participated in a think-aloud procedure providing qualitative comments regarding the fit and quality of each item. These procedures resulted in 27 items that were edited for clarity based on feedback. Additionally, 12 items were eliminated because they were duplicates or lacked conceptual clarity, which resulted in a 78-item scale. The 78-item scale was then sent to two multicultural content experts, who had significantly published in multicultural research and two supervision content experts who had significantly published supervision research. All four experts provided editorial comment and qualitative comments on the items. This expert feedback resulted in the deletion of three additional items, modifications to 19 additional items to increase item fit with the hypothesized scale or to increase item clarity, and the collapse of 11 items. This revision process resulted in the draft of 64 items as an experimental scale and the following subscale structure: 20 items lend to the "*promoting/inhibiting supervisee cultural competence*" subscale, 14 items in the "*developing/inhibiting supervisory cultural alliance*" subscale, and 30 items examined the *supervisee's perceived racial/ethnic multicultural competence of the supervisor* (i.e., the third subscale).

Example items from each category respectively include, [My supervisor]: "Helps me to be more attentive to how race/ethnicity influences my work as a counselor (*promoting/inhibiting supervisee cultural competen*ce)," "Validates my cultural perceptions and beliefs with regards to race/ethnicity (*developing/inhibiting supervisory cultural alliance*)," and "Understands the influence that racial/ethnic issues can have on therapy (*supervisee's perceived racial/ethnic multicultural competence of the supervisor*)." The experimental version of the RESS is presented in Appendix E.

Marlowe-Crowne Social Desirability Scale: Form C. The Marlowe-Crowne Social Desirability Scale: Form C is a 13-item self-report instrument that measures the tendency for participants to provide socially desirable responses (Crowne & Marlowe, 1960; Reynolds & Gerbasi, 1982). The 13 items are derived from the original 1960 Marlowe-Crowne 33-item instrument. In 1960, Crowne and Marlowe attempted to identify a set of behaviors that were perceived by society to be exemplary, but enacted only infrequently. They attempted to extract these behaviors from extant personality inventories. This process generated 50 items of an original scale. Examples include, "I like to gossip at times," or "I am always willing to admit when I make a mistake." A set of 10 judges then determined whether they perceived each of these 50 behaviors as desirable or undesirable. Crowne and Marlowe revealed that 47 of the 50 behaviors generated at least 90% agreement, and only these items were retained for the original scale. In addition, 76 undergraduate students were asked whether or not they engage in the 47 behaviors. Only 33 of these items were significantly related to the aggregated total. That is, 33 of the items discriminated between individuals who do and do not tend to exhibit this tendency towards social desirability, resulting in the original scale.

Crowne and Marlowe (1960) showed the internal consistency of the 33 items as 0.88, and the test-retest correlation as 0.89 (Crowne and Marlowe, 1960). Finally, 13 representative items were chosen to facilitate in the utility of the scale and is considered the shortened form of the original scale.

Reynolds (1982) subjected the 33-item original scale to 608 students and also conducted a principle components analysis as well as examined the correlations between each item and the aggregate scores. These analyses identify three factors, called A, B, and C; which comprise 11, 12 and 13 items respectively. While these forms were originally designed to be equivalent, Form C was tested to show higher validity. For example, the internal consistency of these three factors was shown to be .74, .75 and .76 respectively (Reynolds, 1982). Other studies have demonstrated favorable levels of internal consistency of Form C to be .68 (Barger, 2002) to .89 (Fischer & Fick, 1993). According to Reynolds (1982), the MC Form C with 13 items demonstrates an acceptable level of reliability (r = .76).

The 13-item response format is to indicate either true or false as the participants feel that the item reflects their personal attitudes. Sample items include, "I sometimes feel resentful when I don't get my way" and "There have been occasions when I took advantage of someone." Scores are determined using a scoring key. Participants get one point for each "socially desirable" answer. Scores range from 0 to 13, with larger numbers indicating a higher need to respond in a way as to avoid the disappointment from those who read their responses (Loo & Thorpe, 2000).

Multicultural Supervision Inventory: Form B. The MSI was designed to assess supervisees' perceptions of multicultural competence of supervisors involved in

multicultural supervision, as defined by supervisory encounters in which cultural issues including race, gender, social class, religion, and sexual orientation (Pope-Davis, Toporek, Ortega & Villalobos, 2003). The Multicultural Supervision Inventory: Form B (MSI-B) is a shortened, and the revised, form of the original MSI. The instrument consists of 18 self-report items that ask participants to indicate the frequency to which the items reflected their supervisory experience with their current/most recent supervisor on a 7-point Likert scale (1 = *Never*; 2 = *Rarely*; 3 = *Occasionally*; 4 = *Sometimes*; 5 = *Often*; 6 = *Very Often*; 7 = *Always*) (Pope-Davis, Toporek, Ortega & Villalobos, 2003). Total scores for the MSI range from 18 to 126, with higher scores reflecting greater supervisor multicultural competence (Ortega-Villalobos, 2003). Sample items are "My supervisor demonstrated that he/she respects my cultural beliefs and practices" and "My supervisor was aware of how cultural issues influenced our supervisory relationship."

The psychometric information for the MSI-B indicates adequate to high reliability and validity. Reliability produced an alpha coefficient of .96 for supervisee version. In the Ortega-Villalobos (2011) validation study, the researcher hypothesized that multicultural competence in supervision was a multidimensional construct. That is, many factors contribute to and are impacted by supervisees' perceptions of multicultural competence in their supervisors. This hypothesis was empirically supported through confirmatory factor analyses of a correlated two-factor structure. These factors were labeled "*Fostering Multicultural Competence in Supervisees*," and "*Culturally Sensitive Collaboration*." The former factor tapped into the supervisor's ability to foster, teach, and assess the multicultural competence of supervisees. In contrast, the latter focused on the supervisor's ability to develop a collaborative working alliance with their supervisee

(Ortega-Villalobos, 2011). Internal consistency reliability of the *Fostering Multicultural Competence in Supervisees* subscale was estimated at $\propto$ = .90 (*N* = 162), and its correlation with the MSI total score was reported as *r* = .97. The second subscale, *Culturally Sensitive Collaboration* yielded reliability estimates at $\propto$ = .71 (*N* = 162), and its correlation with the MSI total score was *r* = .76 (Ortega, Pope-Davis & Merluzzi, 2007). Each of these factors had high factor loadings as well as high correlations with corresponding items, indicating that these factors have strong theoretical links (Ortega-Villalobos, 2011). The MSI was not associated with the Edwards Social Desirability Scale (Edwards, 1957) showing discriminate validity, and convergent validity was demonstrated with multicultural counseling competence scores, supervisory working alliance scores, and other related training experiences (Ortega, Pope-Davis & Merluzzi, 2007). Further, convergent validity tests suggested significant positive relationships between MSI scores and multicultural counseling competence scores (*Fostering Multicultural Competence* in Supervisees subscale scores, *Culturally Sensitive Collaboration* subscale scores, the amount of time and quality of discussions addressing cultural variables in supervision, and supervisors' intentionality and direct guidance (Ortega-Villalobos, 2011). Additionally, significant positive relationships were shown between MSI scores and perceived importance given to multicultural issues in supervision, and multicultural training and experience (Ortega-Villalobos, 2011).

Procedure

This dissertation was comprised of three studies. The initial two studies were the data collection and validation studies that were administered concurrently to determine factors contributing to multicultural supervision. After the completion of the analysis for

Studies One and Two, a third study examined the scale stability through test/retest reliability.

Studies One and Two. Volunteer participants were asked to complete an online survey of multicultural supervision (Appendix B). The websurvey included a review of the study's purpose and an informed consent statement. Participants initially completed the informed consent letter and then completed the experimental form of the Race-Ethnicity Supervision Scale. The first 100 participants in the sample additionally completed the Marlowe-Crowne Social Desirability Scale: Form C and the Multicultural Supervision Inventory, which was used for Study Two. For this group is estimated that 25 to 30 minutes was required for participants to complete the online survey, and their participation was concluded upon the completion of the survey. The remaining 180 participants in the sample only completed the RESS (Appendix E). This latter group of participants only needed an estimated 10 to 15 minutes to complete the study. Finally, all participants completed a demographic questionnaire at the end of the online survey (Appendix D). Unfortunately, due to the format, measures were not counterbalanced.

An exploratory factor analysis was conducted to estimate factor structure based on data collected in Study One. In 2007, Worthington and Whittaker conducted a content analysis of scale development articles in counseling psychology, which, they say reflected common practices in approaches to factor analyses utilized for scale development. Based upon their findings, the authors provided recommendations for best practices in this area. The factor analysis procedure in this study was consistent with these recommendations for best practices. Study Two then used bivariate correlations to examine convergent and discrimination validity between the RESS and the Marlowe-

Crowne Short Form-C and Multicultural Supervision Inventory-MSI-B. The third study then examined the stability of the factor structure of the scale through a correlation analysis in a test/re-test reliability procedure.

Study Three. The third study in this investigation involved a reliability study and the data collection occurred after the completion of Studies One and Two. Masters students from Marquette University's counseling and clinical mental health counseling programs were recruited to complete the final draft of the RESS to establish test-retest reliability. These graduate student participants were provided with an informed consent letter prior to participation (Appendix C). Once informed consent is obtained, paper copies of the revised RESS were administered in small groups and a second administration was conducted three-weeks later with the same sample. Each administration required about 10 to 15 minutes of time for participants. Each participant was assigned a code that was on a master list located in a locked office on the Marquette campus. The participants' names were not on their surveys; however, they were issued a survey with a specific code in order to protect respondent confidentiality.

IV. Results

Preliminary Analyses

Prior to conducting the statistical analyses, the distribution values were tested for adequacy for conducting a factor analysis with the Kaiser-Meyer-Olkin (KMO) measure (Kaiser, 1974) and Bartlett's (1954) Test of Sphericity. A KMO value of .94 was found, indicating that the sample size and distribution of values were appropriate for a factor analysis. The Test of Sphericity was also significant ($p < .01$), indicating multivariate normality and suggesting that the data was similarly appropriate for a factor analysis.

The data were then screened for accuracy of data entry and the normality of distribution. The criteria of skewness and kurtosis above | 2.0 | was used to identify items which violated normality assumptions (George & Mallory, 2010). Eleven original RESS scale items violated the criterion of normality assumption (Table 4). High skew and kurtosis items tend to have heavy tails, or outliers, relative to the normal distribution. Because kurtosis and skew is important to suggest normal univariate distribution, results from the sample reflect a statistically significant variety of experiences ($\propto > .05$) between supervisees responding to the RESS on these items. Ten of eleven of the items which violated the normality assumption reflected content relevant to understanding supervision experiences, and these items appeared to capture content that was qualitatively different than what was captured in other items in the scale. Therefore, while the normality assumption violations were noted and observed, the eleven items were retained to fully test the range of items and participants' experiences of multicultural supervision.

