Racial Identity and Multicultural Supervision as Related to Multicultural Competence: Perceptions of ALANA Trainees

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RACIAL IDENTITY AND MULTICULTURAL SUPERVISION AS RELATED TO MULTICULTURAL COMPETENCE: PERCEPTIONS OF ALANA TRAINEES

Dissertation
By
CARLTON E. GREEN

submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy

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Abstract

Racial Identity and Multicultural Supervision as Related to Multicultural Competence: Perceptions of ALANA Trainees

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Janet E. Helms, Dissertation Chair

Training racial/ethnic minorities, or people of Color (POC), to provide culturally competent mental health care has gained increasing significance in counselor education and applied psychology programs in the past 30 years. From a developmental perspective, race may be the most salient psychosocial lens through which POC trainees perceive and experience professional training; multicultural supervision might be the primary mode for developing their cultural competence. However, supervision may not sufficiently attend to POC trainees' race-related characteristics. To better understand the possible influence of POC trainees’ racial psychosocial development and experiences of multicultural supervision on their competence in counseling clients of Color, the present study examined relationships among POC trainees’ racial identity attitudes, perceptions of multicultural supervision, and self-reported multicultural counseling competencies.

POC trainees (N = 203) from clinical, counseling, and school psychology programs, who had completed at least one semester of therapy supervision, completed a sociodemographic questionnaire, the People of Color Racial Identity Attitudes Scale (Helms, 2011), the Multicultural Supervision Competencies Questionnaire (Wong & Wong, 1999), and the Multicultural Counseling Inventory (Sodowsky et al., 1994).

Canonical correlation and regression analyses were used to investigate relationships among the variables. The canonical correlation analyses revealed three
statistically significant patterns: (a) "Competent Internalization," wherein trainees reported positive relationships between self-actualizing racial identity attitudes (i.e., Internalization) and multicultural counseling competencies; (b) "Racially Ambivalent Relationships" characterized trainees endorsing low levels of Dissonant and Immersion/Resistance racial identity and increased competence in managing racial/cultural dynamics in counseling relationships; and (c) "Supervision Incompetence," characterized by POC trainees rating supervisors' cultural competence and their own multicultural knowledge, awareness, and skills competencies as low. Two multiple regression analyses indicated that only Internalization racial identity attitudes uniquely contributed to predicting trainees' perceptions of supervisors' cultural competence.

Results were discussed with respect to how supervisors might utilize Helms's (1995) racial identity theory in multicultural supervision to assess and promote racial identity development and enhanced multicultural counseling competencies. Methodological limitations of the study and implications for research and practice are discussed.
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Chapter 1

Introduction

The size of the populations of ALANA (African American, Latino/a American, Asian American/Pacific Islander, and Native American) groups is rapidly increasing. In 2000, racial and ethnic minority groups constituted 22.9% of the total United States (U.S.) population; by 2008, the non-White population was estimated at 25.5% of the total population (U.S. Census Bureau, 2008). The Census Bureau (2008) has estimated that ALANAs, or people of Color (POC), will constitute more than 50% of the U.S. population by 2042. Despite consistent growth among racial and ethnic minority groups in the general population, POC have historically been underrepresented in terms of accessing and receiving quality, culturally responsive mental health care (Rogers & Molina, 2006; U. S. Department of Health and Human Services (USDHHS), 2001). Perhaps trained mental health providers’ inability to provide culturally responsive care, which addresses racial and cultural issues in treatment, has contributed to race-related mental health disparities (Terrell & Terrell, 1984; USDHHS, 2001).

Consequently, training mental health professionals of Color to provide culturally competent mental health care has gained increasing significance in counselor education and applied psychology programs in the past 30 years (Ridley & Kleiner, 2003; Smith, Constantine, Dunn, Dinehart, & Montoya, 2006). Existing definitions of multicultural counseling competence suggest that mental health professionals will demonstrate therapeutic proficiency in at least four key areas: awareness, knowledge, skills, and relationships (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992; Sodowsky,
Taffe, Gutkin, & Wise, 1994). Awareness refers to insight regarding how racial and cultural perspectives influence counselors’ and clients’ experiences. Counselors’ knowledge includes understanding their own reference groups’ social, cultural, and political history, as well as the same information regarding their clients’ racial and cultural groups. Skills are described as culturally responsive communication, intervention, and outreach capabilities. Finally, relationship accounts for counselors’ ability to sensitively respond to the racial-cultural dynamics of counseling relationships.

The Need for Training Culturally Responsive ALANA Trainees

The emphasis on training culturally competent mental health professionals of Color is related to multiple factors. One factor is that the research on treatment disparities among ALANA populations prompted professional mental health organizations, such as the American Psychological Association (APA) and the American Counseling Association (ACA), to adopt policies and guidelines (e.g., accreditation standards, ethical principles, treatment guidelines) related to providing mental health care and offering training that is responsive to all racial and cultural worldviews (ACA, 1995; Arredondo et al., 1996; APA, 1990, 2003; Ridley, Mendoza, & Kanitz, 1994).

For instance, APA's (2009) Guidelines and Principles for Accreditation of Programs in Professional Psychology require that graduate, internship, and postdoctoral psychology training programs explicitly address "the role of cultural and individual diversity in psychological phenomena and professional practice" (p. 26). That is, graduate psychology training should facilitate trainees' knowledge of person-level factors (e.g., self-esteem, family involvement), racial issues (e.g., racial identity), and sociopolitical
forces (e.g., racism, discrimination) that intersect to influence psychological well-being. Additionally, ACA has endorsed a multicultural training framework intended to enhance trainees' ability to attend to salient racial and ethnocultural factors in counseling (Arredondo et al., 1996; Sue et al., 1992). Thus, as directed by professional mental health organizations, psychology trainees of Color should be exposed to curriculums and training activities that emphasize racial and cultural factors as a critical component of graduate training and, therefore, clients' mental health outcomes.

Governmental departments, public health agencies, and institutions of higher education have all concluded that there is a need for more trained mental health professionals of Color (Turner, Gonzalez, & Wood, 2008; USDHHS, 2001), which has resulted in the increased recruitment of people of ALANA descent into the study and practice of psychology (APA, 1997, 2008; Baker & Subich, 2008). However, the numbers of ALANA faculty in psychology training programs has risen only minimally, and they continue to be significantly underrepresented in terms of tenured and tenure-track positions (APA, 2008; Leong, Kohout, Smith, & Wicherski, 2003). Additionally, though the U.S. Department of Education (Planty et al., 2009) has indicated that the number of ALANA trainees in graduate psychology training programs has increased, the Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology (CEMRRAT; APA, 2008) reported that trainees of Color still constitute a small percentage of students receiving degrees in preparation for professional mental health practice. For example, in 2004, whereas 79.9% of doctoral-degree recipients were White ($n = 2,141$), American Indian/Native American ($n = 13; <1\%$), Asian American/Pacific
Islander \((n = 153; 5.7\%)\), Black/African American \((n = 204; 7.6\%)\) and Hispanic/Latino/a \((n = 170; 6.3\%)\) students comprised only 20% of the population receiving doctorates in psychology (APA, 2008).

CEMRRAT and other scholars (APA, 2008; Maton, Kohout, Wickerski, Leary, & Vinokurov, 2006) have concluded that in spite of the slight increases of ethnic minority participation in psychology across all levels of higher education, the lack of significant growth at the doctoral and postdoctoral level suggests minimal increases in the number of ALANA mental health practitioners and psychology faculty. Considering that ALANA-focused recruitment and training has been enacted to facilitate culturally-responsive care and education to ALANA clients and students, respectively, and to generate new theories and approaches for addressing societal and individual psychological problems related to race and culture (Maton et al., 2006), it is still possible to conclude that ALANA trainees will constitute the largest percentage of mental health professionals who have the interest in and skills related to providing culturally competent services (Bernal et al., 1999).

**Does "Multicultural Training" Include Trainees of Color**

The confluence of population growth among ALANA groups, professional support for infusing multicultural issues in training, and the increased presence of ALANA students and faculty in graduate training programs have revealed the necessity for providing graduate education that emphasizes ethnic minority psychology and prepares ALANA trainees to work with populations of Color (Bernal, et al., 1999; Toia, Herron, & Primavera, 1997). Yet, even with the focus on race, ethnicity, and culture in multicultural training, it is not clear that the training needs of students of Color are being
met. In the *Guidelines on Multicultural Education and Training, Research, Organizational Change, and Practice for Psychologists*, APA (2003) used *multicultural* to “narrowly refer to” interactions and communications between individuals from the dominant White racial group and members of ALANA groups (p. 378). Additionally, ACA (Arredondo et al., 1996) has described multicultural interactions as relationships involving White therapists and non-White (e.g., racial and ethnic minorities, self-identified biracial or multiracial individuals) clients. Whereas the APA and ACA guidelines attempted to address the interpersonal communication dynamics occurring in "multicultural" therapeutic interactions (e.g., White therapists paired with clients of Color), the documents failed to account for interactions that could occur between ALANA mental health professionals and ALANA clients and communities.

Moreover, according to Goodyear and Guzzardo (2000), the therapy supervision needs of students from oppressed groups (e.g., racial minorities) may not be sufficiently met. Additionally, Watts (2004) warned that if trainees of Color are expected to develop and implement culturally responsive mental health interventions, then ALANA trainees would benefit from training that enhances their psychosocial development, as well as their understanding of the sociopolitical histories and worldviews of the communities they intend to serve. Hence, to meet the aspirational goal of training ALANA students to provide beneficial mental health services to clients and communities of Color, it might be important to understand whether psychosocial characteristics of ALANA trainees or training environmental factors influence ALANA students' training outcomes.
From a developmental perspective, optimal growth for trainees' of Color should occur when the various components of the training environment are responsive to the characteristics of the individual trainee (Shorter-Gooden, 2009; Vasquez & McKinley, 1982). For instance, if ALANA students' race-related attitudes influence their perceptions of their training experiences and what they learn regarding culturally responsive services, then training programs should become adept at addressing these attitudes and facilitating trainees' development. To enhance trainees' attitudes, knowledge, and skills related to counseling clients of Color, trainees have been exposed to didactic (e.g., lectures, seminars), experiential (e.g., role-plays, immersion activities), research, and practicum (e.g., internship, psychological assessment, supervision) experiences (Dickson & Jepsen, 2007).

**Supervision as a Means of Promoting ALANA Trainees' Cultural Competence**

Although each training modality may uniquely contribute to various dimensions of trainees' competence, supervision has been characterized as the most important component of mental health training related to developing trainees' counseling competence (Holloway, 1992; Tummala-Narra, 2004). In supervision, trainees learn from more experienced practitioners the customs, norms, language, and rules related to professional mental health practice. Additionally, supervisors evaluate trainees, attend to trainees' professional functioning, and monitor the well-being of trainees' clients (Bernard & Goodyear, 2009).

Multicultural supervision has been described as supervision wherein supervisors and supervisees actively assess and integrate into treatment those individual differences
and cultural factors (e.g., race, ethnicity, gender, sexual orientation, religious identity) that may be influencing both a client's well-being and the relationships in the counseling triad (i.e., supervisor-supervisee, counselor-client) (Arthur & Collins, 2009; Constantine, 2003). It has been hypothesized that if trainees of Color are to develop competencies for counseling clients of Color, multicultural supervision will be the primary mode of training in which ALANA trainees will gain multicultural attitudes, knowledge, and skills (Ancis & Ladany, 2001).

Although White trainees who have received multicultural supervision report enhanced competence for providing psychological services to people of Color (Constantine, 2001; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Pope-Davis, Toporek, & Ortega-Villalobos, 2003), it is possible that multicultural supervision efforts may have limitations where ALANA trainees are concerned. Primarily, supervisors' race and race-related attitudes may influence the supervisory process for ALANA trainees differently than they do for White trainees. When multicultural issues were salient for ALANA trainees being supervised by White practitioners, trainees have generally reported negative training experiences and minimal growth in counseling skills (Burkard et al., 2006; Constantine & Sue, 2007; Jernigan, Henze, Green, & Gualdron, 2007). Additionally, when supervisors, be they White or POC supervisors, espouse racist or anti-POC attitudes, ALANA trainees have reported minimal satisfaction with supervision and a need to seek alternative multicultural supervision (Burkard et al., 2006; Jernigan, Green, Helms, Perez-Gualdron & Henze, 2010).
On the other hand, when ALANA trainees experience supervision with supervisors who are attuned to racial and cultural dynamics in counseling, disclose aspects of the supervisor's racial and cultural worldviews, and teach trainees multicultural counseling skills, the trainees may experience nurturing relationships that foster growth in their counseling skills and their professional identity (Cook & Hargrove, 1997; Kelly & Boyd-Franklin, 2005). However, most supervisors have not been trained to provide multicultural supervision (Pope-Davis et al., 2003; Wong, 2006). Thus, many ALANA trainees may be trained by supervisors who fail to address racial and cultural factors that affect counseling and supervision processes, resulting in negative training experiences and outcomes for trainees of Color and their POC clients.

Is "Race" an Explanation of ALANA Trainees' Cultural Competence?

Prior to beginning their training, ALANA trainees may perceive that they already have the awareness, knowledge, and skills necessary for counseling clients of Color (Bernal et al., 1999). Perhaps, students of Color develop perceptions of their competence as a result of attending diverse schools, living in multicultural neighborhoods, and confronting racism (Holcomb-McCoy & Meyers, 1999). Be that as it may, the assumption that ALANA mental health trainees may already have awareness and knowledge related to racial and ethnocultural issues in psychology has resulted in minimal attention to POC's multicultural professional training needs (Rooney, Flores, & Mercier, 1998). Additionally, virtually no studies have examined the individual or cultural-group attitudes that ALANA mental health trainees may have that relate to their self-perceived competence for providing mental health services to ALANA communities.
Understanding ALANA trainees' race-related attitudes is significant, because their attitudes may shape their graduate training experiences. In general, ALANA individuals' attitudes about themselves and others may be affected by a variety of factors including, but not limited to, the ALANA person's cultural background, racial or ethnic identity, religious or spiritual affiliation, social class standing, and gender socialization (APA, 2003). Helms (1995) has suggested that race may be the most salient psychosocial lens through which POC perceive and experience the world. Indeed, in mental health training experiences, especially when racial and cultural issues are salient in coursework, supervision, and practicum, trainees of Color may evidence a range of racial-cultural attitudes including resistance to discussing multicultural issues (Jackson, 1999), resentment toward White people or their own ALANA group, or over identification with a particular racial group (Helms & Cook, 1999).

Such race-related attitudes among ALANA trainees may affect their ability to manage interpersonal interactions and to reflect on their own attitudes, both of which are necessary skills for conducting effective multicultural counseling work (Shorter-Gooden, 2009). For instance, trainees of Color who perceive themselves as experts on multicultural issues may think they understand all there is to know about the effects of racism on ALANA's mental health, per se. As a result, these "multicultural experts" may not self-examine their biases toward ALANA group members or privileges related to other social identities (e.g., gender, social class). Alternatively, these students may be easily agitated by and dismissive of individuals who will not engage in self-examination. Thus, whereas ALANA students' race-related attitudes may help them to manage and
survive race-related anxiety, their racial coping strategies may have significant implications for fully engaging in the learning process, as well as learning from peers and instructors.

Just as race-related attitudes have repercussions for ALANA students' training experiences, their attitudes might hold significance for their ability to provide culturally responsive care. Specifically, ALANA trainees' racial and cultural attitudes potentially influence all aspects of their counseling practice, including assessing clients' problems and strengths, establishing and maintaining counseling relationships, creating treatment plans, and developing interventions (APA, 2003; Helms & Cook, 1999; Pinderhughes, 1989).

In order to better understand the possible influence of ALANA trainees’ racial coping strategies and experiences of multicultural supervision on their ability to provide counseling to clients of Color, the present study examined whether ALANA trainees’ racial identity attitudes and their perceptions of multicultural supervision relate to their self-reported multicultural counseling competencies. Racial identity attitudes were used as the operational definition of trainees’ race-related psychosocial development and perceived multicultural supervision served as one aspect of their training experiences, which might contribute to self-efficacy with respect to counseling clients of Color (i.e., multicultural competence). Investigating the relationships between ALANA students’ racial identity attitudes and multicultural counseling competencies should provide ALANA students, as well as educators and trainers, with a theoretical perspective (i.e., racial identity development theory; Helms, 1995) that could be useful in understanding
both the inhibitive and facilitative attitudes related to ALANA students’ multicultural training experiences and, subsequently, their competence for counseling clients of Color. Additionally, given the proposed significance of multicultural supervision to the development of trainees’ multicultural counseling abilities (Ancis & Ladany, 2001), understanding whether multicultural supervision relates to ALANA trainees’ perceived multicultural counseling competence should illuminate how experiences of supervision nurture ALANA trainees’ multicultural competencies in relationship-building, self-reflection, counseling assessment, and treatment planning.
Chapter 2

Review of the Literature

The existing literature related to racial identity, multicultural supervision, and multicultural counseling competence (MCC) has focused primarily on the experiences of White trainees. Very few published reports have explicitly explored the person-level factors or training environment processes that relate to MCC for ALANA mental health trainees. The current literature review provides an analysis of the theoretical and empirical scholarship that has focused on (a) racial identity as an influential factor in ALANA trainees' perceptions of multicultural counseling competence and (b) multicultural supervision as related to perceptions of enhanced MCC among trainees of Color. The analysis will illuminate POC trainees' unique race-related reactions and perspectives regarding psychology training intended to prepare them to serve racial and ethnic minority populations. Additionally, given the paucity of research regarding supervision of ALANA trainees, the analysis will identify supervision practices that might contribute to ALANA trainees' perceptions of their own MCC.

