RACIAL MICROAGGRESSIONS AND ITS IMPACT ON SUPERVISEES OF COLOR IN

CROSS-RACIAL COUNSELING SUPERVISION

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ABSTRACT

Supervision is considered to be a primary method of clinical instruction (Holloway, 1992), which serves as a foundation to train supervisees and to ensure the provision of appropriate and culturally sensitive client care. While the representation of supervisees of color in the field of psychology is continuing to increase, it appears important to recognize multicultural issues (e.g., racial microaggressions) as it exists and/or emerges in cross-racial supervision. Although less is known about how racial microaggressions influence supervisees of color, the purpose of this study was to investigate how experiences of racial microaggressions affects the supervisory working alliance, their perceptions of their supervisors' multicultural competence, and supervisee outcome variables (i.e., counseling and multicultural counseling self-efficacy) in cross-racial supervision. The results showed that perceived supervisor multicultural competence partially mediated the relationship between racial microaggressions and supervisory working alliance. Both, supervisory working alliance and perceived supervisor

multicultural competence fully mediated the relationship between racial microaggressions and multicultural counseling self-efficacy. However, no support for the mediation was found in this sample for counseling self-efficacy. Limitation, implications and future directions are discussed.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Education, have examined a dissertation titled "Racial Microaggressions and its Impact on Supervisees of Color in Cross-Racial Counseling Supervision" presented by Niyatee Sukumaran, candidate for the Doctor of Philosophy degree, and certify that in their opinion it is worthy of acceptance.

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CHAPTER 1

INTRODUCTION

Given the rise in racial and ethnic minority populations in the past few decades (United States Census Bureau [U.S.], 2008), there has been an increase in recruiting trainees from students of color amongst different mental health fields (Commission on Ethnic Minority Recruitment, Retention, and Training in psychology; [CEMRRAT], American Psychological Association [APA], 2004). As a result, it is important for training programs to provide these trainees with effective and sensitive multicultural training and supervision. Furthermore, due to the projection that more than 50% of the U.S. population will consist of people of color by 2042 (U.S. Census Bureau, 2008), it is imperative to help trainees develop their counseling competency to effectively serve diverse populations (Ancis & Ladany, 2001; Cook, 1994; Fukayama, 1994). Moreover, it is vital for training programs to support the needs and challenges experienced by these students during the development of their professional competencies.

One such form of support in training is provided through supervision. According to the Multicultural Guidelines (APA, 1996, 2002), supervision is considered to play an essential role in helping trainees develop their counseling and multicultural competencies. Supervision provides an important avenue for trainees to seek support and address their challenges when counseling clients from diverse groups. As such, supervisors hold the responsibilities for initiating and discussing multicultural issues in supervision that helps promote supervisees' counseling and multicultural growth (Ancis & Ladany, 2010; Bernard & Goodyear, 2004; Fukayama, 1994). Thus, supervisors themselves must have a certain

level of training and multicultural competence in order for these types of multicultural discussions to occur in supervision.

Although the number of trainees of color is increasing in the field of psychology (CEMRRAT; APA, 2004), the majority of supervisors are White (Constantine, 1997; Robiner & Schofield, 1990). In comparison to the trainees they supervise, many of these White supervisors have less multicultural training (Constantine, 1997), thereby posing a critical challenge in supervision, which could negatively influence the experiences of supervisees of color in numerous ways. Thus, this study will focus upon understanding the experiences of supervisees of color in supervision.

The unique supervisory relationship between a White supervisor and a trainee of color is considered to be a facet of multicultural supervision, and is often referred to as cross-racial supervision (Constantine & Sue, 2007; Nadal et al., 2011; Sue et al., 1982). These relationships often replicate the oppression of racially or ethnically diverse individuals (Cook, 1994). For example, supervisees may experience overt and covert forms of racism by their supervisors, thus increasing cultural mistrust towards the White majority in cross-racial supervisory relationships (Ancis & Ladany, 2010; Fong & Lease, 1997).

While overt racism may be less common within supervision, it is possible for supervisors to make direct or indirect slights about diverse racial/ethnic minority groups. These covert and subtle forms of racism (i.e., racial microaggressions), which may be communicated by well-meaning White individuals, result in negative perceptions of people of color (Solorzano, Ceja & Yosso, 2000; Sue, Bucceri, Lin, Nadal, & Torino, 2007; Sue & Sue, 2003). Be it covert or overt, either form of racism has detrimental effects on the supervisory relationship and the development of the supervisee (Bernard & Goodyear, 2004;

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Cook, 1994; Cook & Helms, 1988; Fong & Lease, 1997; Holloway, 1992; Inman, 2006; Ladany, Brittan-Powell, & Pannu, 1997). In the following paragraph, I will briefly discuss both empirical research and theory on the effects of racial microaggressions on people of color.

Existing research on racial microaggressions shows that it has a significant impact on the well-being and daily life experiences of racial/ethnic minority individuals (Constantine, 1997; Constantine & Sue, 2007; Sue et al., 1982). For example, Black American students reported negative cognitive reactions (e.g., uncertainty on whether or not to speak up about their experiences) when exposed to racial microaggressions in a classroom setting (Sue, Lin, Torino, Capodilupo, & Rivera, 2009). These students also reported a range of emotional reactions such as feeling anxious, angry, and offended. Exposure to microaggressions has been found to result in symptoms of psychological turmoil such as feelings of powerlessness, invisibility, and behavioral reactions of forced compliance to Euro-White American cultural standards (Sue, Capodilupo, Torino et al., 2007; Sue, Capodilupo, Nadal, & Torino, 2008; Sue, Lin, Torino, Capodilupo, & Rivera, 2009).

Upon carefully reviewing the studies from PsychINFO, PsychArticles, Behavioral Collections and ProQuest LLC Dissertations and Theses Abstracts, Wong, Derthick, David, Saw, and Okazaki (2014) found a total of 73 studies that were related to racial microaggressions, with the earliest publication dated 2007. Amongst these articles, 21 were theoretical, 30 were qualitative, and seven that used mixed-methods; several of these were scale development studies (e.g., the Racial Ethnic Microaggressions Scale [REMS]; Wong et al., 2014). Out of the remaining 15 studies that used quantitative methods, 13 focused on racial microaggressions and racial identity among diverse groups of clients, community

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members, and college students, yet only two focused on racial microaggressions in supervision.

Out of all the 73 studies, it appears that only three addressed racial microaggressions in supervision; the first one used qualitative methodology (Constantine & Sue, 2007) to explore cross-racial supervisory relationships. The second was Beaumont's (2010) dissertation that studied racial microaggressions in supervision and included a predominantly White sample of supervisees, while the third study examined the relationship between Black supervisors and White supervisees (Barnes, 2011). Thus, there clearly appears to be a dearth of information on experiences of racial microaggressions of supervisees of color in cross-racial supervision. Hence, this study will focus on understanding the impact of racial microaggressions on supervisees of color in cross-racial supervisory relationships using quantitative methodology.

Specifically, I will explore the manner in which racial microaggressions affect the supervisory working alliance. This alliance is defined as a mutual agreement about the goals and tasks of supervision and an emotional bond between supervisor and supervisee (Bordin, 1983). A strong working alliance serves as a foundation to support and encourage supervisees throughout the development of their counseling skills (Efstation, Patton & Kardash, 1990), and is integral to successful supervision. In general, research has suggested positive outcomes (e.g., supervisee attributes, behaviors, and satisfaction) for supervisees who reported stronger alliances with their supervisors (Gatmon et al., 2001; Horvath & Symonds, 1991). Moreover, recent research indicated that the supervisory working alliance is stronger when multicultural discussions are incorporated in supervision (Beaumont, 2010; Burkard et al., 2006; Dressel, Consoli, Kim, & Atkinson, 2007; Duan & Roehlke, 2001;

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Fukuyama, 1994; Inman, 2006). Supervisors' willingness and openness in discussing multiculturally relevant differences and issues will likely have a positive effect on supervisees, resulting in a stronger supervisory working alliance (Inman, 2006; Ladany et al., 1997a).

On the contrary, supervisees, mostly those of color, reported having weaker working alliances when encountering culturally unresponsive and insensitive supervision (Burke, Goodyear & Guzzard, 1998; Burkard et al., 2006). Burkard et al., (2006) found that unresponsive and insensitive supervision has been associated with supervisees' lesser self-discloser. These participants also reported feeling offended, frustrated, and upset when experiencing unresponsive and insensitive supervision. Furthermore, regardless of how they felt, these supervisees reported their attempts to appease their supervisors. In light of these findings, it is expected that experiencing racial microaggressions will likely decrease the quality of the supervisory working alliance for supervisees of color.

Similar to a strong working alliance, supervisors who are unable to provide a safe and comfortable environment that allows for multicultural discussions can negatively shape supervisees' counseling training. Those supervisors who are culturally insensitive and lack multicultural awareness, knowledge, and skills (i.e., lower multicultural competence) can negatively affect the counseling skills and multicultural growth of supervisees (Burkard et al., 2006; Constantine & Sue, 2007; Dressel et al., 2007; Inman, 2006).

Recent empirical research has suggested that supervisors' responsiveness to cultural and racial issues in cross-cultural supervision was found to positively influence supervisees' perceptions their supervisors' multicultural counseling competence while the lack of responding to these issues negatively influenced perceived supervisors multicultural

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competence (Burkard et al., 2006; Dressel et al., 2007; Inman, 2006). Given that racial microaggressions are racial and cultural issues that occur in supervision, this study will assess the influence of racial microaggressions on perceived supervisor multicultural competence.

As discussed above, supervision has significant implications on the counseling development of supervisees, which will be measured through outcomes such as counseling and multicultural counseling self-efficacy (Constantine, 2001; Duan & Roehlke, 2001; Inman, 2006; Ladany, Inman, Constantine, & Hofheinz, 1997b; Nilsson & Duan, 2007). Counseling self-efficacy is defined as "professionals" beliefs about their ability and capacities to counsel clients effectively" (Bandura, 1986, p. 391; Larson, 1998). Although inconsistent findings were obtained initially on predicting counseling self-efficacy using the Self-Efficacy Inventory (SEI; Friedlander & Snyder, 1983; Efstation, et al., 1990), recent research on dissertations using the Counseling Self-Estimate Inventory (COSE; Larson et al., 1992) found that supervisory working alliance significantly predicted supervisees' counseling self-efficacy (Hanson, 2006; Lorenz, 2009). However, most of the samples used in these studies consisted of White/Caucasian supervisees and did not explore how cultural factors influenced this relationship. Thus, I will focus on assessing counseling self-efficacy of supervisees of color in the context of microaggressions and supervisory working alliance.

Supervision also aids in the development of multicultural competence of supervisees (i.e., awareness, knowledge and skills) in counseling clients from diverse backgrounds (Sue, Arredondo, & McDavis, 1992; Sue et al., 1998; Sue et al., 1982). In order for this competence to develop, supervisors help supervisees explore how their cultural backgrounds and worldviews influence their perceptions of others, their sense of what is "normal," and

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their beliefs about mental health and processes of counseling (Sue et al., 1998; Sue & Sue, 2003).

Of particular interest to this study is to increase our understanding of the effects of supervision on supervisees' confidence in their abilities to perform multiculturally competent skills and behaviors (i.e., multicultural counseling self-efficacy) (Ladany & Constantine, 2000). Ladany and Constantine (2000) found that multicultural supervision, which they measured by averaging the amount of time spent on multicultural issues in supervision, significantly predicted supervisees' multicultural counseling self-efficacy when working with culturally diverse clients. This study will assess how experiences of racial microaggressions in supervision affect the multicultural counseling efficacy of supervisees of color.

As previously mentioned, there is no research to date that specifically studied the impact of racial microaggressions on supervisees of color and other supervision outcome variables. Although Beaumont's (2010) published dissertation examined the impact on supervisory variables in the context of racial microaggressions, her sample predominantly consisted of White/Caucasian participants. Beaumont (2010) found that greater perceptions of supervisory multicultural competence predicted greater working alliance, multicultural growth, and amount of trainee disclosure in supervision for supervisees who were both White and of color. In addition, Beaumont (2010) found that more experiences of racial microaggressions led to weaker supervisory working alliance and rate of disclosure.

Overall, a major limitation across research studies on racial microaggressions in supervision is that samples have primarily consisted of White supervisees (Beaumont, 2010; Inman, 2006), thereby limiting the generalizability of the findings to other diverse student groups. Because racial microaggressions are more likely to occur in cross-racial supervision,

it would be important to examine the effects on the working alliance and perceptions of supervisors' multicultural competence for supervisees of color. Furthermore, it will be vital to investigate how experiences of racial microaggressions influence the beliefs of supervisees of color about their ability to counsel culturally diverse clients (Beaumont, 2010; Constantine & Sue, 2007; Inman, 2006; Sue et al., 2009).

In summary, I will examine the experiences of supervisees of color in cross-racial supervision, including how supervisees' experiences with racial microaggressions affects their supervisory working alliance, their perceptions of their supervisors' multicultural competence, and supervisee outcome variables (i.e., counseling and multicultural counseling self-efficacy). Specifically, I will test the mediated effect of supervisees' perceptions of supervisors' multicultural competence on the relationship between racial microaggressions and supervisory working alliance. I will also assess the direct and indirect effects of supervisees' perceptions of supervisors' multicultural competence on the relationship between racial microaggressions and two outcomes of supervision (counseling and multicultural counseling self-efficacy). Lastly, I will examine mediated effects of supervisees' supervisory working alliance on the relationship between racial microaggressions and two outcomes of supervision (counseling and multicultural counseling self-efficacy).

CHAPTER 2

REVIEW OF LITERATURE

In 2002, the American Psychological Association (APA) approved the *Multicultural Guidelines* that prescribed the need for developing multicultural competence among mental health providers. Supervision is considered a primary method of clinical instruction (Holloway, 1992), which serves as a foundation to train supervisees and to ensure the provision of appropriate and culturally sensitive client care. Therefore, supervisors play a key role in developing their supervisees' optimal counseling skills and multicultural competencies. Given the increase in trainees of color within graduate psychology programs (Commission on Ethnic Minority Recruitment, Retention, and Training in psychology; CEMRRAT; APA, 2004) and due to the relatively low number of racial and ethnic minority psychologists within this profession, it is probable that many White psychologists may supervise trainees of color.

Multicultural Supervision occurs when one member of the supervisory dyad belongs to a different culture and/or racial/ethnic group that influences their worldview, attitudes, beliefs, values, and core assumptions about others (Bernard & Goodyear, 2004; Fong, 1994). Supervisees of color may experience difficulties due to having a different worldview in comparison to their White supervisor. These difficulties are further aggravated when supervisors are potentially unable to appropriately address racial, ethnic and cultural differences within cross-racial supervisory relationships. Specifically, one such difficulty occurs when supervisors unknowingly commit subtle acts of racism (i.e., racial microaggressions) that negatively impacts the supervisory relationship and supervisees' development of counseling skills and multicultural competence (Ancis & Ladany, 2010; Constantine & Sue, 2007; Inman, 2006; Torres, Driscoll, & Burrow, 2010). This dissertation is intended to examine the nature and directionality of the

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effect of racial microaggressions on supervision-related variables, specifically the supervisory working alliance and supervisees' counseling efficacy.

The purpose of this chapter is to provide a detailed review of the current literature on counseling supervision and racial microaggressions. In particular, this chapter will summarize the theoretical and empirical research on supervision and discussion of multicultural supervision, variables within the supervisory relationship (i.e., working alliance and supervisors' multicultural competence), and outcomes of supervision (i.e., supervisees' counseling and multicultural counseling self-efficacy). Additionally, I will provide the definition, challenges and criticisms of racial microaggressions, and their effects on people and supervisees of color. Lastly, the fourth section consists of the summary, purpose and hypotheses of this study.

Supervision

Numerous professions including medicine, social work, psychology and psychiatry have developed a system to provide instruction that facilitates the preparation and growth of practitioners within their respective fields. One of the earliest discussions regarding supervision emerged during the nineteenth century within the field of social work (Goodyear & Guzzardo, 2000). As early as 1902, Sigmund Freud provided supervision when training doctors in the practice of psychoanalysis. Today supervision serves as an important requirement for the purposes of licensure, accreditation of graduate training programs, and training for both psychologists and mental health counselors (Bernard & Goodyear, 2004). Although specific differences within the helping professions exist, and may be reflected in supervision, it appears that there are certain supervisor skills and processes (e.g., developing a relationship with supervisees, teaching and incorporating theory into practice) that are common to each of these

professions. In the present study, I am interested in learning about the experiences of supervisees of color in clinical and counseling psychology graduate and doctoral programs.

For the purpose of this study, I will use Bernard and Goodyear's (2004) definition of supervision. They defined supervision as a "hierarchical and evaluative" process occurring over a continuing period of time, stating that supervisors fulfill three vital duties that occur in tandem to one another: (a) increase profession-based knowledge, skills, techniques, and overall functioning and competencies of supervisees who are either novices or juniors, (b) purposefully observe and check for the quality of services provided to clients by these junior individuals, and (c) to serve as "gatekeepers" of their respective professions by permitting only competent supervisees to enter the profession and practice by themselves.

Although most psychologists will supervise trainees at some point in their career, many will not have received specialized training in supervision. For example, Robiner and Schofield (1990) reported that approximately 80% of psychologists in the 1990s provided supervision without any formal training. In addition, data from 1997 showed that White supervisors had less multicultural training than their supervisees (Constantine, 1997), suggesting that supervisors may experience challenges and difficulties in incorporating multicultural issues in supervision. Further, they may not be able to effectively discuss and understand multicultural issues (e.g., race-related differences) that influence supervisees, specifically supervisees of color.

While supervisors' level of multicultural training may have increased since 1997, Hird, Tao, and Gloria (2005) argued that not all supervisors believe in addressing and approaching multicultural issues in supervision. Unfortunately, researchers have also found that when supervisors lack cultural sensitivity and responsiveness, their supervisees report less self-

disclosure in supervision and greater efforts to appease their supervisors (Burkard et al., 2006; Inman, 2006).

Since it is likely that many of the psychologists, who also serve as supervisors, are White-identified, the present study will examine the working relationship primarily between White supervisors and supervisees of color as it relates to discussions of culture and race. In such dyads, supervisors are expected to explicitly initiate the discussion of race and culture, the impact on supervisees' personal and professional development, and influence on the counseling triad (i.e., supervisor-supervisee-client; Ancis & Ladany, 2001). Many experts in the area of multiculturalism and supervision have underscored the importance of discussing multicultural issues within supervision (Ancis & Ladany, 2010; Chopra, 2013; Constantine, 2001; Duan & Roehlke, 2001; Ladany & Constantine, 2000; Schroeder, Andrews, & Hindes, 2009). Given that people of color have reported experiencing both overt and covert forms of racism within cross-racial interactions (Constantine & Sue, 2007; Nadal et al., 2011; Sue et al., 1982), such exchanges may also occur within cross-racial supervision. Hence, this study will specifically focus on studying the concept of racial microaggressions in cross-racial supervision.

Racial Microaggressions

Originally coined by Dr. Chester Middlebrooke Pierce (1970), racial microaggressions are brief and commonplace verbal, behavioral (non-verbal and/or visual) or environmental indignities, intentional or unintentional, which somehow communicate negative and denigrating messages to people of color (Solorzano, Ceja & Yosso, 2000; Sue, Bucceri, Lin, et al., 2007; Sue & Sue, 2003). In their seminal article on microaggressions in daily life, Sue, Bucceri, Lin and colleagues (2007) delineated three forms: *microassault, microinsult*, and *microinvalidation*. Microassaults are behaviors that are perceived as avoidant and/or intentional discriminatory acts;

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they are conscious and deliberate verbal or non-verbal acts that are meant to hurt and attack the target individual often through name-calling. These microassaults are typically more overt forms of racism and emerge when people hold preconceived notions about minorities. Over the years, microassaults have decreased and are becoming increasingly unacceptable to engage in against individuals with other minority statuses (Sue, Bucceri, Lin, et al., 2007).

In contrast to microassaults, the more unconscious and implicit forms of racism are categorized as microinsults and microinvalidations (Sue, Bucceri, Lin, et al., 2007). These are "subtle snubs" during interactions that communicate insensitivity, rudeness and a message of superiority to people of color's racial identity and heritage. They also perpetuate stereotypes about people of color (Sue, Bucceri, Lin, et al., 2007). Microinsults also serve as a means to insult and demean people of color; for example, asking a Black man "*How did you get admitted into this academic program?"* that suggests as a person of color, he is not qualified to be in an academic program, implying that he was able to seek admission due to his minority status.

Microinsults and microinvalidations are often unconsciously conducted, and those committing them are often unaware about how they impact the receiver. While microinsults convey a lack of sensitivity, microinvalidations often negate, invalidate and minimize the psychological thoughts, feelings and experiential reality of people of color (e.g., telling visible racial/ethnic minority citizens "*You speak really good English"*; thereby treating them as foreigners. Another example of a microinvalidation is when a person denies their role in perpetuating racism by saying "*I am not a racist, I have many Asian friends"*; Sue, Bucceri, Lin, et al., 2007). Those who commit microinvalidations inevitably disregard the cultural experiences of people of color, particularly within a socio-cultural and political context. For example, White

Americans inform racial/ethnic minority individuals "*we are human beings and all races are equal*."

Microaggressions can also occur at a macro or systemic and environmental level (e.g., television shows or commercials featuring predominantly Caucasian people suggesting that people of color are outsiders; Sue, Bucceri, Lin, et al., 2007; Sue & Sue, 2003). Sue, Bucceri, Lin and colleagues (2007) developed taxonomies to better classify and discuss different types of microaggressions (see Appendix A). These taxonomies were created to increase individuals' awareness of microaggressions and to improve the quality of communication and mental health services for people of color. Although the taxonomies are not directly used in this study, it does serve as a guide for well-intentioned liberal White Americans to recognize them and understand the themes of microaggressions that supervisees of color may experience in supervision. Furthermore, these taxonomies will aid

in better understanding the experiences of racial and ethnic minority clients.

While committing microinsults and microinvalidations may be vague, unconscious acts., scholars have discussed the considerable negative impact they can have on the receivers (e.g., people of color). Many well-intentioned White supervisors may not view themselves as racists, or capable of having racial biases, and this may cause additional challenges and barriers for supervisees of color to identify and prove when microaggressions have occurred in interpersonal interactions (Constantine & Sue, 2007). It can also become challenging for people of color who may want to discuss microaggressive acts with their supervisors, particularly those who are unaware of committing them. For instance, supervisees who further explore and discuss their experiences of racial microaggressions may be perceived as over-sensitive, petty and/or feel dismissed by the perpetrators of these acts (Sue, Capodilupo, & Holder, 2008).