Table 4
Item Violations of Normality Assumptions[a]

Question	Skewness	Std. Error of Skewness	Kurtosis	Std. Error of Kurtosis
5. Disregards my requests for help in working with racially/ethnically different clients	2.060	.146	3.780	.290
8. Ignores my questions about how clients' race/ethnicity may influence their lives	2.010	.146	3.246	.290
9. Discourages me from discussing how the racial/ethnic identity of a client may influence the counseling process	2.246	.146	4.375	.290
33. Makes me feel unsafe when discussing racially/ethnically diverse clients	2.083	.146	4.016	.290
34. Believes that I am racially/ethnically insensitive	2.250	.146	4.883	.290
7. Discourages me from understanding how race/ethnicity may influence the formation of a client relationship	1.881	.146	2.503	.290
36. Has experience working with clients from diverse racial/ethnic backgrounds	-1.463	.146	2.340	.290
43. Is nonjudgmental of people from racially/ethnically diverse groups	-1.644	.146	2.203	.290
48. Does not believe that a client's race/ethnicity influences his/her life	1.739	.146	2.236	.290
51. Has made racially/ethnically insensitive comments	1.981	.146	2.731	.290
60. Makes stereotypical comments about some clients' race/ethnicity	1.998	.146	3.201	.290

[a]As defined by skewness and/or kurtosis > |2.0|

Study One

For Study One, the primary data analysis included three exploratory factor analyses (EFAs) utilizing a sample of 280 participants. Most of the items are phrased so that strong agreement indicates a positive belief about their supervisor. However, 19 of the items are phrased in the reverse. In order to make those items comparable to the other items, they were reverse scored to be positively scaled prior to the analysis process. Those reverse-scored items are each identified with an asterisk in Tables 5a, 6a, and 7a. The initial exploratory factor analysis proposed was grounded on the three-factor model

proposed by the theoretical and qualitative development of the RESS (Burkard & Hartmann, 2012). The initial factor analysis examining the experimental 64-item RESS and utilizing the proposed three-structured model is presented in Table 5a. The structure of that EFA was then re-analyzed through eliminating items with low communality (< .30), prominent cross loadings (i.e., loadings ≥ .30 across two or more factors), and low factor loadings (< .30), consistent with methodological recommendations for best practices in scale development research presented by Worthington and Whittaker (2006). This process was completed twice, resulting in an interim EFA and a final EFA, located in Tables 6a and 7a respectively.

For the first EFA, a maximum likelihood factoring procedure was utilized with a *promax* rotation to examine the factor structure of the experimental version of the 64-item RESS (Field, 2005). This oblique rotation was used because such procedure is recommended when factors are theoretically related and likely to be empirically correlated (Field, 2005; Gorsuch, 1997; Thompson, 2004). The original subscales were theoretically proposed to be (a) *Promoting/ Inhibiting Supervisee Racial/Ethnic Cultural Competence*, (b) *Developing/Inhibiting the Supervisory Cultural Alliance*, and (c) *Supervisor Competence*. An examination of the eigenvalues indicated that three factors met the retention criterion as greater than 1.00 (Kaiser, 1958). These three factors accounted for a total of 65% of the variance of the scale (Table 5b). The first factor of the original RESS, the *Promoting/Inhibiting Supervisee Racial/Ethnic Cultural Competence* subscale, accounted for 52% of the variance and consisted of 20 items. The second factor, *Developing/Inhibiting the Supervisory Cultural Alliance*, consisted of 14 items and accounted for 9% of the variance. Finally, the third factor, *Supervisor*

Competence, consisted of 30 items and accounted for an additional 2.4% of the variance (Table 5b).

Just as factor loadings are adjusted in a rotation, so are the correlations between the various items that make up the factor analysis (Field, 2009). Residuals are computed between observed and reproduced correlations and are generally accepted as an assessment of the global fit of the model (Little, 2013). The residuals represent the differences between the original correlations among each pair of items and the ones that were produced from the model (Field, 2009). If two sets of correlation pairs were identical, then the residuals would have a value of 0 (Field, 2009). Therefore, smaller sizes of the residuals reflect a better model fit for the data (Field, 2009). That is, smaller residuals mean that the original correlations represent a reasonably good fitting factor solution (Field, 2009). The rule of thumb handed down from the ancients is that no more than half of the non-redundant residuals should be greater in size than .05 (Field, 2009; Little, 2013). If the portion is higher than that, then the fit of the model to the data is not that good (Field, 2009). Non-redundant residuals were computed at 20% for this model, well above the 5% recommendation, which generally indicates a poor goodness of fit of the model (Little, 2013). This recommendation was similarly applied to each of the EFA iterations to follow.

Table 5a
Items. Factor Loading, Communalities, Means, SDs for the Three-Factor Racial/Ethnic Supervision Scale
(N = 280)

Item	Factor 1	Factor 2	Factor 3	h^2	*M*	*SD*
1. Helps me identify areas of growth with regard to how my race/ethnicity influences counseling	**.87**	-.12	.10	.75	3.98	2.02
2. Neglects to teach me to recognize the limitations of psychotherapy theories in addressing racial/ethnic concerns in counseling*	**.40**	.29	-.05	.36	3.00	1.86
3. Teaches me how to attend to clients' race/ethnicity during counseling	**.93**	-.03	-.07	.74	4.22	1.88
4. Encourages me to examine how my racial/ethnic attitudes influence my clinical work	**.92**	-.22	.09	.73	4.19	1.92
5. Disregards my requests for help in working with racially/ethnically different clients*	**.34**	**.59**	-.28	.48	1.84	1.50
6. Asks if race/ethnicity is relevant when discussing client cases	**.84**	-.04	-.05	.60	4.18	1.93
7. Discourages me from understanding how race/ethnicity may influence the formation of a client relationship*	.01	**.69**	-.18	.39	1.89	1.54
8. Ignores my questions about how clients' race/ethnicity may influence their lives*	.01	**.75**	-.17	.55	1.85	1.50
9. Discourages me from discussing how the racial/ethnic identity of a client may influence the counseling process*	-.23	**.79**	-.07	.40	1.81	1.54
10. Urges me to explore a client's racial/ethnic identity	**.86**	-.03	.02	.73	4.18	1.90
11. Helps me to be more sensitive to clients' race/ethnicity	**.89**	-.03	.03	.81	4.63	1.82
12. Encourages me to incorporate race/ethnicity when conceptualizing a client case	**.93**	-.08	-.01	.75	4.48	1.88
13. Helps me to identify how my biases toward race/ethnicity affect my work with clients	**.89**	-.23	.14	.73	3.92	2.03
14. Helps me to be more attentive to how race/ethnicity influence my work as a counselor	**1.00**	-.15	.01	.83	4.46	1.75
15. Provides feedback on my responsiveness to client's racial/ethnic background	**.87**	-.19	.02	.59	4.56	1.68
16. Encourages me to integrate race/ethnicity in assessment	**.91**	-.11	-.02	.68	4.47	1.88
17. Neglects to offer feedback on my responsiveness to clients' racial/ethnic background*	**.44**	**.41**	-.07	.54	2.75	1.80

18. Offers me feedback on my level of competency in addressing racial/ethnic concerns in counseling	**.82**	-.15	.05	.59	4.26	1.78
19. Helps me develop treatment plans that are sensitive to my clients' race/ethnicity	**.93**	-.18	.01	.69	4.31	1.78
20. Helps me value addressing race/ethnicity in my clinical work	**.98**	-.09	-.04	.80	4.57	1.89
Factor 2: *Developing/Inhibiting the Supervisory Cultural Alliance*	**1**	**2**	**3**	h^2	***M***	***SD***
Item						
21. Discusses how our racial/ethnic identities affect our supervision relationship	.13	-.20	**.83**	.69	2.97	1.90
22. Shows interest in learning about my racial/ethnic identity	-.10	-.01	**.99**	.83	3.41	2.01
23. Is sensitive to how he/she and I are racially/ethnically different	.08	-.02	**.79**	.70	3.67	1.94
24. Tries to understand my racial/ethnic identity	.10	-.06	**.87**	.84	3.53	1.90
25. Makes me feel comfortable when expressing my beliefs about race/ethnicity even when they differ from his/her own	.11	**.34**	**.44**	.61	4.84	1.89
26. Creates a supervision relationship that is supportive of exploring race/ethnicity	.27	**.38**	**.36**	.78	4.90	1.89
27. Discusses how her/his racial/ethnic identity affects our supervision relationship	.19	-.26	**.82**	.71	2.93	1.90
28. Creates a safe atmosphere to discuss race/ethnicity during supervision	.06	**.59**	**.32**	.73	5.10	1.81
29. Appears comfortable discussing race/ethnicity during supervision	.11	**.57**	.25	.68	5.22	1.87
30. Asks about my racial/ethnic identity	-.06	-.14	**.95**	.70	2.95	2.02
31. Makes me uncomfortable when talking about race/ethnicity*	**.35**	**-.80**	.17	.46	2.08	1.74
32. Reduces any fear I may have about discussing race/ethnicity with him/her	.09	**.43**	**.35**	.59	4.49	1.93
33. Makes me feel unsafe when discussing racially/ethnically diverse clients*	-.08	**.88**	-.04	.65	1.82	1.41
34. Believes that I am racially/ethnically insensitive*	-.25	**.62**	-.09	.22	1.71	1.34
Factor 3: *Supervisor Competence*						
Item	**1**	**2**	**3**	h^2	***M***	***SD***
35. Is knowledgeable about theories involving race/ethnicity	**.62**	.16	.16	.74	4.49	1.80
36. Has experience working with clients from diverse racial/ethnic backgrounds	**.54**	.11	.12	.70	4.54	2.00
37. Is interested in the role of race/ethnicity in counseling	**.78**	.20	-.08	.76	4.97	1.80
38. Is knowledgeable about current research on race/ethnicity in counseling	**.60**	.21	.11	.70	4.36	1.75
39. Openly evaluates her/his assumptions about race/ethnicity	**.45**	.11	**.31**	.62	4.00	1.91

40. Believes it is important to understand how race/ethnicity influence clinical work	.03	**.61**	.10	.75	5.19	1.87
41. Is knowledgeable about various resources to develop competence with racial/ethnic diversity	.02	**.54**	.26	.76	4.48	1.90
42. Is knowledgeable about the role of race/ethnicity in treatment planning	.22	**.64**	.01	.81	4.71	1.80
43. Is nonjudgmental of people from racially/ethnically diverse groups	.05	**.70**	.07	.60	5.87	1.48
44. Understands how a client's race/ethnicity may influence case conceptualization	.04	**.55**	.00	.78	5.30	1.60
45. Understands how race/ethnicity influence supervision	.06	**.42**	**.44**	.65	4.55	1.73
46. Seems unaware of how her/his racial identity influences her/his counseling*	-.02	**.68**	.13	.55	2.70	1.95
47. Is uncomfortable discussing racism or oppression in supervision*	.06	**.69**	-.04	.50	2.51	1.96
48. Does not believe that a client's race/ethnicity influences his/her life*	.19	**.65**	-.02	.61	1.99	1.56
49. Discusses how race/ethnicity is an influence on her/his own worldview	**.31**	-.04	**.50**	.53	3.80	1.82
50. Promotes treatment approaches that are racially/ethnically insensitive*	**-.37**	**.52**	.02	.15	2.44	1.85
51. Has made racially/ethnically insensitive comments*	-.19	**.90**	-.00	.62	1.75	1.47
52. Pathologizes the role of race/ethnicity in my clients' lives*	-.09	**.79**	-.18	.43	1.85	1.46
53. Shares the ways in which race/ethnicity affects his/her work as a counselor	**.63**	-.09	**.32**	.69	3.72	1.89
54. Considers my clients' race/ethnicity when reviewing my treatment plans	**.86**	-.07	.03	.70	4.32	1.96
55. Is able to share experiences of working with racially/ethnically diverse clients	**.51**	.23	.07	.55	5.16	1.69
56. Knows less than I do when it comes to the role of race/ethnicity in counseling*	**.51**	**.43**	-.14	.60	2.79	1.90
57. Shares how her/his race/ethnicity influences her/his work as a supervisor	**.32**	-.20	**.62**	.60	3.39	1.94
58. Is open to learning about diverse racial/ethnic groups	.23	**.63**	.09	.74	5.65	1.57
59. Understands the effect that race/ethnicity can have on counseling	.05	**.48**	.01	.78	5.33	1.63
60. Makes stereotypic comments about some clients' race/ethnicity*	-.14	**.80**	-.01	.50	1.85	1.41
61. Is knowledgeable about the beliefs and values of multiple racial/ethnic groups	.23	**.55**	.13	.68	4.82	1.58
62. Acknowledges his/her biases involving race/ethnicity	**.35**	.06	**.43**	.60	3.87	1.92
63. Lacks knowledge of different racial/ethnic groups*	.23	**.69**	-.09	.66	2.60	1.55
64. Is unable to answer my questions related to race/ethnicity*	.12	**.65**	.00	.55	2.61	1.59