ALANA Trainees' Racial Socialization

Racial socialization likely influences ALANA trainees' racial identity attitudes, which have implications for their training experiences and outcomes. Racial socialization refers to the social conventions, policies, and customs, be they explicit or implicit, through which individuals, both Whites and ALANAs, are educated about the value ascribed to different socially constructed racial groups and the groups' members (Helms, 2003). Agents of racial socialization, such as families, schools, and professional
organizations, may promote individuals' identification with their social in-group, and the result of such social group identification may facilitate individuals' awareness of sociopolitical influences on the in-group, as well as individuals' internalizing the perceived worldview of the in-group (Helms & Cook, 1999). Racial socialization in the lives of trainees of Color may be evident in their preferences for graduate education that emphasizes ethnic minority psychology and prepares them to work with populations of Color (Bernal et al., 1999; Toia, Herron, & Primavera, 1997). Additionally, ALANA trainees' racial socialization may be affected by professional organizations' (e.g., APA, 1997, 1998) and academic institutions' (e.g., Maton, et al., 2006; Rogers & Molina, 2006) efforts to recruit more racial and ethnic minority graduate students into psychology with the expectation that these students will work to address race-related mental health disparities and the underutilization of mental health services among ALANA communities.

ALANA trainees, as a result of racial socialization experiences, may develop complex racial identity attitudes and coping strategies related to the presence of race-related information and interactions in the mental health training environment. ALANA students may embrace White cultural values and reject values specific to their respective racial groups (Mutisya & Ross, 2005), or they may develop a worldview that embraces their own racial group while denigrating Whiteness (Helms, 2003). Essentially, ALANA trainees may internalize positive, healthy attitudes about their group, or they may embrace negative, demeaning attitudes about themselves and others like them. Whatever the case, such racial attitudes may affect mental health training and related outcomes.

The people of Color (POC; Blacks, Asians, Pacific Islanders, Native Americans, Latino/as) identity model (Helms, 1995; Helms & Cook, 1999) proposed racial identity development as a two-phase maturation process, in which POC evolve from a psychological state characterized by internalized racial oppression and conformity to the dominant-group racial norms (Phase I) into a more flexible condition typified by heightened racial consciousness and social justice attitudes (Phase II). Furthermore, Phase I attitudes reflect more primitive strategies for processing race-related information, whereas Phase II perspectives entail more sophisticated methods for understanding racial dynamics.

Trainees' psychological attitudes about race may not be static, which means that the manifestation of their racial attitudes will vary depending upon who trainees interact with and the degree of race-related stimuli present in the environment. Indeed, although racial identity development was initially conceptualized as a sequential stage theory, Helms (1995) has recently amended the theory to suggest that racial identity is best characterized by ego statuses, which are distinct yet mutually interactive modes of responding to racial stimuli in the environment. Differentiating between development and expression, Helms indicated that "development or maturation refers to the sequence by which racial identity statuses potentially become available for self-expression, and schema or expression is the manner(s) in which a person's available statuses actually are manifested" (Helms & Cook, 1999, pp. 84-85). Specifically, each racial identity schema manifests as a person's affective, cognitive and behavioral responses to the self, others in
the person's specific racial group, and those who belong to other racial groups (Helms, 1990). Thus, it is certainly possible that trainees' racial attitudes might influence rapport building with clients and supervisors, as well as how trainees act on information gained from those relationships (e.g., treatment planning, advocating for clients, and incorporating supervisor's guidance into counseling).

In the POC racial identity model, Phase I statuses include *Conformity* and *Dissonance*. Phase II consists of the *Immersion/Emersion*, *Internalization*, and *Integrative Awareness* ego statuses. Persons whose world view is typified by the *Conformity* schema might conform to the racial status quo, identify with the dominant racial group (i.e., Whites), and devalue his or her own racial group. Preferring a raceless existence, these individuals would rather remain oblivious to societal racial disparities and treat everyone as "human beings." However, because race cannot be completely ignored, the individuals might selectively perceive social and political dynamics while also distorting the racial reality in favor of White persons. Trainees of Color who conform to the racial status quo may perceive themselves, as well as other POC perceived to be like them, as exceptional for transcending racial stereotypes and "pulling themselves up by their own bootstraps." However, conforming ALANA generally have a negative perception of POC.

Trainees using *Conformity* racial identity coping strategies may favor general counseling competencies, rather than MCC, because they do not perceive a need for incorporating clients' racial or cultural differences into treatment. Thus, they might perceive themselves as marginally or exceptionally skilled at providing culturally
responsive services. In other words, if they believe they have general counseling competencies, they may consider themselves competent for working with all clients, including clients of Color. Alternately, because of their negative attitudes toward POC and their preference for not working with POC, they may dismiss any need to acknowledge or endorse MCC. Furthermore, in multicultural supervision, Conforming trainees might be able to identify supervision practices that have fostered their counseling competence, but they may not relate the practices to racial-cultural competence.

POC might begin using the Dissonance schema as a response to a negative interaction with White persons or a positive experience with other ALANA persons (Helms, 1984). Dissonance is characterized by disorientation related to being a member of an ALANA racial group and perceptions of no longer fitting in with White persons. Helms and Cook (1999) argued that the confusion exists, because the person is not familiar with the sociopolitical history or psychosocial strengths of his or her racial group. As a result, the person has insufficient information and experiences for replacing idealized views of the White racial group, or the person may suppress the information they do have. ALANA trainees with a dominant Dissonance status might avoid having counseling or conversations in supervision about race due to anxiety and inadequate knowledge about racial groups’ experiences. At best, the trainees might acknowledge categorical racial differences, but avoid in-depth conversations related to sociopolitical and psychological racial differences. Hence, having some knowledge of different racial perspectives yet feeling uncertain about racial attributions, Dissonant trainees might describe their capabilities for providing culturally responsive care as marginal.
Additionally, although they may be uncomfortable discussing race and culture in supervision, they may be able to identify their supervisors’ multicultural supervision interventions.

Development of the *Immersion* ego status occurs when an individual begins to accept his or her racial classification and acquires positive information about his or her own racial group to counteract previously held societal stereotypes about the group. Trainees' anxiety about racial group membership may dissipate. Additionally, students may develop racial pride and begin to idealize all aspects of their chosen racial group while also denigrating the White racial group.

In counseling and supervision, ALANA trainees using the Immersion status may conceptualize all of a client's concerns from a racial perspective regardless of how clients or supervisors perceive the problem. In other words, race may be a primary theme in all of the trainees' counseling work. Essentially, *Immersing* trainees might identify themselves as extremely culturally competent, while rejecting traditional theories of counseling and supervision that have been generated from the experiences of the dominant group.

*Immersing* trainees’ observations of their supervisors’ multicultural supervision practices may be related to how they perceive their supervisors’ race or racial identity. The trainees may perceive that only supervisors of Color will provide effective multicultural supervision without considering other supervisor characteristics (e.g., experience, other psychosocial identities). Furthermore, the trainee may be critical of an
ALANA supervisor who does not endorse the trainees' racial worldview, which is an indication of the dichotomous thinking associated with the *Immersion* status.

The *Emersion* ego status is catalyzed by the individuals' participation in communal activities with other ALANA persons. People develop a positive, non-stereotypic racial worldview and a commitment to the designated racial group. *Emersion* is characterized primarily as an affective status (Helms & Cook, 1999). Instead of experiencing the anger and hypersensitivity associated with the *Immersion* status, trainees may experience joy and euphoria on account of being with other persons (e.g., clients, supervisors) of their racial group or acknowledging the group's historical or political accomplishments.

When using the *Emersion* status in counseling and supervision relationships, trainees may focus on aspects of the relationships that facilitate joyous feelings. Additionally, trainees might demonstrate accepting, uncritical attitudes toward clients and others of their racial group. Concerning MCC, *Emersed* trainees might regard themselves to be aware of their own cultural strengths and capable of forming relationships with ALANA clients, especially culturally similar clients. However, they may not regard themselves as culturally competent given their insufficient knowledge regarding other cultural groups' histories or experiences.

The *Internalization* ego status evolves when individuals develop perspectives that allow them to be critical of their racial group's strengths and weaknesses. Additionally, individuals operating primarily from this ego status may endorse an ongoing positive
commitment to their in-group, an individually defined racial worldview, and an increasing capacity for responding objectively to members of all racial groups.

ALANA trainees' Internalization attitudes likely relate to perceptions of enhanced MCCs. When Internalization is the dominant status for trainees, they will integrate race-related factors into therapy conceptualization and treatment goals. Furthermore, trainees will manage racial dynamics in counseling dyads with sensitivity to racial identity differences. With regard to multicultural supervision, trainees would likely value supervision interventions perceived as relevant to understanding and addressing dyadic and institutional race-related issues that affect the counseling triad.

As ALANA persons' skills for abstraction and intellectualization continue to develop, the Integrative Awareness ego status may emerge as dominant. The most advanced or sophisticated status, Integrative Awareness represents peoples’ abilities to integrate various aspects of identity to understand the human experience in more complex ways and the capacity to collaborate with other oppressed groups to act against social injustice.

POC trainees who have achieved the Integrative Awareness status would also describe themselves as culturally competent, while also acknowledging the need to continue monitoring their MCC. When using Integrative Awareness strategies, ALANA trainees will exercise flexible and complex modes of thinking when understanding a client's racial worldview, as well as other psychosocial and sociopolitical phenomenon. In the supervision relationship, trainees will appreciate supervisors who acknowledge race and racial identity as salient influences on the counseling relationship. Additionally,
trainees may use the supervision relationship as an avenue for learning about social justice advocacy.

**Racial Identity Research Involving Trainees of Color**

The empirical research investigating ALANA trainees' racial identity attitudes has also been limited. Although researchers have reported on supervisors' assessment of ALANA trainees' racial identity attitudes (e.g., Bhat & Davis, 2007), only two extant reports have explored the relationship between ALANA trainees’ racial identity attitudes and their self-reported MCC (Ladany, Inman, Constantine, & Hofheinz, 1997; Vinson & Neimeyer, 2003). For the purposes of the current study's emphasis on investigating POC's experiences in mental health training, I will highlight only those reports that have reported ALANA trainees' perceptions.

Some theorists have suggested that ALANA trainees' racial consciousness may be related to their multicultural counseling competencies. For example, Sodowsky et al. (1994), implying a linear relationship between racial identity development and MCC, suggested that counselors who deny the significance of race in clients' lives (e.g., Conformity), would not provide culturally competent services. On the other hand, practitioners having an understanding of race, power, privilege, and within-group racial differences (e.g., Immersion-emersion or Internalization) would be more prone to providing culturally responsive treatment.

However, researchers (Ladany et al., 1997b; Vinson & Neimeyer, 2003), studying ALANA trainees' racial identity attitudes, have concluded that there may not be a linear relationship between POC trainees’ racial identity development and their MCC. For
example, Ladany et al. (1997b) explored how ALANA trainees' racial identity and their supervisors' guidance regarding multicultural issues were related to the trainees' self-reported multicultural counseling skills. The sample (N = 116) consisted of African American (n = 20), Asian American (n = 11), Latino/a (n = 8), Native American (n = 1), and biracial (n = 1) master's- and doctoral-level mental health students. The authors hypothesized that there would be a positive relationship between trainees' Phase I and Phase II racial identity scores and their multicultural competence.

Using a multivariate multiple regression analysis, Ladany et al. (1997b) first concluded that ALANA trainees' racial identity significantly predicted their self-reported MCC and multicultural case conceptualization abilities. Multicultural case conceptualization was defined as the assessment of trainees' capability for integrating racial factors into formulating the etiology of clients' presenting concerns and determining an appropriate treatment plan. Further analysis suggested that full-scale racial identity scores significantly predicted ALANA trainees' self-reported MCC, but not their observed multicultural case conceptualization abilities. Univariate analysis of the relationship between individual racial identity statuses and MCC implied that only Dissonance and Awareness (i.e., Internalization and Integrative awareness) were significantly related to MCC.

Although the researchers (Ladany et al., 1997b; Vinson & Neimeyer, 2003) concluded that design (e.g., small sample sizes, self-report measures) or statistical (e.g., use of correlational analyses) factors may have influenced the theoretically inconsistent results, racial identity and supervision factors also may have affected the results.
Regarding racial identity ego statuses, Helms (1995) wrote that "most individuals develop more than one status, and if multiple statuses exist, then they can operate in concert. That is, they may each influence a person's reactions to racial stimuli" (p 188). Thus, examination of ALANA trainees' dynamic, interactive racial identity patterns might have been a more useful method for understanding how racial consciousness relates to MCC.

Regarding supervision, specifically in the Ladany et al. (1997b) study, participants completing the multicultural case conceptualization activity were randomly divided into two conditions. In one condition, participants were directed by their supervisor to consider racial factors in their conceptualization; multicultural issues were not referenced in the other participants' instructions. Though participants, including White and non-White, were evenly distributed between the two groups, the authors did not indicate what the racial composition of either group was. Possibly, the "supervisor's" directions influenced the students with confusing and conflicting feelings about race (e.g., Dissonance), thereby priming the ALANA trainees to respond to the multicultural counseling competency measures in a more socially desirable manner. If this was the case, this conclusion further supports the argument that supervisees' developmental outcomes are influenced by supervision more so than other training modalities (Tummala-Narra, 2004), and that the supervisor's attitudes may determine therapeutic outcomes more so than the trainees' attitudes (Bernard & Goodyear, 2009).

The extant empirical research has also demonstrated that ALANA trainees' racial identity perspectives may be differentially related to various multicultural training
experiences (e.g., working with ALANA clients, supervision). For example, master's- and doctoral-level mental health trainees of Color who reported a greater number of supervisory relationships with POC supervisors have reported significantly lower Dissonance scores (Ladany et al., 1997b). On the other hand, in Vinson and Neimeyer's (2003) longitudinal study of the relationship between trainees' racial identity attitudes and MCC, the ALANA students \( n = 13 \) did not report any significant changes in their racial identity attitudes. In fact, after two years of doctoral-level, counseling psychology training, which, in comparison to White trainees \( n = 31 \), consisted of POC trainees' seeing significantly more ALANA clients and attending significantly more multicultural workshops, Conformity and Dissonance attitudes remained significantly stable across time.

Vinson and Neimeyer's (2003) findings may challenge the efficacy of multicultural training for fostering increased racial consciousness among ALANA trainees. Though some researchers have suggested that long-term training experiences (e.g., multicultural counseling courses, counseling ALANA clients), rather than time-limited experiences (e.g., 1- or 2-day multicultural workshops), enhance trainees' counseling and race-related attitudes (Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998), it could be the case that the guidance and support offered in supervisory relationships may have most impact on POC trainees' racial identity development.

Be that as it may, perhaps existing research has not sufficiently outlined the association between ALANA trainees' self-reported racial identity statuses and their multicultural counseling self-efficacy. Empirical studies concerning White trainees have
examined the relationships between their racial identity attitudes and their multicultural counseling competencies (e.g., Brown, Parham, & Yonker, 1996; Constantine, 2002; Ladany et al., 1997b; Neville, Heppner, Louie, Thompson, Brooks, & Baker, 1996; Pope-Davis & Ottavi, 1994; Vinson & Neimeyer, 2003). Essentially, there has been empirical support for the proposition that fostering White trainees' racial awareness may predict their enhanced MCC self-efficacy. However, there is virtually no empirical evidence supporting this relationship for ALANA trainees. No research has explicitly addressed how degrees of trainees' racial consciousness may predict their perceived capacity for managing relationships with ALANA clients or learning to provide culturally-responsive care. Given that Helms (1995; Helms & Cook, 1999) has described distinct information processing strategies related to each ego status, then multicultural training would better serve ALANA trainees by incorporating interventions that address their racial consciousness (Chavez & Guido-DiBrito, 1999; Helms, 2003), if, in fact, ALANA trainees’ racial identity development is related to the development of MCC self-efficacy.

**Multicultural Supervision Defined**

Supervision is regarded as the most effective means of developing trainees' professional competencies and facilitating their readiness for practice (Bernard & Goodyear, 2009; Tummala-Narra, 2004; Wong & Wong, 1999). Multicultural supervision in comparison to other modes of mental health training may be most influential in facilitating supervisees' multicultural counseling competencies (Ancis & Ladany, 2001; Hunt, 1987; Stoltenberg & McNeill, 2010). In *multicultural supervision*, (a) supervisors are supposed to explicitly address race and culture as relevant aspects of
trainees' personal and professional development and clients' therapeutic outcomes, and (b) supervisors and supervisees are supposed to attend to the racial and cultural influences on the counseling triad (e.g., supervisor-supervisee-client relationship) (Ancis & Ladany, 2001; Arthur & Collins, 2009; Constantine, 1997). Thus, multicultural supervision relationships are intended to provide trainees with a model for broaching and processing racial and cultural issues in counselor-client relationships, as well as a venue for developing culturally responsive counseling skills (Constantine, Fuertes, Roysircar, & Kindiachi, 2008).

**Culturally Responsive Supervision Practices**

Several multicultural supervision frameworks have attempted to specify supervisor-related behaviors and attitudes that may promote trainees' professional psychology competencies (Ancis & Ladany, 2001; Brown & Landrum-Brown, 1995; Carney & Kahn, 1984; Chang, Hays, & Shoffner, 2003; Constantine, 1997; Holloway, 1997; Hunt, 1987; Jackson, 1999; Martinez & Holloway, 1997; Porter, 1994; Robinson, Bradley, & Hendricks, 2000; Shorter-Gooden, 2009). Many of these models focus on enhancing White supervisors' and supervisees' multicultural competence rather than the competence of POC (Goodyear & Guzzardo, 2000). A few scholars have described the supervisory behaviors that are pertinent to ALANA trainees' cultural competencies (Ancis & Ladany, 2001; Cook, 1994; Chang et al., 2003; Helms & Cook, 1999; Hunt, 1987; Porter, 1994; Zuniga, 1987). Ancis and Ladany defined six domains of culturally competent supervision with corresponding supervisor behaviors. Using existing models
that describe supervision outcomes for POC trainees, I will elaborate on the domains of multicultural supervision behaviors that should be experienced by ALANA supervisees.

**Supervisor-focused development.** This domain refers to evidence of supervisors' (a) ability to engage in self-reflection, (b) knowledge of racial and cultural group experiences, and (c) ongoing commitment to experiences that promote racial-cultural competence. Culturally responsive supervisors introduce multicultural issues during the rapport-building phase of supervision to emphasize the importance of individual differences in counseling and supervision (Ancis & Ladany, 2001; Constantine, 1997; Helms & Cook, 1999). Supervisors' initiation of racial and cultural conversations may hold unique significance for racial and ethnic minority supervisees (Burkard et al., 2006). Some ALANA trainees may have been harmed by racism and discrimination in training settings (Shorter-Gooden, 2009), and others may not be aware of how racial and cultural perceptions influence counseling relationships (Curtis-Boles & Bourg, 2009).

