THE CONTRIBUTION OF MULTICULTURAL COUNSELING COMPETENCIES

TO MULTICULTURAL SUPERVISION COMPETENCIES AMONG COUNSELING

SUPERVISORS

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THE CONTRIBUTION OF MULTICULTURAL COUNSELING COMPETENCIES TO

MULTICULTURAL SUPERVISION COMPETENCIES AMONG COUNSELING

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Dissertation

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ABSTRACT

The purpose of the present study was to investigate the contribution of multicultural counseling competencies to multicultural supervision competencies among counseling supervisors when taking their demographic characteristics into consideration. A total of 201 counseling supervisors across the United States completed a web-based survey consisting of four measurements [the Multicultural Counseling Inventory (MCI), the Multicultural Supervision Scale (MSS), the Marlowe-Crown Social Desirability Scale (MCSDS), and a demographic questionnaire] for the present study. Through the employment of three canonical correlation analyses and one simultaneous multiple regression analysis followed by two chi-square analyses, the results of this study (a) revealed that there are statistically significant correlations between multicultural counseling competencies and multicultural supervision competencies among counseling supervisors, (b) identified the contributing factors of these two sets of competencies respectively, and (c) evaluated the potential effect of the participants' general social desirability in this study. Limitations pertaining to the present study are presented. Implications for counseling supervisors, counselor educators, as well as graduate counseling students and novice professional counselors are discussed. Recommendations for future research on multicultural counseling and multicultural supervision are provided.

ACKNOWLEDGEMENTS

me get to where I am today. In addition, I want to thank all of my friends for their support throughout my doctoral training.

Last but not least, I would like to thank everyone who contributed to the data collection process of this study through participation and/or disseminating the study invitation. I would not have been able to complete this study without your contribution. Thank you.

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CHAPTER I

INTRODUCTION

The United States Census Bureau (2012) predicted that the United States would

become a *plurality nation* within the next 50 years due to the increasing diversity (e.g.,

age, race/ethnicity) of the U.S. population. Accordingly, cultural and diversity issues

gradually and increasingly become an important aspect of the U.S. culture (Lee, 1989;

Lee & Richardson, 1991). Culture, based on a broad definition, is associated with several

aspects including demographic factors, social status, affiliations, and ethnographic factors

(Pedersen, 1991). More specifically, Pedersen (1991) noted that the construct of culture is

not and should not be limited to a particular cultural aspect (e.g., race/ethnicity). Instead,

it is inclusive and contains numerous cultural factors such as age, gender identity,

religion, socioeconomic status, nationality, language, physical capacity (or lack thereof),

and sexual orientation (Pedersen, 1991).

Given this conceptualization, researchers have suggested that the counseling

relationship between counselors and their clients and the supervisory relationship among

supervisors, supervisees, and supervisees' clients are multicultural relationships, because

clients, counselors, and supervisors may differ based on various cultural factors (e.g.,

Constantine, 1997; Pedersen, 1991). Counseling professionals need to demonstrate

multicultural competencies to address multiculturalism in these relationships (Sue & Sue,

2008). However, to date, it remains unclear whether counseling supervisors possess both multicultural counseling competencies and multicultural supervision competencies. In addition, there is limited evidence specifying the link, if any, between both competencies. Therefore, the purpose of this study was to understand the interconnection between these competencies by examining the contribution of counseling supervisors' multicultural counseling competencies to their multicultural supervision competencies. In this chapter, multiculturalism in the counseling profession is discussed in relation to counseling and supervision. The rationale of this study is presented. The research purpose and research questions are articulated. In addition, operational definitions that apply to this study are provided.

<center>Multiculturalism in the Counseling Profession</center>

Counseling practice is a way to assist diverse clients in exploring, understanding, and empowering themselves, and therefore achieving their goals in the counseling process (American Counseling Association [ACA], 2014). Given the significant influence of multiculturalism on human behaviors, Pedersen (1991) indicated that multiculturalism may exist in any kind of counseling relationship. Similarly, Sue, Arredondo, and McDavis (1992) suggested that cultural issues are essential concerning professional counseling practice, as all types of counseling are cross-cultural in nature. Multiculturalism is an integral part of professional counseling, which contributes to the counseling process and outcomes (Sue et al., 1992; Sue & Sue, 2008). Pedersen (1991, 1999) further emphasized the role of multiculturalism and proposed multiculturalism as the *fourth force* in counseling and psychology. Multiculturalism has gained extraordinary

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attention in counseling over the past couple of decades. One of the noteworthy pieces of evidence is the increased research on multicultural considerations and diversity issues in counseling (Arredondo, Rosen, Rice, Perez, & Tovar-Gamero, 2005).