Note. * = Reversed Scored Item; Factor Loadings > |.30| are bolded

Table 5b.
Total Variance Explained for Original RESS Scales

	Initial Eigenvalues		
Item	Total	% of Variance	Cumulative %
Factor 1: *Promoting/Inhibiting Supervisee Racial/Ethnic Cultural Competence*	33.41	52.20	52.20
Factor 2: *Developing/Inhibiting the Supervisory Cultural Alliance*	5.89	9.21	61.40
Factor 3: *Supervisor Competence*	2.39	3.74	65.14

The initial empirical analysis led to the elimination of 16 items. Elimination criteria consisted of items with communalities falling below .30, which indicated that the item did not correlate well with other items in the scale (Field, 2005; Kaiser, 1974). Furthermore, items which indicated cross-loading values of greater or equal to a value of .30 onto two or more factors were eliminated. The elimination of the total 16 items yielded a revised version of the RESS. Additional analyses were then completed to determine how the remaining items held together in the new model structure.

In a second EFA analysis, a maximum likelihood factoring procedure was utilized with a *promax* rotation with the intent to examine factor items and improve model fit (Table 6a). An examination of the eigenvalues indicated that three factors met the retention criterion as greater than 1.00 (Kaiser, 1958). However, scree plot and eigenvalues suggested a possible fourth factor might be appropriate to increase model fit (Table 6b). These three factors accounted for a total of 67% of the variance of the scale (Table 6b). The first factor of the original RESS, the *Promoting/ Inhibiting Supervisee Racial/Ethnic Cultural Competence* subscale, accounted for 53% of the variance and consisted of 17 items. The second factor, *Developing/Inhibiting the Supervisory Cultural Alliance*, consisted of 9 items and accounted for 10.5% of the variance. Finally, the third factor, *Supervisor Competence*, consisted of 22 items and accounted for an additional 4%

of the variance (Table 6b). Residuals were again computed between observed and reproduced correlations (Little, 2013). Non-redundant residuals were computed at 9% for this model, still above the 5% recommendation. The percentage of non-redundant residuals indicated that these items held together better in the three-factor structure than the full scale from the initial EFA, but continued to display a generally poor fit.

This second empirical analysis led to the elimination of an additional 19 items. Elimination criteria again consisted of items with communalities falling below .30, which indicated that the item did not correlate well with other items in the scale (Field, 2005; Kaiser, 1974), and high cross-loadings between items (generally, ≥ .30; Table 6a). This methodological approach to item elimination was consistent with recommendations set forth by Worthington and Whittaker (2007). The elimination of the additional 19 items yielded the Revised RESS used in Studies Two and Three, consisting of 29 items and a fourth factor (Appendix F). The Revised 29-item RESS was utilized for all further analyses.

Table 6a

Items. Factor Loading, Communalities, Means, SDs for the Three-Factor Racial/Ethnic Supervision Scale

(N = 280)

	Factor					
Item	**1**	**2**	**3**	h^2	***M***	***SD***
Factor 1: *Promoting/Inhibiting Supervisee Racial/Ethnic Cultural Competence*						
1. Helps me identify areas of growth with regard to how my race/ethnicity influences counseling	**.89**	-.10	.10	.76	3.98	2.02
2. Teaches me how to attend to clients' race/ethnicity during counseling	**.90**	.00	-.06	.73	4.22	1.88
4. Encourages me to examine how my racial/ethnic attitudes influence my clinical work	**.96**	-.22	.05	.75	4.19	1.92
6. Asks if race/ethnicity is relevant when discussing client cases	**.81**	-.00	-.05	.60	4.18	1.93

7. Discourages me from understanding how race/ethnicity may influence the formation of a client relationship*	.03	**.35**	-.27	.35	1.89	1.54
8. Ignores my questions about how clients' race/ethnicity may influence their lives*	.18	**.45**	-.21	.52	1.85	1.50
9. Discourages me from discussing how the racial/ethnic identity of a client may influence the counseling process*	-.23	**.43**	-.04	.35	1.81	1.54
10. Urges me to explore a client's racial/ethnic identity	**.46**	.21	.01	.73	4.18	1.90
11. Helps me to be more sensitive to clients' race/ethnicity	**.90**	-.01	.00	.80	4.63	1.82
12. Challenges me to incorporate race/ethnicity when conceptualizing a client case	**.90**	-.04	-.02	.75	4.48	1.88
13. Helps me to identify how my biases toward race/ethnicity affect my work with clients	**.91**	-.21	.10	.74	3.92	2.03
14. Helps me to be more attentive to how race/ethnicity influence my work as a counselor	**1.02**	-.13	-.03	.84	4.46	1.75
15. Provides feedback on my responsiveness to client's racial/ethnic background	**.88**	-.17	.00	.60	4.56	1.68
16. Encourages me to integrate race/ethnicity in assessment	**.82**	.11	.02	.68	4.47	1.88
18. Offers me feedback on my level of competency in addressing racial/ethnic concerns in counseling	**.84**	-.13	.02	.60	4.26	1.78
19. Helps me develop treatment plans that are sensitive to my clients' race/ethnicity	**.91**	-.14	.01	.69	4.31	1.78
20. Helps me value addressing race/ethnicity in my clinical work	**.99**	-.07	-.07	.81	4.57	1.89
Factor 2: *Developing/Inhibiting the Supervisory Cultural Alliance*	**1**	**2**	**3**	h^2	***M***	***SD***
Item						
21. Discusses how our racial/ethnic identities affect our supervision relationship	.18	-.16	**.73**	.67	2.97	1.90
22. Shows interest in learning about my racial/ethnic identity	-.08	.06	**.96**	.87	3.41	2.01
23. Is sensitive to how he/she and I are racially/ethnically different	.13	.03	**.72**	.70	3.67	1.94
24. Tries to understand my racial/ethnic identity	.16	-.02	**.81**	.85	3.53	1.90
27. Discusses how her/his racial/ethnic identity affects our supervision relationship	.19	-.18	**.75**	.71	2.93	1.90
30. Asks about my racial/ethnic identity	-.02	-.08	**.89**	.71	2.95	2.02
31. Makes me uncomfortable when talking about race/ethnicity*	**.34**	**.78**	.18	.45	2.08	1.74
33. Makes me feel unsafe when discussing racially/ethnically diverse clients*	-.08	**.86**	-.03	.63	1.82	1.41
34. Believes that I am racially/ethnically insensitive*	**-.31**	**.48**	-.05	.20	1.71	1.34

Factor 3: *Supervisor Competence*

Item	1	2	3	h^2	*M*	*SD*
35. Is knowledgeable about theories involving race/ethnicity	**.60**	.**30**	.15	.74	4.49	1.80
36. Has experience working with clients from diverse racial/ethnic backgrounds	**.32**	**.51**	-.14	.38	4.54	2.00
37. Is interested in the role of race/ethnicity in counseling	**.54**	.**31**	-.07	.77	4.97	1.80
38. Is knowledgeable about current research on race/ethnicity in counseling	**.56**	**.30**	.11	.71	4.36	1.75
40. Believes it is important to understand how race/ethnicity influence clinical work	.01	**.58**	.10	.75	5.19	1.87
41. Is knowledgeable about various resources to develop competence with racial/ethnic diversity	.02	**.64**	.16	.78	4.48	1.90
42. Is knowledgeable about the role of race/ethnicity in treatment planning	.22	**.64**	.01	.82	4.71	1.80
43. Is nonjudgmental of people from racially/ethnically diverse groups	.24	**.52**	.27	.59	5.87	1.48
44. Understands how a client's race/ethnicity may influence case conceptualization	.04	**.59**	.01	.79	5.30	1.60
46. Seems unaware of how her/his racial identity influences her/his counseling*	-.05	**.68**	**-.32**	.57	2.70	1.95
47. Is uncomfortable discussing racism or oppression in supervision*	.04	**.63**	**-.34**	.48	2.51	1.96
48. Does not believe that a client's race/ethnicity influences his/her life*	.**30**	**.55**	.00	.61	1.99	1.56
51. Has made racially/ethnically insensitive comments*	-.19	**.89**	.02	.60	1.75	1.47
52. Pathologizes the role of race/ethnicity in my clients' lives*	-.09	**.79**	-.14	.43	1.85	1.46
54. Considers my clients' race/ethnicity when reviewing my treatment plans	**.85**	-.03	.00	.70	4.32	1.96
55. Is able to share experiences of working with racially/ethnically diverse clients	**.46**	**.31**	.07	.56	5.16	1.69
58. Is open to learning about diverse racial/ethnic groups	.28	**.43**	.08	.75	5.65	1.57
59. Understands the effect that race/ethnicity can have on counseling	.14	**.52**	.01	.79	5.33	1.63
60. Makes stereotypic comments about some clients' race/ethnicity*	-.15	**.79**	.01	.49	1.85	1.41
61. Is knowledgeable about the beliefs and values of multiple racial/ethnic groups	.29	**.51**	.13	.69	4.82	1.58
63. Lacks knowledge of different racial/ethnic groups*	.**33**	**.54**	-.04	.67	2.60	1.55
64. Is unable to answer my questions related to race/ethnicity*	**.32**	**.62**	.05	.56	2.61	1.59

Note. * = Reversed Scored Item; Factor Loadings > |.30| are bolded.