In addition, Black participants who described encountering situations of negative racial undertones, which were elicited through verbal, non-verbal/behavioral and or environmental situations, were frequently deemed as "being offended easily" (Sue, Capodilupo, & Holder, 2008). Furthermore, Sue and colleagues (2009) found that Black participants attending graduate programs with mostly White students experienced a various reactions with regard to race-related situations. Black participants reported experiencing *cognitive* ("whether to speak or not to speak up"), *emotional* (feeling anxious, angry, frustrated, insulted, annoyed and offended) and *behavioral reactions* (conflicted of whether one must change their behavior to be more heard and accepted) to situations that had racial undertones (Sue et al., 2009).

Lastly, when encountering microaggressions, people of color can experience being in a "catch-22" situation (Sue, Capodilupo, & Holder, 2008), wherein they may begin questioning whether or not they experienced these microaggressions. As elaborately discussed by Sue and his colleagues, people of color may also begin questioning whether it is worth their effort to raise and share their concerns with their microaggressor often concerned about influencing their relationships with the White majority. Similar to the findings by Sue et al. (2009), the impact of microaggressions on supervisees may be cognitive, emotional, and behavioral, particularly when they attempt to address and process these types of situations with their supervisors.

Overall, several studies have examined ways that people of color experience racial microaggressions. Twenty-eight qualitative versus ten quantitative studies have been conducted to understand the experiences of racial microaggressions on people of color. For example, racial/ethnic minority graduate students in counseling programs, which were housed predominantly within a White institution, confirmed experiencing racial microaggressions (Michael-Makri, 2010). Other studies also found that African American clients (Constantine,

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2001) and Black supervisees (Constantine & Sue, 2007) experienced racial microaggressions in counseling and in supervision. Furthermore, it has been concluded that the cumulative experiences with racial microaggressions can negatively impact their mental health and wellbeing of people of color over time (e.g., Constantine, 2007; Ong, Burrow, Fuller-Rowell, Ja & Sue, 2013; Sue, Bucceri, Lin, et al., 2007; Sue & Sue, 2003). Psychological turmoil (e.g., discomfort, act of second-guessing, questioning, and feelings of anger and frustration) can cause the recipients of racial microaggressions to feel the need to continuously assess the intent and underlying message of the microaggression that is directed towards them (Sue, Nadal, & Capodilupo et al., 2008; Sue et al., 2009; Torres, Driscoll, & Burrow, 2010).

Torres et al., (2010) reported that Black graduate students who identified higher levels of racial microaggressions of personal ability (e.g., to prove one's capacity to succeed in academia) also reported higher levels of perceived stress and an increase in report of depressive symptoms during a one-year follow up. The study by Sue, Capodilupo and Holder (2008) revealed that Black Americans experienced a sense of powerlessness, invisibility, and forced compliance to White standards/culture. Some reported feeling a loss of integrity when pressured to behave in an inauthentic manner as a way to separate themselves from racial stereotypes, as well as feeling burdened to serve as a "token minority" (i.e., representing one's racial/ethnic group) (Sue, Capodilupo, & Holder, 2008). Furthermore, those Asian American participants who reported experiencing more racial microaggressions on average had higher negative affect and somatic symptoms, and lower positive affect (Ong et al., 2013).

Studies have also made specific efforts to understand the experiences of supervisees in cross-racial supervisory dyads and to create measures to assess racial microaggressions through the use of qualitative methodology. For example, Constantine and Sue (2007) used semi-

structured interview protocols as a method of data collection. Their sample consisted of ten individuals, who self-identified as Black and who were seeking their doctorate in clinical or counseling psychology. These individuals, who were involved in counseling and supervision in the past two years, acknowledged the existence of subtle racism, and had reported personal experiences of racism within supervision. The results revealed themes that represented at least 30% of the experiences shared by participants. These themes included: (a) invalidating racial-cultural issues, (b) making stereotypic assumptions about Black clients, (c) making stereotypic assumptions about Black supervisees, (d) reluctance to give performance feedback to Black supervisees for fear of being viewed as racist, (e) focusing primarily on clinical weaknesses, (f) blaming clients of color for problems stemming from oppression, and (g) offering insensitive treatment recommendations as part of supervision (Constantine & Sue, 2007).

Following the identification of these themes, two Black counseling psychologists were recruited to serve as consultants and developed a 15-item checklist based on the final themes from this study. The checklist, known as the "Racial Microaggressions in Supervision Checklist", consisted of 15 items to help supervisors reflect on their thoughts, behaviors and interactions with their supervisees within cross-racial supervision dyads (Constantine & Sue, 2007). Based on their study, Constantine and Sue (2007) concluded that Black counseling supervisees experienced racial microaggressions in cross-racial supervisory relationships and documented its impact on them. Some of the excerpts documented match the experiences of the "catch - 22", such as questioning of one's experiences while also feeling frustrated and offended as a result of experiencing racial microaggressions.

In summary, it appears that people of color experience racial microaggressions in cross-racial interactions (Constantine, 2001; Constantine & Sue, 2007; Nadal et al., 2011; Ong et al.,

2013; Sue et al., 2009; Sue, Nadal, & Capodilupo et al., 2008). However, this study is specifically focused on examining the experiences of racial microaggressions by supervisees of color in cross-racial supervision and variables involved in supervision.

<div align="center">**Variables within the Supervisory Relationship**</div>

Constantine and Sue's (2007) study documented the context and process of Black supervisees' experiences with racial microaggressions in supervision. However, they were unable to provide a broader picture of the relationships between supervision related variables (i.e., supervisory working alliance and outcome of supervision namely; counseling and multicultural counseling self-efficacy) that resulted from the experience of racial microaggressions in supervision. The sections below define factors of interest within the supervisory relationship for this dissertation. They include (a) supervisory working alliance, (b) perceived supervisor multicultural competence, and two supervisee outcomes of supervision; (c) supervisee counseling self-efficacy and (d) supervisee multicultural counseling self-efficacy. Lastly, empirical studies that incorporated these variables in context of racial microaggressions will be discussed in detail.

Supervisory Working Alliance. Supervisors play a key role in supervisees' personal and professional development, including counseling and multicultural competencies. For supervision to be effective, it is necessary to have a trusting and reliable working relationship between supervisors and supervisees. Bordin (1983) defined the term "supervisory working alliance", which is a "mutual agreement on the goals and tasks of supervision and an emotional bond between supervisor and supervisee." This working alliance is typically established early on in the supervisory relationship and serves as a secure base to deal with dilemmas and facilitate change in supervisees (Bordin, 1983). Efstation et al. (1990) asserted that a strong working

alliance provides support, validation and encouragement to supervisees as well as addressing client concerns (i.e., discussing issues such as supervisees' understanding of their clients and focusing on client related interventions).

Much of the empirical research on working alliance and supervision has explored the relationships between supervisory working alliance and supervisor/supervisee attributes, behaviors, and satisfaction (Gatmon et al., 2001). Further, through their meta-analysis, Horvath and Symonds (1991) found higher positive outcomes for supervisees when they had stronger alliances with their supervisors. These results reinforce the importance of supervisors' role in initiating the discussion of cultural issues and differences (Ancis & Ladany, 2010; Duan and Roehlke, 2001; Inman, 2006; Ladany, Brittan-Powell, & Pannu, 1997; Solorzano et al., 2000; Sue & Sue, 2003). Since early 2000, a growing number of studies have examined a variety of multicultural issues that can impact the working alliance in the process of supervision such as racial/ethnic differences, levels of acculturation of international students, parallel processes across supervision and counseling, supervisees' perceptions of their supervisors' multicultural competence (Gatmon et al., 2001).

Overall, results suggest that in general, supervisors tend to serve as positive role models and guide their supervisees to understand how their own cultural heritage and experiences influence their perceptions of themselves and that of their clients (Sue & Sue, 2003). For example, authors argued the need for supervisors to initiate and facilitate multicultural discussions (e.g., cultural and racial/ethnic differences in supervision) as way to improve their relationship with their supervisees (e.g., supervisees to have more positive attitudes towards supervisors) (Duan & Roehlke, 2001). This would also subsequently help supervisees discuss these cultural issues (e.g., racial/ ethnic differences, gender identity differences) with their

clients, thereby, positively impacting the supervisee-client relationship (Ancis & Ladany, 2010; Bernard & Goodyear, 2004). Recent research (Beaumont, 2010; Burkard et al., 2006; Dressel et al., 2007; Duan & Roehlke, 2001; Fukuyama, 1994; Inman, 2006) has provided evidence that supervisory working alliance is stronger when multicultural discussions are incorporated in supervision.

Scholars have also revealed that supervisees reported negative feelings (e.g., frustration, anger, and powerlessness) and dissatisfaction of supervision due to culturally unresponsive and insensitive supervision (Burkard et al., 2006; Cheon, Blumer, Shin, Murphy, & Sato, 2009; Constantine & Sue, 2007). Thus, supervision that lacks multicultural discussions and cultural sensitivity can negatively impact the working relationship between supervisors and supervisees. Although qualitative studies have suggested that racial microaggressions often have a negative impact on counseling supervisees, one of the major purposes of this study is to establish the effect of racial microaggressions on supervisory working alliance.

Supervisor Multicultural Competence in Supervision. Supervisors play a key role in establishing relationships with their supervisees as well as in promoting their personal and professional development (Bordin, 1983). They are also expected to create a safe and comfortable supervision environment to explore multicultural differences and issues. By providing such an environment, supervisees can explore their own cultural heritage; assess their prejudices and biases regarding clients' multicultural background, and reflect on how it impacts their counseling (Ancis & Ladany, 2010; Dressel et al., 2007; Inman, 2006; Sue et al., 1982; Sue & Sue, 2003). A safe supervision environment may also allow supervisees to explore internalized racism and the manner through which they are socialized in society (Ancis & Ladany, 2010; Leong & Wagner, 1994). Additionally, an effective supervisor may help translate

their supervisees' multicultural counseling awareness and knowledge into applied skills that they can use with their clients (Beaumont, 2010; Ladany, Brittan-Powell, & Pannu, 1997; Sue et al., 1982).

A few studies have examined the influence of culturally based responses by supervisors on supervisees. Burkard et al., (2006) conducted a qualitative study found both European American supervisees and supervisees of color to experience positive effects of supervision (e.g., increase in sensitivity to cultural issues when working with clients) as a result of culturally responsive events in supervision. In this type of supervision, supervisors explored the following with their supervisees: (a) importance of race and racial differences to the supervisory and counseling relationship, (b) how omitting the discussion of race can parallel clients' experiences in real life, and (c) the need to understand clients' cultural background that could influence their experiences and perceptions of mental health and seeking treatment. On the other hand, supervisees reported having little trust in their supervisors as a result of experiencing culturally unresponsive events in supervision, which included their supervisors discounting, ignoring or dismissing cultural differences and issues (Burkard et al., 2006). Notably, all thirteen supervisees of color in comparison to eight White, European American supervisees experienced culturally unresponsive events in supervision on multiple occasions.

Similarly, other studies have found that supervisees report experiencing negative feelings (e.g., frustration and anger) as a result of culturally unresponsive or insensitive supervision (Cheon et al., 2009; Constantine & Sue, 2007). Thus, it is possible that supervision that lacks multicultural discussions and cultural sensitivity can negatively impact supervisees' professional growth and relationship with their supervisors. It also appears that when supervisors are multiculturally competent, they work towards creating a safe and comfortable environment for

supervisees in order to discuss multicultural issues while also providing an emotionally supportive relationship. Schroeder et al. (2009) emphasized the need for supervisors to attend to multicultural issues and proposed the discussion of these issues to predict a strong supervisory working alliance, particularly within cross-racial dyads. In order to better understand how supervision impacts supervisees, this study will explore supervisees' perceptions of supervisor multicultural competence and the effect on their supervisory working alliance and other supervisee outcome variables (i.e., counseling-efficacy and multicultural competence counseling-efficacy).

Supervisee Counseling Self-Efficacy. Bordin (1983) asserted the mastery of supervisees' counseling skills is a major goal and outcome of supervision. She discussed the need for supervisors to develop a strong working relationship in order to help supervisees achieve goal-oriented outcomes. With an increase in empirical studies related to supervision in the past two decades, supervisees' counseling self-efficacy has received some attention. Larson (1998) defined counseling self-efficacy as "professionals' beliefs about their ability to counsel clients effectively." She distinguished self-efficacy, which is supervisees' perceived ability to perform in the future, from self-evaluation, supervisees' assessment of their past performance (Larson, 1998; Larson & Daniels, 1998).

From a developmental perspective, novice supervisees in training are more likely to experience anxiety related to counseling (Bernard & Goodyear, 2004). However, supervisees' counseling efficacy are likely to increase after taking courses related to counseling, increasing their clinical experiences by seeking training at practicum sites, and engaging in supportive and quality supervision (Cashwell & Dooley, 2001; Constantine, 2001; Ladany et al., 1999; Nilsson & Wang, 2008). Although a strong supervisory working alliance is considered to play a crucial

role in predicting supervisees' self-efficacy in counseling, some inconsistent results have been obtained through empirical studies. For example, Efstation et al., (1990) found that supervisory working alliance predicted supervisees' counseling efficacy, while Ladany et al.'s (1999) findings revealed that supervisory working alliance significantly predicted supervisees' level of satisfaction but not their ratings of self-efficacy.

Specifically, Efstation et al.'s (1990) study involved training directors who rated their perceptions of trainees' self-efficacy. In contrast, Ladany et al., (1999) studied trainees who were supervised at their practicum sites and identified as belonging to different levels of training (i.e., practicums and internships). The variations in these findings could be associated with the differences in the instruments that were used, and the differences in the participants. However, data from more recent dissertations have found supervisory working alliance (as measured by the Supervisory Working Alliance Form; Efstation et al., 1990) to significantly predict supervisees' counseling self-efficacy (Hanson, 2006; Lorenz, 2009).

It is noted that the samples across all of the aforementioned studies were predominantly White and did not specifically explore and assess multicultural issues in supervision, nor the impact on supervisees' counseling self-efficacy. Moreover, due to limited participation by supervisees of color, any differences based on racial/ ethnic background between the relationship of supervisory working alliance and supervisees counseling self-efficacy were not adequately explored. Thus, additional research establishing these relationships for supervisees of color is warranted. The present study will help in establishing the relationship between counseling self-efficacy and working alliance by using Efstation et al.'s (1990) scale.

Since supervisees of color reported the negative influence of culturally non-responsive events on their working alliance with their supervisors in comparison to White supervisees

(Burkard et al., 2006; Fukayama, 1994; Ladany et al., 1999), it is possible that supervisees of color may also report lower counseling self-efficacy ratings under such type of supervision. A few studies have explored experiences of supervisees of color whose supervisors were White. Nilsson and Duan (2007) examined the relationships between supervisees' experiences of prejudices, role ambiguity (i.e., lack of understanding and clarity of expectations in supervision), role conflict (i.e., difficulties in integrating these expectations that could frequently contradict their roles of being a student, trainee, supervisee, colleague) and counseling self-efficacy (Nilsson & Duan, 2007; Olk & Friedlander, 1992). A total of sixty-nine supervisees of color from APA accredited counseling and clinical psychology programs, with a majority who identified as Hispanic/Latina or Latino and 71% female, participated in this study.

Results found that perceived-prejudice in conjunction with supervisees' level of training and counseling self-efficacy predicted role ambiguity while perceived-prejudice was the sole predictor of role conflict (Nilsson & Duan, 2007). However, the effect sizes for predicting role ambiguity and role conflict were small to medium (R^2 = .09 and .15) respectively. Although this study focused on supervisees of color, a major limitation was the small sample size and small effects (Nilsson & Duan, 2007). Furthermore, findings revealed that prejudice in supervision did influence supervisees' experiences; however, Nilsson and Duan (2007) did not explore supervisees' perceptions of their supervisors' ability to explore, discuss, and understand multicultural issues, and its impact on their supervisory relationship and counseling self-efficacy. Moreover, on the basis of the findings by Burkard et al., (2006), it appears that supervisees altered the manner through which they engaged in supervision (e.g., withdrew from supervision and reduced self-disclosure) as a result of culturally unresponsive events in supervision. It is also possible that when supervisees experienced culturally responsive supervision, they were

more likely to perceive their supervisors to be multicultural competent, which further influenced an increase in their participation and self-disclosure in supervision. Thus, supervisees' level of participation and rate of self-disclosure in supervision appears to be influenced by how supervisors attend or do not attend to cultural issues in supervision.

Interestingly, Inman (2006) was the first to explore supervisees' perceptions of the multicultural competence of their supervisors. She addressed family therapy trainees' perceived supervisor multicultural competence, supervisory working alliance, their satisfaction with supervision, and competence through a case conceptualization. A total of 147 trainees participated, with a majority who identified as White/Caucasian (70%) and as female (83%; Inman, 2006). Additionally, these trainees also reported being in the earlier stages (within the first year of their program) of their clinical development. Supervisory working alliance was found to significantly mediate the relationship between supervisees' perception of supervisors' multicultural competence and satisfaction with supervision. However, it did not significantly mediate the relationship between perceptions of supervisors' multicultural competence and supervisees' multicultural competence (i.e., ability to identify etiology [factors affecting client problems] and treatment conceptualization).

Although perceptions of supervisors' multicultural competence directly predicted supervisees' etiological conceptualization of their clients, it did not predict multicultural competence of treatment as measured through the case conceptualization. This non-significant finding could have occurred due to the lack of or limited self-awareness of multicultural issues when integrating it into their clinical case conceptualization. It could also reflect supervisees' limited self-efficacy in demonstrating their multicultural competence since they were in the earliest stages of their training. Despite the above, Inman's (2006) findings highlighted the need

to examine the relationship between perceived supervisor multicultural competence and working alliance. She argued the importance of studying these variables particularly when attempting to assess supervisees' conceptualization and measuring the holistic construct of competence within supervision, including multicultural issues. The section below will describe theoretical and empirical research on supervisees' multicultural counseling self-efficacy.

Supervisee Multicultural Counseling Self-efficacy. Sue and colleagues' (1982) model of multicultural competence has served as a primary theoretical framework to promote and assess multicultural counseling competence within the field of psychology. This model consists of three areas, namely: (a) attitudes and beliefs, (b) knowledge and understanding the worldview of culturally diverse clients, and (c) skills which require one to appropriately develop, assess and use culturally relevant interventions and techniques (Sue et al., 1982). The aspect of attitudes and beliefs have been discussed as being able to have increased awareness and insight about one's assumptions, biases, values and belief systems and their impact on interaction with culturally diverse clients (Chao, Wei, Good, & Flores, 2011; Sue et al., 1982). For the past three decades, the model of multicultural counseling competence has been applied to understand and improve supervisees' level of multicultural competence.

Researchers found that supervisees of color tend to have greater levels of multicultural counseling competence, particularly because of their own personal experiences of being racial/ethnic minorities in the United States (Pope-Davis & Ottavi, 1994). Similarly, Ladany, Brittan-Powell, and Pannu (1997) reported higher levels of multicultural counseling competence for supervisees who were supervised by people of color rather than White supervisors. A few studies found a positive relationship between discussion of multicultural issues and supervisees multicultural counseling competence (Ladany, Brittan-Powell, & Pannu, 1997; Pope-Davis &

Ottavi, 1994). It might be that supervisors of color who discuss more multicultural issues may experience an increase in their multicultural counseling competence (Sue et al., 1982). Therefore, it is also possible that supervisees' multicultural counseling competence can be enhanced if their supervisors have higher levels of multicultural training and demonstrate their competence accordingly in supervision (Pope-Davis & Ottavi, 1994; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998).

Until the early 2000's, a heavy emphasis was placed on assessing educational and training variables in relation to supervisees' multicultural counseling competence (Ladany & Constantine, 2000). However, Ladany and Constantine (2000) discussed the need to investigate how supervision impacts supervisees' perceptions of their own multicultural counseling competence. Thus, they delineated the term of multicultural counseling self-efficacy as being supervisees' confidence in their abilities to perform multiculturally competent skills and behaviors (Ladany & Constantine, 2000). A unique aspect of their study involved using a social desirability measure as a control when examining the relationship between multiculturally focused counseling supervision and supervisees' multicultural counseling self-efficacy.

Their study involved a total of 122 supervisees participated, the majority of whom identified themselves as female (77%) and White/Caucasian (72%; Ladany & Constantine, 2000). After controlling for social desirability and multicultural training (measured by the number multicultural courses taken in their training), the authors found that multicultural supervision, when measured by averaging amount of time spent on multicultural issues in supervision, significantly predicted supervisees' multicultural counseling self-efficacy when working with culturally diverse clients. However, researchers have yet to examine the

relationships among perceived supervisor multicultural competence, working alliance, supervisees' multicultural counseling self-efficacy within the context of racial microaggressions.

Racial Microaggressions and Supervision. Of immense interest to this dissertation is Beaumont's (2010) study that explored racial microaggressions in supervision using quantitative methodology. In her dissertation, Beaumont (2010) examined the influence of supervisor racial microaggressions on the supervisory working alliance, supervisee multicultural competence, and the rate of disclosure in supervision among minority and non-minority supervisees. She also examined the association between perceived supervisor multicultural competence on supervisory working alliance, supervisee multicultural competence and their rate of disclosure. A total of 108 participated in this study with a majority (76%) who identified as European or White. Of the participants in this study, 67% identified as female (30% as male) and were mostly White (83%). The participants completed the following surveys: the Racial Identity Scale (Ladany, Brittan-Powell, & Pannu, 1997), the Supervisor Multicultural Competence Inventory (SMCI; Inman, 2005) and the Racial Microaggressions in Supervision Checklist (Constantine & Sue, 2007). In addition, the participants also completed the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991), the Working Alliance Inventory-Short Form (WAI- S; Ladany, Mori, & Mehr, 2013), and the Trainee Disclosure Scale (TDS: Walker, Ladany & Pate-Carolan, 2007).

Using multivariate multiple regress,ion analyses, study results suggested that perceptions of supervisor multicultural competence and racial microaggressions predicted supervisory working alliance, perception of growth as a cultural clinician and rate of disclosure with effect sizes of .82, .94, and .64, respectively (Beaumont, 2010), which according to Cohen (1988) are considered to be large. More specifically, perceptions of supervisor multicultural competence

explained 54% of the variance in supervisory working alliance with a large effect size (partial η^2 = .85); 61% of multicultural competence of supervisees with a large effect size (partial η^2 = .90); and 28% of the variance in supervisee disclosure with a large effect size (partial η^2 = .76) (Beaumont, 2010). It was found that greater perceptions of supervisory multicultural competence predicted greater working alliance (β = .73, p < .001), greater perception of growth as a cultural clinician alliance (β = .78, p < .001), and increased rate of disclosure increased (β = .53, p < .001).