Multicultural Counseling Competencies

Arredondo et al. (1996) suggested that multicultural counseling refers to the practice of integrating culturally relevant awareness, knowledge, and skills in counseling activities. Based on this definition, a counselor who actively and constantly attempts to obtain and utilize awareness, knowledge, and skills in working with clients from culturally different backgrounds is a culturally competent counselor (Sue et al., 1992). To effectively work with diverse client populations, it is imperative that professional counselors possess multicultural counseling competencies (Sue et al., 1992; Sue & Sue, 2008). According to Sue and colleagues (Sue et al., 1982; Sue et al., 1992), multicultural counseling competencies include three essential dimensions, which are beliefs and attitudes, knowledge, and skills. The first dimension is concerned about counselors' attitudes and beliefs about their own assumptions, values, and bias pertaining to multicultural and diversity issues. The second dimension is related to counselors' genuine understanding of the worldview of their culturally diverse clients. The third dimension is associated with counselors' use of culturally sensitive and responsive interventions that correspond to their diverse clients' needs (Sue et al., 1982; Sue et al., 1992).

Since the Association of Multicultural Counseling and Development (AMCD) initiated the development of multicultural counseling competencies within the counseling profession, professional organizations and scholars have made a remarkable effort to

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operationalize multicultural counseling competencies (e.g., Arredondo et al., 1996; Sue et al., 1992). Given the significance of diversity and multicultural issues in counseling, professional standards require counselors to attend to cultural influences in counseling related activities and maintain proper multicultural competencies (ACA, 2014). The *ACA Code of Ethics* (2014) also claimed "honoring diversity and embracing a multicultural approach" as one of the core professional values of the counseling profession (p. 3). It has become counselors' ethical responsibility to possess multicultural counseling competencies to work with clients from diverse cultural backgrounds (ACA Code of Ethics Standard C.2.a.). Counselors who fail to develop and demonstrate appropriate multicultural competencies are violating their ethical responsibilities and may even harm their clients (Arredondo & Toporek, 2004; Sue et al., 1992).

Supervision

Scholars have attempted to define supervision by highlighting the essential characteristics of this activity. The following definition of supervision is one of the most popular definitions that have been widely used:

> Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession. (Bernard & Goodyear, 2014, p. 7)

Given this definition, the purpose of supervision is three-fold: promoting supervisees' professional development, protecting clients' welfare, and gatekeeping (Bernard & Goodyear, 2014). Bernard and Goodyear (2014) believed that the supervisory

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relationship is triadic in nature that includes supervisors, supervisees, and supervisees'

clients. Throughout the practice of supervision, supervisors are responsible to provide a

safe learning environment for supervisees to advance their practice and development.

Meanwhile, supervisors are also responsible to protect supervisees' clients from potential

harm within the counseling relationship. Supervisees' enhanced professional

development contributes to a positive counseling relationship between supervisees and

their clients and may ultimately lead to positive counseling outcomes (Bernard &

Goodyear, 2014).

Findings from previous research suggested supervision as an essential avenue

through which supervisees learn and develop multicultural counseling competencies (e.g.,

Constantine, 1997; Inman, 2006; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Pope-

Davis, Reynolds, Dings, & Ottavi, 1994). As gatekeepers who play important roles in

modeling and teaching multicultural counseling competencies and helping supervisees

apply such competencies to their practice, supervisors need to attend to and incorporate

diversity issues and multicultural considerations into supervision (Bernard & Goodyear,

2014; Constantine, 1997; D'Andrea, & Daniels, 1997).

Multicultural Supervision

Multicultural supervision, similar to the practice of multicultural counseling, is

not limited to the discussion of a particular cultural component in supervision (Bernard &

Goodyear, 2014). Instead, multicultural supervision is associated with the discussion of

various cultural variables, which can impact all parties involved in the supervisory

process (supervisors, supervisees, and supervisees' clients) (Bernard & Goodyear, 2014).

Aligned with Pedersen's (1991) proposition that all counseling relationship is multicultural, Constantine (1997) suggested that the supervisory relationship is also multicultural in nature, because supervisors, supervisees, and clients always bring in their unique cultural backgrounds, identities, and experiences to the supervision and counseling processes.

Multicultural Supervision Competencies

Constantine (2003) proposed that supervisors' multicultural supervision competencies fall within both the supervisory and counseling relationships. In other words, multiculturally competent supervisors are able to address multicultural and diversity issues within the relationship between supervisors and supervisees. Meanwhile, multiculturally competent supervisors are able to attend to culturally relevant issues within the counseling relationship between supervisees and supervisees' clients (Constantine, 2003).