Table 6b.
Total Variance Explained for Initial Revised-RESS Scales

	Eigenvalues		
Item	Total	% of Variance	Cumulative %
Factor 1: *Promoting/Inhibiting Supervisee Racial/Ethnic Cultural Competence*	25.83	52.70	52.70
Factor 2: *Developing/Inhibiting the Supervisory Cultural Alliance*	5.14	10.49	63.21
Factor 3: *Supervisor Competence*	2.39	4.06	67.37
Factor 4: *Unknown*	0.98	1.61	68.98

The final EFA analysis, utilizing the *promax* rotation, yielded an unexpected four-factor solution for the Revised RESS scale with a supervisee sample (Table 7a). Like previous analyses, an examination of the Kaiser-Meyer Olkin measure of sampling adequacy suggested that the sample was factorable (KMO = .95) and the Bartlett's test of sphericity was significant. The four subscales of the RESS form accounted for 75% of the total variance (Table 7b). The revised subscales were renamed: (a) *Promoting Supervisee Racial/Ethnic Cultural Competence,* (b) *Responsivity to Cultural Identity in Supervision,* (c) *Perceived Supervisor Racial/Ethnic Cultural Competence, and* (d) *Harmful Multicultural Supervisory Practices* (Table 7a). Factor 1 of the revised RESS scale accounted for 58% of the variance and consisted of 14 items. This factor was named *Promoting Supervisee Racial/Ethnic Cultural Competence* because the item themes reflected how supervisors helped, taught, and supported supervisees' cultural growth and attention to cultural issues in counseling. Sample items include, "[My supervisor] helps me identify areas of growth with regard to how my race/ethnicity influences counseling," and "[My supervisor] helps me develop treatment plans that are sensitive to my clients' race/ethnicity." The second factor consisted of 6 items and accounted for 9% of the variance. This factor was named *Responsivity to Cultural Identity in Supervision*,

because the items reflected how racial and identity issues affected the relationship between supervisor and supervisee. Sample items from this factor include, "[My supervisor] asks about my cultural identity," and "[My supervisor] discusses how our racial/ethnic identities affect our supervision relationship." Factor 3 consisted of five items and accounted for an additional 5% of the variance. The factor was named *Perceived Supervisor Cultural Competence* due to the items appearing to capture supervisees' perspectives of their supervisors' knowledge, beliefs, and skills related to multiculturalism. Sample items include, "[My supervisor] understands how a client's race/ethnicity may influence case conceptualization" and "[My supervisor] is knowledgeable about the role of race/ethnicity in treatment planning." Finally, Factor 4 consisted of four items and accounted for 3% of the variance. This final factor was named *Harmful Supervisory Practices* due to the negative impact of the behaviors described as endorsed by supervisee participants. Sample items of this factor included "[My supervisor] pathologizes the role of race/ethnicity in my clients' lives" and "[My supervisor] makes me feel unsafe when discussing racially/ethnically diverse clients." Additionally, Non-redundant residuals were computed at 4% for this model, below the 5% recommendation, which indicates that this model is an appropriate fit for the data (Little, 2013).

Table 7a

Items. Factor Loading, Communalities, Means, SDs for the Four-Factor RESS-Revised (N = 280)

	Factor						
Item	**1**	**2**	**3**	**4**	h^2	***M***	***SD***
Factor 1: *Promoting Supervisee Racial/Ethnic Cultural Competence*							
14. Helps me to be more attentive to how race/ethnicity influence my work as a counselor	**.95**	-.01	-.02	.00	.86	4.46	1.75

4. Encourages me to examine how my racial/ethnic attitudes influence my clinical work	**.93**	.06	-.11	-.04	.79	4.19	1.92
13. Helps me to identify how my biases toward race/ethnicity affect my work with clients	**.91**	.11	-.16	.02	.79	3.92	2.03
20. Helps me value addressing race/ethnicity in my clinical work	**.87**	-.06	.10	-.00	.82	4.56	1.68
15. Provides feedback on my responsiveness to client's racial/ethnic background	**.87**	.01	-.12	.02	.64	4.57	1.89
1. Helps me identify areas of growth with regard to how my race/ethnicity influences in counseling	**.82**	.09	-.02	.02	.78	3.98	2.02
11. Helps me to be more sensitive to clients' race/ethnicity	**.79**	.03	.07	.08	.81	4.63	1.82
18. Offers me feedback on my level of competency in addressing racial/ethnic concerns in counseling	**.77**	.04	-.08	.08	.62	4.26	1.78
3. Teaches me how to attend to clients' race/counseling during counseling	**.76**	-.03	.11	.05	.72	4.22	1.88
19. Helps me develop treatment plans that are sensitive to my clients' race/ethnicity	**.75**	.02	.11	-.05	.69	4.31	1.78
6. Asks if race/ethnicity is relevant when discussing client cases	**.69**	-.04	.16	-.03	.60	4.47	1.88
16. Encourages me to integrate race/ethnicity in assessment	**.69**	.03	.14	-.01	.67	4.18	1.93
12. Challenges me to incorporate race/ethnicity when conceptualizing a client case	**.67**	.00	.27	-.06	.74	4.47	1.88
54. Considers my clients' race/ethnicity when reviewing my treatment plans	**.66**	.02	.25	-.12	.69	4.32	1.96
Factor 2: *Responsivity to Cultural Identity in Supervision*	**1**	**2**	**3**	**4**	h^2	***M***	***SD***
22. Shows interest in learning about my racial/ethnic identity	-.16	**.94**	.16	-.00	.86	3.41	2.01
30. Asks about my racial/ethnic identity	-.08	**.88**	.05	-.05	.71	2.95	2.02
24. Tries to understand my racial ethnic identity	.11	**.81**	.06	-.01	.85	3.53	1.90
27. Discusses how her/his racial/ethnic identity affects our supervision relationship	.19	**.77**	-.11	-.02	.71	2.92	1.90
21. Discusses how our racial/ethnic identities affect our supervision relationship	.21	**.74**	-.13	.01	.68	2.97	1.90
23. Is sensitive to how he/she and I are racially/ethnically different	.08	**.74**	.04	.05	.71	3.67	1.94
Item	**1**	**2**	**3**	**4**	h^2	***M***	***SD***
Factor 3: *Perceived Supervisor Cultural Competence*							
44. Understands how a client's race/ethnicity may influence case conceptualization	.00	-.04	**.93**	.08	.90	5.30	1.60

40. Believes it is important to understand how race/ethnicity influence clinical work	.13	.07	**.79**	-.04	.84	4.71	1.80
42. Is knowledgeable about the role of race/ethnicity in treatment planning	.24	-.03	**.78**	-.01	.90	5.19	1.87
41. Is knowledgeable about various resources to develop competence with racial/ethnic diversity	.04	.24	**.70**	.05	.84	4.48	1.90
59. Understands the effect that race/ethnicity can have on counseling	.21	-.01	**.63**	.16	.78	5.33	1.63
Factor 4: *Harmful Supervisory Practices*							
60. Makes stereotypic comments about some clients' race/ethnicity*	.05	.05	-.16	**.96**	.83	6.15	1.41
51. Has made racially/ethnically insensitive comments*	-.06	.06	-.01	**.95**	.87	6.25	1.47
52. Pathologizes the role of race/ethnicity in my clients' lives*	-.01	-.14	.17	**.63**	.48	6.15	1.46
33. Makes me feel unsafe when discussing racially/ethnically diverse clients*	.02	-.05	.27	**.59**	.59	6.18	1.41

Note. * = Reversed Scored Item; Factor Loadings > |.30| are bolded.

Table 7b.

Total Variance Explained for Revised RESS Scales

	Eigenvalues		
Item	Total	% of Variance	Cumulative %
Factor 1: *Promoting Supervisee Racial/Ethnic Cultural Competence*	17.14	59.12	59.12
Factor 2: *Development and Responsivity to Cultural Identity in Supervision*	2.72	9.38	68.50
Factor 3: *Perceived Supervisor Cultural Competence*	1.78	6.13	74.63
Factor 4: *Harmful Supervisory Practices*	1.07	3.70	78.33

Using Cronbach's alpha coefficients, internal consistency reliability for each scale respectively was estimated at .97, .95, .96, and .89. The total scale Cronbach's alpha coefficient was .97. These coefficient alphas suggest that the scales have high internal reliability. The correlations among the four factors and the total score were also examined (see Table 8). This analysis indicated a high correlation between Factors 1 and 4, a low correlation between Factors 2 and 3, and moderate correlations between the other factors. Means and standard deviations of each subscale and the total score are similarly

presented in Table 8. Discriminate validity between the items was ultimately determined to be poor, with items sharing 49% of the total variance, indicating that many of the items overlap in content and/or measure similar concepts (Little, 2013).

Table 8

Correlations, Means, and SDs for the RESS Scales
(N = 280)

	Factor				
Item	**2**	**3**	**4**	***M***	***SD***
Factor 1: *Promoting Supervisee Racial/Ethnic Cultural Competence*	.69	.42	.74	4.33	.22
Factor 2: *Responsivity to Cultural Identity in Supervision*	---	.29	.58	3.24	.33
Factor 3: *Perceived Supervisor Cultural Competence*	---	---	.54	5.00	.39
Factor 4: *Harmful Supervisory Practices*	---	---	---	6.18	.04
Total Score	---	---	---	4.47	.93

Study Two

Study Two focused on RESS divergent and convergent validity. Scores on the 29-item revised RESS were correlated with social desirability scores on the 13-item Marlowe-Crowne Short Form-C (MC-C; Crowne & Marlowe, 1960), and scores on the 18-item Multicultural Supervision Inventory (MSI; Pope-Davis, Toporek, & Ortega, 1999). Social desirability, as a response tendency, was tested as a potential confound to the self-report measure format of the RESS (Pope-Davis & Dings, 1995). Additionally, the relationship between scores from the Multicultural Supervision Inventory (MSI-B) scale with revised RESS scale scores was examined. The MSI-B studies similar aspects of the supervisee's experience of multicultural supervision, albeit approached with a broader definition of multiculturalism than the RESS, thus, it is expected that

supervisor's multicultural supervision scores, as measured with the MSI-B (Pope-Davis et al., 2003), would be moderately related to RESS scores. Ortega-Villalobos (2011) hypothesized that multicultural supervision was a multidimensional construct, and a two-factor model of the MSI was tested in a confirmatory factor analysis study. Due to the initial tentative internal consistency data for its second subscale (i.e., the *Culturally Sensitive Collaboration* (CSC) subscale yielded poor to fair internal consistency reliability; Ortega-Villalobos, 2011) compared with the strong full scale (FS) reliability data ($\propto_{CSC}$ = .71; $\propto_{FS}$ = .96), the full scale data was compared with participant responses on the RESS.

To be accepted as evidence of convergent validity, the correlation coefficient between the two instruments must reach or exceed the minimum of r =.35 (Hamill, Brown, & Bryant, 1992). Correlations coefficients are interpreted as: r < .20 slight, almost trivial relationship; .20-.40 is low, definite, but small relationship; .40-.70 is moderate, substantial relationship; .70-.90 is high, marked relationship; .90-1.0 is very high, pronounced relationship (Williams, 1968, p.134). As seen in Table 9, validity tests for Study One's finalized RESS yielded small, inverse, insignificant correlations (correlations ranging from -.04 to -.23) with the MC-C (Crowne & Marlowe, 1960). These data highlighted an unlikely relationship between a general tendency for participants to respond in a social desirable manner on the experimental scale. In contrast, Revised RESS Factors 1 (r = .86), Factor 2 (r = .80), Factor 3 (r = .87) and Total Scores (r = .90) yielded moderate to high significant correlations with the MSI (Pope-Davis, et al., 2003). Factor 4, in contrast, inversely, but significantly correlated with MSI

scores, albeit a low correlation (r = -.29). Generally, correlations with the MSI indicated a strong correlation between participant responses on the revised RESS and MSI.