In addition, Beaumont (2010) found that racial microaggressions significantly explained 54% of supervisory working alliance and 32% of supervisory disclosure with large effect sizes of .66 and .51 respectively. One would expect that experience of racial microaggressions would influence supervisees' growth in multicultural competencies. Counter-intuitively, racial microaggressions were not found to significantly predict supervisees' growth as a cultural clinician. It was found that an increase in occurrences of racial microaggressions in supervision predicted lower working alliance (β = -.73, p < .001) and reduction of trainee disclosure within supervision (β = -.57, p < .001). Although the participants reported fairly high identity statuses (i.e., exploration and integration stage) and were able to identify supervisors' multicultural competence, the findings of this study did not obtain a significant association between racial identity stages of supervisees and their ability to perceive and identify racial microaggressions.

Beaumont (2010) also found no significant differences in the perceptions of supervisor's multicultural competence and racial microaggressions between minority and non-minority supervisees, which possibly resulted from limited participation (20%) by supervisees of color. Due to limited participation by supervisees of color, the findings of this study are not necessarily representative of the supervisee population, thereby limiting the generalizability of these findings

for this population. Moreover, due to the small sample size of minority in comparison to non-minority supervisees, any differences in their experiences could not be detectable, therefore reducing the power or confidence in rejecting any possible significant differences between these groups. It is possible that with greater participation by supervises of color a varying range of responses on perceptions of racial microaggressions in supervision and perceptions of supervisor multicultural competence could be obtained.

Due to the sample characteristics (80% White supervisees and 83% White supervisors), it is possible that these supervisees' lacked personal experiences of racial microaggressions (as discussed by Sue and his colleagues), impacting their own levels of multicultural competence. In addition, aspects of social desirability may be related to their lower perceptions of racial microaggressions in supervision (Beaumont, 2010). Given these limitations, the present study will focus specifically on exploring the impact of racial microaggressions on supervisees of color within supervision.

In addition to the above, there are a number of limitations for studies assessing racial microaggressions experienced by people if color and in supervision. Of the 73 articles on racial microaggressions, 19 (26%) were theoretical, 28 (38%) used qualitative methodology, 7 (9%) used mixed-methods, and only 10 (13%) used quantitative methodology. More specifically, amongst the 10 that studied racial microaggressions, only two looked at the context of supervision and consisted of majority of White/Caucasian supervisees (Beaumont, 2010; Barnes, 2011). It is noted that numerous research articles that used qualitative methodology (i.e., focus groups or semi-structured interviews) to aide in the development of different themes of racial microaggressions typically recruited participants using similar inclusion criteria (e.g., acknowledgement of existence of subtle racism) (Constantine & Sue, 2007; Houshmand,

Spanierman, & Tafarodi, 2014; Sue, Capodilupo, & Holder, 2008; Sue et al., 2009; Sue, Nadal,

& Capodilupo et al., 2008). In addition, participants in these studies consisted predominantly of

Black and Asian Americans, had small sample sizes (Lau & Williams, 2010), and were

predominantly women, thus limiting the generalizability of the results to a larger population.

As reported by Lau and Williams (2010), it is important to explore the influence of other

aspects of supervisee identity (e.g., race/ethnicity, gender) to further understand

microaggressions. Although it appears to be challenging to do so, particularly due to the absence

of psychometrically proficient measures to assess the intersection of multiple minority statuses.

This study will include age, race/ethnicity, gender, and sexual orientation in the preliminary

analyses to explore for effects of microaggressions on the variables under consideration. Despite

the initial evidence that racial microaggressions can negatively impact supervisees in cross-racial

supervisory dyads (Constantine & Sue, 2007), their actual experiences in supervision were not

clearly measured (Wong et al., 2014).

Summary and Purpose

Research studies indicate that people of color experience racial microaggressions in cross-racial

interactions (Constantine & Sue, 2007; Nadal et al., 2011; Ong et al., 2013; Sue et al., 2009; Sue,

Nadal, & Capodilupo et al., 2008). Studies have also established that working alliance plays a

crucial role in the development of supervisees, and in the relationship between supervisors'

multicultural competence and positive outcomes of supervision (Beaumont, 2012; Burkard et al.,

2006; Fukuyama, 1994; Inman, 2006; Michael-Makri, 2010). In addition, the willingness and

openness of the supervisees in talking about race-related and cultural issues appear to influence

their perceptions of their own competence, particularly multicultural competence (Inman, 2006;

Fukuyama, 1994). Supervisees who experienced culturally responsive supervision reported not

only feeling safe in discussing multicultural issues, but also reported feeling supported and validated, thus creating a strong working alliance (Burkard et al., 2006).

Quite the reverse, supervisees in culturally unresponsive supervision reported withholding clinical information for their fears of being evaluated negatively, withdrawing from supervision, engaging in less self-disclosure and behaving in ways to appease their supervisors rather than being able to have an open-dialogue about their experiences (Burkard et al., 2006; Constantine & Sue, 2007). Moreover, it was found that Black supervisees felt invalidated about racial-cultural issues and experienced their White supervisors as perpetuating negative stereotypes of their racial group in supervision that was multiculturally insensitive in nature (Constantine & Sue, 2007). Furthermore, Constantine and Sue (2007) found that Black supervisees reported that some of their supervisors blamed clients of color for their problems that stemmed from oppression and offering insensitive treatment recommendations. Most importantly, they found Black supervisees to feel frustrated towards their supervisors due to the latter reluctance in providing performance feedback, for the fear of being viewed as racist, thereby impacting their ability to improve on their counseling and multicultural counseling skills.

It appears that supervisees are likely to experience frustration, anger, and distrust or feel offended when supervisors are culturally insensitive and engage in racial microaggressions. This discord may likely weaken and negatively impact the supervisory working relationship (Constantine, 2001; Inman, 2006; Ladany, Brittan-Powell, & Pannu, 1997). Thus, this study will add to the current literature by specifically examining the impact of racial microaggressions experienced by supervisees of color in cross-racial supervision on their perceptions of supervisor multicultural competence, supervisory working alliance and outcomes of supervision (counseling and multicultural counseling self-efficacy).

Five hypotheses will be examined:

Hypothesis 1. Supervisees' of color perceived supervisor multicultural competence will partially mediate the relationship between racial microaggressions and working alliance in cross-racial supervision. It is expected that supervisees' perceived supervisor multicultural competence would partially explain the relationship between racial microaggressions and supervisory working alliance in cross-racial supervision.

Hypothesis 2. Supervisees' of color supervisory working alliance will partially mediate the relationship between racial microaggressions and their counseling self-efficacy in cross-racial supervision, such that perceptions of supervisory working alliance will help explain the relationship between racial microaggressions and counseling self-efficacy.

Hypothesis 3. Supervisees' of color supervisory working alliance will partially mediate the relationship between racial microaggressions and their multicultural counseling self-efficacy in cross-racial supervision. It is expected that the relationship between racial microaggressions and their multicultural counseling self-efficacy will be partially explained by supervisory working alliance.

Hypothesis 4. Supervisees' of color perceived supervisor multicultural competence will partially mediate the relationship between racial microaggressions and their counseling self-efficacy in cross-racial supervision; such that perceived supervisor multicultural competence will at least partially explain the relationship between racial microaggressions and their counseling self-efficacy.

Hypothesis 5. Supervisees' of color perceived supervisor multicultural competence will partially mediate the relationship between racial microaggressions and their multicultural counseling self-efficacy in cross-racial supervision. It is expected that perceived supervisor

multicultural competence will help explain the relationship between racial microaggressions and their multicultural counseling self-efficacy.

CHAPTER 3

METHODOLOGY

Participants

Non-probability sampling was used for this study. Participants were adults (ages 18 and above) who identified as supervisees of color (racial/ethnic minority or as an international student) and resided in the United States. Additional participation criteria included: i) supervisees of color in masters and doctoral program in counseling, school and clinical psychology and marriage and family therapy or related applied training programs, ii) be in practicum or pre-doctoral internship, iii) currently in a cross-racial supervision dyad (i.e., supervisor and supervisee belong to different racial/ethnic groups), iv) have completed at least one year of supervised practicum, and v) to be in at least the fourth week of supervision with their current supervisor. Since supervisees' of color are the participants in your study, here onwards they will be referred to as supervisees.

After following the conventions of social science research, an apriori GPower analysis with 10 predictors and nine analyses indicated an 80% chance of detecting a small to medium effect range (R^2= .09 to .15; Judd, McClelland & Ryan, 2008) with a sample range of 114-149 respondents; hence the target sample size for this study was set at 149 participants. A total of 380 individuals accessed the survey. Of these 380 respondents, 217 completed most of the study while 163 had extensive missing data (i.e., respondents did not complete the s questionnaire and all five scales) and were excluded from the study. Of the 217 participants, 40 did not meet inclusion criteria (e.g., some were found to not be in a cross-racial supervision dyad, had not completed one year of practicum, had not been in at least four weeks of supervision with their current supervisor). Furthermore, because only 2 supervisees had identified as Native

Americans, they were excluded from the final sample due to insufficient sample size for this racial/ethnic subgroup. Thus, resulting in a final sample of 175 participants.

The average age of the participants was 29.38 (SD = 5.15; range: 23-59). Race/Ethnicity responses yielded the following results: 35.4% (n = 62) Asian/Asian American and Middle East Asian, 24% (n = 42) Hispanic/Latina/o, 21.7% (n = 38) Black/African American/West Indian, 12% (n = 21) Multiracial/ethnic, and 6.9% (n = 12) International student. All participants (n = 175) reported their sex at birth that constituted of 151 females and 24 males. One hundred and seventy four participants indicated their gender identity. It appeared that 174 supervisees' gender identity was identical to their reported sex at birth, while one identified as "non-binary". The gender identification of these participants indicated 85.7% (n = 150) as woman, 14% (n = 24) as man, and .6% (n = 1) as "trans non-binary". Sexual orientation of participants was as follows: 84.4% (n = 148) identified as heterosexual, 8% (n = 14) as bisexual, and 6.3 (n = 11) as gay or lesbian, and .6% (n = 1) as other (i.e., "queer").

Among the participants in this study, 49.7% (n = 87) were enrolled in a Ph.D. program, 37.1% (n = 65) were enrolled in a Psy.D. program, 12% (n = 21) were at a master's level program, and one responded as seeking a "specialist degree". Fifty seven percent (n = 100) respondents identified as advanced level trainees (i.e., beyond first practicum), 36.1% (n = 63) intern-level trainees (i.e., predoctoral internship), and 6.3% (n = 11) as beginning level trainees (i.e., first practicum). The sample in this study consisted of counselors who were in supervision and they reported providing on average of: (i) 37.85 months of individual counseling (SD = 26.10; range = 1–144), (ii) 6.58 months of couples counseling (SD = 37.85; range = 0-156, (iii) 9.36 months of family counseling (SD = 22.34; range = 0–144, and (iv) 16.27 months of group counseling (SD = 19.57; range = 0–144). After carefully reviewing the maximum number of

months for counseling and age of participants, it appeared that the 12 % of participants with graduate degrees had possibly worked in the field prior to joining doctoral programs. Given that these participants had prior experience in the field, and were currently enrolled in doctoral programs, they were included in this sample. One hundred and seventy two participants reported being in individual supervision with their current supervisor for 1-24 months ($M = 5.74$; $SD = 4.81$) while three participants did not report this information. With regard to multicultural training, 50.3% ($n = 88$) reported attending workshops while 31.14 % ($n = 55$) had academic coursework in multicultural counseling. Approximately 17.7 % ($n = 31$) also reported attending webinars, trainings at conferences, and multicultural training on internship/ case conferences, while one reported having no training.

Instruments

Demographic Form. A demographic questionnaire asked questions about participants' age, race/ethnicity, gender, sexual orientation, type of program and year in the program. In addition, information about their training (i.e., training experiences and practicum level in the program, number of multicultural courses taken), number of direct clinical hours accrued until participating in this study, number of prior supervisors and duration of current supervisory relationship were inquired. Lastly, information about the supervisors' race/ethnicity, age, sexual orientation, and degree type was gathered based on supervisees report (see appendix D).

Supervisory Working Alliance Inventory (SWAI) – Trainee Form (Efstation et al., 1990). The SWAI was used to measure working alliance between the supervisor and supervisee as rated by the supervisee. The trainee version consisted of 19-items, used a seven-point Likert-type scale (*1 = Almost never to 7 = Almost always*) and had a total score ranging from 19 to 133. Higher total scores indicated perceptions of greater supervisory working alliance. This scale

consisted of two subscales: *Rapport* (13 items; i.e., support and encouraging supervisees) and *Client Focus* (6 items; i.e., understanding clients and focusing on interventions); however, Efstation et al., (1990) recommended that the use of total scale scores as a stronger measure of working alliance.

Evidence of validity was established for both the subscales with another supervision inventory, the Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984), such that the Client Focus subscale had moderate positive correlations with the Task-oriented Subscale of the SSI and the Rapport subscale was moderately high correlations with the Attractive and Interpersonally Sensitive scales of the SSI (Efstation et al., 1990). Moreover, the Client Focus and Rapport scale were both found to have significant positive correlation of .22 and .15 respectively with the Self-Efficacy Inventory (SEI: Friedlander & Snyder, 1983). Further, item-scale correlations were found to range from .37 to .77 (Efstation et al., 1990). Studies have found good internal consistency reliability for the full scale, $\alpha = .95$ (Efstation et al., 1990) and for samples consisting of 30% - 100 % of racial/ethnic minority participants (Humeidan, 2002; Hanson, 2006; Lorenz, 2009; Sumeral & Borders, 1996). In this study, the full-scale alpha was .97.

Racial Microaggressions (RMA) in Supervision Checklist (Constantine & Sue, 2007). The RMA examined the prevalence and nature of racial microaggressions in cross-racial and cultural issues (e.g., invalidating racial-cultural issues, making stereotypic assumptions clients and supervisees of Color) within the supervisory relationship. This 15-item checklist was be scored via a Likert-type rating scale *(1=Never; 2= Rarely; 3= Sometimes; 4= Often; 5= Always)* as adapted in Beaumont's (2010) unpublished dissertation. Thus, the total possible score will range from 15-75 with higher scores indicating greater experience of racial

microaggressions in supervision. The scale was also used in the present study to examine the

impact of racial microaggression on supervisees of color. Due to the dearth of research about

racial microaggressions within supervision, and the minimal use of this scale, there is no research

indicating the validity of this scale. Thus, there is no report about the validity of this measure.

However, per Beaumont's (2010) unpublished dissertation, the Cronbach's alpha was reported as

high (i.e., .92). In this study, the full-scale alpha was .94.

Supervisor Multicultural Competency Inventory (SMCI; Inman, 2006). This was a

self-report scale to measure supervisees' perception of their supervisor's multicultural

competence, including supervisor's awareness, knowledge, and skills regarding

multicultural/cross-cultural issues in supervision (Inman, 2006). It consisted of 34 items, and

used a 6-point Likert-type scale (*1= Never to 6 = Always)* with a total score ranging between 34-

204. Higher total scores reflected higher supervisees' ratings of supervisor multicultural

competencies. Inman (2006) conducted a preliminary exploratory factor analysis (EFA) that

yielded a single factor solution. Evidence of convergent validity was obtained between the

SMCI and the Cross Cultural Counseling Inventory—Revised (CCCI-R; LaFromboise et al.,

1991). The coefficient alpha for the SMCI ranged from .97-.98 in samples consisting 20-30% of

racial/ethnic minorities (Beaumont, 2010; Crockett, 2011; Inman, 2006; Mori, Inman, & Caskie,

2009). The Cronbach's alpha for the present study was .98.

Cross Cultural Counseling Inventory—Revised (CCCI-R; LaFromboise, et al.,

1991). The CCCI-R is a 20-item inventory on a six-point Likert-type scale (*1 = strongly*

disagree to 6 = strongly agree) that was used to assess supervisees' cross cultural and

multicultural competence. The total scores ranged between 20-120 and higher scores suggested

greater self-perceptions of multicultural counseling- self-efficacy. Results of factor analyses of

the CCCI-R inventory, has revealed three different dimensions: (a) *cross-cultural counseling skills* (e.g., counselors' self-awareness of culture and role of counseling); (b) *sociopolitical awareness* (e.g., ability to recognize strengths and limitations regarding cross-cultural counseling and counselor biases); and (c) *cultural sensitivity* (e.g., ability to empathize with clients' feelings; LaFromboise et al., 1991).

More recent studies have used the CCCI-R as a self-report measure by supervisees (Beaumont, 2010; Hays, 2008), while it was originally designed for supervisors to rate their trainees' ability to work with clients from diverse cultures (LaFromboise et al., 1991). Studies have found evidence of high internal reliability ranging from .81-.97 (Beaumont, 2010; LaFromboise et al., 1991; Sabnani & Ponterotto, 1992) with some of these samples consisting up to 50% of racial /ethnic minority participants. Thus, in this study, the CCCI-R was used as supervisees' self-report for assessing multicultural counseling competence (Hays, 2008), and the Cronbach's alpha for this scale was .97.

Counseling Self-Estimate Inventory (COSE; Larson et al., 1992). The COSE was used to assess supervisees' self-efficacy (i.e., their perceived confidence in performing cognitive, behavioral, and affective aspects) of their counseling skills. This inventory consisted of 37-items and used a six-point Likert-type scale (*1 = strongly disagree to 6 = strongly agree*). Higher scores suggested greater self-perceptions of supervisees' counseling- self-efficacy. The COSE provides a total score and five subscale scores; however, since the CCCI-R was used to specifically assess multicultural counseling self-efficacy, the three subscales related to counseling were used for the purposes of this study. These subscales were: (a) knowledge of *Microskills* (COSE-MS), (b) awareness of *Counseling Process* (COSE-CP), and (c) attending to *Difficult Client Behaviors* (COSE-DCB).

Evidence of validity is established such that positive correlations were reported between the COSE and receiving positive feedback (Daniels & Larson, 2001), and counselor training (Larson et al., 1992). It is also the most widely used tool for assessing self-efficacy in counseling (i.e., 43% of the studies used the COSE) consisting of racial/ethnic minority participants ranging from 20%-100% (Humeidan; 2002; Mirgon, 2007; Nilsson & Duan, 2007). The inter-item reliability for the COSE range was .87-.93 (Humeidan; 2002; Larson et al., 1992; Lorenz, 2009; Mirgon, 2007; Nilsson & Anderson, 2004). Similar to previous findings, the alpha for Microskills (COSE-MS) was .89, Counseling Process (COSE-CP) was .86, and .80 for the subscale of attending to *Difficult Client Behaviors* (COSE-DCB).

Procedure

Prior to gathering data, I sought approval from Social Science Institutional Review Board (SSIRB) of the University of Missouri at Kansas City (UMKC). Upon receiving approval, the participants were recruited by emailing the listserves of professional organizations that reportedly had members who met the target population (i.e., supervisees of color and/or international students) in the field of psychology. Appendix C enlists the organizations that were contacted to recruit the target population.

On websites where messages were not freely posted, the webmaster/ leaders of these sites and groups were contacted and requested to post this invitation. For example, per their organization policy, American Psychological Association of Graduate Students (APAGS) declined to post this research request. In total, the emails were sent out to the listserves of various Divisions and sections of American Psychological Association (APA) and American Counseling (APA), 400 training directors in APA-accredited doctoral psychology programs and 932 internship sites, and 218 graduate psychology programs. Upon seeking permission,

psychology students were also recruited via network groups on Facebook (www.facebook.com) of these organizations. These online sources helped to randomly distribute the survey to larger number of participants with diverse and broad range of experiences. In addition, requests were forwarded to peers in counseling and clinical psychology programs, who peers were requested to forward the survey to other trainees of color. Thus, data collection was completed via snowball sampling.

Overall, in order to recruit individuals, invitations (see appendix D) to participate were posted and forwarded on the listserves and webpages of the abovementioned organizations. A web-link of the study through REDCap was posted in the invitation that led participants to the informed consent statement and survey questions. The participants were informed that the entire survey (see appendix E, F, G, H, I & J) was estimated to take approximately 20-25 minutes to complete, and that they had the option of entering a raffle for one of ten $25 gift cards to Amazon.com. Notably, the survey requests were sent approximately four weeks into the beginning of the semesters in order to aid in the fulfillment of inclusion criteria (i.e., to be in at least the fourth week of supervision with their current supervisor). Additionally, the request to participate in this study was sent four times and across a span of 7 months to obtain the required sample size for this study.

CHAPTER 4

RESULTS

Missing Data

The final sample consisted of 175 participants. Little's Missing Completely at Random

(MCAR) Test was used to examine whether the missing responses were at random or not in the

final sample ($N = 175$). The missing data patterns were assessed at the item-level for all scale

measures (i.e., SWAI, RMA, SMCI, CCCI-R and COSE). Little's MCAR was tested at an alpha

level of .05 and the results were not significant, $\chi^2(6559) = 6283.60$, $p = .939$, suggesting that the

data were missing completely at random. Expectation maximization (EM) was used to impute

missing item-level data.

Exploratory Factor Analyses (EFAs) for Scales

Exploratory Factor Analysis (EFA) using principal axis factoring was used to assess the

factor structure of each of the five scales. A principal factors analysis (also known as principal

axis factoring, or PAF) was conducted with all scales to verify their dimensional structures were

appropriate for this sample. Direct oblimin rotation was used to permit correlations between

factors (Field, 2013). I n addition, the number of factors extracted for each measure was

determined by theory, previous research, the Kaiser-Meyer-Oklin (KMO) measure of sampling

adequacy, as well as scree plots. Factor loadings of .32 and above were considered (Tabachnick

& Fidell, 2007). In addition, Cronbach's alpha was calculated for each scale or subscale to

assess internal consistency of each of these measures. Structural characteristics for all scales are

indicated in Table 6.

RMA. An EFA was run on RMA (15 items), and careful examination of the factor

loadings revealed that that item 11 ("My supervisor is very knowledgeable about racial or

cultural issues in our supervision meetings") was worded with a positive valence in comparison to other items, and needed to be reverse scored.

A second EFA was then run. The *KMO* = .95, suggesting "marvelous" sampling adequacy (Field, 2013). Bartlett's test of sphericity was significant, $\chi^2(105) = 1,896.38$, $p < .001$, demonstrating that the correlations between items were sufficiently large for EFA. Examination of the scree plot suggested a single factor solution that explained 56.02 % of the scale variance in the model and is consistent with conventional scoring procedures. Factor loadings ranged from .50 to .88, and are considered acceptable if they are above .32 (Tabachnick & Fidell, 2007). As a result of the structural validity check, this scale was entered into the analysis as a measured variable. In this study, the Cronbach's alpha for the RMA scale was .94.

SWAI. For the 19 items on this scale, the initial factor solutions consisted of two factors that had eigenvalues greater than 1; thus, factor 1 and 2 were retained and rotated. The KMO = .96, suggested "marvellous" sampling adequacy (Field, 2013) while Bartlett's test of sphericity was significant, $\chi^2(171) = 3,271.88$, $p < .001$, demonstrating that the correlations between items were sufficiently large for EFA. After the direct oblimin rotation, factor 1 accounted for 62.02% of the variance while factor 2 accounted for 4.73% of the variance in this dataset, and together they explained 66.75% of the scale variance. Examination of the scree plot also suggested a two-factor solution that explained 66.75% of the scale variance. Although a two-factor solution was obtained in this analysis, which was consistent with the two-factor solution (i.e., Rapport and Client Focus) proposed by the authors of the SWAI scale, careful and systemic observation by us indicated that all the items loaded primarily on the first factor (factor loadings $\geq$ .32), thus indicating that one factor is warranted.