Thus, supervisors ought to model strategies for supervisees to use to engage clients who have been racially traumatized or who lack racial consciousness. Supervisors' modeling might include disclosing their own racial and cultural backgrounds and describing for supervisees how supervisors' racial and cultural background influences supervisors' personal attitudes and behaviors (Ancis & Ladany, 2001). Additionally, supervisors might share with trainees how supervisors examine and challenge individual race-related biases that affect counseling and supervision (Chang et al., 2003).

**Supervisee-focused development.** These competencies entail supervisors' ability to promote self-reflection and enhance trainees' multicultural awareness and knowledge.
Supervisors' self-disclosure should promote a setting wherein ALANA trainees' learn that race and culture are valuable aspects of counselors' personal and professional identities. In so doing, supervisors help trainees of Color discern potential differences between their cultural worldviews (e.g., collectivism, interdependence) and the values of the profession (e.g., individualism, individuation), and develop an integrated, bicultural identity (Vazquez & McKinley, 19892). Regarding personal development, Constantine (1997) suggested that supervisors help trainees identify their salient racial and cultural group identities and explore how these group identities have developed over time. Using a guided, collaborative approach, supervisors should help trainees recognize their own internalized racism, as well as how their race-related biases and assumptions might influence their interactions with POC and White people (Cook & Hargrove, 1997; Porter, 1994; Zuniga, 1987).

Regarding ALANA trainees' professional development, supervisors may strengthen ALANA trainees' understanding of how their racial-cultural perspectives facilitate or impede ethical, culturally responsive mental health care (Chang et al., 2003). In addition, supervision strategies should assist the trainee in understanding how to selectively integrate or compartmentalize aspects of both traditional psychology and the student's culture (Vazquez & McKinley, 1982). Supervisors, who conclude that ALANA trainees have developed sophisticated racial perspectives, should facilitate further exploration of how trainees' other psychosocial identities (e.g., gender, social class) and related attitudes (e.g. sexism, classism) affect the counseling triad (Ancis & Ladany, 2001; Shorter-Gooden, 2009). Equally as important, supervisors have a responsibility to
encourage ALANA supervisees to become involved in professional development activities (e.g., conferences, reading groups), so that social action might become integral to trainees' identity (Ancis & Ladany, 2001; Porter, 1994).

**Multicultural process.** Process competencies involve supervisors' attention to individual differences, mutually respectful communication, and social power dynamics that affect the counseling triad. Culturally competent supervisors attend to the racial and cultural dynamics in the supervisory relationship without pathologizing the cultural communication styles of culturally different supervisees or clients (Ancis & Ladany, 2001; Cook & Hargrove, 1997). Thus, supervisors model for ALANA trainees how to respectfully address and manage multicultural issues in counseling relationships (Ancis & Ladany, 2001; Chang et al., 2003).

Supervisors have been advised to employ a here-and-now approach for discussing racial and cultural issues and, thereby, increasing ALANA trainees' awareness of transference and countertransference dynamics (Cook & Hargrove 1997; Helms & Cook, 1999; Toldson & Utsey, 2008). Also, supervisors ought to demonstrate knowledge of and sensitivity to how racial and cultural groups' histories of privilege and oppression affect supervisor-supervisee and supervisee-client interactions (Kelly & Boyd-Franklin, 2005; Toldson & Utsey, 2008).

**Case conceptualization.** Supervisors may increase ALANA trainees' capacity for identifying (a) person-level and environmental influences on clients’ problems; (b) stereotypes, discrimination, and other forms of oppression affecting client’s lives; and, (c) alternative explanations regarding clients' circumstances. Using didactic strategies, as
well as multicultural theories of counseling and human development, supervisors may help develop ALANA trainees' knowledge of differences within and across POC racial groups (Cook & Hargrove, 1997; Porter, 1994; Toldson & Utsey, 2008). For example, culturally competent supervisors should teach trainees about how racial and cultural factors influence personality, vocational outcomes, psychopathology and help-seeking behaviors (Sue, 2001).

**Counseling skills and interventions.** Supervisors may enhance ALANA trainees' capabilities for selecting appropriate race- or culture-specific interventions. They should help supervisees to develop interventions that address clients' concerns from a societal, systemic, or communal viewpoint, rather than from an individualistic, intrapsychic perspective only (Porter, 1994). Additionally, trainees learn from supervisors how to identify non-traditional, culture-specific helping roles (e.g., advocate, educator) or indigenous support systems (e.g., family, church) that might be instrumental for alleviating ALANA clients' distress (Zuniga, 1987).

**Outcomes and evaluation.** Supervisors have the responsibility for monitoring clients' well-being and evaluating trainees' readiness for practice. In multicultural supervision, supervisors should focus on assessing trainees' competence for serving culturally different clients and identify trainees' cultural and race-based strengths (Ancis & Ladany, 2001; Helms & Cook, 1999). Supervisors ought to validate racial and ethnic minority trainees' cultural communication styles and linguistic differences, rather than labeling them as professional or personal deficiencies (APA, 2003). In other words,
supervisors have been advised to evaluate ALANA supervisees' counseling skills using a culturally inclusive perspective (Toldson & Utsey, 2008).

In sum, multicultural supervision intended to foster ALANA students' cultural competence has received limited scholarly attention; however, the existing frameworks collectively describe important supervision foci and behaviors that specifically pertain to racial and ethnic minority mental health trainees' multicultural counseling competencies. Stoltenberg and McNeill (2010) noted that the "intensive, interpersonally focused nature" (p. 151) of dyadic multicultural supervision, more than other modes of training (e.g., multicultural counseling coursework, workshops), might facilitate ALANA trainees' racial-cultural self-awareness, which Sue (2001) believes is foundational to multicultural counseling competence. Alternately, Chang et al. (2003) suggested that supervisors' failure to attend to racial and cultural issues in supervision may hinder the supervision relationship and inhibit ALANA supervisees' multicultural counseling competencies.

Research Regarding ALANA Trainees' Multicultural Supervision Experiences

Empirical assessments of ALANA trainees' perceptions of multicultural supervision have highlighted their reactions to cross-cultural, cross-racial, or POC-POC supervision dyads (Burkard et al., 2006; Constantine & Sue, 2007; Cook & Helms, 1998; Duan & Roehlke, 2001; Fukuyama, 1994; McRoy, Freeman, Logan, & Blackmon, 1986; Jernigan et al., 2010). The existing reports, which describe trainees' perceptions of growth-fostering and growth-inhibiting relationships, allow for speculation regarding trainees' perceptions of (a) supervisors' culturally competent supervision strategies and (b) trainees' own MCCs.
ALANA trainees in positive yet challenging multicultural supervision relationships have described numerous growth-fostering supervisory practices and attitudes, which they might perceive as influencing their MCCs. For example, Fukuyama (1994) examined ALANA pre-doctoral interns' \((n = 10)\) reports of critical incidents in multicultural supervision and used a phenomenological approach to describe behaviors related to supervisors' "openness and support" and "culturally relevant supervision."

Specifically, Fukuyama indicated that trainees reported positive multicultural supervision experiences when supervisors initiated conversations regarding multicultural issues, supported trainees' interests in multicultural counseling, and demonstrated positive regard for ALANA supervisees and clients.

Alternately, research suggests that ALANA trainees frequently perceive their supervisors as marginally culturally competent. Consequently, POC supervisees may describe these relationships as harmful or insignificant to their MCCs. For instance, Wong and Wong (1999) reported that ALANA counseling psychology trainees \((N = 15)\) were mostly "undecided" about their supervisors' multicultural supervision behaviors. The Chinese, Japanese, and Indo-Canadian trainees rated their racially or culturally different supervisors using the Multicultural Supervision Competencies Questionnaire (MSCQ). The 60-item MSCQ was created to assess supervisors' multicultural supervision competencies in the awareness, knowledge, and skills domains as described by Sue et al. (1992) and in the relationship domain added by Sodowsky et al. (1994).

Participants responded to the items using a 5-point Likert-type scale \((1 = \text{Strongly Disagree}, 3 = \text{Undecided}, 5 = \text{Strongly Agree})\). Cronbach's alpha internal consistency
estimates for the participants' responses to the subscales were exceptionally high, with knowledge being the lowest ($\alpha = .93$) and skills the highest ($\alpha = .98$), leading the authors to conclude that the measure was appropriate for assessing multicultural supervision competence with this sample. The mean scores for each subscale were less than four implying that the ALANA trainees perceived their supervisors as demonstrating marginal multicultural supervision capabilities.

Given the supposition that multicultural supervision can serve as a model and a laboratory wherein ALANA trainees develop and apply MCCs (Burkard et al., 2006; Constantine et al., 2008), their perceptions of supervisors' process-related behaviors might be most significant for developing trainees' MCC self-efficacy. One of the most important aspects related to multicultural process dynamics is ALANA trainees' perceptions of supervisors' demonstration of positive regard for POC supervisees and clients (Ancis & Ladany, 2001). Qualitative studies of critical supervision incidents (Burkard et al., 2006; Fukuyama, 1994; Jernigan et al., 2006) have consistently indicated that ALANA trainees report positive supervision outcomes when they feel that their racial and cultural backgrounds were respected and nurtured by supervisors, which is consistent with ALANA trainees' perspectives from quantitative studies (e.g., Cook & Helms, 1998; Duan & Roehlke, 2001). ALANA trainees experiencing their supervisors' positive regard might cope better with supervision stressors and challenges, including discussing racial issues (Cook & Helms, 1988; Wong, 2006), and report more counseling self-efficacy, especially when challenging issues (e.g., clients' racism) emerge in treatment (Fukuyama, 1994). Essentially, ALANA trainees who experience their
supervisors' process-related behaviors as culturally responsive are likely to report enhanced self-efficacy in MCC, especially in the awareness and relationship domains.

Extant reports of critical supervision incidents suggest that supervisees of Color may believe that they introduce multicultural issues into supervision more frequently than their supervisors introduce such issues (Burkard et al., 2006; Jernigan et al., 2010; Wong & Wong, 1998). Furthermore, some trainees perceive that their supervisors expect ALANA trainees to take the lead in discussing racial and cultural issues in supervision (Constantine & Sue, 2007). These reports imply that ALANA supervisees may be using more sophisticated racial identity perspectives than their supervisors (Helms & Cook, 1999; Jernigan et al., 2010), and perhaps supervisors do not model for students how to initiate racial-cultural conversations with clients. Conceptual articles involving POC counseling triads have described supervision interventions in which POC supervisors discuss how their racial and cultural perspectives influence supervision and counseling (e.g., Cook & Hargrove, 1997; Kelly & Boyd-Franklin, 2005). However, no empirical studies have reported ALANA supervisees' perceptions of their supervisors' disclosing any aspects of their racial-cultural backgrounds to supervisees. In such culturally unresponsive supervision relationships, ALANA trainees, regardless of their racial identity perspective, might conclude that their MCCs had not been enhanced or strengthened.

ALANA trainees have also identified harmful and helpful culturally responsive supervision practices with regard to multicultural assessment, conceptualizing, and treatment planning. Fukuyama (1994) and Burkard et al. (2006) concluded that
supervisees regarded themselves as more culturally competent when they believed that supervisors (a) demonstrated knowledge of heterogeneity among ALANA populations, (b) encouraged supervisees to include multicultural factors in conceptualizations, (c) applied culturally relevant perspectives to aid in resolving clients' issues, and (d) explored trainees' countertransference to understand how racial-cultural worldviews affect mental health treatment.

However, in empirical studies and first-hand accounts, researchers and practitioners have reported that POC trainees report that their supervisors minimized or dismissed the importance of integrating racial and cultural factors into assessment, case formulation, and treatment planning (Burkard et al., 2006; Constantine & Sue, 2007; Jernigan et al., 2010; Lo, 2010). Consequentially, POC supervisees' self-reports of their MCC might be minimal in all domains. Trainees' perceptions that multicultural matters have been marginalized have been related to supervisor-supervisee conflicts and impasses, as well as supervisees' dissatisfaction with supervision (Stoltenberg, McNeill, & Crethar, 1994; Scholl, 2001; Wong & Wong, 1999). Furthermore, ALANA supervisees tend to experience supervisors' neglect of or refusal to address multicultural issues as personally invalidating (Lo, 2010; Wong & Wong, 1999). Rather than attributing failure to their supervisors, trainees of Color doubt their own ability to provide culturally competent care (Jernigan et al., 2010), as well as their readiness to assume the role of a professional psychologist (Burkard et al., 2006; Vasquez & McKinley, 1982; Wong & Wong, 1999).
Negative experiences in multicultural supervision are bound to hinder, if not sabotage, growth of ALANA trainees' MCC. For example, if broaching racial and cultural topics with clients is regarded as a skill that trainees learn in multicultural supervision, then negative multicultural supervision experiences have taught trainees' the exact opposite. ALANA trainees have consistently reported that culturally unresponsive supervision experiences have resulted in their psychological withdrawal from supervision and withholding client-related information from supervisors (Burkard et al., 2006; Constantine & Sue, 2007; Jernigan et al., 2010; McRoy et al., 1986). In other words, ALANA trainees cease speaking to their culturally insensitive supervisors regarding multicultural issues, which seems to have negative implications for their multicultural awareness, knowledge, skill, and relationship competencies.

Existing research suggests that ALANA trainees might report enhanced MCCs related to their perceptions of culturally competent supervision interventions. Importantly, the process of supervision may be most relevant to POC trainees' multicultural counseling self-efficacy (Ancis & Ladany, 2001; Hunt, 1987; Stoltenberg & McNeill, 2010). However, as with other scholarship that has explored ALANA trainees' multicultural supervision experiences (e.g., Chang et al., 2003; Hunt, 1987; Porter, 1994; Vasquez & McKinley, 1982), extant research has not sufficiently addressed supervision practices related to ALANA trainees' multicultural assessment and treatment planning skills. Notably, no empirical studies have described supervision interventions that POC supervisees regard as influential to their capabilities to assume non-traditional counseling roles and consult with clients' indigenous support systems, both of which have been
described as essential to trainees' MCC (Atkinson, et al., 1995; Roysircar, Hubbell, & Gard, 2003). More research is needed to describe multicultural supervision behaviors that ALANA trainees identify as meaningful to their MCCs.

**Multicultural Counseling Competence Defined**

Multicultural theorists contend that culturally competent therapists should be equipped to provide culturally responsive treatment, which should contribute to positive mental health outcomes for ALANA clients and communities (Constantine, 2001; Constantine et al., 2002). Initially conceptualized as a model with three dimensions, *multicultural counseling competence* (MCC) refers to the awareness, knowledge, and skills necessary for managing therapeutic relationships with racial and ethnic minority clients (Sue et al., 1982, 1992; Sue, 2001).

*Awareness* entails counselors' ability to perceive and acknowledge both counselors' and clients' racial and cultural heritage and value systems, as well as an understanding of how therapists' own stereotypical assumptions and attitudes influence interactions with the clients. Culturally responsive counselors have *knowledge* of their own racial-cultural heritage, are abreast of issues concerning the specific ALANA groups with whom counselors works, and understand how sociopolitical systems (e.g., race, racism) influence individuals. Practitioners should cultivate appropriate communication, counseling, intervention, and outreach *skills* for working with ALANA clients. With regard to intervention and outreach, counselors should be trained to assume a variety of non-traditional helping roles (e.g., mentor, tutor, coach, advocate, teacher; Roysircar et al., 2003) to more effectively respond to ALANA clients' mental health needs. The tri-
partite model of MCC (e.g., awareness, knowledge, skills) has been appended by Sodowsky et al. (1994) to include a fourth dimension, relationship, which accounts for the counselor’s culturally responsive interpersonal competence for managing the racial-cultural dynamics of counseling interactions.

Notably, current MCC standards and guidelines for mental health professionals (APA, 2003; Arredondo et al., 1996; Sue et al., 1992) have defined multicultural in terms of White-POC interactions. These documents have not described the awareness, knowledge, skills, or relationship competencies that POC practitioners might need for providing culturally responsive services to ALANA clients.

Assessing Multicultural Counseling Competencies

Despite the current definition of MCC, assessment of ALANA trainees' self-perceived MCC has been conducted using various measures, such as the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991) and the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994). Most scales were developed based on Sue et al.'s (1982) tripartite model; however, the measures vary in terms of items, subscales, and scoring. Thus, the use of different scales could result in different perceptions of self-reported MCC among ALANA trainees (Boyle & Springer, 2001; Constantine & Ladany, 2001; Ponterotto, Reiger, Barrett, & Sparks, 1994).

Although scale developers have reported acceptable criterion and content validity, as well as reliability, subsequent reviews and analysis of the scales' properties have surfaced a range of concerns. For example, the existing measures may not capture MCC among ALANA trainees. Scale developers have consistently validated their measures
using predominantly White samples, reported internal consistency estimates for their predominantly White samples' responses, and concluded that the measures are "reliable" (Dunn, Smith, & Montoya, 2006; Kocarek, Talbot, Batka, & Anderson, 2001).

Reliability, however, is descriptive of the sample and the setting rather than the scale (Green, Chen, Helms, & Henze, 2011; Helms, Henze, Sass, & Mifsud, 2006). Although narrative reviews (Ponterotto et al., 1994; Pope-Davis & Dings, 1995) and reliability generalization analyses (Dunn et al., 2006) have suggested that the measures can be used "reliably" across different settings with diverse samples, Boyle and Springer's (2001) review of the multicultural competency instrumentation suggested that researchers continue exploring the validity of these measures for racial and ethnic minority groups. Recently, researchers have concluded that the internal consistency reliability estimates for POC subsamples' responses may not be comparable to reliability estimates for White subsamples' responses when ALANA samples are assessed using measures validated with predominantly White samples (Green et al., in press). Although the current investigation is not a psychometric study, results from assessing ALANA trainees' MCC self-efficacy could contribute significantly to the investigation of cultural competence.