Previous research has suggested a positive relationship between multicultural supervision and supervisees' self-perceived multicultural counseling competencies (e.g., Constantine, 2001a; Pope-Davis et al., 1995), supporting the necessity for supervisors to provide multicultural supervision. However, the increased emphasis on multicultural supervision also brings in challenges for supervisors, as supervisors who completed their counseling and supervision trainings decades ago are often less prepared to address multicultural and diversity issues compared to their supervisees who are trained based on the contemporary multicultural paradigm (Constantine, 1997). For this reason, Constantine (2001a) indicated that there is still a tremendous need for multicultural

training among supervisors in order to promote effective supervision, which also helps ensure supervisees' quality counseling services to clients. When supervisors are unable to demonstrate multicultural competencies to discuss and work through multicultural and diversity issues, their supervisees are likely to feel inadequate, frustrated, unheard, or even discriminated against (Daniels, D'Andrea, & Kyung Kim, 1999). Supervisees' negative reactions toward their supervisors, in turn, may affect the quality of the supervisory relationship, as well as the quality services to clients.

Research on Multicultural Supervision

Research on multicultural supervision has shed light on various aspects of its practice. Researchers proposed different multicultural supervision frameworks to help counseling professionals conceptualize the construct and process of multicultural supervision (e.g., Ancis & Ladany, 2001, 2010; Bernard & Goodyear, 2014; Constantine, 1997). In addition, scholars have made an effort to develop multicultural supervision instruments to quantify the dimensions of multicultural supervision (e.g., Pope-Davis, Toporek, & Ortega, 1999; Sangganjanavanich, 2008). Researchers also attempted to identify various contributing factors of multicultural supervision (e.g., demographic variables, supervisory alliance, multicultural training and education) (e.g., Cook & Helms, 1988; Hilton, Russell, & Salmi, 1995). Findings from these studies underlined the contribution of multiculturalism to clinical supervision and the necessity of incorporating multiculturalism in the supervision process.

Given the limited number of studies that focused on multicultural supervision practice, there is still a dearth of research on this topic (Leong & Wagner, 1994). In

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addition, findings from previous studies on multicultural supervision are inconclusive and provide insufficient applications to clinical supervision practice. For example, Constantine and Gloria (1999) suggested that practice setting type (e.g., university, community mental health agency) may contribute to supervisors' multicultural supervision practice, whereas Gloria, Hird, and Tao (2008) found that supervisors' multicultural supervision practice did not differ based on their practice setting type. The limited amount of research on multicultural supervision with inconclusive findings leaves little options for supervisors to navigate their multicultural supervision practice. Consequently, it is difficult to estimate the effectiveness of multicultural supervision across different supervisors.

<div align="center">Rationale</div>

Despite the ongoing and evolving nature of the multicultural movement, which resulted in increased research concerning multicultural counseling practice, little has been discussed regarding multicultural supervision and counseling supervisors' multicultural supervision competencies (Constantine, 2003; Leong & Wagner, 1994; Martinez & Holloway, 1997; Torres-Rivera, Phan, Maddux, Wilbur, & Garrett, 2001). Within the small amount of research that attended to multicultural supervision, it is often presumed that supervisors with multicultural counseling competencies would be able to deliver multicultural supervision, because the process of multicultural supervision parallels that of multicultural counseling (Martinez & Holloway, 1997; Vargas, 1989). Consequently, based on this presumption, supervisors' multicultural counseling competencies may be

transferred into their multicultural supervision practice, thereby enabling them to demonstrate multicultural supervision competencies (Constantine, 2003).

Given this notion, some researchers have initiated an effort to identify the relationship between supervisors' multicultural counseling competencies and multicultural supervision competencies. For example, Ortega-Villalobos (2003, 2007) found a statistically significant correlation between supervisors' overall multicultural counseling competency and their overall multicultural supervision competency using different multicultural competency instruments. However, in these two studies, such relationship was found through the processes of scale development and validation, with a focus on establishing construct validity of a newly developed instrument, which was the Multicultural Supervision Inventory (MSI), rather than investigating the interconnection of these two competencies (Ortega-Villalobos, 2003, 2007). As a result, the underlying relationships among each dimension of multicultural counseling competencies and multicultural supervision competencies remain unclear. In other words, there is still a need for researchers to find empirical evidence to support the nature and degree of the intercorrelation (or lack thereof) between these two sets of competencies.