In addition, for this sample, the two subscales were highly significantly correlated ($r =$ .81), due to which they can be combined. This is also consistent with conventional scoring procedure of using the total score instead of the subscale scores as directed by the authors of this SWAI. Thus, we chose to use the 19-item single factor solution with KMO = .96, suggesting "marvelous" sampling adequacy (Field, 2013), Bartlett's test of sphericity was significant, $\chi^2(171) = 3{,}260.01$, $p < .001$, and the single factor explained 63.21% of the scale variance. Lastly, the Cronbach's alpha for this scale was .97.

SMCI. The results of the EFA on this 34-item scale, the revealed four factors that had eigenvalues greater than 1; the KMO = .96, suggesting "marvelous" sampling adequacy (Field, 2013). Bartlett's test of sphericity was significant, $\chi^2(561) = 5{,}999.11$, $p < .001$. Examination of the scree plot suggested a four-factor solution that explained 68.29% of the variance, and this did not parallel the initial findings of the five-factor model as proposed by the authors of the SMCI (Inman, 2006). In addition, careful observation of the factor loadings of this model indicated that the fourth factor was not accurately interpretable because all items except one (item 31), was approaching the factor loading of .32, while the only one item (item 16) for factor three minimally exceeded the factor loading of .32 (i.e., the factor loading was .34). All factors loaded primarily on the first factor (i.e., factor loadings ranged from .53 to .83). Factor loadings for three items (22, 24 and 25) were focused on helping supervisees connect with their clients and providing them with referrals in the community and loaded on the second factor with loadings greater than .32. After removing the three items (22, 24 and 25) that loaded on both factors 1 and 2 initially, the factor solution explained 64.4% of the scale variance.

Since the total score of this scale has been used in previous studies, and the preliminary exploratory factor analysis of the SMCI suggested a one-factor solution (Inman, 2006), we

decided to fix the factors to be extracted as 1. In addition, because restricting factors is usually

seen as an acceptable practice, particularly if there is a theoretical rationale that one would

expect that a measure will have a certain number of factors (Yong & Pearce, 2013), an

alternative EFA was run with the factor fixed to one. The single factor solution explained

59.69% of the variance, and all items loaded on this single factor with loadings of .59 or greater.

Based on the above, we determined that removing the three items (22, 24 and 25) did not

necessarily change the nature of the scale. Since Inman (2006) proposed a single factor solution,

and because we were interested in overall experiences of perceived supervisor multicultural

competence across different dimensions of training, we chose to retain the 34-item single factor

solution with KMO = .96, suggesting "marvelous" sampling adequacy (Field, 2013), Bartlett's

test of sphericity was significant, $\chi^2(561) = 5,999.11$, $p < .001$, and the single factor explained

59.69% of the scale variance. Cronbach's alpha for the single-factor scale was .98.

CCCI-R. An EFA was conducted on CCCI-R (20 items) and the initial factor solutions

consisted of two factors that had eigenvalues greater than 1, the KMO = .95, suggested

"marvellous" sampling adequacy (Field, 2013) and Bartlett's test of sphericity was significant,

$\chi^2(190) = 3,531.45$, $p < .001$, demonstrating that the correlations between items were sufficiently

large for EFA. After the direct oblimin rotation, factor 1 accounted for 62.77% of the variance

while factor 2 accounted for 5.60% of the variance in this dataset, and together they explained

68.38% of the scale variance. Examination of the scree plot also suggested a two-factor solution

that explained 66.38% of the scale variance.

Given that a two-factor solution was obtained in this analysis, it did not parallel

theoretical bases of a three-factor structure model (i.e., beliefs/attitudes, knowledge, and skills;

Sue et al., 1982). Taking into consideration the theoretical framework by Sue et al. (1982), a

second factor analysis was performed by extracting three factors followed by direct oblimin rotation. The principal axis factor solution with iterations to a terminal solution was selected for the 20-item CCCI- R. These selection criteria indicated a three-factor solution that accounted for 71% of the variance. All of the 20 items on the CCCI-R obtained factor loadings of .55 or greater on factor 1, while four items (1, 2, 3 and 11) had factor loadings of .32 or greater on factor 2 and none had factor loadings that were greater than .32 on factor 3. Thus, factor three did not meet criterion of having factor loadings .32 or greater and was not interpretable.

In addition, a careful observation of the four items that loaded on factor 1 and 2 indicated that they assessed for how the counselor's values and awareness potentially influence interactions with clients. Although a three-factor solution was obtained in this study, consistent with the exploratory factor analyses conducted by the authors of this scale, there appears to typically be a unidimensional primary factor that explains the highest degree (i.e., approximately 63% of the scale variance; LaFromboise et al., 1991).

As discussed in the literature, the measures evaluating counseling skills and cross-cultural competence appear to have a vast overlap between the three domains of multicultural competence proposed by Sue et al., (1982), and are difficult to tease apart and differentiate among these measures. It is possible that there may be a global factor that reflects a counselor's overall multicultural counseling skills, which is viewed in a positive light and explained primarily by the first factor (LaFromboise et al., 1991; Ponterotto, Fuertes, & Chen, 2000; Ponterotto, Rieger, Barrett, & Sparks, 1994). The former, in conjunction with our interest in the overall perceptions of how counselors' multicultural counseling skills has led us to conclude to use the total score instead of the subscale scores. For this reason, we chose to retain the 20-item single factor solution and the total scale score of the CCCI-R will be used for this study.

Ultimately, the single factor solutions yielded the KMO = .95, suggesting "marvellous" sampling adequacy (Field, 2013), Bartlett's test of sphericity was significant, $\chi^2(190) = 3,531.45$, $p < .001$. The single factor solution was found to explain 62.5% of the variance. Lastly, the Cronbach's alpha for this scale was .97.

COSE- MS. Three separate PFAs were conducted for the three COSE subscales used in the primary analysis. For the 12 items on the Microskills subscale, the initial factor solution indicated two factors with the first eigenvalue that was much larger greater than 1 while the eigenvalue for factor 2 was minimally greater than 1 (i.e., 1.12). The KMO = .90, suggesting "marvellous" sampling adequacy (Field, 2013). Bartlett's test of sphericity was significant, $\chi^2(66) = 921.49$, $p < .001$. Examination of the scree plot suggested a two-factor solution; however, the second factor had an eigenvalue minimally above 1 that suggested a possible single factor solution, and was consistent with the conventional scoring procedure. Thus, an alternative factor analysis was run with the factor fixed to one that generated a single factor solution that explained 42.72% of the variance with all items retained and with factor loadings ranging from .43 to .75. Cronbach's alpha was .89.

COSE- CP. For the 10 items on the Counseling Process subscale, the initial factor solution indicated two factors with the first eigenvalue that was much larger greater than 1 while the eigenvalue for factor 2 was minimally greater than 1 (i.e., 1.07). The KMO = .88, suggesting "meritorius" sampling adequacy (Field, 2013). Bartlett's test of sphericity was significant, $\chi^2(45) = 689.84$, $p < .001$. Examination of the scree plot suggested a two factor solutions; however, the second factor had an eigenvalue minimally above 1 that suggested a possible single factor solution, and was consistent with the conventional scoring procedure. Thus, an alternative factor analysis was run with the factor fixed to one that generated a single factor solution that explained

40.92% of the variance with all items retained and with factor loadings ranging from .35 to .83. Cronbach's alpha was .86.

COSE- DCB. For the 7 items on the Dealing with Difficult Client Behaviors subscale, the initial factor solution indicated two factors with the first eigenvalue that was much larger greater than 1 while the eigenvalue for factor 2 was minimally greater than 1 (i.e., 1.14). The KMO = .79, suggesting "middling" and acceptable sampling adequacy (Field, 2013). Bartlett's test of sphericity was significant, $\chi^2(21) = 357.35$, $p < .001$. Examination of the scree plot suggested a two factor solutions; however, the second factor had an eigenvalue minimally above 1 that suggested a possible single factor solution, and was consistent with the conventional scoring procedure. Thus, an alternative factor analysis was run with the factor fixed to one that generated a single factor solution that explained 37.19% of the variance with all items retained and with factor loadings ranging from .53 to .73. Cronbach's alpha was .80.

In summary, based on the EFAs, a single factor solution explained 56.02 % of the variance on the RMA scale, 59.69% on the SWAI scale, and 62.5% on the CCCI-R scale. For the three subscales measuring counseling self-efficacy scale, alternative factor analyses were run with a factor fixed to one that generated a single factor solution that explained 42.72% of the variance on the Microskills (COSE- MS), 40.92% on the Counseling Process (COSE-CP) subscale, and 37.19% on the subscale Difficult Client Behaviors (COSE- DCB). Thus, total scores for the RMA, SWAI, CCCI-R scales, and the COSE subscales scores (i.e., COSE- MS, COSE-CP & COSE- DCB) were used for the analyses in this study.

Table 1

Structural Characteristics of Instruments

	N	# Items	KMO	Bartlett's Test	% Explained	α
RMA	175	15	.95	1,896.38 (105)*	56.02	.94
SWAI	175	19	.96	3,260.01 (171)*	63.21	.97
SMCI	175	34	.96	5,999.11(561)*	59.69	.98
CCCI-R	175	20	.95	3,531.45 (190)*	52.50	.97
COSE- MS	175	12	.90	921.49 (66)*	42.72	.89
COSE- CP	175	10	.88	689.84 (45)*	40.92	.86
COSE- DCB	175	7	.79	357.35 (21)*	37.19	.80

Note: The values enlisted above were obtained after restricting the factor to one for the SWAI, SMCI and CCCI-R. KMO = Kaiser- Meyer-Olkin; α = Cronbach's alpha; RMA = Racial Microaggressions in Supervision Checklist; SWAI = Supervisory Working Alliance Inventory (SWAI) – Trainee Form; SMCI = Supervisor Multicultural Competence Inventory; CCCI-R = Cross-Cultural Counseling Inventory-Revised; COSE-MS = Counseling Self-Estimate Inventory Microskills subscale; COSE- CP = Counseling Self-Estimate Inventory Counseling Process; COSE- DCB = Counseling Self-Estimate Inventory Dealing with Difficult Client Behaviors subscale. * = p < .001 (two-tailed).

Data Screening

As suggested by Warner (2008), scale scores were screened for normality and violation of assumptions prior to performing inferential statistical analyses. Z-scores were examined for univariate outliers. Four z-scores from four participants fell between |3.00| and |3.75|. Since the data were not severely non-normal, these cases were not removed from the analyses. Furthermore, all scale skewness values were less than |3.00| and all kurtosis values were less than |10.00|, suggesting that data were close to normally distributed (refer to Table 2). Visual inspection of univariate histograms also demonstrated that scores were relatively normally distributed. Finally, normality of the relationships among variables was assessed. Scatter plots evidenced bivariate linearity, or at least no curvilinearity. Linearity was assessed through matrix

scatterplots for all variables of interest, and appeared approximately linear. Skewness and kurtosis values fell within acceptable ranges (+/-3 and +/-10, respectively) for all variables of interest (Kline, 2011). Descriptive statistics with mean scores, standard deviations, minimum and maximum values, and 95% confidence intervals for continuous demographic variables and scales for the entire sample (refer to Table 2).

Multivariate outliers were observed using Mahalanobis Distance, Leverage values, and Cook's Distance. First multivariate outliers were examined using the Mahalanobis test, and the results showed that the values ranged from 0.14 to 18.77. The Mahalanobis Distance was compared to the critical values in the chi-square (χ^2) table (Kline, 2011), and one score exceeded the Mahalanobis Distance cutoff of 18.47 ($df = 4$, $p < .001$). Additionally, Cook's distance was less than 1 (Cook & Weisber, 1982, as cited in Field, 2013) and the leverage was .078, which ranged between 0 and 1, indicating that no cases exerted undue influence on the model (Field, 2013). Tabachnick and Fidell (2007) recommended that no cases should exceed a Cook's distance of 1 and the Leverage values need to be above .50 (Garson, n.d.). Furthermore, separate regression analyses were run with and without the outlier value, and no significant differences were obtained. Lastly, since no cases exceeded a Cook's distance of 1 or a Leverage value .5, due to which all of the 175 cases were deemed appropriate for the present study.

Scatter plots were examined for linearity of predictors on the outcome and normality of residuals was assumed through observing a histogram and skewness statistics. The check for homoscedasticity was conducted by using a scatter plot to ensure that residual variance was equal across the dependent variable. The Durbin-Watson test was computed to check for autocorrelations between variables and was 1.67, indicating a positive autocorrelation that fell within an acceptable range (Field, 2013). Simple correlations were computed to check for

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multicollinearity and deemed appropriate. Table 2 shows the correlation matrix of all study variables. Furthermore, to check for multicollinearity, variance inflation factors (VIF) and tolerance were examined. VIF statistics were below 10 and tolerance was above .10, indicating that that assumption of multicollinearity was not violated.

In addition to the above, I also assessed the data to check for agreement bias by transposing the data and reviewing whether the participants did not respond in a valid manner (e.g., if they rated all items with the same number). A review of the frequency distribution for participant responses assessed the mean and standard deviation for each of them and there were no apparent invalid cases. However, a through and detailed assessment for invalid cases will be performed prior to publication.

Table 2

Descriptive Statistics for all Supervisee Variables of Interest

Variable	M	Range	SD	Skewness *(SE)*	Kurtosis *(SE)*
1. RE1	---	---	---	.89 (.18)	-.33 (.37)
2. Sex	---	---	---	2.13 (.18)	2.56 (.37)
3. MC1	---	---	---	.94 (.18)	-.16 (.37)
4. Current level of trg	---	---	---	-.25 (.18)	-.57 (.37)
5. Age	29.38	23-59	.39	2.35 (.18)	8.81 (.37)
6. RE2	---	---	---	-.14 (.18)	5.95 (.37)
7 Supervision Trg	---	---	---	-.96 (.18)	-.87 (.37)
8. MC2	---	---	---	-1.11 (.18)	-.49 (.37)
9. RMA (15 items)	26.42	15-59	11.42	1.93 (.18)	.49 (.37)
10. SWAI (19 items)	102.52	36-133	22.82	-.96 (.18)	.22 (.37)
11. SMCI (34 items)	126.36	40-201	38.97	-.06 (.18)	-.90 (.37)
12. CCCI-R (20 items)	94.71	20-120	20.00	-1.54 (.18)	2.58 (.37)
13. COSE-MS (12 items)	55.91	38-72	6.59	-.09 (.18)	.31 (.37)
14. COSE-CP (10 items)	43.43	13-59	7.83	-.69 (.18)	.84 (.37)
15. COSE-DCB (7 items)	30.14	17-42	5.14	-.15 (.18)	-.38 (.37)

Note. RE1 = Supervisees' Race/ Ethnicity; Sex = Supervisees' biological sex; MC1 Trg = Supervisees' Multicultural Training; Current level of trg = Supervisees' current level of training the program; RE2 = Supervisor's Race/Ethnicity; Supervision Trg = Supervisor's Supervision Training; MC1 Trg = Supervisor's Multicultural Training; RMA = Racial Microaggressions in Supervision Checklist; SWAI = Supervisory Working Alliance Inventory (SWAI) – Trainee Form; SMCI = Supervisor Multicultural Competence Inventory; CCCI-R = Cross-Cultural Counseling Inventory-Revised; COSE-MS = Counseling Self-Estimate Inventory Microskills subscale; COSE-CP = Counseling Self-Estimate Inventory Counseling Process; COSE-DCB = Counseling Self-Estimate Inventory Dealing with Difficult Client Behaviors subscale; *p< .05, **p< .01, ***p< .001.

Preliminary Statistics

The Pearson's correlation was run between all demographic, independent and dependent variables to assess for the strength of the relationship between these variables. It was found that racial microaggressions was strongly, negative and significantly correlated with supervisory working alliance and perceived supervisor multicultural competence. Supervisory working alliance was also strongly, positively and significantly correlated with perceived supervisor multicultural competence (refer to Table 3). These results indicate that the variables meet the criteria to proceed with the mediation analyses. The data also showed that biological sex was significantly correlated with gender identification ($r = -.98$). Biological sex was significantly correlated with counseling self-efficacy- attending to difficult client behaviors ($r = -.15$) with men (*Men COSE DCB* = 28.21, *SD* = 6.30) scoring lower than women (*Women COSE DCB* = 30.45, *SD* = 4.90). It is noted that the t-test yielded no significant differences between counseling self-efficacy- attending to difficult client behaviors based on biological sex. For the purposes of this study, we decided to include biological sex as a control variable in the main analyses, because of its significant and strong association with the counseling self-efficacy subscale of attending to difficult client behaviors (COSE-DCB).

The results also found that supervisors' supervision and multicultural training were strongly and significantly correlated with each other ($r = .58$). Furthermore, supervisees' age had a weak yet significant correlation with supervisor supervision and multicultural training, RMA, SWAI, SMCI and COSE-DCB (e.g., ranging between -.15 to .19 correlations). Supervisees' current level of training in the program was moderately correlated with the three counseling self-efficacy subscales (i.e., COSE-MS, COSE-CP and COSE-DCB) (refer to Table 3). In addition, supervisor's racial/ethnic background had a weak and significant correlation

with RMA ($r = .18$), and supervisors' supervision and multicultural training had a weak and

significantly correlation with SMCI ($r = -.22$). Based on the strength and significance of the

relationship with the dependent variables, the following variables were added as covariates to

regression analyses conducted in the present study: (i) supervisees' biological sex, (ii) supervisee

age, and (iii) current level of training in the program, (iv) supervisor racial/ethnic background,

and (v) supervisor's multicultural training.

Table 3
Correlation Matrix for All Variables of Interest

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. RE1	-	-.07	.04	-.15*	.01	-.15*	-.08	-.05	-.06	.04	-.03	-.03	.11	.02	.08
2. Sex		-	-.03	-.03	-.03	.10	-.03	.01	-.03	.03	.03	-.11	-.06	-.14	-.15*
3. Age			-	.11	.18*	.05	-.04	-.01	.19*	-.15*	-.16*	-.05	.01	.12	.16*
4. MC1 Trg				-	.11	.01	.08	.14	.10	.024	-.03	-.04	.05	.08	.14
5. Current level of trg					-	.04	.06	.00	-.11	.02	.12	.12	.23**	.31**	.30**
6. RE2						-	-.07	-.03	.18*	-.09	-.11	-.01	.09	.07	.05
7. Supervision Trg							-	.58**	.11	-.10	-.20**	-.13	-.10	.01	-.01
8. MC2Training								-	.14	-.02	-.22**	-.11	-.06	-.05	-.03
9. RMA									-	-.74**	-.75**	-.41**	-.11	-.07	-.10
10. SWAI										-	.67**	.45**	.22**	.12	.12
11. SMCI											-	.49**	.22**	-.04	.16*
12. CCCI-R												-	.37**	.14	.23**
13. COSE-MS													-	.49**	.55**
14. COSE-CP														-	.68**
15. COSE-BCB															-

Note: RE1 = Supervisees' Race/ Ethnicity; Sex = Supervisees' Sex; Age = Supervisees' Age; MC1 Trg = Supervisees' Multicultural Training; Current level of trg = Supervisees' current level of training the program; RE2 = Supervisor's Race/Ethnicity; Supervision Trg = Supervisor's Supervision Training; MC1 Trg = Supervisor's Multicultural Training; RMA = Racial Microaggressions in Supervision Checklist; SWAI = Supervisory Working Alliance Inventory (SWAI) – Trainee Form; SMCI = Supervisor Multicultural Competence Inventory; CCCI-R = Cross-Cultural Counseling Inventory-Revised; COSE-MS = Counseling Self-Estimate Inventory

Microskills subscale; COSE- CP = Counseling Self-Estimate Inventory Counseling Process; COSE- DCB = Counseling Self-Estimate Inventory Dealing with Difficult Client Behaviors subscale; *p < .05, **p < .01, ***p < .001.

Inferential Statistical analyses

A series of t-tests were conducted to examine whether there were any differences between men and women (bio sex) on the predictor (RMA), mediator and outcome variables (SMCI, SWAI, CCCI-R, COSE-MS, COSE-CP and COSE-DCB). The t-tests results yielded no significant differences on RMA, SWAI, SMCI, and four outcomes variables (i.e., CCCI-R, COSE-MS, COSE-CP and COSE-DCB) based on biological sex. A series of one-way ANOVA between subjects were performed to examine group differences based on two variables: i) participants' self-identified racial/ ethnic background and ii) participants type of degree program. Thus, racial/ethnic background served as the independent variable while RMA, SWAI, SMCI, and four outcomes variables (i.e., CCCI-R, COSE-MS, COSE-CP and COSE-DCB) were the dependent variables in the analysis respectively, and participants' type of degree program served as the other independent variable.

The results yielded no significant differences between the different groups of supervisees' racial/ethnic background on these variables. A Bonferroni correction was applied and the adjusted alpha coefficient of .004 (i.e., .05/14 = .004) was obtained. The Levene's test was used to evaluate the homogeneity of variances for all analyses. For these seven analyses, this statistic was not significant at $p = .004$, indicating that equal variances could be assumed across groups (refer to Table 4). Because results of all seven ANOVAs showed no differences on any scale or subscales scores between groups, the entire sample could be included in the final analyses. Furthermore, at the adjusted alpha coefficient of .004, there were no significant differences based on the type of degree programs (i.e., Philosophy of Doctor of Philosophy [PhD], Doctor of Psychology, [PsyD], and Master of Arts/ Science degrees) on the independent

variables (i.e., RMA, SWAI, SMCI), and four outcomes variables (i.e., CCCI-R, COSE-MS, COSE-CP and COSE-DCB) (refer to Table 5).

In order to test for multicollinearity among the demographic variables, four preliminary regression analyses were run to test which demographic variables significantly predicted the outcome variables (i.e., SWAI, COSE-MS, COSE-CP, COSE-DCB, and CCCI-R). Using COSE-MS as the dependent variable, the regression equation was significant [$R^2 = .08$, Adjusted $R^2 = .05$, $F(6,167) = 2.47$, $p = .03$]. Supervisees' current level of training predicted COSE-MS with standardized beta coefficients reaching significance for the former ($\beta = -.23$, $t = 2.99$, $p = .003$). The regression equations were significant for COSE-CP [$R^2 = .12$, Adjusted $R^2 = .09$, $F(6,167) = 3.91$, $p = .001$] and COSE-DCB [$R^2 = .14$, Adjusted $R^2 = .11$, $F(6,167) = 4.50$, $p = .00$]. Supervisees' current level of training predicted both COSE-CP ($\beta = .28$, $t = 3.83$, $p = .00$) and COSE-DCB ($\beta = .27$, $t = 3.61$, $p = .00$). It was found that none of the demographic variables significantly explained variance in supervisory working alliance (SWAI) and multicultural counseling self-efficacy (CCCI-R).