**Supervision as a Predictor of ALANA Trainees' MCC**

Although a few researchers have explicitly examined ALANA trainees' MCC outcomes as related to multicultural counseling coursework, training experiences, and practica (Dickson et al., 2010; Manes, Wu, & Nepmuceno, 2001; Vinson & Neimeyer, 2003), there has been a limited focus on ALANA trainees' dyadic supervision. In fact,
only Ladany, Brittan-Powell, and Pannu (1997) have assessed ALANA trainees' MCC in relation to supervision. Using Helms's (1990) racial identity social interaction model (SIM) as a framework, Ladany et al. (1997a) hypothesized that trainees' \( N = 105 \) participation in one of four different types of racial identity supervision pairs would be significantly related to trainees' multicultural counseling self-efficacy. Although 70.5% of the participants were White, the sample included African American \( n = 11 \), Asian American/Pacific Islander \( n = 6 \), Latino \( n = 12 \), Native American \( n = 1 \), and biracial \( n = 1 \) counselor education and counseling psychology students.

Ladany et al. (1997a) concluded that racial identity social interactions between supervisors and supervisees were related to ALANA supervisees' self-reported MCC. When supervisors' racial identity was better developed than supervisees, then the ALANA supervisees rated their own MCC as higher. However, when supervisors and supervisees shared the same less developed level of racial identity or supervisors' level of racial identity was less developed than supervisees’, then the supervisees rated themselves as less MCC. Additionally, the researchers concluded that supervisees of Color paired with supervisors of Color reported greater degrees of MCC relative to ALANA trainees working with White supervisors.

Using a racial identity framework, Ladany et al. (1997a) provided insight related to how trainees' perceptions of multicultural supervision may influence ALANA trainees' self-reported MCC. However the authors did not explicitly assess trainees' perceptions of multicultural supervision practices that relate to multicultural counseling self-efficacy. Given the minimal research regarding the association between ALANA trainees'
perceptions of supervision as an indicator of their self-perceived MCC, an investigation is warranted.

**Statement of the Problem**

In sum, the existing literature regarding ALANA mental health students' perceptions of their own cultural competence illustrates a compelling need for further exploration. Few studies have explored how ALANA trainees' self-reported MCCs (Dickson et al., 2010) are related to individual difference (e.g., racial identity) or contextual factors (e.g., multicultural supervision). Most studies exploring the relationships between trainees' self-perceived MCC outcomes and identity-related or training environment factors have involved predominantly White samples (e.g., Balkin, Schlosser, & Levitt, 2009; Ladany et al., 1997a, 1997b; Manes et al., 2001; Neville et al., 1996; Neville, Spanierman, & Doan, 2006). Some discussions of ALANA trainees' MCCs have indicated that trainees of Color reported significantly higher levels of MCC than White students (e.g., Kocarek et al., 2001; Ladany, et al., 1997b; Manes et al., 2001; Pope-Davis & Ottavi, 1994, Pope-Davis et al., 1995; Vinson & Neimeyer, 2003). Others have not reported significant differences in perceived MCC related to trainees' racial group membership (e.g., Balkin et al., 2009; Manes et al., 2001; Neville et al., 2006; Pope-Davis et al, 2003). These inconsistent findings suggest a need to further examine POC trainees' multicultural counseling self-efficacy.

**ALANA Trainees' Racial Identity Attitudes**

Existing reports examining the relationship between ALANA trainees' racial identity attitudes and self-reported MCCs have yielded theoretically inconsistent results
(Ladany et al., 1997b; Vinson & Neimeyer, 2003). For example, some trainees of Color who endorsed more egalitarian social attitudes concerning race (e.g., Internalization) reported high levels of MCC (Vinson & Neimeyer, 2003), whereas other trainees who were confused about the meaning of race in their lives (e.g., Dissonance) also perceived themselves to have high levels of multicultural counseling awareness, knowledge, and skills (Ladany et al., 1997b). Subsequent research investigating POCs' racial identity attitudes and MCCs has been limited. Indeed, no researchers beyond Ladany et al. (1997b) and Vinson and Neimeyer have addressed how different racial perspectives among POC trainees influence their self-reported multicultural counseling abilities.

Exploring ALANA trainees' racial identity attitudes might shift the focus away from describing race as the contributing factor for understanding within-group differences and attitudes that hinder and facilitate ALANA trainees' MCC. Perhaps, the degree to which ALANA trainees affiliate with their racial and cultural groups, as well as their strategies for critically assessing race-related situations, may have tremendous implications for their ability to provide culturally responsive services to other POC. In other words, it is possible that ALANA trainees' racial identity, rather than their socially ascribed racial backgrounds, may be better indicators of their self-reported MCCs, as well as their perceptions of multicultural supervision.

**ALANA Trainees' Multicultural Supervision Experiences**

No studies of multicultural supervision have focused on supervisors’ practices, behaviors, or interventions that contribute to ALANA supervisees’ perceptions of themselves as culturally competent. Examples of multicultural supervision practices
include supervisors' disclosing their racial background, demonstrating positive regard for ALANA supervisees and clients, explaining how supervisors' cultural worldview affects counseling situations, and teaching trainees' multicultural conceptualization and intervention skills (Ancis & Ladany, 2001). Empirical investigations and first-hand accounts concerning ALANA trainees' perceptions of supervision have generally identified their reactions to culturally responsive and unresponsive supervision. Supervision practices experienced as culturally responsive have resulted in ALANA trainees' perceiving enhanced counseling competence and positive client outcomes (Burkard et al., 2006; Cook & Hargrove, 1997). Alternately, when trainees believe that supervisors minimize or ignore multicultural phenomena in supervision, ALANA trainees suffer both professionally and personally (Constantine & Sue, 2007; Jernigan et al., 2010; Lo, 2010; Wong & Wong, 1999). That is, POC trainees psychologically withdraw from supervision, seek covert consultation with peers or other supervisors, and doubt their own ability to assume the role of professional psychologist.

Importantly, supervision scholars have asserted that ALANA trainees' cultural competence might be enhanced more so by multicultural supervision than other modes of psychology training (Ancis & Ladany, 2001; Hunt, 1987; Stoltenberg & McNeill, 2010). Proposed heuristics (Hunt, 1987) and developmental models of supervision (Chang et al., 2003; Vazquez & McKinley, 1982) have outlined supervisor attitudes and functions that facilitate ALANA trainees' counseling competencies. Yet multicultural supervision research has been conducted primarily with White trainees. Whereas White trainees who receive supervision regarding multicultural counseling issues report enhanced MCC
(Constantine, 2001; Pope-Davis et al., 1995, 2003), no such investigations have been conducted regarding ALANA trainees. Furthermore, virtually no empirical research has sufficiently identified or quantified the multicultural supervision attitudes and practices regarded by trainees of Color as significant to their MCCs.

Extrapolating from qualitative analysis of critical supervision events described by ALANA trainees, it is possible to conclude that ALANA trainees' self-perceived MCCs may be most influenced by the degree of modeling observed in the process of multicultural supervision (Ancis & Ladany, 2001; Chang et al., 2003; Hunt, 1987; Stoltenberg & McNeil, 2010). Additionally, existing reports suggest that ALANA trainees rarely report that their supervisors assist with developing trainees' multicultural counseling and advocacy skills, which are regarded as crucial to providing culturally competent mental health care (Roysircar et al., 2003; Zuniga, 1987). More specifically, no existing research has explicitly investigated ALANA trainees' perceptions of specific supervisor attitudes and behaviors that contribute to trainees' self-reported multicultural counseling awareness, knowledge, skills, and relationship competencies. Understanding the multicultural supervision needs of ALANA students from a psychoracial perspective might also empower trainers and supervisors to respond to the individual differences among trainees of Color and lessen the possibility that all students of Color will be trained and assessed as one monolithic group.

Considering the paucity of research regarding ALANA psychology students' training outcomes, the current study explored the relationships among their racial identity attitudes, their perceptions of multicultural supervision, and their self-reported MCCs.
Proposed models for understanding the relationships among the constructs are illustrated in Figures 1-3. Specifically the figures depict the conceptual framework for describing the relationships between racial identity attitudes and multicultural supervision (Figure 1), racial identity attitudes and MCC (Figure 2), and multicultural supervision and MCC.

To operationalize racial identity attitudes, I used the People of Color Racial Identity Attitudes Scale (PRIAS; Helms, 2011), which measures participants' levels of race-related consciousness and the extent to which race may be a salient aspect of their lives. The construct of multicultural supervision was operationalized using the Multicultural Supervision Competencies Questionnaire (MSCQ; Wong & Wong, 1999), which gauges respondents' perceptions of their supervisors' abilities to provide culturally responsive supervision. Finally, the Multicultural Counseling Inventory (Sodowsky et al., 1994), which assesses participants' self-perceived competence for providing mental health services to ALANA clients, was used to operationalize self-efficacy with respect to multicultural counseling competence.

**Hypotheses**

Considering the theory and empirical research regarding ALANA trainees' racial identity attitudes, multicultural supervision, and multicultural counseling competence, that the following hypotheses were tested:

**Hypothesis 1.** POC racial identity attitudes will significantly relate to self-reported multicultural counseling competence (Figure 1). More specifically, internalized racism statuses (e.g., Conformity, Dissonance) will be negatively related to multicultural counseling self-efficacy. In addition, racial consciousness statuses (e.g.,
Immersion/Resistance, Internalization) will be positively related to self-reported multicultural counseling competencies.

Support for this hypothesis is drawn from the theoretical and research literature regarding ALANA trainees' multicultural counseling self-efficacy. Reflecting on her experiences as an Asian American psychology trainee, Lo (2010) observed that her multicultural counseling competencies were least developed when her racial consciousness and racial coping strategies were less developed. Conversely, Lo felt more culturally competent as a result of perceiving more enhanced racial identity perspectives (e.g., less Conformity, increased Immersion/Resistance). Furthermore, Vinson and Neimeyer (2003) reported that Internalization was positively, but not significantly correlated with multicultural awareness among POC mental health trainees.

**Hypothesis 2.** POC racial identity attitudes will significantly relate to perceptions of supervisors' multicultural supervision competence (Figure 2). Specifically, internalized racism statuses (e.g., Conformity, Dissonance) will be negatively related to multicultural supervision competencies. Additionally, racial consciousness statuses (e.g., Immersion/Resistance, Internalization) will be positively related to multicultural supervision competencies.

This hypothesis, suggesting that trainees' racial perspectives will be related to their perceptions of supervisors' multicultural supervision interventions, is based upon research which suggests that ALANA trainees reported less Dissonance attitudes when their supervisors were POC (Ladany et al., 1997b), and that POC supervisors are
frequently perceived as being more culturally responsive than White supervisors (Burkard et al., 2006; Duan & Roehlke, 2001).

**Hypothesis 3.** Perceptions of supervisors' multicultural supervision competence will be significantly positively related to self-reported multicultural counseling competence (Figure 3).

Hypothesis 3 is based on several research findings. Ladany et al. (1997b) suggested that supervisors' instructing trainees to include multicultural issues in case conceptualization resulted in trainees' perceptions of themselves as more culturally competent than supervisees who did not receive such multicultural supervision. Furthermore, research has consistently indicated that when ALANA supervisees describe their supervisors as racially insensitive or culturally unresponsive, the trainees have not reported any evidence of multicultural counseling self-efficacy (Burkard et al., 2006; Constantine & Sue, 2007; Fukuyama, 1994; Jernigan et al., 2010; Wong & Wong, 1999). On the other hand, ALANA trainees have described enhanced multicultural awareness, knowledge, and skills when they perceive their supervisors as responsive to multicultural issues that affect ALANA students and clients (Burkard et al., 2006; Fukuyama, 1994; Jernigan et al., 2010).
Figure 1
Conceptual Framework for Canonical Correlations between Racial Identity Attitudes and Multicultural Supervision Competencies

Conformity  
Dissonance  
Immersion/Resistance  
Internalization  

Racial Identity  

Multicultural Supervision Competence  

Knowledge/Understanding  
Attitudes/Beliefs  
Skills/Practices  
Relationships

Figure 2
Conceptual Framework for Canonical Correlations between POC Racial Identity Attitudes and Multicultural Counseling Competencies

Conformity  
Dissonance  
Immersion/Resistance  
Internalization  

Racial Identity  

Multicultural Counseling Competence  

Knowledge  
Awareness  
Skills  
Relationship

Figure 3
Conceptual Framework for Canonical Correlations between Multicultural Supervision and Multicultural Counseling Competence

Knowledge/Understanding  
Attitudes/Beliefs  
Skills/Practices  
Relationship  

Multicultural Supervision Competence  

Multicultural Counseling Competence  

Knowledge  
Awareness  
Skills  
Relationship
Chapter 3

Method

Participants

Participants in this study were doctoral-level ALANA trainees \( N = 203 \) enrolled in counseling, clinical, school, or professional psychology training programs. Participation in the study was limited to trainees who had received practice supervision for at least one academic semester after enrolling in a doctoral program. Participants were offered their choice of a $10 Amazon.com or iTunes gift card for completing the survey.

Table 1 provides a summary of the respondents' self-described demographic characteristics. Asian American/Pacific Islander students \( n = 71 \) represented the largest racial group (35%) in the sample, whereas Native Americans \( n = 6 \) constituted the smallest group (3%). Approximately 14% of the participants self-identified as biracial or multiracial. The sample was predominantly women (76.4%). Respondents’ mean age was 29.3 years \( (SD = 4.03) \) and ranged from 23 to 48 years. A majority of the participants reported being born (66%) or raised (82.3%) in the United States; the remaining participants were raised in various Asian, African, European, and South American countries. Approximately 70% of the participants had completed 4 or more years of doctoral training.

Table 2 describes the characteristics of the participants' current academic training programs. A majority were enrolled in clinical psychology programs (58.6%), were seeking the Ph.D. degree (68.5%), and were enrolled in APA-accredited programs (93%). Table 3 provides a description of the respondents' doctoral training and supervision
Table 1

Participants’ Self-reported Demographic Characteristics (N = 203)

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial Classification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td>55</td>
<td>27.1</td>
</tr>
<tr>
<td>Latino/a American</td>
<td>42</td>
<td>20.7</td>
</tr>
<tr>
<td>Asian American/Pacific Islander</td>
<td>71</td>
<td>35.0</td>
</tr>
<tr>
<td>Native American</td>
<td>6</td>
<td>3.0</td>
</tr>
<tr>
<td>Biracial/Multiracial</td>
<td>29</td>
<td>14.3</td>
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<tr>
<td>Gender</td>
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<td></td>
</tr>
<tr>
<td>Men</td>
<td>46</td>
<td>22.7</td>
</tr>
<tr>
<td>Women</td>
<td>155</td>
<td>76.4</td>
</tr>
<tr>
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<tr>
<td>Yes</td>
<td>134</td>
<td>66.0</td>
</tr>
<tr>
<td>No</td>
<td>69</td>
<td>34.0</td>
</tr>
<tr>
<td>Location Raised</td>
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<td></td>
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<td>Northeastern US</td>
<td>46</td>
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<tr>
<td>Midwestern US</td>
<td>23</td>
<td>11.3</td>
</tr>
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<td>20.7</td>
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<td>Western US</td>
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<tr>
<td>US/US Territories/Multiple locations</td>
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<td>8.9</td>
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<tr>
<td>Non-US</td>
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<td>16.3</td>
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<td>1.5</td>
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<tr>
<td>English as Primary Language Spoken</td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>115</td>
<td>56.7</td>
</tr>
<tr>
<td>No</td>
<td>88</td>
<td>43.3</td>
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<tr>
<td>Highest Degree Earned</td>
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</tr>
<tr>
<td>Bachelor's</td>
<td>38</td>
<td>18.7</td>
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<tr>
<td>Master's</td>
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<td>78.3</td>
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<tr>
<td>Doctorate</td>
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<tr>
<td>Year in Training Program</td>
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<td></td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>27</td>
<td>13.3</td>
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<td>15.3</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>57</td>
<td>28.1</td>
</tr>
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<td>26</td>
<td>12.8</td>
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<td>18</td>
<td>8.9</td>
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<tr>
<td>7&lt;sup&gt;th&lt;/sup&gt; +</td>
<td>7</td>
<td>3.4</td>
</tr>
<tr>
<td>Internship</td>
<td>34</td>
<td>16.7</td>
</tr>
</tbody>
</table>
experiences. As trainees, most of the participants had completed one or more multicultural courses that emphasized racial and cultural issues in psychology (91.6%). Most of the trainees had completed multiple practicums in more than one setting. Participants most frequently trained at community mental health centers (56.2%) and university counseling centers (54.2%); they completed their training least frequently in Veterans' Administration hospitals (16.7%). Regarding supervision, slightly more than one-third of the sample had never received supervision from a person of Color (34.5%), and almost half of the participants had spent less than 20% of their supervision time discussing racial and cultural issues (47.8%).

Table 2
Description of Participants' Training Programs, Experiences, and Attitudes (N = 203)

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Training Program</td>
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<tr>
<td>Clinical</td>
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<tr>
<td>Counseling</td>
<td>67</td>
<td>33.0</td>
</tr>
<tr>
<td>Professional</td>
<td>3</td>
<td>1.5</td>
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<tr>
<td>School</td>
<td>10</td>
<td>4.9</td>
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<tr>
<td>Other</td>
<td>4</td>
<td>2.0</td>
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<tr>
<td>Current Degree Pursuing</td>
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<tr>
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</tr>
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<td>Ed.D.</td>
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<td>.5</td>
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<tr>
<td>APA Accredited Program</td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>188</td>
<td>92.6</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>7.4</td>
</tr>
</tbody>
</table>

Participants' attitudes regarding the importance of race and culture in training and practice are summarized in Table 4. Almost all of the participants (92%) reported that race and culture were important training issues for them before they entered their doctoral
training programs. A large proportion of the respondents (80%) perceived that they could effectively integrate racial and cultural issues into psychological treatment and assessment prior to beginning doctoral training. Three-quarters of the participants (75.9%) indicated that they planned to intentionally integrate race and culture into their future work as psychologists.