Table 9
Correlations, Among RESS subscales, Marlowe-Crowne (MC-C) scores, and MSI scales (N = 280)

Item	MC-C	MSI
Factor 1: *Promoting Supervisee Racial/Ethnic Cultural Competence*	-.23*	.86**
Factor 2: *Responsivity to Cultural Identity in Supervision*	-.10	.80**
Factor 3: *Perceived Supervisor Cultural Competence*	-.04	.87**
Factor 4: *Harmful Supervisory Practices*	-.05	-.29**
Total Score	-.18	.90**

* $p < .05$; ** $p < .01$

In summary, the revised RESS consists of 29 self-report items that ask participants to indicate the extent to which the items reflected their supervisory experience with their current/most recent supervisor on a 7-point Likert scale (1 = *Never*; 2 = *Rarely*; 3 = *Occasionally*; 4 = *Sometimes*; 5 = *Often*; 6 = *Very Often*; 7 = *Always*). Total scores for the Revised RESS range from 29 to 203, with higher scores reflecting greater supervisor multicultural integration into supervision, whether positive or negative, as it pertains to race and/or ethnicity. Scores from the current sample ranged from 29 to 201 (M = 130, SD = 40.20). Average scores ranged from 1 to 7 on all factors, indicating a broad diversity of reported experiences. Highest scores, on average, were indicated on Factor 4 ("*Harmful Supervisory Practices*;" M = 6.18, SD = 1.20), followed by Factor 3 ("*Perceived Supervisor Cultural Competence*;" M = 5.00, SD = 1.64), Factor 1 ("*Promoting Supervisee Racial/Ethnic Cultural Competence*;" M = 4.33, SD = 1.61), and Factor 2 (*"Responsivity to Cultural Identity in Supervision*;" M = 3.24, SD = 1.72).

Overall, participants tended to rate items between "Sometimes" and "Often" (*M* = 4.5, *SD* = 1.40).

Study Three

The temporal stability of the RESS developed in Study One was examined through a test-retest reliability procedure over a three-week period. A new sample of participants was recruited for Study Three. This sample consisted of 27 master's and doctoral students recruited from classes in the Department of Counselor Education and Counseling Psychology at Marquette University. Total pretest scores for the revised RESS utilizing this sample ranged from 66 to 154 (*M* = 108, *SD* = 29.25), with an item mean of 3.71 (*SD* = 1.01). In comparison, total posttest scores for the revised RESS utilizing the same sample ranged from 63 to 120 (*M* = 104, *SD* = 37.92), with an item mean of 4.15 (*SD* = 1.31). The stability coefficients were in the moderate to high range on all factors: Factor 1 (*Promoting*: *r* = .90), Factor 2 (*Responsivity*: *r* = .76), Factor 3 (*Sup Competence*: *r* = .79), Factor 4 (*Harmful*: *r* = .59), and Total Score (*r* = .84). These coefficients suggest that responses on the scale are fairly stable across time, although the comparatively lower stability coefficient for Factor 4 may reflect that scores on this factor are generally not as stable over time.

V. Discussion

The intent of this project was to advance an operational definition of multicultural supervision in clinical supervision through the initial validation of a new measure, the Race-Ethnicity Supervision Scale (*RESS*; Burkard & Hartmann, 2012). The purpose was to add to the current base of literature on multicultural supervision by examining the psychometric properties of the RESS; a measure that is domain-specific to race and ethnicity in multicultural supervision. Findings from this study provide preliminary psychometric support for the RESS, and offer an alternative theoretically grounded measure for assessing multiculturalism in supervision, as it pertains to race and ethnicity. An exploratory factor analysis yielded a 29-item scale with four dimensions of racial/ethnic multicultural supervision: (a) *Promoting Supervisee Racial/Ethnic Cultural Competence*, (b) *Responsivity to Cultural Identity in Supervision*, (c) *Perceived Supervisor Cultural Competence*, and (d) *Harmful Supervisory Practices*. *The Promoting Supervisee Racial/Ethnic Cultural Competence* items appear to reflect supervisor support of, encouragement in, and education in how a supervisee can provide culturally responsive counseling to their clients. The *Responsivity to Cultural Identity in Supervision* items reflect how the supervisor receives and assists in the development of the supervisee's racial/ethnic identity in the supervision setting. The *Perceived Supervisor Cultural Competence* items appear to address the supervisee's perception of their supervisor's multicultural responsivity, education, and integration as it pertains to race and ethnicity. Finally, *Harmful Supervisory Practices* items reflect multiculturally-unresponsive relationship- or training-damaging behaviors by the supervisor that lead to negative supervisee perceptions of their supervisory experiences and training. Reliability

estimates indicate RESS scores were internally consistent and remained stable over a three-week period. Construct validity evidence suggested RESS scores were positively related to scores on the Multicultural Supervision Inventory (MSI; Pope-Davis et al., 1999) and unrelated to social desirability.

The overall findings of this study suggest that it is possible to operationalize one aspect of culture within thin the context of multicultural supervision. Such a finding suggests that it may be possible to differentiate specific aspects of multicultural supervision. This perspective is corroborated in the current literature. For example, Helms (1995) argued that awareness in and the development of competencies for each cultural aspect relies on the balance of personal salience in one's multiple cultural identities. Merging cultural factors may therefore be an ineffective and unresponsive way to approach discussions of multiculturalism in supervision. As such, supervisors need to begin to assess how supervisees are thinking about race and ethnicity in comparison to other factors.

While the importance of race and ethnicity in supervision emerged, the hypothesized factor structure was not fully supported. Originally, three factors were hypothesized. The first theoretical factor was named "*Promoting/Inhibiting Supervisee Racial/Ethnic Cultural Competence*." However, through the factor analysis and elimination of data, remaining items appeared to reflect the importance of the positive impact by supervisors on the cultural competence development of supervisees. Therefore, the scale name was changed to reflect the items: "*Promoting Supervisee Racial/Ethnic Cultural Competence*." Interestingly, items reflected in the second factor were not as expected. As previously discussed, items for the theoretical second factor

were intended to reflect a bipolar experience, rather than independent supervision experiences. That is, items were written to capture both positive and negative aspects of a single experience, rather than as separate supervision experiences, independent of one another. This theoretical structure did not emerge in the factor analysis. In accordance with recommendations for best practices in scale development research (Worthington & Whittaker, 2006), items in the negative direction were reverse-scaled prior to the factor analyses, in order to compare responses appropriately with positively connoted items. However, this approach may have inadvertently affected how the items statistically held together, and instead pushed the reverse scored items into a fourth factor. This postulation is recommended to be considered when further evaluating the scale.

Additionally, many of these Factor 2 items for the RESS were written for a relationship-based subscale, but what emerged was the importance of ethnic identity. The second factor was originally labeled, "*Developing/Inhibiting the Supervisory Cultural Alliance*," due to relational themes reflected in the items, including, "[my supervisor] creates a supervision relationship that is supportive of exploring race/ethnicity," and "[my supervisor] creates a safe atmosphere to discuss race/ethnicity during supervision." However, the analysis yielded items important or salient to supervisees' exploration, reflection, and acceptance of cultural identity in supervision. The factor name was therefore changed to "*Responsivity to Cultural Identity in Supervision*" to reflect the content of retained items. As such, the theoretical factor structure did not hold together. This may have occurred because the original content of items did not fully reflect the hypothesized factors. Additionally, this finding may reflect a manifestation of the impact of *what* is talked about in supervision. It is possible that

talking about cultural identity may be what is most important in supervisory alliance development and in building relationships with others. Alternatively, these changes may also be the result of the shift in the emphasis of multicultural training and course work in graduate school. For instance, literature often lauds the importance of understand one's own cultural identity and its influences on personal and professional growth and relationships (Bernard & Goodyear, 2014; Helms, 1995). Whether Factor 2 items are a reflection of supervisees valuing explicit discussion regarding cultural identity or rather a reflection of the field's more recent ethical and professional values, this finding has strong implications for how supervisors can broach multicultural conversations with their supervisees in a responsive manner.

Finally, with reference to the scales, a harmful aspect emerged that was not anticipated. This factor consisted of items which violated the normality assumptions through testing the skew and kurtosis of items, so this subscale may represent the unique supervision experiences of a few supervisees. Qualitatively, these subscale items reflected content consistent with prior research on unresponsive multicultural supervision (Burkard et al., 2006). It was subsequently titled as the *Harmful Supervisory Practices* subscale. Results support that these unresponsive multicultural supervision experiences are not experienced by all individuals participating in supervision in the mental health field. However, due to the potential negative impact on training and professional development of such experiences expressed by Burkard et al. (2006), the retention of these items in the Revised RESS allows the opportunity to examine the effect of these supervision experiences on supervisees. The data further suggest that examining and assessing their experiences may be important to the process of multicultural supervision.

To a large extent, this study displayed the ability to operationalize and design items to measure what responsive, unresponsive, and harmful supervisory behaviors look like with regard to racial and ethnic phenomena in supervision. This is consistent with additional findings that supervisees experience a broad range of supervision training and their experiences of multicultural supervision are not always positive. This finding supports Burkard et al. (2006)'s conclusions that, not only does unresponsive, and even harmful, multicultural supervision occur, these experiences can also consist of quite powerful events which affect supervisee training, the strength of the supervisory alliance, and supervisees' supervision satisfaction. Additionally, while research has called out potential consequences of unresponsive or harmful supervision practice with regards to multiculturalism (Burkard et al., 2006; Gatmon et al., 2001; Toporek et al., 2004), the current study diverges from this literature by tapping into race and ethnicity as an independent and important topic in supervision and, in itself, may be a topic that contributes directly to these unresponsive or harmful supervision experiences. As previously discussed, *positive* or *responsive* supervisory experiences related to multicultural phenomena have correlated with positive professional growth, perceptions of a stronger working alliance in the supervisory dyad and increased supervisee general satisfaction of the supervisory experience (Gatmon et al., 2001; Inman, 2006). However, *mishandled*, *negative*, *unresponsive*, or even *harmful* multicultural supervision experiences have previously correlated with supervisee perceptions of hindrance in their professional knowledge, a lack of supervision satisfaction, feelings of belittlement, perceived incompetence, and desire to leave the field (Burkard et al., 2006; Duan & Roehlke, 2004; Fukuyama, 1994). Because of the aversive nature of potential

consequences related to unresponsive or harmful supervision events, supervisors might want to be attuning to the idea that their supervisees may have had negative multicultural supervisory experiences and to assess their readiness to process these events. This type of intervention may be particularly important for supervisees of color (Helms, 1995). If supervisors do not explicitly discuss or raise these experiences in clinical supervision, it is suggested here that unresponsive multicultural supervision would likely be perpetuated with the potential to cause additional harm to the supervisee, the supervisory alliance, and their training. Also necessary is the modeling and explicit discussion of multicultural factors as it relates to the relationships between the supervisory triad and to the potential impacts of broaching race and ethnicity in discussion and conceptualization. Increased discussion and narrowed, specific topic choice (i.e., discussions regarding each component of multiculturalism and their respective impacts rather than using "multiculturalism" terms generally), and conscious reflection will facilitate competency attainment, skill, and comfort in each of these cultural areas (Bernard & Goodyear, 2014).