Table 4
One-Way ANOVA for all Variables of Interest using Supervisees' Self-Reported Race/Ethnicity

Source	df	F	p
1. RMA	(4, 170)	.42	.76
2. SWAI	(4, 170)	.23	.92
3. SMCI	(4, 170)	.96	.43
4. CCCI-R	(4, 170)	.88	.48
5. COSE-MS	(4, 170)	2.04	.09
6. COSE-CP	(4, 170)	2.07	.09
7. COSE_DCB	(4, 170)	1.51	.20

Note: $\alpha = .004$

Table 5
One-Way ANOVA for all Variables Of Interest using Type of Degree Programs

Source	df	F	p
1. RMA	(2, 165)	.29	.75
2. SWAI	(2, 165)	1.76	.18
3. SMCI	(2, 165)	1.05	.36
4. CCCI-R	(2, 165)	1.42	.24
5. COSE-MS	(2, 165)	3.72	.03
6. COSE-CP	(2, 165)	.91	.41
7. COSE_DCB	(2, 165)	.44	.64

Note: α = .004

Main Analyses

The purpose of this study was to examine the mediating effects of: (a) supervisory working alliance, and (b) perceived supervisor multicultural competence on the relationship between supervisees' experiences of racial microaggressions in cross-racial supervision and different supervisee outcome variables (i.e., counseling and multicultural counseling self-efficacy). The INDIRECT Macro (Preacher & Hayes, 2008) was used to perform the Baron and Kenny (1986) steps for mediation analyses proposed in this study (figure 1). Since nine separate mediation analyses were conducted in this study, a Bonferroni correction was applied and the adjusted alpha coefficient of .006 (i.e., .05/9 = .006) was obtained.
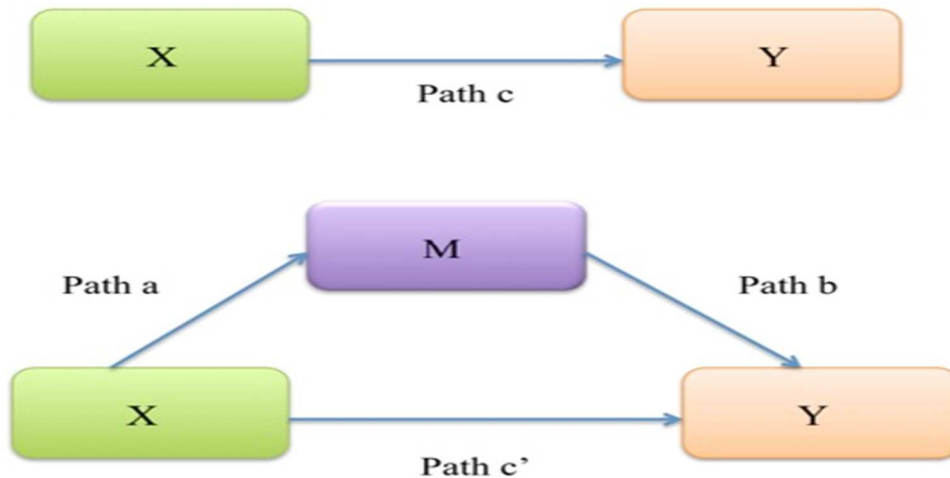
Figure 1. Path diagram for (i) the total effect of the independent variable on the dependent variable (path c), (ii) the effect of independent variable on the mediating variable (path a), (iii) The effect of mediating variable on dependent variable after controlling for X (path b), and (iv) the direct effect of independent variable on the dependent variable adjusted for mediating variable through the mediator variable (path c').

Each of the four steps in the causal-step approach are required to be present to assess for mediation (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002):

I.   The total effect of X on Y (path c) must be significant.

II.   The effect of X on M (path a) must be significant.

III.   The effect of M on Y after controlling for X (path b) must be significant.

IV.   The direct effect of X on Y adjusted for M (path c') must be not significant.

The above steps will be applied to the mediation hypotheses. The effect of M will be determined by a significant R^2 change in the last step and a decrease in the contribution X on Y; and the unstandardized regression coefficients associated with this relationship will be reported and checked whether it was significant. If path c` is zero then it will suggest full mediation. Although, if path c' is not zero, this could possibly suggest partial mediation. In order to test the significance of the mediated effect, bootstrap estimation approach with 1000 samples (Shrout & Bolger, 2002) were run for each of the hypotheses using the Preachers and Hayes (2008) INDIRECT Macro. If the bootstrapped confidence intervals did not include zero, then the

indirect effect is different from zero, and it is significant. The effect sizes for the entire model were reported using R^2 and by considering $r^2 = .01$ (small), $r^2 = .09$ (medium), and $r^2 = .25$ (large). In addition, the standardized path coefficients for each effect (See Table 6) were interpreted using Cohen's (1988) conventions [$r = .1$ (small), $r = .3$ (medium), and $r = .5$ (large)].

Hypothesis 1. The first hypothesis investigated whether supervisees' perceived supervisor multicultural competence would partially mediate the relationship between racial microaggressions and supervisory working alliance in cross-racial supervision. Given that age was significantly correlated to supervisory working alliance, it was added as a covariate in this mediation analyses.

After controlling for age, the results indicated that racial microaggressions negatively significantly predicted perceived supervisor multicultural competence: path a = -2.54 $t(175) =$ -14.40, SE = .17, $p = .00$, while supervisor multicultural competence positively significantly predicted supervisory working alliance: path b = .17, $t(175) = 3.70$, SE = .04, $p = .001$. The relationship between racial microaggressions and supervisory working alliance (i.e., total effect) was negative and significant, path c = -1.47, $t(175) = -14.31$, SE = .10, $p = .00$. Overall, approximately 58% of the variance in supervisory working alliance was accounted for by racial microaggressions and perceived supervisor multicultural competence [$R^2 = .58$, Adjusted $R^2 =$ .57, $F(2,172) = 116.69$, $p = .00$] with large effect size. After perceived supervisor multicultural competence was added to the model as the mediator variable, the impact of racial microaggressions continued to remain significant on supervisory working alliance (path $c' = -$1.06, $t(175) = -7.08$, SE = .15, $p = .00$). See Table 7 for direct and indirect effects. Based on the standardized coefficients, it appears that paths a, c and c' represent medium effect size while path b demonstrated a small effect.

The indirect effect was tested using a bootstrap estimation approach with 1000 samples (Shrout & Bolger, 2002) and the bias-corrected CI indicated the indirect (ab) effect was significant, $b = .08$, SE $= .12$, 95% CI $= -.643, -.198$. In this case, both path coefficients, a and b, were statistically significant, and the bootstrapped CI for ab did not include zero, which means that the indirect effect tis different from zero. Given these criteria, the indirect effect of racial microaggressions on supervisory working alliance through perceived supervisor multicultural competence was statistically significant. Thus, the hypothesis that supervisees' perceived supervisor multicultural competence partially mediated the relationship between racial microaggressions and supervisory working alliance in cross-racial supervision was supported. Refer to Table 5 bootstrap analysis and statistical significance of indirect effects.

Hypothesis 2a. This hypothesis investigated whether the quality of the supervisory working alliance would partially mediate the relationship between racial microaggressions and counseling self-efficacy microskills in cross-racial supervision. Given that supervisees' current level of training was significantly predictive of counseling self-efficacy, it was added as a covariate in this mediation analysis. Overall, after controlling for current level of training, approximately 9% of the variance in counseling self-efficacy microskills was accounted for by racial microaggressions and supervisory working alliance [$R^2 = .09$, Adjusted $R^2 = .08$, $F(3,170) = 5.90$, $p = .001$]. The effect size using R^2 value suggested a small to medium effect.

After controlling for current level of training and at adjusted alpha coefficient of .006, the results indicated that racial microaggressions negatively significantly predicted supervisory working alliance (i.e., proposed mediator): path a $= -1.47$, $t(174) = -14.31$, SE $= .10$, $p = .00$ with medium effect size, while supervisory working alliance significantly predict counseling self-efficacy microskills: path b $= .09$, $t(174) = 2.75$, SE $= .03$, $p = .004$. However, the direct effect

of racial microaggressions on counseling self-efficacy microskills was not significant: path c = -.06, $t(174)$ =-1.47, SE = .04, p = .14.

After controlling for supervisees' current level of training and with the inclusion of the mediator, supervisory working alliance did not change the relationship between racial microaggressions and counseling self-efficacy microskills path c': = .06, $t(174)$ = .07, SE = .06, p = .24. In this case, path co-efficients a and b were statistically significant; however, paths c and c' were not statistically significant. Thus, the hypothesis that supervisory working alliance would partially mediate the relationship of experiences of racial microaggressions on counseling self-efficacy microskills was not supported. See Table 6 for bootstrap analysis and Table 7 for direct and indirect effects. Based on the standardized coefficients, it appears that paths a and b are interpretable since they are significant and represent medium and small effect size respectively. Although paths c and c' were not significant and cannot be interpreted, it is noted that they had a small effect.

Hypothesis 2b. This hypothesis investigated whether supervisory working alliance would partially mediate the relationship between racial microaggressions and counseling self-efficacy counseling process in cross-racial supervision. Given that supervisees' current level of training was significantly predictive of counseling self-efficacy counseling process, it was added as a covariate in this mediation analysis. Overall, after controlling for current level of training, approximately 5% of the variance in counseling self-efficacy counseling process was accounted for by racial microaggressions and supervisory working alliance [R^2 = .05, Adjusted R^2 = .05, $F(3,170)$ = 3.07, p = .03]. The effect size using R^2 value suggested a small effect.

After controlling for supervisees' current level of training, the results indicated that racial microaggressions was a negative significant predictor of supervisory working alliance: path a =

-1.47, $t(174)$ = -14.31, SE = .10, p = .00; however, and supervisory working alliance did not

significantly predict counseling self-efficacy counseling process: path b = .05, $t(174)$ = 1.42, SE

= .04, p =.16. In addition, racial microaggressions did not significantly predict counseling self-

efficacy counseling process: path c = -.04, $t(174)$ = .587, SE = .08, p = .56. Furthermore, after

controlling for supervisees' current level of training and the mediator, supervisory working

alliance, racial microaggressions did not significantly predict counseling self-efficacy counseling

process (i.e., path c' = -.04, $t(174)$ = -.07, SE = .05, p = .50). See Table 7 for direct effects. In

this case, only path a was statistically significant while path coefficients b, c and c' were not

statistically significant. Given that lack of significance for paths b, c and c', the hypothesis that

supervisory working alliance would partially mediate the relationship between racial

microaggressions and counseling self-efficacy counseling process in cross-racial supervision was

not supported. See Table 6 for bootstrap analysis and Table 7 for direct and indirect effects.

Based on the standardized coefficients, it appears that path a is interpretable since they are

significant and represent medium effect size. Although paths b, c and c' were not significant and

cannot be interpreted, it is noted that they had a small effect.

     Hypothesis 2c. This *hypothesis* investigated whether supervisory working alliance

partially mediated the relationship between racial microaggressions and counseling self-efficacy

– attending to difficult client behaviors in cross-racial supervision. Given that the three

demographic variables, age, biological sex, and current levels of training were significantly

correlated with supervisees' counseling self-efficacy about attending to difficult client behaviors,

they were added as covariates in this mediation analyses. Overall, approximately 8% of the

variance in counseling self-efficacy about attending to difficult client behaviors was explained by

racial microaggressions and supervisory working alliance [R^2 = .08, Adjusted R^2 = .06, $F(3,170)$

= 3.23, $p = .01$]. The effect size using R^2 value suggested a small effect.

After controlling for age, biological sex, and current level of training, it was found that racial microaggressions negatively significantly predicted supervisory working alliance (i.e., mediator variable): path a = -1.47, $t(174) = -14.31$, SE = .11, $p = .00$. After controlling for the three covariates, the total effect was of racial microaggressions on counseling self-efficacy – attending to difficult client behaviors was not significant, path b = -.03, $t(174) = -1.56$, SE = .03, $p = .12$. In addition, supervisory working alliance did not significantly predict counseling self-efficacy – attending to difficult client behaviors: path c = .05, $t(174) = 1.07$, SE = .03, $p = .29$.

By controlling for the covariates and adding the mediator, supervisory working alliance, the relationship between racial microaggressions and counseling self-efficacy – attending to difficult client behaviors was not significant: path $c' = -.02$, $t(174) = -2.99$, SE = .05, $p = .77$. Since path coefficient a was statistically significantly with a large effect size (see Table 7), and path coefficients b, c and c' were not significant with possible small effects. Thus, the hypothesis that supervisory working alliance would partially mediate the relationship between racial microaggressions and counseling self-efficacy – attending to difficult client behaviors in cross-racial supervision was not supported.

Hypothesis 3. The *third hypothesis* examined whether perceived supervisory working alliance partially mediated the relationship between racial microaggressions and multicultural counseling self-efficacy in cross-racial supervision. Overall, approximately 22% of the variance in multicultural counseling self-efficacy was explained by racial microaggressions and perceived supervisory working alliance [$R^2 = .22$, Adjusted $R^2 = .21$, $F(2,172) = 23.68$, $p = .00$]. The effect size using R^2 value suggested a medium effect.

The results indicated that racial microaggressions negatively significantly predicted

supervisory working alliance: path a = -1.47, $t(175)$ = -14.31, SE = .09, p = .00, and supervisory working alliance positively significantly predicted multicultural counseling self-efficacy: path b = .27, $t(175)$ = 3.12, SE = .09, p = .00. The relationship between racial microaggressions and multicultural counseling self-efficacy was negative and significant: path c = -.73, $t(175)$ = -5.98, SE = .10, p = .00. After adding the mediator, supervisory working alliance, racial microaggressions did not significantly predict multicultural counseling self-efficacy: path c' = -.32, $t(175)$ = -1.85, SE = .18, p = .07. See Table 6 for bootstrap analysis and Table 7 for direct and indirect effects. Based on the standardized coefficients, it appears that paths a, b and c are interpretable since they are significant and represent large and medium effect size respectively. Although path c' was not significant and cannot be interpreted, its effect was small.

The indirect effect was tested using a bootstrap estimation approach with 1000 samples (Shrout & Bolger, 2002) and the bias-corrected CI indicated the indirect (ab) effect coefficient was significant, b = .41, SE = .17, 95% CI = -.7355, -.0616. Thus, experiences of racial microaggressions were associated approximately with .41 points decrease in multicultural counseling self-efficacy as mediated by supervisory working alliance in cross-racial supervision. In this case, both path coefficients, a and b, were statistically significantly, and the CI did not include zero. Given these criteria, the indirect effect of experiences of racial microaggressions on multicultural counseling self-efficacy through supervisory working alliance was statistically significant. Thus, supervisory working alliance fully explained the relationship between racial microaggressions and multicultural counseling self-efficacy in cross-racial supervision, not just partially mediated suggesting that this hypothesis was partially supported.

Hypothesis 4a. This *hypothesis* investigated whether perceived supervisor multicultural competence would partially mediate the relationship between racial microaggressions and

counseling self-efficacy microskills. Given that supervisees' current level of training was

significantly predictive of counseling self-efficacy microskills, it was added as a covariate in this

mediation analysis. Overall, after controlling for current level of training, approximately 9% of

the variance in counseling self-efficacy microskills was accounted for by racial microaggressions

and perceived supervisor multicultural competence [$R^2 = .09$, Adjusted $R^2 = .07$, $F(3,170) = 5.30$,

$p = .001$]. The effect size using R^2 value suggested a small to medium effect.

After controlling for current level of training, the results indicated that racial

microaggressions negatively significantly predicted perceived supervisor multicultural

competence: path a = -2.53, $t(174) = -14.57$, SE = .17, $p = .00$. At adjusted alpha coefficient of

.006, perceived supervisor multicultural competence did not significantly predict counseling self-

efficacy microskills: path b = .05, $t(174) = 2.60$, SE = .02, $p = .01$. After controlling for current

level of training, the relationship between racial microaggressions and counseling self-efficacy

microskills was not significant: path c = -.06, $t(174) = -1.38$, SE = .04, $p = .17$. By controlling for

current level of training, and adding the mediator, perceived supervisor multicultural

competence, racial microaggressions did not significantly predict counseling self-efficacy

microskills: path $c' = .06$, $t(174) = 1.00$, SE = .06, $p = .32$.

In this case, both path coefficients, a and b, were statistically significant; however, c and

c' were not statistically significant. Thus, the hypothesis that perceived supervisor multicultural

competence would partially mediate the relationship between racial microaggressions and

counseling self-efficacy microskills in cross-racial supervision was not supported. See Table 6

for bootstrap analysis and Table 7 for direct and indirect effects. Based on the standardized

coefficients, it appears that paths a and b are interpretable since they are significant and represent

medium effect sizes. Although paths c and c' were not significant and cannot be interpreted, it is

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noted that their effect was small.

Hypothesis 4b. This *hypothesis* investigated whether perceived supervisor multicultural competence would partially mediate the relationship between racial microaggressions and counseling self-efficacy counseling process. Given that supervisees' current level of training was significantly predictive of counseling self-efficacy counseling process, it was added as a covariate in this mediation analysis. Overall, after controlling for current level of training, approximately 6% of the variance in counseling self-efficacy counseling process was accounted for by racial microaggressions and perceived supervisor multicultural competence [$R^2 = .06$, Adjusted $R^2 = .05$, $F(3,170) = 3.83$, $p = .01$]. The effect size using R^2 value suggested a small effect.

After controlling for current level of training, the results indicated that racial microaggressions negatively significantly predict perceived supervisor multicultural competence (i.e., mediator variable): path a = -2.55, $t(174) = -14.78$, SE = .17, $p = .00$. Additionally, at adjusted alpha coefficient of .006 and after controlling for current level of training, perceived supervisor multicultural competence did not significantly predicted counseling self-efficacy counseling process: path b = .05, $t(174) = -2.05$, SE = .02, $p = .04$. Furthermore, after controlling for current level of training, the relationship between racial microaggressions and counseling self-efficacy counseling process was not significant, path c = -.04, $t(174) = -.68$, SE = .05, $p = .50$. Overall, this model accounted for approximately 6% of the variance in counseling self-efficacy counseling process [$R^2 = .06$, Adjusted $R^2 = .05$, $F(3,170) = 3.80$, $p = .01$]. The effect size using R^2 value suggested a small effect.

After controlling for current level of training, and adding perceived supervisor multicultural competence, it appeared that racial microaggressions did not significantly predicted

counseling self-efficacy counseling process: path $c' = $ -.15, $t(174) = $ -1.98, SE = .08, $p = $ .05.

The indirect effect was tested using a bootstrap estimation approach with 1000 samples (Shrout

& Bolger, 2002) and the bias-corrected CI indicated the indirect (ab) effect coefficient was not

significant as it included zero, $b = $ .12, SE = .06, 95% [CI = -.0084, .2479]. In this case, path

coefficient a was statistically significant, while path coefficients b, c and c' were not significant

at adjusted alpha coefficient of .006. See Table 6 for bootstrap analysis and Table 7 for direct

and indirect effects. Based on the standardized coefficients, it appears that path a is interpretable

since it was significant and represent medium effect sizes. Although paths b, c and c' were not

significant and cannot be interpreted, it is noted that their effect was small. Thus, the hypothesis

that supervisees' of color perceived supervisor multicultural competence would partially mediate

the relationship between racial microaggressions and counseling self-efficacy *counseling process*

in cross-racial supervision was not supported.

Hypothesis 4c. This hypothesis investigated whether supervisees' perceived supervisor

multicultural competence partially mediated the relationship between racial microaggressions

and the counseling self-efficacy subscale of attending to difficult client behaviors. Given that the

three demographic variables of age, biological sex, and supervisees' current levels of training

were significantly correlated to counseling self-efficacy – attending to difficult client behaviors,

all three were added as covariates in this mediation analysis. Overall, age, biological sex, and

current level of training, approximately 9% of the variance in counseling self-efficacy counseling

process was accounted for by racial microaggressions and perceived supervisor multicultural

competence [$R^2 = $ .09, Adjusted $R^2 = $ .07, $F(3,170) = $ 3.59, $p = $ .004]. The effect size using R^2

value suggested a small to medium effect.

After controlling for age, biological sex, and current level of training, the results

evidenced that racial microaggressions negatively significantly predicted perceived supervisor multicultural competence (i.e., mediator variable): path a = -2.50, $t(174)$ = -14.78, SE = .18, p = .00, while perceived supervisor multicultural competence did not significantly predict counseling self-efficacy – attending to difficult client behaviors: path b = .03, $t(174)$ = 1.67, SE = .02, p = .10. After controlling for the three covariates, the relationship between racial microaggressions and counseling self-efficacy – attending to difficult client behaviors was not significant: path c = -.05, $t(174)$ =-1.56, SE = .03, p = .12.

By controlling for the covariates and the mediator, perceived supervisor multicultural competence, racial microaggressions did not significantly predict counseling self-efficacy – attending to difficult client behaviors: path c' = .01, $t(174)$ = .16, SE = .05, p = .87. In this case, only path a was statistically significant while path coefficients b, c and c' were not. See Table 6 for bootstrap analysis and Table 7 for direct and indirect effects. Based on the standardized coefficients, it appears that path a is interpretable since it was significant and represent medium effect sizes. Although paths b, c and c' were not significant and cannot be interpreted, it is noted that their effect was small. Thus, the hypothesis that perceived supervisor multicultural competence would partially mediate the relationship between racial microaggressions and counseling self-efficacy – attending to difficult client behaviors in cross-racial supervision was not supported.

Hypothesis 5. The fifth hypothesis examined whether supervisees' of color perceived supervisor multicultural competence would partially mediate the relationship between racial microaggressions and multicultural counseling self-efficacy in cross-racial supervision. Overall, approximately 22% of the variance in multicultural counseling self-efficacy was explained by racial microaggressions and perceived supervisor multicultural competence [R^2 = .25, Adjusted

$R^2 = .24$, $F(2,172) = 28.12$, $p = .00$]. The effect size using R^2 value suggested a medium to large

effect. The results indicated that racial microaggressions negatively significantly predicted

perceived supervisor multicultural competence: path a = -2.55, $t(175)$ =-14.78, SE = .17, $p = .00$,

and perceived supervisor multicultural competence positively significantly predicted

multicultural counseling self-efficacy: path b = .22, $t(175) = 4.14$, SE = .05, $p = .00$.