Table 3

Description of Participants' Doctoral Training and Supervision Experiences ($N = 203$)

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of race- and culture-focused courses taken</td>
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<td></td>
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<tr>
<td>None</td>
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<tr>
<td>1</td>
<td>94</td>
<td>46.3</td>
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<td>2</td>
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<td>19.2</td>
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<tr>
<td>3</td>
<td>17</td>
<td>8.4</td>
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<tr>
<td>4</td>
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<td>5+</td>
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</tr>
<tr>
<td>Practicum Settings</td>
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<td></td>
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<tr>
<td>University Counseling Center</td>
<td>110</td>
<td>54.2</td>
</tr>
<tr>
<td>Elementary/Secondary School</td>
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<td>28.1</td>
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<tr>
<td>Community Mental Health Center</td>
<td>114</td>
<td>56.2</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>91</td>
<td>44.8</td>
</tr>
<tr>
<td>Inpatient Hospital/Residential Setting</td>
<td>56</td>
<td>27.6</td>
</tr>
<tr>
<td>VA Hospital/Medical Center</td>
<td>34</td>
<td>16.7</td>
</tr>
<tr>
<td>Prison/Justice Setting</td>
<td>45</td>
<td>22.2</td>
</tr>
<tr>
<td>Other</td>
<td>45</td>
<td>22.2</td>
</tr>
<tr>
<td>Number of Racial/Ethnic Minority Supervisors in Training</td>
<td>70</td>
<td>34.5</td>
</tr>
<tr>
<td>1</td>
<td>74</td>
<td>36.5</td>
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<tr>
<td>2</td>
<td>38</td>
<td>18.7</td>
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<td>3</td>
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<td>8</td>
<td>3.9</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Supervision Time Spent Discussing Race and Culture</td>
<td>97</td>
<td>47.8</td>
</tr>
<tr>
<td>21 - 40%</td>
<td>70</td>
<td>34.5</td>
</tr>
<tr>
<td>41 - 60%</td>
<td>22</td>
<td>10.8</td>
</tr>
<tr>
<td>61 - 80%</td>
<td>11</td>
<td>5.4</td>
</tr>
<tr>
<td>81 - 100%</td>
<td>3</td>
<td>1.5</td>
</tr>
</tbody>
</table>
Table 4

Participants' Self-reported Attitudes Regarding Race and Culture in Training and Practice

\((N = 203)\)

<table>
<thead>
<tr>
<th>Item</th>
<th>Disagree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Before I entered doctoral training, I thought it was important for me to receive training regarding racial and cultural issues in psychology.</td>
<td>17</td>
<td>8.4</td>
</tr>
<tr>
<td></td>
<td>186</td>
<td>91.6</td>
</tr>
<tr>
<td>Before I entered doctoral training, I felt that I could integrate racial and cultural issues into psychological assessment and treatment.</td>
<td>40</td>
<td>19.7</td>
</tr>
<tr>
<td>When I complete my graduate training, I plan to intentionally practice, teach, or research with an emphasis on racial or ethnocultural issues.</td>
<td>49</td>
<td>24.1</td>
</tr>
<tr>
<td></td>
<td>154</td>
<td>75.9</td>
</tr>
</tbody>
</table>

Measures

Respondents were asked to complete the following measures: (a) a sociodemographic questionnaire, (b) a case conceptualization, (c) the People of Color Racial Identity Attitudes Scale (PRIAS; Helms, 2011), (d) the Multicultural Supervision Competencies Questionnaire (MSCQ; Wong & Wong, 1999), and (e) the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994).

**Sociodemographic questionnaire.** I designed a questionnaire to collect data about participants' backgrounds, academic training programs, counseling/clinical practicum training, and supervision histories (Appendix A). More specifically, participants were asked to provide information related to a range of individual (e.g., racial/ethnic background), and training-related (e.g., years in training) characteristics as well as training program (e.g., clinical, counseling) and practicum information (e.g., number of counseling practicums). Respondents were also asked to provide information
about counseling supervision provided by a faculty member in the context of their training program and to specify the format in which supervision with the identified faculty supervisor occurred (e.g., individual, seminar/group).

**People of Color Racial Identity Attitudes Scale (PRIAS).** The 50-item PRIAS inventory consists of four scales that were designed to assess the race-related appraisal strategies common to ALANA-classified individuals according to Helms’s (1990) theory (Appendix C). In this study, measurement of racial identity attitudes was used as an assessment of trainees’ race-related psychosocial development. The four scales are (a) Conformity, 12 items that assess attitudes that indicate obliviousness to racial dynamics or identification with White racial standards (e.g., “I am embarrassed to be the race I am”); (b) Dissonance, 14 items that gauge feelings of ambivalence, confusion, or disorientation related to emerging awareness of racial dynamics (e.g., “I'm not sure where I really belong”); (c) Immersion/Resistance, 14 items that measure attitudes and cognitions pertaining to physical and psychological withdrawal into one’s own racial group (e.g., “I reject all White values”); and Internalization, 10 items that account for respondents' increased flexibility in assessing racial issues and capacity to perceive the strengths and weaknesses of all racial groups (e.g., “My cultural background is a source of pride for me.”). Participants responded to items using five-point Likert-type scales (1 = Strongly Disagree to 5 = Strongly Agree). Item responses for each PRIAS subscale were summed, and higher scores indicated stronger endorsement of each racial identity status.

Cronbach alpha (CA) reliability coefficients were used to assess internal consistency of the participants' responses to the four racial identity attitude scales.
Reliability analyses suggested that from 76% to 80% of the variability in participants' responses to the subscale items could be attributed to consistent responding. Existing racial identity research investigating ALANA trainees' racial identity attitudes has reported roughly similar reliability estimates. Ladany et al.'s (1997a, 1997b) investigations indicated that 66% to 86% of the variability in ALANA trainees' racial identity scores could be explained by consistent responding. Descriptive statistics and reliability data pertaining to the sample's responses are summarized in Table 5.

Table 5
Means, Standard Deviations, Ranges, and Cronbach's Alpha Coefficients for the People of Color Racial Identity Scales, Multicultural Supervision Competencies Questionnaire, and Multicultural Counseling Inventory (N = 203)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>Obtained Range</th>
<th>Possible Range</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People of Color Racial Identity Scale</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conformity</td>
<td>24.04</td>
<td>5.75</td>
<td>14.00 - 56.00</td>
<td>12.00 - 60.00</td>
<td>.76</td>
</tr>
<tr>
<td>Dissonance</td>
<td>35.54</td>
<td>7.42</td>
<td>17.00 - 58.00</td>
<td>14.00 - 70.00</td>
<td>.77</td>
</tr>
<tr>
<td>Immersion/Resistance</td>
<td>36.45</td>
<td>7.05</td>
<td>21.00 - 59.00</td>
<td>14.00 - 70.00</td>
<td>.80</td>
</tr>
<tr>
<td>Internalization</td>
<td>44.20</td>
<td>4.04</td>
<td>30.00 - 50.00</td>
<td>10.00 - 50.00</td>
<td>.79</td>
</tr>
<tr>
<td><strong>Multicultural Supervision Competencies Questionnaire</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge/Understanding</td>
<td>38.76</td>
<td>7.45</td>
<td>14.00 - 50.00</td>
<td>10.00 - 50.00</td>
<td>.94</td>
</tr>
<tr>
<td>Attitudes/Beliefs</td>
<td>46.50</td>
<td>7.79</td>
<td>23.00 - 60.00</td>
<td>12.00 - 60.00</td>
<td>.89</td>
</tr>
<tr>
<td>Skills/Practice</td>
<td>83.94</td>
<td>16.19</td>
<td>30.00 - 110.00</td>
<td>22.00 - 110.00</td>
<td>.97</td>
</tr>
<tr>
<td>Relationship</td>
<td>62.41</td>
<td>10.93</td>
<td>25.00 - 80.00</td>
<td>16.00 - 80.00</td>
<td>.94</td>
</tr>
<tr>
<td><strong>Multicultural Counseling Inventory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>35.48</td>
<td>3.92</td>
<td>21.00 - 44.00</td>
<td>11.00 - 44.00</td>
<td>.78</td>
</tr>
<tr>
<td>Awareness</td>
<td>30.48</td>
<td>4.56</td>
<td>17.00 - 40.00</td>
<td>10.00 - 40.00</td>
<td>.74</td>
</tr>
<tr>
<td>Skills</td>
<td>35.74</td>
<td>4.37</td>
<td>22.00 - 44.00</td>
<td>11.00 - 44.00</td>
<td>.83</td>
</tr>
<tr>
<td>Relationship</td>
<td>24.64</td>
<td>3.46</td>
<td>16.00 - 32.00</td>
<td>8.00 - 32.00</td>
<td>.69</td>
</tr>
</tbody>
</table>

**Multicultural Supervision Competencies Questionnaire (MSCQ).** Wong and Wong (1999) created the 60-item MSCQ (Appendix D) to assess trainees' perceptions of supervisors' competence. In the current study, the MSCQ was used as a measure of one
aspect of ALANA students' training experiences, which might contribute to self-efficacy with respect to counseling clients of Color. The MSCQ assesses four domains, as described by Sue et al. (1992), including their (a) attitudes and beliefs, 12 items that assess trainees' perceptions of how their supervisors feel about racial and ethnic minority trainees and multicultural counseling issues (e.g., “Shows openness and respect for ALANA supervisees.”); (b) knowledge and understanding, 10 items that measure how trainees perceive what their supervisors understand about racial and cultural influences on supervision and counseling (e.g., “Understands my culture and value systems.”); and (c) skills and practice, 22 items by which supervisees' perceptions of how supervisors demonstrate multicultural competence in supervision (e.g., “Takes into account cultural biases in assessments and clinical judgment.”) are assessed. A fourth relationship domain, which was added by Sodowsky et al. (1994), consists of 16 items that gauge supervisees' perceptions of how their supervisors interact with ALANA trainees (e.g., “Shows unconditional acceptance of all supervisees, regardless of their race, ethnicity, and culture.”).

Participants responded to the items using 5-point Likert-type scales (1 = Strongly Disagree to 5 = Strongly Agree). They were asked to rate a faculty member in their doctoral training program who was considered to have been most influential on their counseling competence. Some items were reverse-scored. Item responses were summed for each subscale, and higher scores indicated greater levels of trainees’ perceptions of supervisor cultural competence in each of the domains.
In the present study, reliability estimates for the participants' responses to the MSCQ subscales suggest that 89% to 97% of the variability in the participants' responses to the subscales could be attributed to consistent responding (See Table 5). To date, only Wong and Wong's (1999) scale development study has reported psychometric data relative to participants' responses to the MSCQ. Chinese, Japanese, and Indo-Canadian counseling psychology trainees (n = 15) in Canada completed the MSCQ. Some participants had been in more than one cross-cultural supervision dyad; therefore, some participants completed more than one MSCQ. The number of completed MSCQs totaled 20. Wong and Wong reported the CA coefficients related to the participants' subscale responses ranged from .93 to .98, which are consistent with the results of the present study.

**Multicultural Counseling Inventory (MCI).** The MCI was developed to “operationalize some of the proposed constructs of multicultural counseling competencies” and was used in the present study to assess MCC self-efficacy (Sodowsky et al., 1994, p. 139). The self-report instrument (Appendix E) was designed to assess self-perceived behaviors, rather than attitudes or beliefs, consistent with the tripartite model of MCC (Sue et al., 1982). Importantly, in contrast to other researchers who used professional expert raters to assess the content validity of their measures, Sodowsky et al. (1994) recruited masters and doctoral-level trainees enrolled in a multicultural counseling course to examine the face and content validity of the MCI. The trainees (n = 14), who had been exposed to additional non-course-related MCC literature and lectures, strongly
endorsed the items and factors as adequately representative of multicultural counseling competencies.

The 40-item MCI subscales assess participants' self-perceptions in four domains: (a) Awareness, 10 items that assess of cultural responsiveness, as well as life experiences with multicultural interactions and advocacy (e.g., “I have a working understanding of certain cultures…”); (b) Knowledge, 11 items measuring understanding of culturally inclusive treatment planning, case conceptualization, and counseling research (e.g., “I apply the sociopolitical history of the clients' respective minority groups to understand them better.”); (c) Skills, 11 items measuring ability to acknowledge culture-related mistakes in counseling, assess clients using nontraditional strategies, tailor therapy to clients' racial-cultural perspective, and retain ALANA clients in treatment (e.g., “When working with minority clients, I am able to quickly recognize and recover from cultural mistakes or misunderstandings.”); and (d) Relationship, 8 items assessing perceptions of characteristics (e.g., counselors' trustworthiness, comfort with ALANA clients, worldview) that influence interpersonal interactions with POC clients (e.g., “I have difficulties communicating with clients who use a perceptual, reasoning, or decision-making style that is different from mine.”). Respondents rated the extent to which items characterize their own counseling behaviors with ALANA clients on a 4-point scale (1 = Very Inaccurate to 4 = Very Accurate). Some items were reverse scored. Scale scores were obtained by summing the items unique to each subscale. Higher scores indicated greater self-perceived multicultural competence in each area.
In the current study, reliability analyses for participants’ responses to the four MCI subscales indicated that the samples' responses to the subscale items accounted for between 69% and 83% of the inter-item response variability within subscales (See Table 5). The MCI has been used with large, geographically diverse samples, whose responses have generated acceptable CA reliability coefficients. In Sodowsky et al.’s (1998) study of responses from a racially and ethnically diverse sample of counseling center staff and trainees (N = 176), they found the following internal consistency reliability estimates: awareness (α = .75); knowledge (α = .73); skills (α = .76); and relationship (α = .62). Pope-Davis et al. (1995) reported the following reliability estimates for the MCI responses of a diverse sample of doctoral-level counseling and clinical psychology trainees (N = 344): awareness (α = .77); knowledge (α = .80); skills (α = .82); and relationship (α = .68). Notably, researchers frequently have reported means and standard deviations for ALANA participants' responses to the MCI, but not reliability estimates for ALANA participants' responses. Nevertheless, the coefficients obtained in the present study based on an ALANA sample were consistent with findings obtained from samples aggregated across racial/ethnic groups.

**Procedures**

Before the survey was administered, the Boston College Institutional Review Board approved the study. ALANA supervisees were recruited by contacting psychology program training directors, advertising the study on electronic social media used by students, and soliciting students' participation at national conferences. Training directors affiliated with the Council for Counseling Psychology Training Programs (CCPTCP), as
well as training directors listed in the Association of Postdoctoral and Internship Directors (APPIC) electronic directory, were contacted electronically and asked to disseminate notices about the study to trainees in their programs. Notices were also posted to Facebook on profiles that were perceived to have substantial numbers of ALANA student members, such as Black Graduate Students in Psychology and the Asian American Psychological Association. Additionally, Facebook posts were placed on the American Psychological Association (APA) pages including profiles for APA Graduate Students (APAGS), the Society for the Teaching of Psychology, and the Society of Counseling Psychology. The primary researcher also distributed notices regarding the study at conferences where ALANA psychology trainees were in attendance (e.g., APA, Diversity Challenge).

The information disseminated to training directors and potential participants included an embedded link to the website hosting the survey (i.e., Qualtrics). After logging on to the URL, participants were connected to an informed consent page that explained the purpose of the study. After consenting to participate in the study, participants were directed to the sociodemographic questionnaire and the measures, which were presented in the following order: a case conceptualization, which was not used in the current analysis; the PRIAS; the MSCQ; and, the MCI. Participants were asked to provide descriptive information about themselves (e.g., age, race/ethnicity, gender, educational level) and their training experiences (e.g., practicum settings percent of time spent discussing race and culture in supervision). Additionally, they were asked to respond to self-report questionnaires, as well as a optional clinical/counseling vignette
that was not included in the current study, designed to obtain information related to their attitudes, counseling competence, and supervision experiences.

In the informed consent, participants also learned that they could receive an electronically delivered (i.e., by email) $10 Amazon.com or iTunes gift card for participating in the study. Participants who chose to receive the $10 gift card indicated their interest by clicking on a link at the survey’s end. The link directed them to a web-based form where they entered their name and their official university student email address. Information collected on the gift giveaway page was stored in a secure database separate from the database containing participants' responses to the survey. The respondents' personal information was destroyed after they were sent their electronic gift cards via the iTunes and Amazon.com websites.

The original sample ($N=313$) included respondents who completed the informed consent for the study and replied to some of the measures. After eliminating 96 (30.67%) respondents who did not complete all of the questionnaires, seven (0.02%) White trainees, and seven trainees (0.02%) who reported having had no supervisors for their doctoral practicum experiences, the final sample ($N=203$) consisted of approximately 65% of those responding to the survey. Chi square analyses indicated that those respondents who were retained did not differ significantly on any sociodemographic or training experience characteristics from those who were not.
Chapter 4

Results

Preliminary Analyses

In the present study, the primary variables of interest were the respondents' four racial identity statuses, perceptions of their supervisor's multicultural supervision competence as assessed by the four MSCQ scales, and their self-reported multicultural counseling competence measured by the four scales of the MCI. Prior to conducting the canonical correlation analyses to investigate the hypotheses, the data were examined to determine whether there were missing responses and outliers. Also a series of preliminary analyses were conducted to determine whether the data met the assumptions of normality, linearity (e.g., the assumption of linear relationships between variables), and homoscedasticity (e.g., the assumption of similar variability in subscale scores), as appropriate for canonical correlation analyses. Correlations among variable scores were examined to determine that they were linearly related and not too highly correlated (i.e., multicollinear). Examining bivariate correlations confirmed that the data met the assumptions for linearity. Scatterplots for successive predictor-criterion variable pairs were examined to determine if variances were normally distributed. The analysis revealed normally distributed variances, thus no transformations were performed.

The assumption of normal distribution was assessed by evaluating the levels of skewness and kurtosis of the variables; results were mixed. The scores for the four MCI subscales and two of the PRIAS subscales (e.g., Dissonance, Immersion/Resistance) were roughly normally distributed. However, the four MSCQ scale scores, as well as the
PRIAS Internalization scale scores, were all significantly negatively skewed. The PRIAS Conformity scores were significantly positively skewed. Examination of the data using histograms and boxplots indicated that outliers were contributing to non-normality for all of the significantly skewed scale score distributions. Whereas some cases proved to be multivariate outliers (e.g., participants with extreme responses to multiple variables of interest), most cases were identified as univariate outliers (e.g., participants with extreme responses to only one variable). I decided to retain the outliers, because the cases may have been characteristic of the heterogeneous attitudes among the population of interest. Descriptive statistics for transformed scores are reported in Table 6.