With regard to validity evidence, the results appear to be cautiously promising. Participants did not appear to be influenced by social desirability when rating items, which offers some preliminary evidence of discriminate validity. This is in contrast to discriminant validity tests for both MSI supervisor and supervisee forms and the same social desirability measure (Ortega-Villalobos, 2003). For instance, in 2003, the MSI displayed mixed results regarding its relationship to social desirability scores, and in 2011, MSI total scores were found to be significantly related to social desirability scores (Ortega-Villalobos, 2003; Ortega-Villalobos, 2011). This discrepancy highlights the

need to further explore the relationship between social desirability and multicultural supervision. With regard to convergent validity, the RESS and MSI consistently were highly associated. This relationship suggests these measures are tapping into similar latent constructs, although some divergence emerged as well. These findings likely occurred because the MSI was designed to measure multicultural supervision competence, and the RESS contains a subscale similarly designed (although the definition of multicultural supervision was limited to items reflecting solely racial/ethnic themes). The divergent validity, therefore, can be explained by the RESS's additional factors, which look to capture additional components and dynamics of multicultural supervision not reflected in items for the MSI (Ortega-Villalobos, 2003).

Reliability results indicated similarly promising data. A test of RESS temporal stability suggested that, in general, responses on the scale are fairly stable across a three-week period. However, Factor 4 reflected comparatively lower stability of scores, suggesting that scores on this factor may not be as stable over time as scores on the other subscales. It would be expected that the RESS would exhibit some variability of scores over a longer length of time, due to additional supervision and educational experiences affecting attitudes and perspective. However, these current findings suggest that the consistency results are likely due to the study and not any possible extraneous variables. This finding, therefore, provides preliminary support for the use of the RESS in the further development of study in the area of multicultural supervision.

Limitations

With regard to potential limitations of this research, items designed to assess supervisor multicultural competence were explored from the supervisees' points of view,

which may be an inaccurate representation of supervisor skills, knowledge, and attitudes of supervisors' toward multicultural issues. The majority of supervisors has not received formalized supervision training, nor has engaged in multicultural coursework (Bernard & Goodyear, 2014; Garrett et al., 2001). However, clinical professionals are ethically bound to gain professional and scientific knowledge through continuing education and other means (APA, 2010). Supervisor competencies are likely assumed and not explicitly discussed, although the research in the area of supervisee's perceptions of supervisor training and competencies are a similarly under-researched area. Assumptions may be incorrect and based on how one is experienced, rather than what one knows.

Another concern is the sample diversity, as the collected sample consisted predominately of White females, which likely have different experiences than supervisees of racial and ethnic minority status due to enhanced power differentials (Helms, 1995; Markham & Chiu, 2011). Challenges can occur in any supervisory dyad, but due to a number of factors (e.g., socio-political, regional, historical, institutional, personal), cross-cultural dyads (particularly as related to racial or ethnic differences) experience an enhanced vulnerability to miscommunications and conflict. Fukuyama's (1994) study of critical incidents with doctoral trainees of minority status indicated feelings of isolation, having to prove themselves more than their White peers, and a need for mentoring, with suggestions to provide more training for supervisors in working with multicultural issues. Further research will be needed to verify whether this structure will hold for more diverse examples with varying racial supervisee-supervisor matches.

Furthermore, there exist measurement concerns related to these studies. First, self-report measures were utilized in the validity measurement of the Revised RESS.

With self-report measures, data are subject to bias, social desirability, demand characteristics, and response sets, which all affect the validity of findings (Field, 2009). As such, the data collected from the scale could be affected by a number of factors, simply due to the self-report format, including: bias regarding the topic or wording of items, social desirability, fatigue, confusion, or the tendency to rate in the extremes or straight down the middle for Likert scale data (Field, 2009). Additionally, there was very little opportunity in the survey format for participants to provide clarification to or explanation for their responses. Finally, measures were presented in a single order due to the measurement format. Counterbalancing is a method used for controlling order effects and protects against an internal validity threat in instrumentation (Little, 2013). Ideally, we would want participants to answer the items of the scale in a randomized order to protect against factors influencing participant response, like item-bias or response fatigue.

Due to the above limitations, it is not recommended that the RESS be used in research or clinically at this time. Further research on and development of the RESS is needed prior to this use at this time.

Future Directions

Replication and extension of the current studies will be essential to further explore the psychometric properties of the RESS scales. Of particular interest would be a confirmatory factor analysis (CFA) study that examines a broader scope of mental health professionals receiving supervision, particularly for supervisees of racial/ethnic minority status (i.e., a larger, more diverse sample). A CFA is most commonly used during the scale development process to help support the validity of a scale following an EFA (Little, 2013; Worthington & Whittaker, 2006). The most current, and preferred,

approach to conducting a CFA in the literature (and the present recommendation) is to use Statistical Equation Modeling (SEM; Little, 2013; Worthington & Whittaker, 2006). This recommendation is being made because, first, the current study used common-factors analysis (i.e., maximum-likelihood factoring versus principal-components analysis), an extraction technique more generalizable to a CFA through SEM (Worthington & Whittaker, 2006). Second, the SEM approach allows the researcher to compare the factor structure suggested by the EFA with alternative models, and then evaluate which model best fits the data (Worthington & Whittaker, 2006).

What factors and personal characteristics correlate with *Harmful Supervisory Practice* items would provide the field with an interesting viewpoint of current supervisory practices as related to race and ethnicity, and may even afford supervisors a better understanding of when explicit multicultural discussion is warranted in supervision.

The data from this study suggest a wide range of experiences reported by supervisees, representing a lack of consistency and training in supervision. The findings in this study also suggest factors that contribute to the overall landscape of multicultural supervision. For example, current professionals currently receiving supervision reported generally favorable experiences. The majority of participants (80%) in this study reported fair or good overall satisfaction with their supervisory experience and supervisors. However, the extent to which cultural issues were integrated into supervisory experiences varied widely, with 68% of the sample indicating a 5 (23%), 6 (16%), or 7 (29%) on a scale from 1 (“Not integrated at all”) to 10 (“Completely integrated”). This range in supervision experiences creates confounds in measurement

because it is difficult to identify those factors which directly contribute to better training outcomes, positive professional development, better supervisory relationships, supervision satisfaction, and multiculturally-responsive counseling. More data regarding overall satisfaction with supervision, integration of cultural issues in supervision, and the interaction of cultural variables exhibited by the supervisor and supervisee through pair-wise comparisons will be suggested for future studies. However, this dissertation study provides data relevant to the current supervision landscape (i.e., feedback from supervisees on how supervision is going and what is included), while identifying factors relevant to providing racially and ethnically responsive supervision practices. These data reflect a lack of appropriate training and standards associated with providing clinical supervision in the mental health arena (Bernard & Goodyear, 2014).

Additional examination would be suggested from the point of view of the supervisor, and how their perception of multicultural supervision differs from that of supervisees. Supervisors also struggle with supervisee competence and the willingness to explore multicultural issues in supervision (Burkard, Knox, Clark, Phelps & Inman, 2014). Ultimately, a standardization of minimum requirements for supervisor multicultural competencies and supervision practices will lend to cleaner measurement and data for future study. At minimum, supervisors will need training on racial identity model and supervision (Bhat & Davis, 2007). Future research with the RESS should, therefore, aim to assess the relationship of multicultural supervision to the outcomes of supervision. Studies that focus on the training benefits for supervisees, client's ratings of quality of counseling services, perceptions of the working alliance, would assist clinical professionals and trainees understand the potential benefits of intentionally including

multicultural discussions into supervision. The hope is that further validation of the Revised RESS will contribute to understanding those factors necessary to providing racially and ethnically responsive supervision.

Conclusions

Clinical supervision has been identified as a crucial aspect of training for emerging counselors (Bernard & Goodyear, 2014; Falender et al., 2013; Wong & Wong, 1999). Supervision is a trainee's direct opportunity for professional coaching, mentoring, training, support, and facilitation from a trained clinical professional (Guanipa, 2002). While Bernard and Goodyear (2014) categorize the major goals of supervision to be both instructional and evaluative, one important instructional goal in supervision is the discussion of multicultural and cross-cultural issues (Arthur & Collins, 2009; Wong, Wong & Ishiyama, 2013). To emphasize the importance of this topic, Wong and colleagues (2013) identify multicultural counseling competence as an established core area in clinical supervision.

Any time a challenging, controversial, or potentially vulnerable aspect of training becomes a topic in supervision, there either exists the possibility of growth, both personally and professionally, for the supervisee and of the relationship between supervisor and supervisee (Burkard et al., 2006; Helms, 1995). Conversely, there also exists the potential for negative experiences or harm to occur to the development of the supervisee and to the supervisory relationship if the topic is mishandled (Burkard et al., 2006). Empirical evidence supports that when a supervisee perceives their supervisors as facilitators of competent multicultural discussions, supervisees feel more at ease within the supervisory relationship in discussing cultural issues in supervision (Burkard et al.,

2006). In addition, these supervisees also report increased personal awareness of cultural issues (Toporek et al., 2004) and a positive effect on their work with clients (Burkard et al., 2006). That is, in cases when multicultural issues were addressed, and competently so, in supervision, positive professional growth and development and benefit to the supervisory relationship occurred. However, the implications of those negative experiences can be far more serious. Supervisees experiencing negative events experienced not only a hindrance in their professional knowledge, a lack of safety with their supervisor and their site, and supervisory satisfaction, but some experienced additional harm, including feelings of belittlement, perceived incompetence, and even a desire to leave the field altogether (Burkard et al., 2006; Duan & Roehlke, 2004; Fukuyama, 1994). Thus, for the continuation of our field, its quality, and of its goal of inclusiveness, both of its clients and professional staff, increased use of competent multicultural supervision is not only encouraged, it is *necessary*.

Currently, there are few instruments for assessing multicultural supervision, and a majority of them are focus on inclusiveness of multicultural factors and assume that multicultural competence crosses all cultural domains. That is, the operational definitions include all aspects of culture (e.g., race/ethnicity, sexuality, gender differences, religious affiliation, disability, etc.) which lead to a lack of clarity to what respondents are rating or what researchers are measuring. Furthermore, supervisees are reporting a range of multicultural supervision, ranging from responsive, to unresponsive, and even adverse aspects of their training. These reports suggest there is a need for supervisors to be mindful of, educated, and deliberate in how they address and incorporate multicultural issues and dynamics into supervision. The purpose of the development and validation of

the Race-Ethnicity Supervision Scale is the advancement of our understanding of supervision with regard to cultural concerns through more domain-specific multiculturalism (i.e., with a focus on the specific facet of race/ethnicity) by looking at the full range of multicultural supervision experiences of supervisees from the master's level to the experience of those in their post-doctoral studies. The hope is that with continued progress in revealing supervisee perspectives regarding racial and ethnic issues in multicultural supervision we will better understand and capture their experience with regards to race and ethnicity in supervision, as one aspect of multicultural supervision. While the RESS provides the field with an alternative measure for the advancement of research in multicultural supervision, it is clear this scale needs further development and revision. However, perhaps the RESS highlights areas of assessment and research in multicultural supervision that are worthy and important to explore.

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APPENDIX A

Colleague Recruitment Letter

April 14, 2009

Dear Colleague:

Working with cultural and diversity issues has become an important focus within counseling and supervision practice. Surprisingly, little research has been conducted on cultural concerns in clinical supervision, which may be due in part to the limited availability of appropriate measures. For this reason, we have developed an instrument designed to assess supervisees' experiences of culturally responsive counseling supervision. We are currently conducting a study to validate the instrument and we seek your support of this effort. This study does have Institutional Review Board approval from Marquette University.