At adjusted alpha coefficient of .006, the relationship between racial microaggressions

and multicultural counseling self-efficacy was significant: path c = -.73, $t(174)$ =-5.98, SE = .12,

$p = .00$. After adding the mediator, perceived supervisor multicultural competence, racial

microaggressions did not significantly predict multicultural counseling self-efficacy: path $c' = -$

.19, $t(175) = -1.07$, SE = .17, $p = .29$. The indirect effect was tested using a bootstrap estimation

approach with 1000 samples (Shrout & Bolger, 2002) and the bias-corrected CI indicated the

indirect (ab) effect coefficient was significant, $b = -.54$, SE = .13, 95% CI = -.8132, -.2857.

Thus, experiences of racial microaggressions were associated approximately with 0.54 points

decrease in multicultural counseling self-efficacy as mediated by perceived supervisor

multicultural competence. In this case, both path coefficients, a and b, were statistically

significantly, and the bootstrapped CI for ab did not include zero. See Table 6 for bootstrap

analysis and Table 7 for direct and indirect effects. Per the standardized coefficients (refer Table

7), it appears that paths a, b and c are interpretable since they are significant and represent large

and medium effect sizes respectively. Although path c' was not significant and cannot be

interpreted, its effect was small.

Based on the above, the indirect effect of experiences of racial microaggressions on

multicultural counseling self-efficacy through perceived supervisor multicultural competence

was statistically significant. Moreover, after adding mediating variable, perceived supervisor

multicultural competence, the direct path from racial microaggressions to multicultural counseling self-efficacy (path *c'*) was not statistically significant; thus, the effect of experiences of racial microaggressions on multicultural counseling self-efficacy was fully mediated by perceived supervisor multicultural competence. Thus, the results demonstrated that supervisor multicultural competence fully mediated the relationship between racial microaggressions and multicultural counseling self-efficacy in cross-racial supervision, not just partially mediated as originally hypothesized, hence the hypothesis was partially supported.

In summary, the results showed that after controlling for age, perceived supervisor multicultural competence partially mediated the relationship between experiences of racial microaggressions and supervisory working alliance. Both, supervisory working alliance and perceived supervisor multicultural competence fully mediated the relationship between supervisees' experiences of racial microaggressions and self-reported multicultural counseling self-efficacy. It was found that after controlling for current level of training the mediations by (i) supervisory working alliance, and (ii) perceived supervisor multicultural competence on the relationship between experiences of racial microaggressions and counseling self-efficacy microskills and counseling process were not supported. Lastly, after controlling for age, biological sex, and supervisees' current level of training, neither supervisory working alliance nor perceived supervisor multicultural competence partially mediated the relationship between racial microaggressions and counseling self-efficacy - attending to difficult client behaviors.

Table 6

Bootstrap Analysis of magnitude and Significance of Indirect Effects of Final Model

Hypo-thesis	Control Variable(s)	Predictor	Mediator	Criterion	R²	Adjusted R²	Standardized Indirect Effects β (*SE*)	Bootstrap Estimate *B (SE)*	95% Confidence Interval Lower bound	Upper Bound
1	Age	RMA	SMCI	SWAI	.58****	.57	-.21 *(.06)*	-.41*(.12)*	-.3204	-.0917
2a	Current level of trg	RMA	SWAI	COSE-MS	.09***	.08	-.21 *(.09)*	-.13 *(.05)*	-.2299	-.0337
2b	Current level of trg	RMA	SWAI	COSE-CP	.05*	.05	-.11 *(.08)*	-.08*(.06)*	-.2012	.0416
2c	Age, Sex, Current level of trg	RMA	SWAI	COSE-DCB	.08***	.06	-.09 *(.08)*	-.04 *(.04)*	-.1172	.0379
3	--	RMA	SWAI	CCCI-R	.22****	.21	-.22 *(.09)*	-.41 *(.17)*	-.7355	-.0616
4a	Current level of trg	RMA	SMCI	COSE-MS	.09****	.07	-.21 *(.09)*	-.12 *(.06)*	-.2356	-.0092
4b	Current level of trg	RMA	SMCI	COSE-CP	.06**	.05	.17 *(.09)*	.12 *(.06)*	-.0084	.2479
4c	Age, Sex, Current level of trg	RMA	SMCI	COSE-DCB	.09****	.07	-.13 *(.09)*	-.06 *(.04)*	-.1402	.0150
5	--	RMA	SMCI	CCCI-R	.25****	.24	-.31 *(.08)*	-.54 *(.13)*	-.8132	-.2857

Note: Age = Supervisees' Age; Sex = Supervisees' biological sex; Current level of trg = Supervisees' current level of training the program; RMA = Racial Microaggressions in Supervision Checklist; SWAI = Supervisory Working Alliance Inventory (SWAI) – Trainee Form; SMCI = Supervisor Multicultural Competence Inventory; CCCI-R = Cross-Cultural Counseling Inventory-Revised; COSE-MS =

Counseling Self-Estimate Inventory Microskills subscale; COSE- CP = Counseling Self-Estimate Inventory Counseling Process; COSE- DCB = Counseling Self-Estimate Inventory Dealing with Difficult Client Behaviors subscale; *p < .05, **p < .01, ***p < .001, **** p < .006.

Table 7
Direct and Indirect Path Coefficients of Path Models

Hypothesis	Control Variables	Path	Unstandardized Effects B (SE)	Standardized Effects β (SE)
1	Age	Age → SWAI	-.03 (.23)	-.01 (.05)
1	Age	Path a: RMA→ SMCI	-2.54 (.17)***	-.75 (.05)***
1	Age	Path b: SMCI→ SWAI	.17 (.04)***	.28 (.08)***
1	Age	Path c: RMA→ SWAI	-1.47 (.10)***	-.74 (.05)***
1	Age	Path c': RMA→SMCI→SWAI	-1.06 (.15)***	-.53(.08)***
2a	Current level of trg	Current level of trg→ COSE-MS	-1.33 (.51)**	-.21** (.08)
2a	Current level of trg	Path a: RMA→ SWAI	-1.47 (.10)***	-.74 (.05)***
2a	Current level of trg	Path b: SWAI→ COSE-MS	.09 (.03)**	.31 (.11)**
2a	Current level of trg	Path c: RMA→ COSE-MS	-.06 (.04)	-.10 (.08)
2a	Current level of trg	Path c': RMA→ SWAI → COSE-MS	.06 (.07)	.13 (.11)
2b	Current level of trg	Current level of trg → COSE-CP	-1.59 (.62)**	-.20 (.08)**
2b	Current level of trg	Path a: RMA→ SWAI	-1.47 (.10)***	-.74 (.05)***
2b	Current level of trg	Path b: SWAI→ COSE-CP	.05 (.04)	.16 (.11)
2b	Current level of trg	Path c: RMA→ COSE-CP	-.04 (.05)	-.05 (.08)
2b	Current level of trg	Path c': RMA→ SWAI → COSE-CP	-.04 (.08)	-.07(.11)
2c	Age	Age→ COSE-DCB	.16(.08)*	.16 (.08)*
2c	Sex	Sex → COSE-DCB	2.19 (1.10)*	.43 (.21)*
2c	Current level of trg	Current level of trg→ COSE-DCB	-.74 (.41)	-.14 (.08)
2c	Age, Sex, Current level of trg	Path a: RMA→ SWAI	-1.47 (.11)	-.74 (.05)***
2c	Age, Sex, Current level of trg	Path b: SWAI→ COSE-DCB	.03 (.03)	.12 (.11)
2c	Age, Sex, Current level of trg	Path c: RMA→ COSE- DCB	-.05 (.03)	.12 (.08)
2c	Age, Sex, Current level of trg	Path c': RMA→ SWAI → COSE- DCB	-.02 (.05)	-.03 (.11)
3	--	Path a: RMA→ SWAI	-1.47 (.10)***	-.74 (.05)***
3	--	Path b: SWAI→ CCCI-R	.27 (.09)**	.32** (.10)**

3	--	Path c: RMA→ CCCI-R	-.73 *(.12)*	-.41*** *(.07)*
3	--	Path c': RMA→ SWAI → CCCI-R	-.32 *(.18)*	-.19 *(.10)*
4a	Current level of trg	Current level of trg → COSE-MS	-1.14 *(.51)**	-.17 *(.06)***
4a	Current level of trg	Path a: RMA→ SMCI	-2.53 *(.17)****	-.74*** *(.05)*
4a	Current level of trg	Path b: SWAI→ COSE-MS	.05 *(.02)***	.29*(.11)***
4a	Current level of trg	Path c: RMA→ COSE-MS	-.06 *(.04)*	-.10 *(.08)*
4a	Current level of trg	Path c': RMA→ SMCI → COSE-MS	.06 *(.06)*	.11 *(.11)*
4b	Current level of trg	Current level of trg → COSE-CP	-1.71 (.62)****	-.22 (.08) ****
4b	Current level of trg	Path a: RMA→ SMCI	-2.53 *(.17)****	-.74*** *(.05)***
4b	Current level of trg	Path b: SWAI→ COSE-CP	-.05 *(.03)**	-.23* *(.11)**
4b	Current level of trg	Path c: RMA→ COSE-CP	-.05 *(.05)*	-.05 *(.08)*
4b	Current level of trg	Path c': RMA→ SMCI → COSE-CP	-.15 *(.08)**	-.22*(.11)**
4c	Age	Age→ COSE-DCB	.16 *(.08)* *	.16 *(.08)**
4c	Sex	Sex → COSE-DCB	2.19 (1.10) *	.43 (.21) *
4c	Current level of trg	Current level of trg→ COSE-DCB	-.64 (.41)	-.14 (.08)
4c	Age, Sex, Current level of trg	Path a: RMA→ SMCI	-2.50 *(.18)****	-.74 *(.05)***
4c	Age, Sex, Current level of trg	Path b: SWAI→ COSE-DCB	.03 *(.02)*	.19 *(.11)*
4c	Age, Sex, Current level of trg	Path c: RMA→ COSE-DCB	-.05 *(.03)*	-.12 (.11)
4c	Age, Sex, Current level of trg	Path c': RMA→ SMCI → COSE-DCB	.01 *(.05)*	.02 *(.11)*
5	--	Path a: RMA→ SMCI	-2.55 *(.17)****	-.75*(.05)***
5	--	Path b: SWAI→ CCCI-R	.22 *(.05)* ****	.41*** *(.01)****
5	--	Path c: RMA→ CCCI-R	-.73 *(.12)****	-.41*(.07)***
5	--	Path c': RMA→ SMCI → CCCI-R	-.19 *(.17)*	-.11 *(.10)*

Note: Age = Supervisees' Age; Sex = Supervisees' biological sex; Current level of trg = Supervisees' current level of training the program; RMA = Racial Microaggressions in Supervision Checklist; SWAI = Supervisory Working Alliance Inventory (SWAI) – Trainee Form; SMCI = Supervisor Multicultural Competence Inventory; CCCI-R = Cross-Cultural Counseling Inventory-Revised; COSE-MS = Counseling Self-Estimate Inventory Microskills subscale; COSE- CP = Counseling Self-Estimate Inventory Counseling Process; COSE- DCB = Counseling Self-Estimate Inventory Dealing with Difficult Client Behaviors subscale; *p <* .05, **p <* .01, ***p <* .001, **** *p <* .006.

CHAPTER 5

DISCUSSION

With the rise in racial/ethnic minorities in the United States (CEMRRAT; APA, 2004)

and subsequent increase of supervisees of color in the field of psychology, it appears important

to examine the impact of supervision on the development of counseling and multicultural

competencies of supervisees (APA, 1996, 2002). Supervision provides an important avenue for

supervisees to seek support and address their challenges when counseling clients from diverse

groups. Supervisees of color often engage in cross-racial supervision, wherein their supervisors

may commit unintentional and covert forms of racism (e.g., racial microaggressions;

Constantine, 2001). Experiencing racial microaggressions may result in supervisees feeling

unsafe to explore racial and cultural issues in supervision, which potentially can impair the

development of their counseling and multicultural counseling competence.

Since only a few studies have addressed supervision related variables and its impact on

supervisees of color within the context of cross-racial supervision (Beaumont, 2010; Constantine

& Sue, 2007), this study sought to examine the relationships among racial microaggressions,

supervisory working alliance, perceived supervisor multicultural competence, and counseling

and multicultural counseling self-efficacy. In addition, it is important to acknowledge that

because only 2 supervisees had identified as Native American, they were excluded from the final

sample due to insufficient sample size for this racial/ethnic subgroup. Thus, the final sample

consisted of 175 participants and is not generalizable to the experience of supervisees who may

identify as Native American.

Supervisory Working Alliance as the Outcome Variable

The first hypothesis examined whether perceived supervisor multicultural competence

partially mediated the relationship between experiences of racial microaggressions and supervisory working alliance. Support for this hypothesis was found such that, after controlling for age, perceived supervisor multicultural competence partially explained the relationship between racial microaggressions and supervisory working alliance. In other words, this result indicated that experiencing racial microaggressions in supervision negatively impacts working alliance, and perceived supervisor multicultural competence (e.g., addressing supervisor-supervisee personal development, activities pertinent to clinical situations; Inman, 2006) further explains the relationship between microaggressions and working alliance. Additionally, this finding is in line with previous studies that have detected a significant negative relationship between racial microaggressions and supervisory working alliance, and between racial microaggressions and perceived supervisor multicultural competence (Burkard et al., 2006; Cheon et al., 2009; Inman, 2006). Furthermore, it is noted that there were small to medium effect sizes of the findings of this hypothesis.

Scholars have highlighted the importance for supervisors to process cultural issues in supervision (Burkard et al., 2006; Cheon et al., 2009; Gatmon et al., 2001), including awareness of racial microaggressions within supervision (Ancis & Ladany, 2010; Constantine & Sue, 2007; Sue & Sue, 2003). It appears that when such discussions take place in supervision, supervisees' experiences of racial microaggressions, which could typically have a devastating impact on them is diverted. However, since only partial mediation was detected in this analysis, it is possible that other variables could potentially help to further explain the impact of racial microaggressions in supervision.

One of these variables includes supervisees' racial/ethnic identity (i.e., attitudes towards their own racial, ethnic and cultural heritage that helps supervisees gain a better awareness of

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their own experiences and that of people of their own race) (Cook, 1994). It is possible that depending on supervisees' racial identity, their ability to notice and interact with racial microaggressions in supervision may vary, and thereby influence the relationship between racial microaggressions and working alliance. Another variable to consider as influencing racial microaggressions and working alliance is supervisees' methods of coping with microaggressions, which appears to have been studied qualitatively by Constantine and Sue (2007) and quantitatively in Barnes's (2011) dissertation. It is possible that supervisees may be able to process their experiences of microaggressions with others, such as peers of color with similar experiences, mentors, family members, religious and spiritual leaders).

Additionally, it may be that some supervisees can overcome their negative experiences in supervision (e.g., racial microaggressions) by focusing on their professional growth and learning from their supervisors' other counseling skills not based on multicultural competence (Ancis & Ladany, 2010). Thus, future studies could examine the variables including supervisees' racial/ethnic identity (Beaumont, 2010; Ladany, Brittan-Powell, & Pannu, 1997), methods of coping with microaggressions (Barnes, 2011), supervisors' general counseling competencies (Ancis & Ladany, 2010), and supervisee and supervisor personality variables to better understand the impact of experiencing racial microaggressions in supervision on supervisees of color.

Counseling Self-Efficacy as the Outcome Variable

Since hypothesis two and four used counseling self-efficacy as the outcome variable, they will be discussed together in this section. Hypothesis two tested whether supervisory working alliance would partially mediate the relationship between racial microaggressions and counseling self-efficacy. After controlling for current level of training, the present results showed no

significant mediation by supervisory working alliance on the relationships between racial microaggressions and the three subscales of counseling self-efficacy: hypothesis 2a - microskills; hypothesis 2b - counseling process; and hypothesis 2c - attending to difficult client-related behaviors. Thus, all three parts of hypothesis two (i.e., 2a, 2b and 2c) were not supported.

The present study found empirical support suggesting that racial microaggressions is negatively related to supervisory working alliance, which is consistent with previous studies (Beaumont, 2010; Constantine & Sue, 2007). However, it did not find support for the mediation in that supervisory working alliance did not partially mediate the relationship between racial microaggressions and counseling self-efficacy. This may have occurred because the measure to assess working alliance in this study was focused on examining the quality of the alliance between supervisors and supervisees (e.g., "My supervisor helps me talk freely in our sessions"; Efstation et al., 1990), but did not specifically ask about racial/cultural issues in supervision. It may also be that supervisory working alliance in the absence of such discussions neither decreases nor increases the impact of racial microaggressions on the counseling self-efficacy for supervisees of color.

A review of bivariate correlations indicated that experiencing racial microaggressions was not significantly correlated to either of the subscales of counseling self-efficacy. This may have occurred because of the relatively low report (i.e., RMA_{mean} = 26.42, SD = 11.42, range = 15-59) of experiencing racial microaggressions by supervisees of color in this sample. In comparison to the report of racial microaggressions by counseling trainees of color in Beaumont's (2010) dissertation (i.e., RMA_{mean} = 17.20, SD = 8.21, range = 15-59), it appears that participants in this study reported a greater mean (i.e., approximately 11 points higher). The relatively low of means may be attributable to supervisees not experiencing racial

microaggressions in supervision, or due to their difficulties detecting microaggressions when perpetuated by supervisors.

In addition, because the sample consisted of primarily advanced and internship level supervisees, and specifically excluded supervisees in their first year of practicum, it may be that the counseling self-efficacy ratings by this sample may not be representative of the larger population of supervisees at all levels of training. This will be further elaborated in the section for the reasons for differences in significant mediations for multicultural and not counseling self-efficacy. It was also expected that supervisory working alliance would predict counseling self-efficacy; however, the strength of the relationship between supervisory working alliance and counseling self-efficacy subscales differed.

Supervisory working alliance positively and significantly influenced counseling self-efficacy microskills; this finding may have emerged due to the inclusion criteria wherein participants must have completed at least one year of practicum. Since participants in this study had to have completed at least one year of practicum, it is possible that they had opportunities to learn and practice counseling microskills (e.g., reflect feelings, engage in active listening, ask questions for clarification) during this first year of training. Furthermore, Daniels and Larson (2001) reported an increase in the COSE-scale scores for trainees who had at least one semester of supervision in comparison to no supervision. Thus, it is possible that these supervisees in this study, who were in their advanced practicum and above, were confident about their ability to perform microskills (e.g., reflect feelings, engage in active listening). Additionally, because microskills are likely developed in students' first year of practicum, it is possible that their current supervisors did not necessarily focus upon these specific types of skills in supervision. Thus, it is possible that there was no significant mediation by supervisory working alliance on

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the relationship between racial microaggressions and supervisees' efficacy of their microskills.

Supervisory working alliance did not significantly predict supervisees' counseling process and attending to difficult client behavior. Since the measure used to assess working alliance (i.e., SWAI; Efstation et al., 1990) had two subscales, Rapport (12 items) and Client Focus (6 items), the way that working alliance was measured in the current study may not have necessarily captured issues addressing specific client within the context of working alliance. For example, only one item of the Client Focus subscale assessed whether supervisors addressed alternative methods of interventions with their supervies. Similarly, little emphasis was placed on how supervisors and supervisees explored and processed case conceptualization in supervision. This could have influenced the lack of significant relationship between working alliance and counseling process (i.e., honing conceptualization skills, timing of their interventions) and supervision effects when dealing with difficult client related behaviors. Moreover, majority of the data was collected when supervisees joined a new site for their practicum/ internship training in the fall semester. Due to this, supervisees may have required some additional time to adjust to as new setting, and to understand and serve the specific clientele. This could have potentially influenced their self-efficacy for attending to difficult client behaviors, and subsequently influenced the non-significant correlation between it and working alliance. In addition, supervisees' current level of training, which was used as a control variable, appeared to have significant but small effect on both supervisees' counseling process and attending to difficult client behavior.

Hypothesis 4, which also used counseling self-efficacy subscales as its outcome variables, yielded similar findings to that of hypothesis two. After controlling for supervisees' current level of training, it was found that perceived supervisor multicultural competence did not

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mediate the relationship between experiences of racial microaggressions in supervision and three subscales of counseling self-efficacy variable: hypothesis 4a – microskills; hypothesis 4b - counseling process; and hypothesis 4c - attending to difficult client-related behaviors. Thus, hypothesis four (i.e., 4a, 4b and 4c) was not supported.

The above findings may have occurred as the scale used to measure perceived supervisor multicultural competence (SMCI; Inman, 2006) focused on assessing the role of supervisors in aiding supervisees' personal development, conceptualization and interventions, specifically in the context of multicultural issues in supervision. Since supervisors tend to have diverse theoretical orientations (Kennard, Stewart, & Gluck, 1987; Ladany, Walker, Pate-Carolan, & Evans, 2007) and styles of supervision (Friedlander & Ward, 1984), which were not measured and beyond the scope of this study, it is possible that perceived supervisor multicultural competence did not necessarily influence supervisees' general counseling self-efficacy (e.g., micro skills). For example, supervisors may not focus as much on multicultural issues but that does not mean that they are not contributing to the development of their supervisees' general counseling self-efficacy (e.g., micro skills).

Due to the varying degree to which graduate programs train students on multicultural issues, supervisees' general counseling self-efficacy (e.g., micro skills) may or may not be influenced by perceived supervisor multicultural competence. Supervisees of color who consider multiculturalism as integral to their theoretical orientation may be more impacted by perceived supervisor multicultural competence. However, this is difficult to determine in this sample because theoretical orientations were not included in this study.

Additionally, experiencing racial microaggressions was not significantly correlated with any of the subscales of counseling self-efficacy. In this light, it seems like perceived supervisor

multicultural competence did not aid in explaining the effect of racial microaggressions on general counseling self-efficacy for supervisees of color.

Based on the strong and positive correlation between racial microaggressions and perceived supervisor multicultural competence, it can be considered that this finding provided empirical validation for this relationship and is in support of recent, similar research findings (Ancis & Ladany, 2001; Beaumont, 2010; Constantine & Sue, 2007; Inman, 2006). However, there were differences in how perceived supervisor multicultural competence was related to each of the three subscales of counseling self-efficacy. It was found that perceived supervisor multicultural competence positively correlated with microskills and attending to difficult client behaviors, with a medium effect size, while perceived supervisor multicultural competence had a negative non-significant correlation with counseling process.

Similar to the explanation for the microskills subscale for hypothesis two, it is possible that supervisees' self-efficacy for microskills was well developed by the time they participated in this study. Although self-efficacy for microskills was positively associated with perceived supervisor multicultural competence (i.e., $r = .22$; a small effect), perceived supervisor multicultural competence did not mediate the relationship of racial microaggressions on microskills. Perceived supervisor multicultural competence significantly predicted the attending to difficult client behaviors subscale. Since the SMCI scale addressed activities pertinent to clinical situations (Inman, 2006), it appears to have influenced supervision effects when dealing with difficult client related behaviors (i.e., $r = .16$; a small effect). Further, while supervisees joined new sites for their practicum/ internship, they may not only have relied on their own ability to deal with difficult client behaviors from previous settings but also value their supervisors' multicultural competence to positively influence their self-efficacy for attending to

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difficult client-related behaviors. Despite the positive significant association between these two variables, it was found that perceived supervisor multicultural competence did not explain the effects of the negative effect of racial microaggressions on counseling self-efficacy for attending to difficult client-related behaviors.