I explored multicollinearity by examining the bivariate correlation coefficients for the variables of interest. Most of the Pearson correlation coefficients for the bivariate combinations revealed small to medium relationships; however, multicollinearity, perfect or nearly perfect correlations among variables, was found for some MSCQ subscales. The skills/practice scores were highly correlated with knowledge/understanding scores, $r = .93$, as well as relationship scores, $r = .90$. Tabachnick and Fiddell (2007) recommend deleting the offending variable(s). However, given the limited research that has been conducted with the MSCQ, I decided to combine the three highly correlated variables into one subscale (henceforth referred to as the knowledge/skills/relationship [KSR] subscale) to maintain the integrity of the measure as it was created. Table 6 provides descriptive statistics for the KSR subscale and the other transformed scores used in the analysis.
Pearson correlations were used to assess relationships between the continuous demographic variables and the measures used to operationally define the variables of interest. (See Table 7.) Age was negatively correlated with most of the variables, but was positively correlated with the multicultural counseling awareness, skill, and relationship subscales. However, because all of the correlations were relatively small (e.g., $\leq \pm .10$), there was no need to control for age in any subsequent analyses.

Table 6
Transformed Means, Standard Deviations, and Ranges for the People of Color Racial Identity Scales, Multicultural Supervision Competencies Questionnaire, and Multicultural Counseling Inventory ($N = 203$)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>Obtained Range</th>
<th>Possible Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>People of Color Racial Identity Scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conformity</td>
<td>23.91</td>
<td>5.28</td>
<td>14.00 - 37.00</td>
<td>12.00 - 60.00</td>
</tr>
<tr>
<td>Dissonance</td>
<td>35.54</td>
<td>7.42</td>
<td>17.00 - 58.00</td>
<td>14.00 - 70.00</td>
</tr>
<tr>
<td>Immersion/Resistance</td>
<td>36.45</td>
<td>7.05</td>
<td>21.00 - 59.00</td>
<td>14.00 - 70.00</td>
</tr>
<tr>
<td>Internalization</td>
<td>44.25</td>
<td>3.87</td>
<td>34.00 - 50.00</td>
<td>10.00 - 50.00</td>
</tr>
<tr>
<td>Multicultural Supervision Competencies Questionnaire</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudes &amp; Beliefs</td>
<td>46.53</td>
<td>7.71</td>
<td>26.00 - 60.00</td>
<td>12.00 - 60.00</td>
</tr>
<tr>
<td>KSR</td>
<td>185.84</td>
<td>31.47</td>
<td>108.00 - 240.00</td>
<td>48.00 - 240.00</td>
</tr>
<tr>
<td>Multicultural Counseling Inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling Skills</td>
<td>35.74</td>
<td>4.37</td>
<td>22.00 - 44.00</td>
<td>11.00 - 44.00</td>
</tr>
<tr>
<td>Awareness</td>
<td>30.48</td>
<td>4.56</td>
<td>17.00 - 40.00</td>
<td>10.00 - 40.00</td>
</tr>
<tr>
<td>Counseling Relationship</td>
<td>24.64</td>
<td>3.46</td>
<td>16.00 - 32.00</td>
<td>8.00 - 32.00</td>
</tr>
<tr>
<td>Counseling Knowledge</td>
<td>35.48</td>
<td>3.92</td>
<td>21.00 - 44.00</td>
<td>11.00 - 44.00</td>
</tr>
</tbody>
</table>

Note: KSR = combined score for the highly correlated knowledge and understanding, skills and practices, and relationship subscales. Subscale scores for the PRIAS Conformity and Internalization subscales, as well as all MSCQ subscales, were windsored to limit the effect of extreme responses.

A series of one-way between groups analyses of variance (ANOVAs) were conducted to compare the effects of various categorical variables on participants’ self-reported MCCs (e.g., knowledge, skills, awareness, and counseling relationship). No
significant differences were detected for participants' self-described gender or racial backgrounds. No significant effects were found based on respondents' self-reported place of birth (i.e., were you born in the United States?) or the influence of English as a primary language in their childhood homes. Finally, no significant effects were detected based on the years of training participants had completed or type of training program (i.e., clinical, counseling, or school) in which they were enrolled. Therefore, in subsequent analyses, I aggregated across demographic categories and training specialties.

Table 7

Pearson Correlations among the Predictor and Criterion Variables and Age (N = 203)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CON</td>
<td>---</td>
<td>.48</td>
<td>.07</td>
<td>-.41</td>
<td>-.11</td>
<td>-.09</td>
<td>-.30</td>
<td>-.30</td>
<td>-.20</td>
<td>-.24</td>
<td>-.02</td>
</tr>
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<td>2. DIS</td>
<td>---</td>
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<td>-.37</td>
<td>-.11</td>
<td>-.10</td>
<td>-.16</td>
<td>-.15</td>
<td>-.19</td>
<td>-.41</td>
<td>-.10</td>
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<tr>
<td>3. IM-R</td>
<td>---</td>
<td>-.18</td>
<td>.03</td>
<td>.07</td>
<td>.05</td>
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<td>-.12</td>
<td>-.22</td>
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<td></td>
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<tr>
<td>4. INT</td>
<td>---</td>
<td>.24</td>
<td>.22</td>
<td>.31</td>
<td>.38</td>
<td>.35</td>
<td>.33</td>
<td>-.05</td>
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<td></td>
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<td>5. MSCQ-A/B</td>
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<td>.88</td>
<td>.15</td>
<td>.28</td>
<td>.16</td>
<td>.04</td>
<td>-.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>6. MSCQ-KSR</td>
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<td>.14</td>
<td>.04</td>
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<tr>
<td>7. MCI-A</td>
<td>---</td>
<td>.56</td>
<td>.52</td>
<td>.33</td>
<td>.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. MCI-K</td>
<td>---</td>
<td>.61</td>
<td>.38</td>
<td>.04</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. MCI-S</td>
<td>---</td>
<td>.47</td>
<td>.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10. MCI-R</td>
<td>---</td>
<td>.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. AGE</td>
<td>---</td>
<td>---</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Note: CON = Conformity attitudes, DIS = Dissonance attitudes, IM-R = Immersion/Resistance attitudes, INT = Internalization attitudes (Helms, 1995). MSCQ = Multicultural Supervision Competence Questionnaire, A/B = attitudes and beliefs, KSR = combined knowledge and understanding, skills and practice, and relationship subscale (Wong & Wong, 1999). MCI = Multicultural Counseling Inventory, A = awareness, K = knowledge, S = skills (Sodowsky et al., 1994). Correlations are reported for descriptive rather than inferential purposes.

Tests of Hypotheses and Research Questions

**Hypothesis 1.** Trainees' POC racial identity attitudes will significantly relate to self-reported multicultural counseling competencies, as measured by the four subscales of...
the MCI. More specifically, internalized racism statuses (e.g., Conformity, Dissonance) will be negatively related to multicultural counseling self-efficacies (e.g., knowledge, awareness, skills, relationship). In addition, racial consciousness statuses (e.g., Immersion/Resistance, Internalization) will be positively related to each of the four multicultural counseling competencies.

To test this hypothesis, a canonical correlation analysis was performed in which the four PRIAS racial identity scores were the predictor set and the four MCI subscales were the criterion set of variables. The racial identity set included the Conformity, Dissonance, Immersion/Resistance, and Internalization subscales as measured by the PRIAS. The multicultural counseling competencies set included the knowledge, awareness, skills, and relationship subscales as measured by the MCI. Increasingly large numbers reflect higher levels of the racial identity statuses and the MCI subscales.

To reduce the skew for the PRIAS subscales, which pertains to the assumption of normally distributed scores, multiple transformations (e.g., log, square root, reciprocal) were applied to the non-normal variable distributions; however, transforming the non-normal distributions did not significantly reduce skewness. Indeed, some scales remained significantly skewed. Thus, the skewed distributions were windsored. In the negatively skewed subscale distributions, the outliers were transformed to be one unit below the value of the lowest non-outlier. The positively skewed subscale distribution was transformed by changing the scores for the outliers to be one unit greater than the highest non-outlier. Windsored scores were used for all subsequent analyses involving skewed subscale distributions.
The full model across all functions was statistically significant using the Wilks's lambda ($\lambda = .621$) criterion, $F (16, 596.37) = 6.29, p < 001$. Because Wilks's $\lambda$ represents the unexplained variance in the model, $1 - \lambda$ indicates the effect size or explained variance of the full model. Four canonical correlations were found. Thus, the full model with all four functions included explained 37.9% of the shared variance between the two variable sets. The first canonical correlation explained 24.1% of the overlapping variance, the second explained 15.63% of the overlap of the remaining variance, the third explained 2.61% of the overlap of the remaining variance, and the fourth explained 3.74% of the overlap.

With one function removed, the model was still significant. With two functions removed, it was still significant. With three removed, the model was not significant. Therefore, I concluded that both Function 1, $F (16, 596.37) = 6.29, p < 001$, and Function 2, $F (9, 477.16) = 4.55, p < .001$ were statistically significant, but Function 3, $F (4, 394.00) = 1.50, p = .20$, and Function 4, $F (1, 198) = 0.74, p = .47$, were not statistically significant. Additionally, after accounting for the variance explained by Functions 1 (24.12%) and 2 (15.63%), Functions 3 and 4 only explained 2.61% and 0.37%, respectively. Hence, Functions 3 and 4 were not interpreted.

A summary of the results for the first two canonical functions appears in Table 8, which shows standardized canonical coefficients (analogous to factor loadings) for the sets of predictor and criterion variables; structure coefficients ($r_s$), the correlations among variables and their covariate (i.e., predictor or criterion set) contributing to a function(s); canonical correlations (i.e., amount of variance shared between pairs of covariates), and
percentages of variance explained by individual variables within variable sets or covariates. Structure coefficients are the focus of my interpretation, because the hypotheses concerned the extent to which individual scales or variables were related to constructs of interest (i.e., racial identity and self-reported multicultural competence).

Table 8
Summary of Canonical Analysis for Racial Identity Attitudes Predicting Multicultural Counseling Competencies

<table>
<thead>
<tr>
<th>Variable</th>
<th>Function 1</th>
<th></th>
<th></th>
<th>Function 2</th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Coef</td>
<td>$r_s$</td>
<td>$r^2_s$</td>
<td>Coef</td>
<td>$r_s$</td>
<td>$r^2_s$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conformity</td>
<td>-.25</td>
<td>-.68</td>
<td>46.65</td>
<td>.40</td>
<td>.29</td>
<td>8.18</td>
</tr>
<tr>
<td>Dissonance</td>
<td>-.35</td>
<td>-.71</td>
<td>50.98</td>
<td>-.65</td>
<td>-.49</td>
<td>23.52</td>
</tr>
<tr>
<td>Immersion/Resistance</td>
<td>-.03</td>
<td>-.21</td>
<td>4.45</td>
<td>-.65</td>
<td>-.78</td>
<td>60.84</td>
</tr>
<tr>
<td>Internalization</td>
<td>.65</td>
<td>.89</td>
<td>78.68</td>
<td>-.37</td>
<td>-.18</td>
<td>3.31</td>
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<tr>
<td>$R^2_c$</td>
<td></td>
<td></td>
<td>24.13</td>
<td></td>
<td></td>
<td>15.63</td>
</tr>
<tr>
<td>Knowledge</td>
<td>.34</td>
<td>.76</td>
<td>57.46</td>
<td>-.89</td>
<td>-.58</td>
<td>33.41</td>
</tr>
<tr>
<td>Awareness</td>
<td>.24</td>
<td>.67</td>
<td>45.43</td>
<td>-.32</td>
<td>-.40</td>
<td>15.68</td>
</tr>
<tr>
<td>Skills</td>
<td>.08</td>
<td>.70</td>
<td>49.14</td>
<td>.32</td>
<td>-.02</td>
<td>0.05</td>
</tr>
<tr>
<td>Relationship</td>
<td>.61</td>
<td>.86</td>
<td>73.62</td>
<td>.77</td>
<td>.48</td>
<td>22.94</td>
</tr>
</tbody>
</table>

Note: $Coef =$ Standardized Canonical Function Coefficient; $r_s =$ Structure Coefficient; $r^2_s =$ Squared Structure Coefficient; $h^2_s =$ Communalities; $R^2_c =$ Squared Canonical Correlation. Function and Structure coefficients greater than |.30| are underlined. Communalities greater than 30% are underlined.

Function 1

**Racial Identity Attitudes.** For the first predictor canonical variate or variable set, using a minimum cutoff score of plus or minus .30 to indicate significance, unconflicted Internalization seems to be the primary theme. The variables in the racial identity set that were significantly correlated ($r_s$) with the predictor covariate in descending order were Internalization, Conformity, and Dissonance. The squared structure coefficients for
Function 1 indicated that Internalization (78.68%), Dissonance (50.98%), and Conformity (46.65%) accounted for significant portions of the variance in the Internalization canonical variate.

**Multicultural Counseling Competencies.** For the multicultural competence criterion set, the canonical variate appeared to reflect perceived competence based on relationships and knowledge. Multicultural relationship, knowledge, skills, and awareness were each significantly positively correlated with the first canonical variate. The squared structure coefficients for this criteria canonical variate revealed that relationship (73.62%) and knowledge (57.46%) accounted for the most variance in this pattern.

**Relationships between the Predictors and Criteria.** Together, the first pair of canonical variates (i.e., Function 1) indicates that those trainees, who endorsed relatively high levels of Internalization (.89) or humanism, low levels of Conformity (-.68) or identification with White ideals, and low levels of Dissonance (-.71) or racial anxiety, also reported more positive relationships (.86) with their clients, more knowledge (.76) related to various racial and cultural groups, and good skills (.70) for assessing and treating clients of Color, as well as awareness (.67) of themselves as cultural beings.

Thus, this function, "Competent Internalization," indicates that when ALANA trainees relied on their Internalization status, rather than their Conformity or Dissonance statuses, to assess race-related dynamics related to counseling, they were more likely to perceive themselves as more multiculturally competent with respect to knowledge and relationship skills, which partially supports Hypothesis 1. There was no support for the portion of the hypothesis involving the Immersion/Resistance attitudes.
Function 2

Racial Identity Attitudes. The second predictor canonical variate seemed to reflect marginal POC identification in that Dissonance and Immersion/Resistance were significantly negatively correlated with the predictor covariate (i.e., accounted for at least 9% of variance explained), but Conformity and Internalization were not. The squared structure coefficients for Function 2 indicated that, Immersion/Resistance contributed the most variance to this canonical variate (60.84%) and Dissonance contributed the second most variance (23.52%).

Multicultural Counseling Competencies. For the multicultural competence criterion set, multicultural relationship, awareness, and knowledge were significantly correlated with the criteria covariate. Of the four MCI subscales, only multicultural knowledge (33.41%), relationship (22.94%) and awareness (15.68%) contributed a significant portion of variance to this criteria canonical variate.

Relationships between the Predictors and Criteria. Together, the canonical variates in Function 2 indicate that trainees, who endorsed relatively low levels of Dissonance (-.49) or racial confusion and Immersion/Resistance (-.78) or pro-POC attitudes, also reported increased capacities for managing cultural issues in counseling relationships (.48), lower levels of racial-cultural self-awareness (-.40), and decreased knowledge related to their clients' cultural group membership (-.58). Thus, the two Function 2 covariates in combination appear to reflect Racially Ambivalent Relationships. Hypothesis 2 was partially supported; however, there was no support for the parts of the hypothesis regarding the Conformity and Internalization attitudes.
Summary

The overall canonical correlation analysis for Hypothesis 1 revealed two functions, Competent Internalization and Racially Ambivalent Relationships. The first indicated that trainees who felt confident about their racial identification also felt efficacious with respect to their knowledge about clients’ cultures and their capacity to use culturally responsive skills effectively; the second indicated that trainees who did not identify with their group and were not confused about their lack of identification felt efficacious about their relationship competency. Across the two functions, the percent of variance explained \( h^2 \) indicated that the most important variables were the relationship (96.56%) and knowledge (90.87%) competencies, as well as the Internalization (81.99%) and Dissonance (74.50%) racial identity statuses. Therefore I concluded that knowledge and relationship competencies, along with Internalization and Dissonance racial identity attitudes, most strongly characterized the responses of the ALANA trainees.

Overall, results from the canonical correlation analysis partially supported Hypothesis 1. As predicted, Conformity and Dissonance were significantly negatively correlated with the MCC subscales, and Internalization was significantly positively correlated with the MCC subscales. However, ALANA trainees' Immersion/Resistance attitudes yielded mixed results in that low-levels of racial pride were associated with increased capacities for managing POC-POC therapy realationships.

Hypothesis 2. POC racial identity attitudes will significantly relate to perceptions of supervisors' multicultural supervision competencies (e.g., attitudes and beliefs, knowledge and understanding, skills and practices, and relationship). Specifically,
internalized racism statuses (e.g., Conformity, Dissonance) will be negatively related to the multicultural supervision competencies. Additionally, racial consciousness statuses (e.g., Immersion/Resistance, Internalization) will be positively related to the multicultural supervision competencies.

Preliminary analyses revealed skewness and multicollinearity with regard to the MSCQ subscales. To address the negative skew in the four MSCQ subscales, the scores were windsored (e.g., outliers were transformed to be one unit below the value of the lowest non-outlier score). Three MSCQ subscales (i.e., knowledge and understanding, skills and practices, relationship) were highly correlated. Rather than eliminate them, I combined them into one scale and labeled the subscale KSR. The composite reliability coefficient ($\alpha = .91$) for the KSR combined subscale for the three highly correlated subscales indicated that a common theme was captured by the subscales (Helms, Henze, Sass, & Mifsud, 2006). Thus perceptions of multicultural supervision was operationalized using two subscales: attitudes and beliefs, and KSR.

To test Hypothesis 2, a canonical correlation analysis was performed in which the four PRIAS racial identity scores were the predictor set and the two MSCQ subscales were the criterion set of variables. The racial identity set included the Conformity, Dissonance, Immersion/Resistance, and Internalization subscales. The multicultural supervision set consisted of the attitudes/beliefs and KSR subscales. Higher numbers indicate higher levels of racial identity statuses, as well as greater perceptions of supervisors' competencies.
Although, the full model across all functions was statistically significant using the Wilks's lambda ($\lambda = .92$) criterion, $F (8, 394.00) = 2.01, p < .001$, the full model with two functions included accounted for approximately 7.7% of the variance shared between the two variable sets. Because the shared variance did not meet the minimum criterion of 9% of explained variance as suggested by Tabachnick and Fiddell (2001), the canonical function was not interpreted.