Your response is confidential and completing the materials would take about 20 to 25 minutes of time. The materials can be accessed online at:
https://survey.marquette.edu/opinio/s?s=2805.
Please allow me to thank you in advance for supporting this study. I know that your time is valuable, and we appreciate your gift of time to this project. If you have comments or questions regarding this study please feel free to contact me at the e-mail address or telephone number listed below. Again, thank you for your support of and participation in our project.

Appreciatively,

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APPENDIX B

Listserv Announcement

Dear Colleagues:
Supervisors are increasingly seeking to provide culturally responsive supervision, but little research exists to guide such practice. Furthermore, we have few measures to understand and study culturally responsive supervision practices, an issue that we hope to address in this study. We seek to advance our understanding of culturally responsive supervision by developing and validating a measure based on supervisee's experiences, and we hope that you will consider contributing to this project by participating in our initial investigation. This study does have Institutional Review Board approval from Marquette University.

Your response is confidential and completing the materials would take about 20 to 25 minutes of time. The materials can be accessed online at:
https://survey.marquette.edu/opinio/s?s=2805.

Ultimately, our goal is to improve culturally responsive supervisory practices. 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 Alan Burkard, Ph.D. using the contact information below. Thank you very much!

Alan Burkard, Ph.D. [researcher to contact for participation]
Stephanie Bartell, M.A.

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APPENDIX C

Informed Consent Letters

Studies One and Two Informed Consent Letter

AGREEMENT OF CONSENT FOR RESEARCH PARTICIPANTS

Project Title: The Development and Validation of the Culturally Responsive and Unresponsive Supervision Scale

Project Directors: Alan W. Burkard, Ph.D., Stephanie Bartell, MA, Laura M. Hartmann, MA

Principle Investigators Address/Phone: Alan Burkard, Ph.D.
Department of Counseling and Educational Psychology
College of Education
Marquette University
Milwaukee, WI 53201 414/288-3434

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. Please ask questions about anything you do not understand before deciding whether or not to participate.

1. I understand that I am being asked to participate in a research study examining culturally responsive and unresponsive supervision. The purpose of this study is to create a measure that would be useful in operationalizing and studying culturally responsive and unresponsive supervision practices.

2. I understand that my participation is completely voluntary and that I may withdraw participation and consent at any point without consequences. I may also ask any questions without penalty.

3. I agree to complete this Consent Form along with the Demographic Form and the other measures. I understand that by clicking the Consent Box below ("I have read and understand the informed consent, and agree to participate in this study.") that I am agreeing to participate.

4. I understand that my identity will be kept confidential. This confidentiality will be assured because no personally identifying information will be recorded during the course of this study.

5. I realize that there are minimal risks associated with completing a questionnaire requiring me to consider my supervision experiences and that it could cause me some emotional discomfort. I am also aware that it may be beneficial in helping me to

understand more about this phenomenon. I understand that the research is not designed to help me personally, but that the investigators hope to learn more about the concept of culturally responsive and unresponsive supervision.

6. If I have further questions, I may contact the Marquette University Office of Research Compliance (414/288-7570) regarding my rights as a research participant.

7. I understand that I may request a copy of the study's results at anytime.

8. I understand there will be no compensation for participating in this study.

I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND I AM PREPARED TO PARTICIPATE IN THIS PROJECT.

_____

Participant's Signature Date:

_____

Participant's Printed Name

_____

Researcher's Signature Date:

Study Three Informed Consent Letter

AGREEMENT OF CONSENT FOR RESEARCH PARTICIPANTS

Project Title: The Development and Validation of the Culturally Responsive and Unresponsive Supervision Scale

Project Directors: Alan W. Burkard, Ph.D., Stephanie Bartell, MA, Laura M. Hartmann, MA

Principle Investigators Address/Phone: Alan Burkard, Ph.D.
Department of Counseling and Educational Psychology
College of Education
Marquette University
Milwaukee, WI 53201 414/288-3434

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. Please ask questions about anything you do not understand before deciding whether or not to participate.

1. I understand that I am being asked to participate in a research study examining culturally responsive and unresponsive supervision. The purpose of this study is to create a measure that would be useful in operationalizing and studying culturally responsive and unresponsive supervision practices.

2. I understand that my participation is completely voluntary and that I may withdraw participation and consent at any point without consequences. I may also ask any questions without penalty.

3. I agree to complete this Consent Form along with the attached Demographic Form and Experimental Questionnaire and return it to the investigator. I understand that the Consent Form and research materials will be kept separate and that no personally identifying information will be recorded on the Demographic Form or Experimental Questionnaires.

4. I understand that my identity will be kept confidential. This confidentiality will be assured through assigning code numbers to the Demographic Form and Experimental Questionnaire. All materials will be stored electronically in a password protected computer. The computer secured in Dr. Burkard's locked office. Only the primary researchers will have access to this data, and after the completion of the second administration of this experimental scale in three weeks the electronic file linking my name to the code number will be deleted from the computer.

5. I realize that there are minimal risks associated with completing a questionnaire requiring me to consider my supervision experiences and that it could cause me some emotional discomfort. I am also aware that it may be beneficial in helping me to

understand more about this phenomenon. I understand that the research is not designed to help me personally, but that the investigators hope to learn more about the concept of culturally responsive and unresponsive supervision.

6. If I have further questions, I may contact the Marquette University Office of Research Compliance (414/288-7570) regarding my rights as a research participant.

7. I understand that I may request a copy of the study's results at anytime.

8. I understand there will be no compensation for participating in this study.

I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND I AM PREPARED TO PARTICIPATE IN THIS PROJECT.

_____ _____

Participant's Signature Date

_____

Participant's Printed Name

_____ _____

Researcher's Signature Date

APPENDIX D

Demographic Form

1. Age: _____

2. Gender:
   - _____ Female
   - _____ Male
   - _____ Transgendered
   - _____ Other

3. Race/Ethnicity:
   - _____ Biracial/Multiracial
   - _____ African-American
   - _____ Asian-American
   - _____ European-American
   - _____ Latina/Latino
   - _____ Native American
   - _____ Other (please identify): _____

4. Sexual Orientation:
   - _____ Bisexual
   - _____ Gay
   - _____ Lesbian
   - _____ Heterosexual
   - _____ Other (please identify): _____

5. Please identify your current degree program:

   _____ Bachelors; _____ Masters; _____ Doctoral;

   _____ Other (please identify): _____

   a. If you answered yes to item #5 above please identify the area of specialization:

   _____ Counselor Education; _____Counseling; ____Counseling Psychology;
   _____ Clinical Psychology;

   _____ Other (please identify): _____

6. Are you currently seeing clients: _____ Yes; _____ No. If you answered **yes**, please respond to the following items:

a. Please estimate how many clients you see a week: _____

b. Of the clients you have seen, please identify the percentage of the ethnicity/race of the clients you have worked with during clinical experiences. Please make sure the total does not exceed 100%.

_____ Biracial/Multiracial
_____ African-American
_____ Asian-American
_____ European-American
_____ Latina/Latino
_____ Native American
_____ Other (please identify): _____

7. How many supervisors have you worked with during your clinical training? ____

8. Of the supervisors identified above, how many were ethnically/racially different than you? _____

9. Over the course of all of your supervisory experiences, using the scale below please rate how much cultural issues were integrated into your supervisory work:

Not at all				Neutral			Completely Integrated	
1	2	3	4	5	6	7	8	9

10. Based on the supervisor that you rated for measures that you completed, please address the following questions:

a. Over the course of your supervision, using the scale below please rate how frequently cultural issues were integrated into your supervisory work:

Not at all Frequency		Low Frequency		Moderate Frequency			High	
1	2	3	4	5	6	7	8	9

b. Over the course of your supervision, using the scale below please rate how productive any discussion of cultural issues were with this supervisor:

Not at all		Low		Moderate			High	
1	2	3	4	5	6	7	8	9

APPENDIX E
All Measures Used in Study

Race-Ethnicity Supervision Scale (RESS)
Original Scale

INSTRUCTIONS: If the statement in the following items describes the way your supervisor always behaves circle the number 7, if it never applies to how your supervisor behaves circle the number 1. Use the numbers in between to describe the variations between these extremes, and if you have a neutral feeling about the question circle the number 4. Finally, we consider the term *culture* or *cultural* to specifically refer to race or ethnicity.

A. Promoting/Inhibiting Supervisee Cultural Competence

	Never			Neutral			Always
My Supervisor…							
1. Helps me develop treatment plans that are sensitive to my clients' race/ethnicity	1	2	3	4	5	6	7
2. Teaches me how to attend to clients' race/ethnicity during counseling	1	2	3	4	5	6	7
3. Encourages me to integrate race/ethnicity in assessment	1	2	3	4	5	6	7
4. Offers me feedback on my level of competency in addressing racial/ethnic concerns in counseling	1	2	3	4	5	6	7
5. Discourages me from discussing how the racial/ethnic identity of a client may influence the counseling process	1	2	3	4	5	6	7
6. Helps me identify areas of growth with regard to how my race/ethnicity influences counseling	1	2	3	4	5	6	7
7. Ignores my questions about how clients' race/ethnicity may influence their lives	1	2	3	4	5	6	7
8. Helps me be more sensitive to clients' race/ethnicity	1	2	3	4	5	6	7
9. Neglects to teach me to recognize the limitations of psychotherapy theories in addressing racial/ethnic concerns in counseling	1	2	3	4	5	6	7
10. Encourages me to examine how my racial/ethnic attitudes influence my clinical work	1	2	3	4	5	6	7
11. Helps me value addressing race/ethnicity in my clinical work	1	2	3	4	5	6	7
12. Asks if race/ethnicity is relevant when discussing client cases	1	2	3	4	5	6	7
13. Neglects to offer feedback on my responsiveness to	1	2	3	4	5	6	7

	clients' racial/ethnic background							
14.	**Helps me to be more attentive to how race/ethnicity influence my work as a counselor**	1	2	3	4	5	6	7
15.	**Discourages me from understanding how race/ethnicity may influence the formation of a client relationship**	1	2	3	4	5	6	7
16.	**Provides feedback on my responsiveness to clients' racial/ethnic background**	1	2	3	4	5	6	7
17.	**Challenges me to incorporate race/ethnicity when conceptualizing a client case**	1	2	3	4	5	6	7
18.	**Helps me to identify how my biases toward race/ethnicity affect my work with clients**	1	2	3	4	5	6	7
19.	**Disregards my requests for help in working with racially/ethnically different clients**	1	2	3	4	5	6	7
20.	**Urges me to explore a client's racial/ethnic identity**	1	2	3	4	5	6	7