In the present study, perceived supervisor multicultural competence had a negative but non-significant correlation with counseling self-efficacy counseling process. Although theory (Ancis & Ladany, 2010; Bernard & Goodyear, 2004) and recent research on supervision would suggest that perceived supervisor multicultural competence predicts higher levels of satisfaction and counseling self- efficacy (Crockett & Hays, 2015; Inman, 2006), this was not found in the present study. Since majority of the data was collected in the fall semester, when supervisees joined a new site for their practicum/ internship training, they would have taken some time to acclimate themselves to the new setting, and may have questioned their confidence to conceptualize and use clinically appropriate interventions with their clients (i.e., counseling process); thus, explaining the negative correlation between perceived supervisor multicultural competence and counseling process. It is also possible that because perceived supervisor multicultural competence was not significantly correlated to this sample's efficacy of counseling process, it does not mediate the influence of racial microaggressions on counseling self-efficacy counseling process.

Multicultural Counseling Self-Efficacy as the Outcome Variable

Hypothesis three and five measured multicultural counseling self-efficacy as the outcome variable, which will be discussed together in this section. First, hypothesis three tested whether supervisory working alliance mediated the relationship between racial microaggressions and multicultural counseling self-efficacy. When supervisory working alliance was added as

mediator, the relationship between racial microaggressions and multicultural counseling self-efficacy was no longer statically significant, which suggests full mediation. This hypothesis was partially supported as only a partial mediation was expected and a full mediation was detected. This result suggests that when experiencing racial microaggressions in supervision, the strength of their supervisory relationship may enable supervisees of color to talk freely and be trustful of their supervisors in processing cultural issues, which further positively influenced supervisees' multicultural counseling self-efficacy (Beaumont, 2010; Dressel et al., 2007; Ladany & Constantine, 2000). The path coefficients in this model detected medium to large effect size. Furthermore, due to their own lived experiences, and addressing these racial microaggressions in cross-racial supervision may have increased supervisees' of color level of awareness and sensitivity about multicultural issues in counseling.

Hypothesis 5 was also partially supported. After adding the mediator, perceived supervisor multicultural competence, the relationship between racial microaggressions and multicultural counseling self-efficacy was fully mediated, and not partially mediated as expected. Numerous researchers have asserted the idea of exploring multicultural issues in supervision, and its positive effects on multicultural counseling competence (Ancis & Ladany, 2010; Chopra, 2013; Constantine, 1997; Killian, 2001). This finding reinforced the importance of supervisors' role of creating an emotionally safe and supportive supervisory environment in initiating the discussion and processing of cultural issues in cross-racial supervision (Ancis & Ladany, 2010; Duan and Roehlke, 2001; Inman, 2006; Ladany, Brittan-Powell, & Pannu, 1997; Sue, Nadal, & Capodilupo et al., 2008). Thus, when experiencing racial microaggressions in supervision, it negatively influenced multicultural counseling self-efficacy, and this relationship was further

reduced and fully explained when perceived supervisor multicultural competence was added as the mediator.

One possible explanation for the full mediation is that in relationships where supervisors racially microaggressed their supervisees of color, their actions may have helped to humanize the *unintentional* nature of committing microaggressions (Sue, Bucceri, Lin, et al., 2007), and as a result, supervisees may have been more open to engaging in multicultural dialogues. This could have further resolved the negative influences of racial microaggressions on multicultural counseling self-efficacy. Additionally, when perceived supervisor multicultural competence was high, supervisees of color may have also been able to explore their cultural heritage, assess their prejudices and biases regarding clients' multicultural factors, and the manner through which it impacts and translates into their counseling experiences (Ancis & Ladany, 2010; Dressel et al., 2007; Inman, 2006; Sue et al., 1982; Sue & Sue, 2003). Therefore, based on these two findings, it is possible that these supervisors may have served as positive role models and that supervisees of color may have felt empowered to discuss racially laden issues in supervision as well as with their clients.

Why did we find Significant Mediations for Multicultural and not Counseling Self-efficacy?

These differences were surprising, and could have emerged due to multiple reasons. The full mediation for hypothesis three and five possibly occurred because supervisees in this study may have been more sensitive and aware about multicultural issues, and its influences on counseling clients because of their own personal and lived experiences in assimilating within American culture (Sue, Bucceri, Lin, et al., 2007; Sue et al., 2009). Another possible explanation is that the COSE scale (Larson, 1998) measured broader aspects of counseling self-efficacy such as self-

efficacy of behavioral implementation of counseling skills, in comparison to the CCCI-R scale (LaFromboise et al., 1991) that measured multicultural awareness, knowledge and skills. Given this difference, it is possible that these two measures have assessed different domains for supervisees' general and multicultural counseling self-efficacy. One way to address this situation is to examine the subscales of multicultural counseling self-efficacy in different mediation analyses, as this may shed light on the nature of the impact on racial microaggressions on supervisees' efficacy regarding their multicultural awareness, knowledge when conceptualizing clients and developing treatment plans, and multicultural skills when using interventions in counseling.

The development of counseling self-efficacy is likely linear (i.e., more training and clinical experience increases counseling self-efficacy; Melchert, Hays, Wiljanen, & Kolocek, 1996). However, multicultural counseling self-efficacy may be non-linear such that its development may likely be influenced by real-life circumstances such as supervisees experiencing racial discrimination themselves which may then contribute to their multicultural awareness and knowledge. When supervisees of color encounter racial discrimination and microaggressions, it is possible that their ability to identify and work through these experiences is related to the stage of their racial identity development. For example, supervisees of color who are at the fourth stage of racial identity development (Helms, 1995), known as internalization stage, are more likely to be secure about their racial identity and more comfortable in expressing their about race-related attitudes. When supervisees at this level experience racial microaggressions, it is possible that their emotional reactions to this event may influence their racial identity and result in a regression to an earlier racial identity stage (i.e., encounter stage). In this process, supervisees may be forced to acknowledge this race-related

event and its possible negative effects on them, and thereby making their racial identity more fluid. Thus, changes in students' racial and cultural environments, as well as the socialization process of these events, will likely influence their multicultural awareness and knowledge of issues in counseling. Thus, in this light it is possible that multicultural counseling self-efficacy is more susceptible to change than general counseling self-efficacy.

In order to explore additional facets of supervisory working alliance that may influence counseling self-efficacy, it is suggested to use another measure (e.g., the Working Alliance-Trainee version; Bahrick, 1990). In addition to assessing emotional bond (i.e., Rapport subscale from the SWAI; Efstation et al., 1990), the Working Alliance- Trainee version (Bahrick, 1990) will further examine goals and agreement on tasks for supervision as separate subscales that provide further clarification for the supervision effects on general counseling self-efficacy. Previous studies have also frequently used the total score for counseling self-efficacy (COSE; Larson, 1998; Nilsson & Duan, 2007); however, in the present study only three subscales were used that could have impacted the stability of the COSE measure. Lastly, because separate mediation analyses were conducted, the correlation between each of the three subscales could not be accounted for, thereby influencing the findings. Thus, further investigation of the relationships between supervisory working alliance, perceived supervisor multicultural competence and general counseling self-efficacy in the context of racial microaggressions is warranted.

Although structural equation modeling could have been used to analyze this data and the correlation between the subscales for counseling self-efficacy could have been accounted for in the model, I chose to conduct mediation analyses using the Barron and Kenny (1986) method and INDIRECT Macro (Preacher & Hayes, 2008). By using the aforementioned analysis, I was

able to obtain the indirect effects for each proposed model, particularly for the subscales of counseling self-efficacy as the outcome variable. Since no prior studies had examined and established these relationships within the context of racial microaggressions in supervision, using the Barron and Kenny (1986) method and INDIRECT Macro (Preacher & Hayes, 2008) for testing mediation is considered an appropriate method for this study. Additionally, since APA has asserted that multicultural competence (APA, 1996, 2002) is one of the major benchmarks for professional training for supervisors and supervisees, the findings of this study further contribute to the literature and assert the important role played by supervisor multicultural competence in positive impacting supervisee development, particularly multicultural counseling self-efficacy. Overall, this study makes a unique contribution to the literature regarding empirical evidence that supervisory working alliance and perceived supervisor multicultural competence certainly mediate the relationship between racial microaggressions and the multicultural counseling self-efficacy for supervisees' of color.

Limitations

The results of this study must be considered in light of multiple limitations. The correlation descriptive design used in this study tends to have low internal validity due to lack of random assignment (Heppner, Kivlighan, & Wampold, 2008). This indicates that other extraneous factors may have influenced participant experiences, which were not necessarily controlled for in this study. As correlation designs lack of experimental manipulation, it does not warrant for cause-effect relationships. Due to lack of random selection of participants, the generalizability to the target population (i.e., supervisees of color) is reduced. Although a good effort was made to recruit supervisees of color by emailing various listserves and training directors of APA and non-APA accredited programs, it is difficult to know if there were

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differences in their experiences related to supervision for those in APA-accredited versus non-APA accredited programs, and within APA accredited internship programs. The present study also used snowball sampling, which may have influenced response bias. While only 57% ($n = 217$) chose to complete the survey, the attrition rate was 43% for this data. Due to the lack of contact with these participants, it is difficult to know and understands reasons for which they may have dropped out of this study.

A possible explanation for attrition is the length of the survey that may have deterred participation, for example, the demographic questionnaire was lengthy and could have deterred respondents from participating in this study. Another possibility is that participants may have felt uncertain about responding to the survey as thinking about racial microaggressions can evoke unpleasant feelings, confusion or distress. When comparing participation, it appeared that those who completed the survey demonstrated specific demand characteristics including being more interested in racial and cultural factors in supervision, and awareness about racial microaggressions and their own experiences, in comparison to those who did not participate. It could be that some supervisees who may have experienced greater amounts of racial microaggressions were discouraged from participating in this study because of their previous experiences. This may have influenced the data resulting in the relatively low reported rate of racial microaggression in this sample. Furthermore, respondents' self-report of racial microaggressions in their current supervision may have also been influenced by factors not necessarily evaluated in this study (e.g., supervisees' racial identity development and prior experiences of microaggressions in other social contexts). It is also possible that participants' interpretation of items of the scales may have differed from those intended by the instruments' authors (Inman, 2006).

Another area to improve in this study is related to the use of The Racial Microaggressions in Supervision Checklist (RMA; Constantine & Sue, 2007). It was created based on the report of experiences of racial microaggressions predominantly by African American/ Black- identified supervisees. Hence, additional information about the validity for diverse racial/ethnic minority supervisees is warranted. Lastly, this checklist appeared to assess primarily behavioral patterns of racial microaggressions as they may have occurred in supervision, and less is known about the manner through which it affected supervisees' of color both emotionally and experientially (Beaumont, 2010).

Implications for Practice

The present study sheds light on the negative effect of racial microaggressions on supervisory working alliance (i.e., relating to one's supervisor and feeling safe to share client concerns) in cross-racial supervision. Per the recent report by the Commission on Accreditation (APA, 2015), it stated that a total of 20,476 students are enrolled in the United States in APA accredited counseling and clinical doctoral programs. It is noted that 6, 620 self-identified as racial/ethnic minority students and this group included first year students who were not in practicum (APA, 2015). These students constituted approximately 32% of the total doctoral student population in the United States. Although this study's sample excluded first year trainees of color while the total racial/ethnic minority student population included it, I assessed for the ratio of the sample of my study to the total racial/ethnic minority students in APA accredited doctoral programs. It appears that the present sample represented approximately 2.64%, or possibly more, of the total racial/ethnic minority doctoral student population. Since this study was the first to focus primarily on experiences of supervisees of color in cross-racial supervision, it is unknown whether this response rate would be considered as strength of this

study. However, due to the dearth of research on supervisees of color specifically, these findings add a significant contribution to the literature.

Based on the findings, it appeared vital that supervisors address multicultural issues in supervision, including racial microaggressions in supervision. Specifically, perceived supervisor multicultural competence was found to partially mediate the relationship between racial microaggression and supervisory working alliance (Crockett & Hays, 2015; Ladany et al., 1999). Thus, reinforcing the need to use a broader conceptualization of supervision, particularly multicultural competence of supervisors (Inman, 2006; Ladany, Brittan-Powell, & Pannu, 1997; Ladany, Inman, Constantine, & Hofheinz, 1997), and its importance in improving working alliance as racial microaggressions occurred in supervision (Ancis & Ladany, 2010; Constantine & Sue, 2007).

We also found that (i) supervisory working alliance, and (ii) perceived supervisor multicultural competence fully mediated the relationship between racial microaggressions and supervisees' multicultural counseling self-efficacy. This suggested that working alliance and supervisor multicultural competence are meaningful and critical factors within the supervision process, and influences supervisees' confidence in their multicultural competencies. These two factors are also likely to positively contribute to supervisees' ability to receive feedback and address aspects of their development as a counselor, particularly their multicultural competencies. Similar to the research supporting "common factors" in the counseling process (Wampold & Imel, 2015), and as proposed by Inman (2006), this study asserts the value in considering supervisory working alliance and perceived supervisor multicultural competence as "common factors" in supervision. Common factors in counseling are typically described as shared elements across different modalities of psychotherapies (e.g., therapist empathy). Thus,

within the context of supervision, it is proposed that supervisory working alliance and multicultural competence are common elements to aide in supervisee development.

Notably, no hypotheses were supported with counseling self-efficacy subscales as the outcome variables. Although not measured in this study, factors such as prior experiences in supervision, and current supervision variables including supervisors' general counseling competence, supervisee and supervisor style (e.g., direct versus collaborative; Friedlander & Ward, 1984) may influence perceptions of supervisees' counseling self-efficacy. Since counseling self-efficacy is a broad concept (Larson & Daniels, 1998), it appears critical to investigate other supervision factors contributing to the development of general counseling competencies of supervisees of color (Constantine, 2001; Crockett & Hays, 2015) especially in the context of multicultural issues as they exist and emerge in supervision.

Due to the increase in racial/ethnic minority supervisees and clients, the mediation models can extensively inform the practice of supervision. While prior studies have primarily used qualitative methodology to explore impact of racial microaggressions (Constantine, 2001; Constantine & Sue, 2007), and Beaumont's (2010) quantitative study consisted of predominantly White-Euro American supervisees, this was the first quantitative study that aided to establish direct and indirect effects of racial microaggressions on supervisees of color in cross-racial supervision. Furthermore, prior research on supervision has been predominantly based on supervision provided by White supervisors, and this study has made a vital contribution to the literature by focusing on cross-racial supervision, majority of dyads between White supervisors and supervisees of color.

It appears important to acknowledge that *any supervision* that involves individuals from varied cultural backgrounds must address multicultural issues in supervision. Thus, supervisors

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can use the mediation models to further conceptualize and foster supervisee development by discussing racial and cultural issues (e.g., racial microaggressions) within their supervisory relationship. In doing so, they will likely serve as positive role models for their supervisees to address similar issues in counseling by likely promoting supervisees' development, specifically, their multicultural self-efficacy. Thus, these findings are indeed a crucial step in the right direction.

A crucial yet meaningful implication of this study is that racial microaggressions are likely to occur in supervision; however, what appears important is how it gets addressed within the supervisory dyad. The following aspects are considered vital in order to lessen the negative effect of racial microaggressions on supervisees of color: (i) openness and willingness by supervisors to acknowledge and address racial and cultural issues in supervision, (ii) rapport in the supervisory relationship, and (iii) ability of supervisors to help supervisees explore and share the impact of microaggressions on themselves and as it occurs with clients.

It appears important for supervisors to increase their awareness when they commit racial microaggressions in supervision due to the inherent power in the supervisory dyad. Thus, following the guidelines for multicultural supervision (APA, 1996, 2002), both, supervisors and supervisees of color can be supported via trainings and seminars on multicultural issues in supervision. These trainings can include opportunities to engage in cross-cultural dialogues, acknowledge the occurrences of racial microaggressions, and most importantly having an openness to learn about the impact of microaggressions on recipients rather than justifying their intent. In addition to discussing behavioral patterns and responses, it will be beneficial to explore how racial microaggressions influence supervisees of color emotionally. Lastly, experiential activities (e.g., peer supervision and review of supervision recordings or case

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vignettes) can be used to facilitate self-reflection of committing racial microaggressions, and developing empathy for those who commit and those who are recipients of microaggressions.

Future Directions for Research

Given the nature of racial microaggressions, which are not easily identifiable, and may often take time to process, it is possible that supervisees of color may have under-reported occurrences of microaggressions in cross-racial supervision, which accounts for the relatively low report of racial microaggressions in current supervision. Thus, future investigators are encouraged to conduct experimental manipulation using case vignettes, retrospective and on-going reflection of current supervision, to further examine variables in this study. In addition, I screened for invalid responses and did not find any, which suggested a lack of support for agreement bias by respondents.

To further understand the relatively low report of racial microaggressions in the present study, it may be helpful to explore racial/ ethnic identity development and colorblind racial attitudes of supervisees of color. Being at varying levels of racial identity development will likely to influence supervisees' ability to identify, interact and respond to racial microaggressions in cross-racial supervision. In addition, prior studies have discussed the role of racial identity development of supervisees on supervisory working alliance (Ladany, Brittan-Powell, & Pannu, 1997), and multicultural competence (Constantine, Warren, & Miville, 2005; Ladany, Brittan-Powell, & Pannu, 1997); however, only one study examined it within the context of racial microaggressions (Beaumont, 2010). Hence, future research must explore supervisees' racial/ethnic identity development, and its influence not only perceptions of racial microaggressions in supervision but also on supervisees' multicultural counseling self-efficacy.

Based on the taxonomies of racial microaggressions (Appendix A), it is time to measure

the broader conceptualization of racial microaggressions and examine the nuanced differences that supervisees of color may experience in cross-racial supervision based on their racial/ethnic and cultural identities. For example, given experiences of racism, internalized racism and prevalence of racial prejudices, one may question about the different types of microaggressions (i.e., microinsults, microinvalidations) experienced by African American/ Black supervisees versus Asian/Asian American supervisees. Future research should focus on the scale development with shorter measures that address different types of racial microaggressions and incorporate a short measure to assess racial/ethnic identity, which are relevant and can clearly investigate subtle and covert forms of racism that occur in cross-racial supervision.

Specific to supervision, this study was not able to assess supervisees' of color working alliance prior to and after the occurrence of racial microaggressions in cross-racial supervision and its impact on counseling and multicultural counseling self-efficacy. Thus, it is recommended to engage in a mixed-method and longitudinal study (Lau & Williams, 2010) and to acquire corroborating evidence, from both supervisees and their supervisors about experiences in cross-racial supervision to further identify how they resolve the influence of racial microaggressions on supervisee development in supervision. I also recommend using alternative measures for working alliance and accounting for the inter-correlations between the COSE (Larson & Daniels, 1998) subscales in future analyses.

When examining the relationship between the effect of racial microaggressions and supervisee development in cross-racial supervision, future researchers may consider examining methods of coping (e.g., seek social support from mentors, other trainees of color) with racial microaggressions by supervisees of color and related supervision and counseling outcomes. Thus, one might examine whether coping moderates (i.e., buffers) the relationship between racial

microaggressions and (i) supervision outcomes, and (ii) counseling outcomes. Lastly, since supervision occurs within a dyad, another limitation of this study is that it only examined the perceptions of supervisees of color. Thus, it will be valuable to explore supervisors' perspectives of committing racial microaggressions in supervision, its impact on supervisory working alliance and their own multicultural competence, as well as its impact on supervisee development via group supervision.

Conclusion

The present study helped bridge the gap by providing empirical evidence for the influence of racial microaggressions in cross-racial supervision by supervisees of color. Specifically, it showed that perceived supervisor multicultural competence partially mediated the relationship between racial microaggressions and supervisory working alliance. Both, supervisory working alliance and perceived supervisor multicultural competence fully mediated the relationship between racial microaggressions and multicultural counseling self-efficacy; however, no support for the mediation was found in this sample for counseling self-efficacy. Finally, despite one's cultural identification, it is important to acknowledge and recognize that *all* of us are likely to commit racial microaggressions in training and supervision, which appears to certainly affect supervisees of color and differ facets of their development.

APPENDIX A

TAXONOMIES OF RACIAL MICROAGGRESSIONS

Category: Microinsults		
Themes	Examples	Assumptions
• Ascription of intelligence	A teacher looks upto an Asian student for answers to the math questions.	Asians and Americans are generally good at math.
• Second-class Citizen	A POC is considered for a service worker.	POC are not considered to hold high status positions and it is presumed that POCs are lesser beings.
• Pathologizing cultural values/communication styles	Asking a Black person "Why are you and people in your culture loud and animated?" or telling an Asian "You must be more assertive and verbal."	Presuming the values and communication styles of POC to be abnormal and expecting them to assimilate to dominant culture.
• Criminality/assumptions of criminal status	A Caucasian woman locks her door when she sees a Black man.	POC are assumed to be criminals, dangerous or are deviant based on race.
Category: Microinvalidations		
Themes	Examples	Assumptions
• Alien in own land	"You speak really good English." or asking a racial/ethnic minority ""Where are your really from?"	Treating visible racial/ethnic minority citizens as foreigners.
• Color blindness	"There is only one race, the human race."	Denying and nullifying POCs racial and ethnic experiences.
• Myth of meritocracy	"Blacks just need to work harder to be qualified for the job." Or "It is not fair that Blacks are given scholarships."	Belief that race plays a minor role in one's life success or that POCs are given unfair benefits due to their race.
• Denial of individual racism.	"I am not a racist because I have many Asian friends." Or "Our organization does not discriminate because we have a diverse staff"	Denying one's tendency to be racially insensitive or one's role in perpetuating racism.

Note: Based on Sue, Bucceri, Lin, et al., (2007).

APPENDIX B

LIST OF ORGANIZATIONS CONTACTED TO RECRUIT PARTICIPANTS

Sr. No	Organizations
1	American Psychological Association (APA), Division 12 [Clinical Psychology]

- Advancement of Women
- Ethnic and Racial Diversity
- Supervision & Training
- International
- University Counseling Centers

Sr. No	Organizations
2	American Psychological Association (APA), Division 17 [Counseling Psychology]

- Division on South Asian Americans (DoSAA)
- Division on Filipino Americans

Sr. No	Organizations
3	American Psychological Association (APA), Division 45 [Racial/Ethnic Minorities]
4	American Psychological Counseling of Graduate Students (APAGS)
5	American Counseling Association (ACA)
6	Asian American Psychological Counseling (AAPA)
7	Association of Black Psychologists (ABPsi)
8	National Latina/o Psychological Association (NLPA)

APPENDIX C

EMAIL INVITATION TO PARTICIPATE

Dear Potential Participants,

My name is Niyatee Sukumaran, and I'm a doctoral candidate in Counseling Psychology at the University of Missouri-Kansas City (UMKC). Under the supervision of my advisor, Dr. Johanna E. Nilsson, I am currently conducting a study regarding trainees' experiences of racial microaggressions in supervision.