Thus, to test the hypothesis that the racial identity attitudes were differentially related to the trainees' perceptions of their supervisors' multicultural supervision competencies, two multiple regression analyses were used. The scores on each of the four racial identity attitude scales were used as predictor variables, and the scores for the two multicultural supervision scales served as the dependent variables. The significance level of overall regression models, as indicated by the $F$ ratio, reveals the degree to which a linear combination of the four types of racial identity attitudes predicted each dependent variable. If the overall model was significant, standardized regression coefficients were examined to determine if specific independent variables were significantly related to the dependent variables. Regression coefficients and $F$ ratios for the regression analyses are presented in Table 9.

When the MSCQ attitudes/beliefs subscale was used as the dependent variable, results of the regression analysis indicated that 6.4% of the variance explained by racial identity attitudes was significant, $F (4, 198) = 3.38, p < .05$. Internalization attitudes, $\beta = .26, t(202) = 3.12, p = .002$, were uniquely significantly positively related to perceptions of supervisors' attitudes and beliefs.
When the other MSCQ combined KSR subscale was used as the dependent variable, results of the regression analysis indicated that 6.5% of the variance explained by racial identity attitudes was significant, $F(4, 198) = 3.44, p < .01$. Internalization attitudes, $\beta = .24, t(202) = 3.06, p = .002$, significantly positively related to perceptions of supervisors' other multicultural supervision competencies.

In summary, the linear combination of racial identity attitudes significantly predicted perceptions of supervisors' multicultural supervision competencies. Indications were that higher levels of Internalization (i.e., self-actualizing) racial identity attitudes were associated with enhanced perceptions of supervisors' competence at demonstrating multicultural proficiency.

Results from the analysis partially supported Hypothesis 2. Whereas the multiple regression analyses indicated that ALANA trainees' perceptions of their supervisors' multicultural supervision competencies were predicted by linear combinations of racial identity attitudes, only Internalization attitudes uniquely predicted trainees' perceptions of supervisors' cultural competencies.

**Hypothesis 3.** Trainees’ perceptions of supervisors' multicultural supervision competencies (e.g., attitudes and beliefs, knowledge and understanding, skills and practices, relationship) will be significantly positively related to the trainees’ self-reported multicultural counseling competencies (i.e., knowledge, awareness, skills, and relationship).

This hypothesis was tested by performing a canonical correlation analysis in which the two MSCQ supervision subscale scores comprised the predictor set and the
four MCI trainee competence subscales were the criterion set of variables. The multicultural supervision set included the attitudes/beliefs subscale and the combined KSR scale. The multicultural counseling competencies set included subscales assessing trainees’ assessment of their own knowledge, awareness, skills, and relationship. Increasingly large numbers reflect greater perceptions of supervisors' cultural competence and trainees’ multicultural counseling self-efficacy.

The full model across all functions was statistically significant using the Wilks's lambda ($\lambda = .899$) criterion, $F(8, 394.00) = 2.69, p < .01$. Two canonical correlations were found. Thus the full model with two functions included explained 10.1% of the shared variance between the two variable sets. The first canonical correlation accounted for 9% of the variance, and the second 1.4%. With one function removed the model was not significant. Thus, I concluded that Function 1, $F(8, 394.00) = 2.69, p < .01$ was statistically significant and merited interpretation. However, Function 2, $F(3, 198) = 0.91, p = .44$ was not statistically significant. After accounting for the variance accounted for by Function 1 (9%), Function 2 only explained 1.4% of the variance. Therefore, Function 2 was not interpreted. Table 9 presents a summary of the results for the canonical analysis, including the standardized canonical coefficients correlations, canonical correlations, and percentages of variance explained by each variable within variable sets.

**Function 1**

**Multicultural Supervision Competencies.** Both of the variables in the multicultural supervision set were significantly negatively correlated with the predictor
covariate, perceived “Supervision Incompetence.” The squared structured coefficients for the Function revealed that the attitudes/beliefs (93.70%) and the KSR subscale (94.67%) each accounted for very large portions of the variance in this covariate.

**Multicultural Counseling Competencies.** In the multicultural competence criterion set, trainees’ multicultural knowledge, awareness, and skills were negatively correlated with the criteria variate, “Lack of Knowledge.” The squared structure coefficients indicated that knowledge (92.35%), awareness (35.40%), and skills (26.94%) accounted for significant portions of the variance that characterized the covariate.

Table 9

Summary of Canonical Analysis for Perceptions of Multicultural Supervision Competencies Predicting Multicultural Counseling Competencies

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coef</th>
<th>$r_s$</th>
<th>$r_s^2%$</th>
<th>$h^2%$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes/Beliefs</td>
<td>-0.49</td>
<td>-0.97</td>
<td>93.70</td>
<td>93.70</td>
</tr>
<tr>
<td>KSR</td>
<td>-0.54</td>
<td>-0.97</td>
<td>94.67</td>
<td>94.67</td>
</tr>
<tr>
<td>$R_c^2$</td>
<td></td>
<td></td>
<td>9.00</td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>-1.02</td>
<td>-0.96</td>
<td>92.35</td>
<td>92.35</td>
</tr>
<tr>
<td>Awareness</td>
<td>-0.14</td>
<td>-0.60</td>
<td>35.40</td>
<td>35.40</td>
</tr>
<tr>
<td>Skills</td>
<td>0.04</td>
<td>-0.52</td>
<td>26.94</td>
<td>26.94</td>
</tr>
<tr>
<td>Relationship</td>
<td>0.29</td>
<td>-0.13</td>
<td>1.69</td>
<td>1.69</td>
</tr>
</tbody>
</table>

Note: KSR = combined knowledge and understanding, skills and practices, and relationship subscales. Coef = Standardized Canonical Function Coefficient; $r_s$ = Structure Coefficient; $r_s^2\%$ = Squared Structure Coefficient; $h^2$ = Communality Coefficients; $R_c^2$ = Squared Canonical Correlation. Function and Structure coefficients greater than |.30| are underlined. Communality Coefficients greater than 30% are underlined.

**Relationships between the Predictors and Criteria.** Together, the pair of canonical variates indicates that those ALANA trainees, who rated their supervisor's low
in multicultural attitudes/beliefs (-.97) and low in multicultural skills/knowledge/relationship competencies (-.97), reported low multicultural counseling self-efficacies. Specifically, trainees rated themselves low in the areas of cultural group knowledge (-.96), cultural self- and other-awareness (-.60), and cultural assessment and treatment planning skills (-.52). In sum, ALANA trainees who perceived supervisors' as having low multicultural supervision competence generally rated their own MCC as low.

**Summary**

The overall canonical correlation analysis revealed that the most important variables in the solution were both of the supervision variables, attitudes/beliefs (93.70%) and KSR (94.67%), as well as the trainees’ multicultural knowledge (92.35%) competency. Thus, I concluded that trainees’ perceptions of their supervisors' cultural responsiveness contributed to their own self-reported multicultural knowledge such that they felt less efficacious if supervisors were perceived as being unsupportive of MCC generally.

Results from the analysis provided partial support for Hypothesis 3. The obtained canonical solution revealed that KSR, were significantly positively related to trainees’ self-reported counseling competencies in multicultural knowledge, awareness, and skills. Based on the function and structure coefficients, I named this function "Supervision Incompetence." Although the findings mostly supported Hypothesis 3, there was no evidence of a significant relationship between perceptions of multicultural supervision competencies and the multicultural counseling relationship competency.

**General Summary**
Across the tests of the three hypotheses, three significant canonical patterns were identified. Exploration of the relationship between ALANA trainees' racial identity attitudes and self-reported multicultural counseling competencies revealed the Competent Internalization function in which increased humanistic perspectives regarding race (e.g., Internalization) were significantly related to trainees’ higher levels of self-assessed multicultural counseling competencies, including knowledge, awareness, skills, and relationships. Additionally, the Racially Ambivalent Relationship function indicated that trainees endorsing low levels of Dissonant and Immersion race-related attitudes perceived themselves as most competent at managing racial and cultural dynamics in counseling relationships.

Although no canonical functions were identified when exploring the relationships between trainees' racial identity attitudes and their observations of supervisors' multicultural competence, multiple regression analyses revealed significant relationships among the racial identity and multicultural supervision competence variables. Racial identity attitudes explained a significant portion of the variance in the trainees' perceptions of supervisors' cultural competence. When trainees’ Internalization attitudes were high, they perceived supervisors as more multiculturally competent. The final canonical function, Supervision Incompetence, revealed that when ALANA trainees rated their supervisors' cultural competence as low, the trainees also rated their own multicultural knowledge, awareness, and skills competencies as low.
Chapter 5

Discussion

In psychology, some theorists have suggested that POC trainees' competence for working with clients of Color will be maximized when aspects of their counseling and psychotherapy training are responsive to the racial and cultural characteristics of the trainees and their clients (Shorter-Gooden, 2009; Vasquez & McKinley, 1982). ALANA trainees' race-related perceptions could significantly influence their mental health training experiences, as well as their attitudes toward POC clients (APA, 2003; Helms, 1995; Pinderhughes, 1989). Additionally, scholars have asserted that multicultural supervision, wherein trainees and supervisors address racial and cultural issues that pertain to therapy and supervision outcomes, could be the training module most relevant to facilitating ALANA trainees' cultural competence (Ancis & Ladany, 2001; Stoltenberg & McNeil, 2010). Hence, to understand the influences of psychosocial development and contextual factors on ALANA psychology trainees' competence for serving POC clients, the current study investigated the relationships among ALANA trainees' racial identity attitudes, perceptions of multicultural supervision experiences, and multicultural counseling competencies (MCC). Responses from a sample of POC trainees were analyzed to explore the following research questions: (a) How are racial identity attitudes related to self-perceived multicultural counseling competencies?; (b) How are racial identity attitudes and perceptions of supervisors' multicultural supervision competencies related?; and (c) How are perceptions of supervisors’ multicultural supervision competencies related to the supervisees’ self-reported multicultural counseling competencies? In
subsequent sections, findings related to each of these questions, methodological limitations of the study, research implications, and implications for training POC as counselors and therapists are discussed.

**How Racial Identity Attitudes Related to Multicultural Counseling Competencies**

Central to this study was the premise that current race-related psychosocial development, operationally defined as racial identity statuses, is an important aspect of ALANA psychology trainees’ self-efficacy with respect to multicultural counseling competencies or the awareness, knowledge, skills and relationship proficiencies essential for providing therapy to POC clients. Hence, Hypothesis 1 proposed that the primitive, internalized racism statuses, Conformity and Dissonance, would be negatively related to ALANA trainees' multicultural counseling competencies, whereas the more sophisticated, racial consciousness statuses, Immersion/Resistance and Internalization, would be positively related to multicultural counseling self-efficacies. The results reported in Table 8 revealed two statistically significant patterns with regard to the relationship between racial identity and MCC: "Competent Internalization" and "Racially Ambivalent Relationships."

ALANA trainees' responses characterized as Competent Internalization indicated high levels of Internalization (racial self-actualization) and low levels of both Conformity (racial assimilation) and Dissonance (confusion) that were associated with high levels of self-perceived racial-cultural awareness, cultural group knowledge, culturally responsive intervention skills, and multicultural relationship proficiencies relevant for serving POC clients. Thus, when trainees felt confident about their identities with respect to racial
characteristics, they also felt self-efficacious with respect to their capacities to work in every domain assessed by the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994). This finding was consistent with the hypothesized relationships, as well as Ladany et al.’s (1997b) findings that ALANA trainees' racial identity attitudes, specifically greater endorsement of the Internalization status, were predictive of enhanced cross-cultural counseling skills, sociopolitical awareness, and cultural sensitivity.

In Helms's racial identity theory (Helms, 1984, 1990, 1995), Internalization is typified by an ongoing commitment to race-related self-awareness, as well as flexibility in evaluating individuals' race-related strengths and weaknesses regardless of their racial group(s). Internalized trainees' motivation to understand themselves and their clients as racial-cultural beings may have contributed to their perceptions of themselves as capable of demonstrating enhanced multicultural knowledge and awareness competencies. Notably, Helms's theory would also support the inverse relationships among the phase I racial identity statuses (i.e., Conformity, Dissonance) and MCC.

ALANA trainees' responses labeled as “Racially Ambivalent Relationships” were defined by low levels of Dissonance (race-related ambivalence) and Immersion/Resistance (racial pride) that were related to high levels of relationship and low levels of both knowledge and awareness MCC competencies. Seemingly, when trainees indicated some racial confusion along with a lack of race-related hypervigilance, they also perceived themselves to be more effective at managing therapeutic relationships with POC clients, less aware of their clients' and their own psychoracial perspectives, and less knowledgeable about client's cultural group histories.
Two aspects of the Racially Ambivalent Relationship pattern were not consistent with Hypothesis 1. First, the relationship between low levels of Dissonance and low levels of self-reported MCC knowledge and awareness might indicate that the presence of low degrees of race-related ambivalence could be associated with trainees' limited capacity for cognitively understanding their own or their clients' racial groups' sociopolitical histories (i.e., knowledge) and related affective experiences of coping with racism and acculturation (i.e., awareness). Second, the relationship between lower degrees of Immersion/Resistance and increased MCC relationship might suggest that trainees' endorsement of lower levels of race-related dichotomous thinking would be related to relying on therapeutic relationship-building capacities regardless of clients' perceived racial backgrounds. In addition, the degree of Immersion/Resistance could be related to a focus only on one's own racial group and a psychological withdrawal from other groups, thus inhibiting the growth of multicultural knowledge and awareness related to all POC groups.

Overall, I found support for Hypothesis 1 in a manner that is consistent with Helms's racial identity theory and previous research. However, the relationship between trainees' Immersion/Resistant attitudes and their cultural competence was unexpected, because it seemed to suggest that pro-own group orientations could interfere with trainees’ sense of MCC competence rather than encouraging it.

How Racial Identity Attitudes Related to Trainees’ Perceptions of Supervisors' Multicultural Supervision Competencies
Another premise of the current study was that ALANA trainees' race-related appraisal strategies (i.e., racial identity) would be related to their perceptions of multicultural supervision competence. Thus, in Hypothesis 2, I proposed that the less developed racial identity statuses, Conformity and Dissonance, would be negatively related to ALANA trainees' perceptions of supervisors' multicultural supervision competencies, whereas the more mature racial identity statuses, Immersion/Resistance and Internalization, would be positively related to trainees’ perceptions of supervisors’ culturally responsive attitudes and behaviors in supervision. Multicultural supervision competencies included perceptions of supervisors' (a) regard for POC supervisees, (b) knowledge of racial-cultural issues in counseling, (c) integration of multicultural theory and concepts into treatment and assessment, and (d) sensitivity to racial and cultural issues in interactions with ALANAs.

The results indicated that trainees' racial identity attitudes were predictive of their perceptions of supervisors' cultural responsiveness, but only Internalization was uniquely predictive of perceiving culturally competent supervision attitudes and behaviors. The results suggest that when trainees' racial identity expression was consistent with a self-defined race-related worldview that allows for objective assessment of others, trainees were likely to perceive supervisors as more culturally aware, knowledgeable, and skilled.

Limited research has been conducted regarding the relationship between ALANA trainees' racial identity attitudes and their perceptions of their supervisors' multicultural competencies. Existing research has concluded that ALANA trainees reported less racial confusion and ambivalence (e.g., Dissonance) when supervised by POC supervisors
(Ladany et al., 1997b), who are generally perceived as more culturally responsive in supervision (Duan & Roehlke, 2001; Hird, Tao, & Gloria, 2005). As such, more mature expressions of racial identity (e.g., decreased Dissonance, increased Internalization) may be related to trainees' perceptions of supervisors' cultural competencies and supervisors' racial background. However, in the current study, approximately 70% of the sample, indicated that they had been supervised by no \( (n = 70) \) or one \( (n = 74) \) ALANA supervisor in all of their training experiences. Also, almost 50% of the trainees indicated spending 40% or less of their supervision time discussing racial and cultural issues \( (n = 97) \). Comparatively, roughly 70% of the participants indicated that at least 20% of their clients were POC. In sum, it could be that an intellectual, emotionless race-related appraisal strategy allowed some ALANA trainees to tolerate supervision relationships that may not have adequately addressed multicultural issues and to preserve positive perceptions of supervisors' cultural competence.

**How Perceptions of Supervisors’ Multicultural Supervision Competencies Related to Self-Reported Multicultural Counseling Competencies**

The final assumption of this study was that ALANA supervisees' training experiences with supervisors would have significant implications for the trainees’ self-reported multicultural counseling self-efficacy. Hypothesis 3 proposed that trainees' perceptions of their supervisors' multicultural supervision competencies (i.e., attitudes and beliefs, knowledge and understanding, skills and practices, and relationship) would be significantly positively related to trainees' MCC (i.e., knowledge, awareness, skills, relationship). The results in Table 9 revealed one statistically significant pattern,
"Supervision Incompetence," indicating that when perceptions of supervisors' multicultural supervision competence were low, so was ALANA trainees' self-reported (a) knowledge about cultural groups' sociopolitical histories, (b) awareness of self and others as racial-cultural beings, and (c) skills for therapy and treatment with POC clients.

This finding is consistent with previous research on ALANA trainees' supervision experiences. Both quantitative and qualitative investigations of ALANA trainees' supervision experiences have consistently indicated relationships between supervisees' perceptions of supervision and supervisees' outcomes (Burkard et al., 2006; Constantine & Sue, 2007; Cook & Helms, 1988; Duan & Roehlke, 2001; Fukuyama, 1994; Jernigan et al., 2010; Jernigan et al., 2006; Wong & Wong, 1998). For example, Fukuyama documented ALANA supervisees' positive supervision outcomes related to supervisors' initiating supervision discussions of multicultural issues, encouraging trainees' pursuit of multicultural counseling, and valuing ALANA trainees' experiences. Conversely, Jernigan et al. (2010) revealed that POC trainees perceived themselves to be incompetent when they described their POC supervisors as demonstrating culturally insensitive approaches to supervision, such as relying on POC supervisees to introduce race and culture into supervision, failing to explore racial and cultural issues related to clients' experiences, and invalidating ALANA trainees' race-related experiences in training. Importantly, ALANA trainees' perceptions of supervision have also consistently had implications for their self-efficacy related to providing ethical care to clients.