B. Developing/Inhibiting the Supervisory Cultural Alliance

		Never			**Neutral**			**Always**
My Supervisor…								
1.	**Discusses how our racial/ethnic identities affect our supervision relationship**	1	2	3	4	5	6	7
2.	**Shows interest in learning about my racial/ethnic identity**	1	2	3	4	5	6	7
3.	**Is sensitive to how he/she and I are racially/ethnically different**	1	2	3	4	5	6	7
4.	**Tries to understand my racial/ethnic identity**	1	2	3	4	5	6	7
5.	**Makes me feel comfortable when expressing my beliefs about race/ethnicity even they differ from his/her own**	1	2	3	4	5	6	7
6.	**Creates a supervision relationship that is supportive of exploring race/ethnicity**	1	2	3	4	5	6	7
7.	**Discusses how her/his racial/ethnic identity affects our supervision relationship**	1	2	3	4	5	6	7
8.	**Creates a safe atmosphere to discuss rate/ethnicity during supervision**	1	2	3	4	5	6	7
9.	**Appears comfortable discussing race/ethnicity during supervision**	1	2	3	4	5	6	7
10.	**Asks about my racial/ethnic identity**	1	2	3	4	5	6	7
11.	**Makes me uncomfortable when talking about race/ethnicity**	1	2	3	4	5	6	7
12.	**Reduces any fear I may have about discussing**	1	2	3	4	5	6	7

	race/ethnicity with her/him							
13.	**Makes me feel unsafe when discussing racially/ethnically diverse clients**	1	2	3	4	5	6	7
14.	**Believes that I am racially/ethnically insensitive**	1	2	3	4	5	6	7

C. Supervisor Competence

		Never			**Neutral**			**Always**
My Supervisor…..								
1.	**Is knowledgeable about theories involving race/ethnicity**	1	2	3	4	5	6	7
2.	**Has experience working with clients from diverse racial/ethnic backgrounds**	1	2	3	4	5	6	7
3.	**Is interested in the role of race/ethnicity in counseling**	1	2	3	4	5	6	7
4.	**Is knowledgeable about current research on race/ethnicity in counseling**	1	2	3	4	5	6	7
5.	**Openly evaluates his/her assumptions about race/ethnicity**	1	2	3	4	5	6	7
6.	**Believes it is important to understand how race/ethnicity influences clinical work**	1	2	3	4	5	6	7
7.	**Is knowledgeable about various resources to develop competence with racial/ethnic diversity**	1	2	3	4	5	6	7
8.	**Is knowledgeable about the role of race/ethnicity in treatment planning**	1	2	3	4	5	6	7
9.	**Is nonjudgmental of people from racially/ethnically diverse groups**	1	2	3	4	5	6	7
10.	**Understands how a client's race/ethnicity may influence case conceptualization**	1	2	3	4	5	6	7
11.	**Understands how race/ethnicity influences supervision**	1	2	3	4	5	6	7
12.	**Seems unaware of how her/his racial/ethnic identity influences her/his counseling**	1	2	3	4	5	6	7
13.	**Is uncomfortable discussing racism or oppression in supervision**	1	2	3	4	5	6	7
14.	**Does not believe that a client's race/ethnicity influences his/her life**	1	2	3	4	5	6	7
15.	**Discusses how race/ethnicity is an influence on his/her own worldview**	1	2	3	4	5	6	7
16.	**Promotes treatment options that are racially/ethnically insensitive**	1	2	3	4	5	6	7
17.	**Has made racially/ethnically insensitive comments**	1	2	3	4	5	6	7
18.	**Pathologizes the role of race/ethnicity in my client's**	1	2	3	4	5	6	7

	lives							
19.	**Shares the ways in which race/ethnicity affects her/his work as a counselor**	1	2	3	4	5	6	7
20.	**Considers my clients' race/ethnicity when reviewing my treatment plans**	1	2	3	4	5	6	7
21.	**Is able to share experiences of working with racially/ethnically diverse clients**	1	2	3	4	5	6	7
22.	**Knows less than I do when it comes to the role of race/ethnicity in counseling**	1	2	3	4	5	6	7
23.	**Shares how her/his race/ethnicity influences her/his work as a supervisor**	1	2	3	4	5	6	7
24.	**Is open to learning about diverse racial/ethnic groups**	1	2	3	4	5	6	7
25.	**Understands the effect that race/ethnicity can have on counseling**	1	2	3	4	5	6	7
26.	**Makes stereotypic comments about some clients' race/ethnicity**	1	2	3	4	5	6	7
27.	**Is knowledgeable about the beliefs and values of multiple racial/ethnic groups**	1	2	3	4	5	6	7
28.	**Acknowledges his/her own biases involving race/ethnicity**	1	2	3	4	5	6	7
29.	**Lacks knowledge of different racial/ethnic groups**	1	2	3	4	5	6	7
30.	**Is unable to answer my questions related to race/ethnicity**	1	2	3	4	5	6	7

Marlowe-Crowne Social Desirability Scale: Form C

Directions: Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true (T) or false (F) as it pertains to you.

1.	It is sometimes hard for me to go on with my work if I am not encouraged.	**T F**
2.	I sometimes feel resentful when I don't get my way.	**T F**
3.	On a few occasions, I have given up doing something because I thought too little of my ability.	**T F**
4.	There have been times when I felt like rebelling against people in authority even though I knew they were right.	**T F**
5.	No matter who I'm talking to, I'm always a good listener.	**T F**
6.	There have been occasions when I took advantage of someone.	**T F**
7.	I'm always willing to admit it when I make a mistake.	**T F**
8.	I sometimes try to get even, rather than forgive and forget.	**T F**
9.	I am always courteous, even to people who are disagreeable.	**T F**
10.	I have never been irked when people expressed ideas very different from my own.	**T F**
11.	There have been times when I was quite jealous of the good fortune of others.	**T F**
12.	I am sometimes irritated by people who ask favors of me.	**T F**
13.	I have never deliberately said something that hurt someone's feelings.	**T F**

Multicultural Supervision Inventory-B

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

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

Please use the following rating scale:
1= Never 2= Rarely 3= Occasionally 4= Sometimes 5= Often 6= Very Often 7= Always

	Never			Sometimes			Always
1. My supervisor demonstrated that he/she respected my cultural beliefs and practices.	1	2	3	4	5	6	7
4. My supervisor encouraged me to think about cultural issues when working with clients.	1	2	3	4	5	6	7
12. My supervisor helped me think of how my cultural identity is relevant to my identity as a counselor.	1	2	3	4	5	6	7
14. My supervisor helped me understand how cultural communication styles might affect my interactions with clients.	1	2	3	4	5	6	7
17. My supervisor was knowledgeable about groups who were different from his/her culture.	1	2	3	4	5	6	7
21. My supervisor helped me identify other opportunities for multicultural counseling experience.	1	2	3	4	5	6	7
13. My supervisor acted in ways that did not stereotype me.	1	2	3	4	5	6	7

26. My supervisor informed me of resources I can use to help me learn more about cultural issues in counseling.	1	2	3	4	5	6	7
28. My supervisor was aware of how cultural issues influenced our supervisory relationship.	1	2	3	4	5	6	7
29. I felt comfortable talking to my supervisor about differing opinions due to cultural matters.	1	2	3	4	5	6	7
33. My supervisor helped me understand how the major theoretical orientations in psychology have value related assumptions relevant to multicultural counseling.	1	2	3	4	5	6	7
34. My supervisor understood how cultural communication styles might affect the interactions between us.	1	2	3	4	5	6	7
39. My supervisor fostered a collaborative working relationship.	1	2	3	4	5	6	7
35. My supervisor was aware of certain cultural beliefs and norms that are (were) important to me.	1	2	3	4	5	6	7
38. My supervisor encouraged me to express my opinions and concerns about client conceptualization freely.	1	2	3	4	5	6	7
39. In evaluating my skills, my supervisor took into account my performance in multicultural counseling.	1	2	3	4	5	6	7
40. My supervisor valued learning from me, and the supervisory relationship, as much as I valued learning from him/her.	1	2	3	4	5	6	7

APPENDIX F

Race-Ethnicity Supervision Scale (RESS)
Revised Scale

INSTRUCTIONS: If the statement in the following items describes the way your supervisor always behaves circle the number 7, if it never applies to how your supervisor behaves circle the number 1. Use the numbers in between to describe the variations between these extremes, and if you have a neutral feeling about the question circle the number 4. Finally, we consider the term *culture* or *cultural* to specifically refer to race or ethnicity.

A. Promoting Supervisee Racial/Ethnic Cultural Competence

	Never			Neutral			Always
My Supervisor…							
1. Helps me develop treatment plans that are sensitive to my clients' race/ethnicity	1	2	3	4	5	6	7
2. Teaches me how to attend to clients' race/ethnicity during counseling	1	2	3	4	5	6	7
3. Encourages me to integrate race/ethnicity in assessment	1	2	3	4	5	6	7
4. Offers me feedback on my level of competency in addressing racial/ethnic concerns in counseling	1	2	3	4	5	6	7
5. Helps me identify areas of growth with regard to how my race/ethnicity influences counseling	1	2	3	4	5	6	7
6. Helps me be more sensitive to clients' race/ethnicity	1	2	3	4	5	6	7
7. Encourages me to examine how my racial/ethnic attitudes influence my clinical work	1	2	3	4	5	6	7
8. Helps me value addressing race/ethnicity in my clinical work	1	2	3	4	5	6	7
9. Asks if race/ethnicity is relevant when discussing client cases	1	2	3	4	5	6	7
10. Helps me to be more attentive to how race/ethnicity influence my work as a counselor	1	2	3	4	5	6	7
11. Provides feedback on my responsiveness to clients' racial/ethnic background	1	2	3	4	5	6	7
12. Challenges me to incorporate race/ethnicity when conceptualizing a client case	1	2	3	4	5	6	7
13. Helps me to identify how my biases toward race/ethnicity affect my work with clients	1	2	3	4	5	6	7
14. Considers my clients' race/ethnicity when reviewing treatment plans	1	2	3	4	5	6	7

B. Development and Responsivity to Cultural Identity in Supervision

	Never			Neutral			Always
My Supervisor…							
15. Discusses how our racial/ethnic identities affect our supervision relationship	1	2	3	4	5	6	7
16. Shows interest in learning about my racial/ethnic identity	1	2	3	4	5	6	7
17. Is sensitive to how he/she and I are racially/ethnically different	1	2	3	4	5	6	7
18. Discusses how her/his racial/ethnic identity affects our supervision relationship	1	2	3	4	5	6	7
19. Asks about my racial/ethnic identity	1	2	3	4	5	6	7
20. Tries to understand my racial/ethnic identity	1	2	3	4	5	6	7

C. Perceived Supervisor Cultural Competence

	Never			Neutral			Always
My Supervisor…..							
21. Believes it is important to understand how race/ethnicity influences clinical work	1	2	3	4	5	6	7
22. Is knowledgeable about various resources to develop competence with racial/ethnic diversity	1	2	3	4	5	6	7
23. Is knowledgeable about the role of race/ethnicity in treatment planning	1	2	3	4	5	6	7
24. Understands how a client's race/ethnicity may influence case conceptualization	1	2	3	4	5	6	7
25. Understands the effect that race/ethnicity can have on counseling	1	2	3	4	5	6	7

D. Harmful Supervisory Practices

	Never			Neutral			Always
My Supervisor…..							
26. Has made racially/ethnically insensitive comments	1	2	3	4	5	6	7
27. Makes stereotypic comments about some clients' race/ethnicity	1	2	3	4	5	6	7
28. Pathologizes the role of race/ethnicity in my client's lives	1	2	3	4	5	6	7
29. Makes me feel unsafe when discussing racially/ethnically diverse clients	1	2	3	4	5	6	7