In order to participate, you must meet the following criteria:

i. You need to identify as a *racial/ethnic minority or as an international student* in masters and doctoral programs in counseling, school and clinical psychology and marriage and family therapy or related applied training programs.
ii. You need to be currently in supervision in a practicum or pre-doctoral internship
iii. You must be in a cross-racial supervision dyad (i.e., supervisor and supervisee belong to different racial/ethnic groups).
iv. You need to have completed one year of supervised practicum.
v. You need to be in at least the fourth week of supervision with their current supervisor.

If you are interested in participating, you will be asked to complete an anonymous online survey that will take approximately 20-25 minutes. If you are interested in participating, please click on the following link: https://redcap.umkc.edu/surveys/?s=7DJC3D9KTE

Or, if you would like further information, please email Niyatee Sukumaran at nst6c@mail.umkc.edu.

For your participation, you may choose to enter a raffle to win one of ten $25.00 Amazon.com gift cards. Please note that in order to be entered in the raffle, you must complete the entire survey.

This study, protocol number 15-162, has been approved by University of Missouri-Kansas City's Institutional Review Board. If you have any concerns about your rights as a participant please call 816-235-5927.

Thank you very much for your consideration.

Niyatee Sukumaran, M.A.,
Doctoral Candidate
University of Missouri-Kansas City
nst6c@mail.umkc.edu

APPENDIX D

DEMOGRAPHIC QUESTIONNAIRE

Instructions: Please answer each of the following questions honestly.

1. Please identify your biological sex assigned at birth:
    a. Female
    b. Male
    c. Other (please specify): _____

2. Please identify your gender identification:
    a. Man
    b. Transgender Man
    c. Transgender Woman
    d. Woman
    e. Other (please specify): _____

3. Please identify your age in years: _____

4. Please identify your race/ethnicity/cultural identity (check all that apply):
    a. Arab American
    b. Asian/Pacific Islander
    c. Black/African American
    d. Caucasian/White/European American
    e. East Indian
    f. Hispanic/Latina
    g. Middle Eastern
    h. Multiracial/ethnic
    i. Native American/American Indian
    j. West Indian
    k. International student
    l. Other (please specify): _____

5. Please identify your sexual orientation:
    a. Bisexual or pansexual
    b. Lesbian or gay
    c. Straight or heterosexual
    d. Other (please specify): _____

6. Your highest degree received:

a. B.S.
b. B.A

c. M.A.
d. M.S.
e. M.Ed.
f. M.S.W.
g. Ph.D.
h. Psy.D.
i. Ed.S.

7. Approximate Family Income (Check one):

$0-15,000 $15,000-20,000 $20,000-30,000 $30,000-40,000 $40,000-50,000

$50,000-60,000 $60,000-70,000 $70,000-80,000   greater than $80,000

8. How many supervisors have you had? _____

9. Your current field of graduate study is:

a. M.A./M.S.:
            a. Mental health
            b. Community
            c. School
            d. Couples and Family
            e. Other:_____
b. PhD:
            a. Counseling psychology
            b. Clinical psychology
            c. School
            d. Combined
            e. Other:_____
c. PsyD:
            a. Counseling psychology
            b. Clinical psychology
            c. School
            d. Combined
            e. Other:_____
d. Other _____

11. What year of your graduate program are you in?

a. First year
b. Second year
c. Third year
d. Fourth year

e. Fifth year
f. Sixth year
g. Seventh year
h. Other _____

12. How many semesters of practica have you completed : _____

a. Beginning practicum
b. Advanced practicum
c. Other _____

13. What training have you received in multicultural issues (Check all that apply):
a. Academic course
b. Workshop
c. None
d. Other _____

14. Approximate number of months of counseling experience with individual /family/group clients you have completed in your lifetime:

Individual (_____)
Couple (_____)
Family (_____)
Group (_____)

15. Of these months of counseling experience, how many were supervised? _____

16. Your **primary** theoretical orientation(s) with which you conceptualize and approach the treatment of clients: _____   _____   _____   _____

Primary/Current Supervisor's information:

17. Please identify your supervisor's race/ethnicity/cultural identity (check all that apply):
    a. Arab American
    b. Asian/Pacific Islander
    c. Black/African American
    d. Caucasian/White/European American
    e. East Indian
    f. Hispanic/Latina
    g. Middle Eastern
    h. Multiracial/ethnic
    i. Native American/American Indian
    j. West Indian

k. International student
l. Other (please specify): _____
m. Do not know

18. What training has you supervisor received in giving supervision (Check all that apply):

a. Academic course
b. Workshop
c. None
d. Other _____
e. Do not know

19. What training has your supervisor received in multicultural issues (circle all that apply):

a. Academic course
b. Workshop
c. None
d. Other _____
e. Do not know

20. Supervisor's primary employment setting (e.g., CMHC, counseling center):_____

21. For how many years long has the supervisor been supervising students?

a. Please indicate in years: _____
b. Do not know

22. Supervisor's **primary** theoretical orientation(s) with which he/she conceptualize and approach the treatment of clients: _____   _____   _____

23. Supervisor's **primary** theoretical orientation(s) with which he/she conceptualize and approach supervision:

_____   _____   _____   _____

24. How long have you been working with this supervisor _____

25. Enlist the location (State, City) in which you are seeking supervision currently
_____

SUPERVISORY WORKING ALLIANCE INVENTORY: TRAINEE FORM

Instructions: Please indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisee. After each item, check (X) the space over the number corresponding to the appropriate point of the following seven-point scale:

1	2	3	4	5	6	7

Almost Never   Almost Always

1. I feel comfortable working with my supervisor.
2. My supervisor welcomes my explanations about the client's behavior.
3. My supervisor makes the effort to understand me.
4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.
5. My supervisor is tactful when commenting about my performance.
6. My supervisor encourages me to formulate my own interventions with the client.
7. My supervisor helps me talk freely in our sessions.
8. My supervisor stays in tune with me during supervision.
9. I understand client behavior and treatment technique similar to the way my supervisor does.
10. I feel free to mention to my supervisor any troublesome feelings I might have about him/her.
11. My supervisor treats me like a colleague in our supervisory sessions.
12. In supervision, I am more curious than anxious when discussing my difficulties with clients.
13. In supervision, my supervisor places a high priority on our understanding the client's perspective.
14. My supervisor encourages me to take time to understand what the client is saying and doing.
15. My supervisor's style is to carefully and systematically consider the material I bring to supervision.
16. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.
17. My supervisor helps me work within a specific treatment plan with my clients.
18. My supervisor helps me stay on track during our meetings.
19. I work with my supervisor on specific goals in the supervisory session.

APPENDIX F

SUPERVISORY MULTICULTURAL COMPETENCY FORM

The purpose of this inventory is to measure your perceptions of your **SUPERVISOR'S** multicultural supervision competencies. For the purpose of this scale, multicultural supervision competencies refer to supervisor's awareness, knowledge, and skills related to multicultural/cross-cultural issues in supervision. For the purposes of this study, please rate your most recent primary supervisor. Please try to answer all questions to the best of your ability, even if your supervisor has not dealt directly with the issues covered in this inventory.

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

Please indicate the extent to which you believe that your supervisor:
1. actively explores and challenges his/her own biases, values and worldview and
    how these issues relate to conducting supervision.   1 2 3 4 5 6

2. is knowledgeable about his/her own cultural background and its influence on
    his/her own attitudes, values, and behaviors.   1 2 3 4 5 6

3. possesses knowledge about the backgrounds, experiences, worldviews, and
    histories of culturally diverse groups.   1 2 3 4 5 6

4.   is knowledgeable about alternative helping approaches other than those
    based in North American and North European contexts.   1 2 3 4 5 6

5. possesses knowledge and keeps informed of the theoretical and empirical
    literature on multicultural counseling and multicultural supervision.   1 2 3 4 5 6

6. is knowledgeable about the limitations of traditional therapies with diverse
    clientele, such as women, racial/ethnic minorities and gay and lesbian clients. 1 2 3 4 5 6

7. facilitates the exploration of supervisees' identity development
    (e.g., race, ethnicity, gender, sexual orientation).   1 2 3 4 5 6

8. facilitates supervisees' exploration of values, attitudes, biases and behaviors
    and their impact on working with diverse clients.   1 2 3 4 5 6

9. helps supervisees' understand the impact of social structures on
    supervisee and client behavior, including how class, gender, sexual orientation and racial
    privilege may benefit the supervisee.   1 2 3 4 5 6

10. encourages supervisees' to participate in activities (e.g., support groups, reading

groups, attendance at conferences and professional organizations) that foster multicultural competencies.   1 2 3 4 5 6

11. facilitates supervisee's understanding of the impact of racism, oppression, and discrimination on client's lives in order to minimize client victimization and the pathologizing of client issues.   1 2 3 4 5 6

12. facilitates supervisees' understanding of both individual and contextual factors in clients' lives.   1 2 3 4 5 6

13. facilitates supervisees' understanding of culture-specific norms, as well as heterogeneity within groups.   1 2 3 4 5 6

14. encourages supervisees' to discuss clients' individual, group, and universal identities in case conceptualizations.   1 2 3 4 5 6

15. promotes supervisees' understanding of how stereotyping influences case conceptualizations, treatment objectives, and choice of interventions.   1 2 3 4 5 6

16. discusses with supervisees' the implications of an over-reliance or under-reliance on cultural explanations for psychological difficulties.   1 2 3 4 5 6

17. helps supervisees' explore alternative explanations to traditional theoretical perspectives.   1 2 3 4 5 6

18. explores with supervisees' the limitations and cultural biases of traditional psychological assessment.   1 2 3 4 5 6

19. trains supervisees' in multiple methods of assessment.   1 2 3 4 5 6

20. models and trains supervisees' in a variety of verbal and nonverbal helping responses.   1 2 3 4 5 6

21. encourages supervisee's flexibility with regard to traditional interventions and the use of alternative therapeutic interventions (e.g., group participation, indigenous helping networks).   1 2 3 4 5 6

22. encourages supervisees' to gain knowledge of community resources that may benefit clients.   1 2 3 4 5 6

23.   assists in helping supervisees' develop client advocacy skills.   1 2 3 4 5 6

24. encourages supervisees' to collaborate with clients in the identification of therapeutic goals and objectives.   1 2 3 4 5 6

25. assists supervisees' in identifying when an appropriate referral to an outside resource or to another counselor may be necessary.   1 2 3 4 5 6

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

26. is honest about his/her own biases and struggles to achieve cultural competence.

1 2 3 4 5 6

27. is able to competently and effectively work with culturally diverse supervisees. 1 2 3 4 5 6

28. fosters a climate that facilitates discussion of diversity issues related to counseling.

1 2 3 4 5 6

29. models respect for diversity with supervisee's and clients.   1 2 3 4 5 6

30. uses power constructively in supervision (e.g., jointly establishes objectives and criteria for supervisee performance; develops mechanisms for feedback regarding performance of supervisees' and self; handles supervisees' self-disclosure with respect and sensitivity).

1 2 3 4 5 6

31. attends to and processes issues related to power dynamics between self and supervisee and supervisee and client.   1 2 3 4 5 6

32. provides ongoing evaluation of supervisees' strengths and weaknesses in the area of multicultural counseling.   1 2 3 4 5 6

33. is familiar with instruments that assess multicultural counseling competence. 1 2 3 4 5 6

34. recommends appropriate remedial training to supervisees' who do not demonstrate multicultural counseling competence.   1 2 3 4 5 6

RACIAL MICROAGGRESSIONS IN SUPERVISION CHECKLIST

Instructions: The statements below are intended to represent some situations or events that may have transpired in supervision with your supervisor. Please read each item and circle the response you believe to be true with regard to your CURRENT supervision relationship

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

1. My supervisor avoids discussing or addressing racial or cultural issues that I thought were important.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

2. My supervisor is insensitive about my racial or cultural background.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

3. My supervisor denies or minimizes having racial or cultural biases or stereotypes.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

4. My supervisor thinks that I am overly sensitive about racial and cultural issues.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

5. My supervisor seems unaware of the realities of race and racism.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

6. My supervisor seems to have unconscious racial or cultural stereotypes about me.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

7. My supervisor seems to have some unconscious racial or cultural stereotypes about my clients.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

8. I feel offended in supervision because of my supervisor's racial or cultural insensitivity.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

9. I believe that my supervisor focuses on my clinical weaknesses in supervision because of my racial or cultural group membership(s).

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

10. My supervisor minimizes the importance of racial or cultural issues in our supervision meetings.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

11. My supervisor is very knowledgeable about racial or cultural issues in our supervision meetings.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

12. My supervisor seems reluctant to discuss or process racial or cultural issues with me.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

13. My supervisor seems hesitant to give feedback about my clinical work, possibly for fear of being seen as racist.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

14. My supervisor suggests culturally inappropriate treatment conceptualizations or strategies that may not have fully considered my clients' race or cultural background(s).

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

15. I do not trust my supervisor because of his or her racial or cultural biases or insensitivities.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Almost Always

APPENDIX H

CROSS CULTURAL COUNSELING INVENTORY - REVISED (CCCI-R)

Instructions: The purpose of this inventory is to measure your perceptions about how your own Cross Cultural Competence as a supervisee has been influenced by your CURRENT supervisor. I am interested in your opinion so please make a judgment on the basis of what the statements in this inventory mean to you. In recording your response, please keep the following points in mind:

a. Please circle the appropriate rating under each statement.

b. Please circle only one response for each statement.

c. Be sure you check every scale even though you may feel that you have insufficient data on which to make a judgment—please do not omit any.

1	2	3	4	5	6
Strongly Disagree	Disagree	Slightly Disagree	Agree	Slightly Agree	Strongly Agree

1. Due to the influence of my current supervisor I am aware of my own cultural heritage.

        1   2   3   4   5   6

2. Due to the influence of my current supervisor I value and respect cultural differences.
        1   2   3   4   5   6

3. Due to the influence of my current supervisor I am aware of how my own values might affect each client.
        1   2   3   4   5   6

4. Due to the influence of my current supervisor I am comfortable with differences between supervisee and client.
        1   2   3   4   5   6

5. Due to the influence of my current supervisor I am willing to suggest referral when cultural differences are extensive.
        1   2   3   4   5   6

6. Due to the influence of my current supervisor I understand the current sociopolitical system and its impact on the client.

| 1 | 2 | 3 | 4 | 5 | 6 |

7. Due to the influence of my current supervisor I demonstrate knowledge about client's culture.

| 1 | 2 | 3 | 4 | 5 | 6 |

8. Due to the influence of my current supervisor I have a clear understanding of counseling and therapy process.

| 1 | 2 | 3 | 4 | 5 | 6 |

9. Due to the influence of my current supervisor I am aware of institutional barriers that might affect client's circumstances.

| 1 | 2 | 3 | 4 | 5 | 6 |

10. Due to the influence of my current supervisor I am able to elicit a variety of verbal and non-verbal responses from the client.

| 1 | 2 | 3 | 4 | 5 | 6 |

11. Due to the influence of my current supervisor I am able to accurately sends and receives a variety of verbal and non-verbal messages.

| 1 | 2 | 3 | 4 | 5 | 6 |

12. Due to the influence of my current supervisor I am able to suggest institutional intervention skills that favor the client.

| 1 | 2 | 3 | 4 | 5 | 6 |

13. Due to the influence of my current supervisor I am able to send messages that are appropriate to the communication of the client.

| 1 | 2 | 3 | 4 | 5 | 6 |

14. Due to the influence of my current supervisor I attempt to perceive the presenting problem within the context of the client's cultural experience, values, and/or lifestyle.

| 1 | 2 | 3 | 4 | 5 | 6 |

15. Due to the influence of my current supervisor I am able to present my own values to the client.

<div align="center">1   2   3   4   5   6</div>

16. Due to the influence of my current supervisor I am at ease talking with each client.
<div align="center">1   2   3   4   5   6</div>

17. Due to the influence of my current supervisor I recognize those limits determined by the cultural differences between client and supervisee.
<div align="center">1   2   3   4   5   6</div>

18 Due to the influence of my current supervisor I appreciate the client's social status as an ethnic minority.
<div align="center">1   2   3   4   5   6</div>

19. Due to the influence of my current supervisor I am aware of the professional and ethical responsibilities of a supervisee.
<div align="center">1   2   3   4   5   6</div>

20. Due to the influence of my current supervisor I am able to acknowledge and am comfortable with cultural differences.
<div align="center">1   2   3   4   5   6</div>

COUNSELING SELF-ESTIMATE INVENTORY (COSE)

This is not a test. There are no right or wrong answers. Rather – it is an inventory that attempts to measure how you feel you will behave as a counselor in a counseling situation. Please respond to the items as honestly as you can so as to most accurately portray how you think you will behave as a counselor. Do not respond with how you wish you could perform each item - rather answer in a way that reflects your actual estimate of how you will perform as a counselor at the present time.

Below is a list of 37 statements. Read each statement, and then indicate the extent to which you agree or disagree with that statement, using the following alternatives:

1	2	3	4	5	6
Strongly Disagree	Disagree	Slightly Disagree	Agree	Slightly Agree	Strongly Agree

PLEASE Put your responses on this inventory by marking your answer to the each statement.

1. When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point.
               1   2   3   4   5   6

2. I am likely to impose my values on the client during the interview.
               1   2   3   4   5   6

3. When I initiate the end of a session, I am positive it will be in a manner that is not abrupt or brusque and that I will end the session on time.
               1   2   3   4   5   6

4. I am confident that I will respond appropriately to the client in view of what the client will express (e.g., my questions will be meaningful and not concerned with trivia and minutia).
               1   2   3   4   5   6

5. I am certain that my interpretation and confrontation responses will be concise and to the point.
               1   2   3   4   5   6

6. I am worried that the wording of my responses lack reflection of feeling, clarification, and probing, and may be confusing and hard to understand.

         1   2   3   4   5   6

7. I feel that I will not be able to respond to the client in a non-judgmental way with respect to the client's values, beliefs, etc.

         1   2   3   4   5   6

8. I feel I will respond to the client in an appropriate length of time (neither interrupting the client nor waiting too long to respond).

         1   2   3   4   5   6

9. I am worried that the type of response I use at a particular time, reflection of feeling, interpretation, etc., may not be the appropriate response.

         1   2   3   4   5   6

10. I am sure that the content of my responses, i.e., reflection of feeling, clarification, and probing, will be consistent with and not discrepant from what the client is saying.

         1   2   3   4   5   6

11. I feel confident that I will appear competent and earn the respect of my client.

         1   2   3   4   5   6

12. I am confident what my interpretation and confrontation responses will be effective in that they will be validated by the client's immediate response.

         1   2   3   4   5   6

13. I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities.

         1   2   3   4   5   6

14. I feel that the content of my interpretation and confrontation responses will be consistent with and not discrepant from what the client is saying.

         1   2   3   4   5   6

15. I feel that I have enough fundamental knowledge to do effective counseling.

	1	2	3	4	5	6

16. I may not be able to maintain the intensity and energy level needed to produce client confidence and active participation.

	1	2	3	4	5	6

17. I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand.

	1	2	3	4	5	6

18. I am not sure that in a counseling relationship I will express myself in a way that is natural, without deliberating over every response or action.

	1	2	3	4	5	6

19. I am afraid that I may not understand and properly determine probable meanings of the client's nonverbal behaviors.

	1	2	3	4	5	6

20. I am confident that I will know when to use open or closed-ended probes and that these probes will reflect the concerns of the client and not be trivial.

	1	2	3	4	5	6

21. My assessments of client problems may not be as accurate as I would like them to be.

	1	2	3	4	5	6

22. I am uncertain as to whether I will be able to appropriately confront and challenge my client in counseling.

	1	2	3	4	5	6

23. When giving responses, i.e., reflection of feeling, active listening, clarification, probing, I'm afraid that they may not be effective in that they won't be validated by the client's immediate response.

	1	2	3	4	5	6

24. I do not feel that I possess a large enough repertoire of techniques to deal with the different problems my clients may present.

	1	2	3	4	5	6

25. I feel competent regarding my abilities to deal with crisis situations that may arise during the counseling sessions (e.g., suicide, alcoholism, abuse).

          1   2   3   4   5   6

26. I am uncomfortable about dealing with clients who appear unmotivated to work towards mutually determined goals.

          1   2   3   4   5   6

27. I may have difficulty dealing with clients who do not verbalize their thoughts during the counseling session.

          1   2   3   4   5   6

28. I am unsure as to how to deal with clients who appear noncommittal and indecisive.

          1   2   3   4   5   6

29. When working with ethnic minority clients, I am confident that I will be able to bridge cultural differences in the counseling process.

          1   2   3   4   5   6

30. I will be an effective counselor with clients of a different social class.

          1   2   3   4   5   6

31. I am worried that my interpretation and confrontation responses may not, over time, assist the client to be more specific in defining and clarifying his/her problem.

          1   2   3   4   5   6

32. I am confident that I will be able to conceptualize my client's problems.

          1   2   3   4   5   6

33. I am unsure as to how I will lead my client towards the development and selection of concrete goals to work towards.

          1   2   3   4   5   6

34. I am confident that I can assess my client's readiness and commitment to change.

          1   2   3   4   5   6

35. I feel I may give advice.
                               1   2   3   4   5   6

36. In working with culturally different clients, I may have a difficult time viewing situations from their perspective.
                               1   2   3   4   5   6

37. I am afraid that I may not be able to effectively relate to someone of lower socioeconomic status than me.
                               1   2   3   4   5   6

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VITA

Niyatee Sukumaran was born in Mumbai, India. She grew up in Mumbai, followed by her immigration to Dubai, United Arab Emirates, for a few years during her adolescence. Ms. Sukumaran eventually returned to Mumbai to complete her junior and senior year in high school. After having studied in Catholic-identified and public institutions in Mumbai and Dubai, she decided to pursue her undergraduate education in Mumbai. Due to her academic performance in math and science courses, it was assumed that Ms. Sukumaran would pursue a career in engineering; however, she decided to follow her passion for the helping profession and enrolled in a women's college in Mumbai to pursue her degree in psychology. She graduated with a Bachelor of Arts (B.A.) in Psychology in 2007.

After graduating with her B.A. degree, she immigrated to Florida, United States of America (U.S.A.), to pursue her master's in Clinical Psychology. Ms. Sukumaran was awarded a Master of Arts in Clinical Psychology in December 2010 from the University of Central Florida. In fall of 2011, she pursued her doctoral training at the University of Missouri-Kansas City. Upon completion of her degree requirements, Ms. Sukumaran plans to continue her career as a practicing psychologist at a university-counseling center and is interested in continuing to teach graduate students in psychology.