The results for Hypothesis 3 were mostly supported with the exception of the non-significant finding for the relationship competency. Given that scholars have suggested
that the intense, interpersonal nature of supervision should facilitate a setting wherein ALANA trainees learn to understand and manage POC-POC relationships in counseling (Stoltenberg & McNeill, 2010), this finding was surprising. It could be the case that as a result of racial socialization experiences, ALANA trainees’ multicultural relationship capacities may have existed prior to their entering training (Bernal et al., 1999; Holcomb-McCoy & Meyers, 1999), and the supervision process may have been inconsequential in helping trainees to strengthen this competency. Also, perhaps limited interactions with ALANA supervisors limited the development of ALANA trainees' multicultural relationship competency.

**Methodological Limitations**

Several methodological limitations should be considered when interpreting the findings from the study. These limitations concern (a) research design, (b) scales used to assess the relevant constructs, and (c) sample heterogeneity.

**Research design.** The ordering of the surveys administered for the study may have influenced trainees' responses. In the web-based survey, a case vignette to assess participants' multicultural case conceptualization skills was presented before the questionnaires that were analyzed for the present study, although it was not analyzed. The questions related to the case vignette may have stimulated trainees' race-related attitudes, as well as their perceptions regarding their own culturally responsive case formulation and relational capabilities. Future studies of ALANA trainees' race-related perceptions and attitudes should include attempts to account for such priming. Additionally, the participants were not asked to identify the supervisors' race when they shared their
perceptions of supervisors' culturally responsive supervision practices. Supervisor characteristics have been described as important when understanding students' perspectives regarding supervision (Balkin, Schlosser, & Levitt, 2009; Burkard et al., 2006; Hird et al., 2006; Toporek & Pope-Davis, 2005). So, the lack of such information made it impossible to discover whether supervisors of different races were perceived similarly.

**Measurement concerns.** The measures used to assess multicultural counseling and supervision competencies (i.e., MCI, MSCQ) relied solely on trainees' self-reports. Trainees' self-perceived cultural competence tends to be inconsistent with observer ratings of trainees' cultural competence, suggesting that either social desirability or trainees' aspirational beliefs influence MCC self-reports (Constantine & Ladany, 2001; Kitaoka, 2005). Some authors have (Boyle & Springer, 2001, Costantine & Ladany, 2001; Kitaoka, 2005) questioned whether the instruments, and the MCCs themselves, only address trainees' beliefs about their multicultural counseling competencies, rather than trainees' actual competencies. Additionally, supervisors and supervisees sometimes report different degrees of addressing multicultural issues in supervision (Burkard et al., 2006; Hird et al., 2006).

Moreover, the existing measures may not capture MCC among ALANA trainees. Given that the MCC were developed to address White counselor-POC client interactions (Shorter-Gooden, 2009; Sue et al., 1982), the MCC measures may accurately assess MCC among White trainees but not POC trainees. Indeed, scale developers have consistently validated their measures using predominantly White samples and concluded that the
measures are "reliable" (e.g., Ponterotto et al., 2002; Sodowsky et al., 1994). Additionally, test users have consistently reported internal consistency estimates for their predominantly White samples' responses and reiterated the "reliability" of the measures (Dunn et al., 2006; Kocarek et al., 2001). In sum, measures developed to operationalize MCC have focused mostly on White trainees' perspectives and experiences, but have not attended to the question of what constitutes MCC for trainees of Color.

Use of the Multicultural Supervision Competency Questionnaire (Wong & Wong, 1998) in published research has been limited; hence, more information is needed regarding the validity and the factor structure of the scale. In the current study, the narrow range of bivariate correlation coefficients for the subscales (.83-.93) indicated that the subscales were highly correlated. Perhaps, the items of subscales are assessing a single construct rather than multiple dimensions of competence. Additionally, the scale developers defined multicultural supervision in terms of cross-racial and cross-cultural supervision dyads with an emphasis on White supervisor-POC supervisee interactions. Similar to the MCC guidelines (e.g., APA, 2003; Arredondo et al. 1996), the scale developers' conceptualization did not account for the possibility of POC supervisor-supervisee training dyads.

**Sample heterogeneity.** In the present study, the POC trainees' responses were analyzed as one group irrespective of respondents' self-identified racial group membership. Although POC in this country may share some similar race-related experiences relative to the dominant White group, among the POC racial groups there exist important racial and cultural differences (e.g., different communication styles,
various religious beliefs and practices, diverse family values and structures; Helms & Cook, 1999; Sue & Sue, 1999). In addition, different racial and cultural socialization practices among the POC racial groups could influence trainees' perceptions of different ALANA groups (e.g., Blacks' perceptions of Asians and Asians perceptions of Blacks; Sue & Sue, 1999). For example, studies of biracial/multiracial students' psychological well-being indicate that self-identified multiracial individuals might be less likely to choose one parent's racial group over the other's (Bining, Unzueta, Huo, & Molina, 2009), which could mean less endorsement of pro-POC attitudes. Additionally, recent research has suggested that some Asian American students feel compelled to distance themselves from their cultural heritage in order to survive in culturally different education environments (Museus & Maramba, 2011). Feasibly, the degree to which ALANA trainees have awareness of and affiliate with their respective racial groups could affect their responses to measures that assess attitudes regarding people of Color as a single entity (e.g., PRIAS, MCI).

Heterogeneity related to sample training environment characteristics may have influenced trainees' responses. Participants reported diversity with regard to practicum training settings (e.g., university counseling center or community mental health center), percent of racial/ethnic minority clients counseled, and type of training program (e.g., clinical or counseling psychology), which have been related to trainees' MCC self-efficacy (Duan & Roehlke, 2001; Vinson & Neimeyer, 2003). For instance, clinical psychology trainees (n = 119) comprised almost 60% of the sample. Research has indicated that clinical trainees when compared to counseling trainees consistently report
lower levels of MCC, which suggests that clinical psychology training programs may not emphasize racial and ethnic minority issues, and, thus, competence for working with ALANA clients (Bernal & Castro, 1994; Bernal & Padilla, 1982; Quintana & Bernal, 1995; Pope-Davis et al., 1995; Toia et al., 1997).

**Implications for Training ALANA Counselors and Therapists**

The POC trainees who participated in this study evidenced varying patterns of racial identity attitudes, perceptions of supervisors' multicultural supervision competencies, and self-reported multicultural counseling competencies. Thus, it is reasonable to infer that POC trainees actually do endorse different cognitive, affective, and behavioral responses to racial and race-related stimuli and interactions. As such, the current study seems to support what previous scholars have suggested: ALANA trainees constitute a heterogeneous group, and they may have attitudes that differentially relate to their abilities to provide culturally responsive mental health care (Helms, 1983; Jernigan et al., 2010; Porter, 1994; Sue, 1973; Vasquez & McKinley, 1987). Additionally, as previous theorists and researchers have concluded, ALANA trainees' self-efficacy with respect to cultural competence will be enhanced by supervisors' interventions and support that address trainees' person- and group-level racial-cultural characteristics (Ancis & Ladany, 2001; Hunt, 1987; Jernigan et al., 2010).

Practice supervisors and psychology faculty working with POC trainees could use racial identity theory (Helms, 1995; Helms & Cook, 1999) as a foundation for assessing and understanding trainees' responses to clients of Color, as well as for identifying directions to follow in multicultural supervision. Helms has described racial identity
development as a maturational process in which each status (i.e., Conformity, Dissonance, Immersion/Resistance, Internalization) is characterized by unique, yet interactive information processing strategies (e.g., schemas). Optimally, supervisors might utilize Helms's theory to facilitate trainees' personal development and insight regarding racial and cultural issues in counseling. Furthermore, developmental models of supervision have also outlined trainees' developmental stages that entail supervisors' attitudes and interventions for increasing trainees' positive attitudes and MCC efficacy (Ancis & Ladany, 2001; Porter, 1994; Vazquez & McKinley, 1987). Observations of ALANA trainees' cognitive, affective, and behavioral responses to race-related information and interactions might suggest training interventions needed for stimulating trainees' racial identity development and enhancing their multicultural counseling competencies.

The current study suggested that heightened Internalization attitudes are associated with ALANA trainees' enhanced self-reported cultural competencies and perceptions of supervisors' cultural competence. That is, trainees who endorse high levels of racial self-determination, self-actualization and cognitive flexibility with regard to race-related assessments appear to view themselves as proficient at providing therapeutic services to clients of Color, and they perceive their supervisors as capable of providing supervision that addresses racial-cultural concerns for POC trainees' and clients alike. Perhaps Internalized trainees may actually have internalized a sophisticated racial identity development (e.g., lower levels of internalized racism attitudes and higher levels of racial consciousness attitudes) as a result of the challenges and supports provided by
multiculturally competent supervisors. Additionally, self-actualizing ALANA trainees may have sophisticated interpersonal and professional acumen that enables them to assess their academic settings with the intent of forming connections with culturally responsive supervisors who demonstrate positive regard for POC. It is important to note that the directions for rating supervisors' multicultural supervision competence indicated that trainees were to select a faculty member who had been most influential on the trainees' counseling work, which may have allowed trainees to select a favored faculty member.

There may be an alternative understanding of the ALANA trainees' salient Internalized attitudes. Notably, Conformity and Dissonance were inversely related to self-reported MCC, and Conformity, Dissonance, and Immersion/Resistance were not unique predictors of perceptions of supervisors' cultural competencies in supervision. Parham and Helms (1985) clarified that Internalization attitudes may be expressed in a cognitive, rather than affective, manner in comparison to the other racial identity statuses. ALANA trainees seeking to understand and adapt supervisors' feedback may have relied on intellectualization and abstraction rather more than the emotional states (e.g., anxiety, hypersensitivity, and anger) associated with the other racial identity statuses. Some scholars have contended that training in professional psychology has generally emphasized the enhancement of cognitive abilities rather than affective capacities (Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009; Tummala-Narra, 2009), which may further encourage ALANA trainees to operate from a cognitive perspective in supervision.
Given how ALANA trainees' Internalization attitudes related to self-perceived multicultural self-efficacy and perceptions of supervisors' racial-cultural competence in the present study, it may be in the best interest of POC clients and supervisees for supervisors to continue to foster trainees' race-related psychosocial and professional development. Importantly, because supervisors' attitudes, beliefs, and behaviors, especially as perceived by ALANA trainees, may be the most essential determinant of supervision and client outcomes (Bernard & Goodyear, 1998; Cook & Helms, 1988; Ladany et al, 1997b), supervision scholars have consistently emphasized the need for supervisors to understand themselves as racial-cultural beings in order to better facilitate the cultural competencies of trainees (Constantine, 1997; Constantine, Warren, & Miville, 2005; Helms & Cook, 1999; Jernigan et al., 2010; Toldson & Utsey, 2008).

Supervisors who lack cultural competence may provide direction that unintentionally harms clients and trainees of Color (Brown & Landrum-Brown, 1995). Current findings related to the Supervision Incompetence pattern emphasize how negative perceptions of supervision relate to poor outcomes for ALANA trainees. That is, when trainees in the current sample perceived their supervisors as minimally culturally competent in supervision, the trainees described themselves as having low degrees of competence for treating POC clients. Thus, culturally responsive supervisors, or those aspiring to cultural competence in supervision, should challenge themselves and their Internalized ALANA trainees by using the suggestions in Table 10.

The findings related to the Competent Internalization and Racially Ambivalent Relationship patterns support Helms's (1995) contention that although the racial identity...
Table 10

Suggested Multicultural Supervision Practices and Attitudes for Training Internalized Trainees

- Explore supervisors' own racial-cultural assumptions.
- Seek out supportive professional networks to enhance racial-cultural growth.
- Self-disclose "personal vulnerabilities" regarding supervisors' preferred cultural values.
- Initiate discussions of race- and culture-related conflicts that emerge in the supervision triad.
- Utilize a here-and-now approach to discussing racial and cultural issues in the supervision relationship.
- Be sensitive to how sociopolitical histories of privilege and oppression affect the relationships in the supervisory triad.
- Specify culture-specific guidance to supervisees with regard to conducting therapy.
- Incorporate individual and cultural differences in case conceptualization and treatment strategies.
- Evaluate supervisees' counseling skills from a culturally sensitive perspective.

Note: Helms & Cook, 1999; Jernigan et al., 2010; Toldson & Utsey, 2008

statuses have distinct information processing strategies, the statuses also interact with each other to produce dynamic responses to race-related stimuli and interactions. Cook (1994) stated that a trainees' racial identity may begin with any of the ego statuses and fluidly move among the other statuses across the lifespan and in any given race-related situation. Thus, whereas trainees may have developed a mature racial identity status (e.g.,
Internalization), they may also endorse attitudes related to less sophisticated statuses (e.g., Conformity, Dissonance) when they experience unresolved racial questions or challenging race-related stimuli (e.g., racial microaggressions from a supervisor or POC client).

The Racially Ambivalent Relationship pattern suggested that the combination of low-level Dissonance and Immersion/Resistance attitudes were associated with developed multicultural relationship capability and less developed awareness and knowledge capacities. That is, when trainees reported low degrees of racial anxiety and race-related anxiety, they were less knowledgeable of sociopolitical issues affecting POC groups and less aware of themselves as racial-cultural beings; yet, these trainees perceived themselves as competent for relating to POC clients in therapy. Theoretically, ALANA supervisees’ increased awareness of the inconsistencies between their cultural worldview and the worldviews of others (e.g., ALANA clients, professional psychology) might lead to ambivalent feelings that result in existential and professional questions (Vazquez & McKinley, 1982). The ambivalence may provoke identity and professional questions (e.g., "Where do I really belong?", "Does race really matter?", "Why is it difficult to apply these theories to ALANA clients?"). The quagmire of personal and professional questions may evidence itself as primary reliance on more humanistic attitudes with clients of Color. In other words, racially ambivalent trainees may focus on building rapport by attempting to demonstrate empathy, unconditional positive regard and genuineness while actually disregarding their own and their POC clients' racial-cultural characteristics, attitudes, and feelings.
Supervisors encountering ALANA trainees' Dissonance or Immersion/Resistance attitudes should note that the confusion, ambivalence, hypervigilance, or anger with these statuses should not be avoided. Nor should supervisors pathologize trainees' race-related anxiety. Furthermore, if within the training setting, supervisors experience or perceive conflict related to ALANA supervisees' racial-cultural questions, supervisors should frame the conflicts in terms of trainees' development and the racial-cultural inconsistencies of the training site, rather than describe the conflict as related to poor professional or interpersonal skills.

Rather, supervisors who normalize trainees' responses to life experiences and surface trainees' race-related attitudes might assist with facilitating ALANA trainees’ racial identity maturation, as well as their culturally responsive attitudes (Constantine, 1997; Helms, 2003) Not only should multicultural supervision serve as a process model for teaching ALANA trainees how to broach racial and cultural issues with their POC clients, but culturally responsive supervision should engage ALANA trainees' in discussions of their racial-cultural cognitive-affective perspectives. Supervisors' modeling how to have race- and culture-related conversations may decrease trainees' Dissonance attitudes, normalize Immersion/Resistance perspectives, and enhance multicultural awareness, knowledge, and relationship competencies.

Additionally, culturally competent supervisors working with racially ambivalent trainees might illustrate how social, historical, and political factors may influence the ALANA clients' presenting concerns and life experiences (Ancis & Ladany, 2001). Trainees should learn from multiculturally competent supervisors how to conceptualize
POC clients' symptoms as adaptive, rather than maladaptive, coping strategies used to function in social systems (e.g., family, work, social agencies). While trainees' develop an appreciation for clients' race-related and cultural strengths, supervisors must also monitor ALANA trainees' hypersensitivity to environmental influences on client's problems and their neglect of psychological dimensions of the client's distress (Sue, 2001). In a parallel process, supervisors should highlight ALANA trainees' individual and cultural strengths.

**Implications for Research**

Future researchers should continue to explore person-level and contextual factors related to ALANA trainees' competence for delivering culturally responsive services to POC clients, as well as supervisors' multicultural supervision competencies. Whereas a few researchers have conducted studies to understand POC trainees' perceptions of their multicultural training experiences (e.g., Curtis-Boles & Bourg, 2010; Dickson et al., 2010; McKenzi-Mavinga, 2005), studies have rarely examined the relationship between ALANA samples' multicultural counseling self-efficacy and program-level training components (e.g., didactic course work, experiential activities, immersion projects). Such investigations might provide mental health educators with valuable information related to curriculum development and counselor training that could benefit all trainees (Dickson et al., 2010).

Given that current definitions (e.g., APA, 2003) and operationalizations (e.g., Sodowsky et al., 1994) of MCC focus primarily on White-POC interactions, researchers might further investigate proficiencies related to POC-POC therapeutic interactions.
Qualitative methods might be used to understand the cognitive, affective, and behavioral processes related to how ALANA trainees develop culturally responsive therapeutic skills.

Because self-reported cultural competence may be influenced by social desirability, future research should involve observed or demonstrated cultural competence for both supervisors and trainees. For example, supervisors and ALANA trainees might demonstrate their knowledge, skills, awareness, and relationship competencies via written responses to supervision and counseling case vignettes, respectively. Additionally, supervisors might observe live or recorded therapy sessions to assess trainees' demonstrated competence. Further still, researchers could collect cultural competence observations from ALANA trainees, their supervisors, and their POC clients to compare observations and determine if clients are experiencing what trainees and supervisors intend.

Further investigations of supervisors' and ALANA trainees' racial identity attitudes as related to their respective multicultural supervision and multicultural counseling competencies is also warranted. Because racial identity theory posits that individuals' racial identity is a non-linear, dynamic process, Helms (1996) developed a scoring procedure for analyzing racial identity profiles rather than single scale scores. Researchers should consider using Helms's method to explore how configurations of racial identity profiles relate to supervision and counseling outcomes for supervisors and trainees.
References