Although there are shared similarities between counseling and supervision (e.g., settings, forms, dynamics), Bernard and Goodyear (2014) asserted that supervision is a *distinct* intervention that differs from other interventions such as teaching, counseling, and consultation. For example, in most circumstances, clients voluntarily seek counseling services. However, in supervision, typically, supervisees may not have an option to decide whether to engage in supervision due to organizational and licensure requirements.

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According to Bernard and Goodyear (2014), one of the most distinctive features of supervision is its evaluative function. The evaluation in supervision is commonly conducted by supervisors who oversee their supervisees' clinical practice (Bernard & Goodyear, 2014). The differences between the practices of counseling and supervision suggest that counseling and supervision are distinct interventions that may require different skills. One cannot simply assume that the process of supervision mimics that of counseling. To that end, although a relationship may exist between counseling supervisors' multicultural counseling competencies and multicultural supervision competencies according to Ortega-Villalobos (2003, 2007), these two competencies may still be distinct constructs given the differences between counseling and supervision. One has to carefully examine the nature and degree of the interconnection between counseling supervisors' multicultural counseling competencies and multicultural supervision competencies prior to claiming the transferability of multicultural competencies between counseling and supervision. Unfortunately, to date, there is little empirical data specifying the contribution of multicultural counseling competencies to multicultural supervision competencies, especially among the population of counseling supervisors.

<center>Research Purpose</center>

The purpose of this study was to investigate the relations between multicultural counseling competencies and multicultural supervision competencies among counseling supervisors when taking their demographic characteristics into consideration. The results provided initial empirical evidence concerning the nature and degree of the interconnection between these two competencies based on a national sample of

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counseling supervisors ($N = 201$). In addition, the results specified the contributing factors of the participants' multicultural counseling competencies and multicultural supervision competencies respectively. The results of this study presented theoretical and practical implications for counseling supervisors, counselor educators, as well as graduate counseling students and novice professional counselors to generate specific strategies to enhance their multicultural competencies and incorporate multicultural training in their practice. Based on this quantitative study, the results provided directions for future research and practice.

<div align="center">Research Questions</div>

This study asked the following research questions:

Research Question 1: Are there statistically significant correlations between counseling supervisors' self-reported multicultural counseling competencies and their self-reported multicultural supervision competencies?

Research Question 2: Are there statistically significant relationships between the participants' demographic characteristics and their self-reported multicultural counseling competencies in this study?

Research Question 3: Are there statistically significant relationships between the participants' demographic characteristics and their self-reported multicultural supervision competencies in this study?

The first research question reflected on the main purpose of this study and aimed to seek empirical support for the contribution (or lack thereof) of counseling supervisors' multicultural counseling competencies to their multicultural supervision competencies.

The second research question intended to identify the contributing factors of the participants' multicultural counseling competencies. The third research question aimed at identifying the contributing factors of the participants' multicultural supervision competencies.

<center>Definition of Terms</center>

Various terms have been originated from the discussions of multicultural and diversity issues in counseling and psychology. Based on an extensive literature review, the following operational definitions applied to this study.

Multicultural Counseling

Multicultural counseling is the practice of integrating culturally relevant awareness, knowledge, and skills into professional counseling practice (Arredondo et al., 1996).

Multicultural Counseling Competencies

Multicultural counseling competencies are counselors' abilities to actively and constantly attempt to obtain and utilize awareness, knowledge, and skills in working with clients from culturally different backgrounds (Sue et al., 1992; Sue & Sue, 2008).

Supervision

Supervision is a process in which a more experienced counseling professional takes different roles (e.g., teacher, counselor, consultant) and executes various functions (e.g., contract, observation, evaluation) to promote a less experienced professional's professional development and to monitor the less experienced professional's counseling services to clients (ACA, 2014; Bernard, 1979, 1997; Bernard & Goodyear, 2014).

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Counseling Supervisor

The more experienced counseling professional in the supervisory relationship is considered to be the counseling supervisor (Bernard & Goodyear, 2014).

Supervisee

The less experienced professional in the supervisory relationship is considered to be the supervisee (Bernard & Goodyear, 2014).

Multicultural Supervision

Multicultural supervision refers to clinical supervision in which counseling supervisors and supervisees attend to multicultural considerations and diversity issues that may impact all parties involved in the supervisory process (supervisors, supervisees, and supervisees' clients) in order to provide quality services to clients and promote supervisees' development (Bernard & Goodyear, 2014; D'Andrea & Daniels, 1997).

Multicultural Supervision Competencies

Multicultural supervision competencies are counseling supervisors' abilities to actively and constantly utilize their multicultural awareness, knowledge, and skills into practice to help supervisees develop and advance their multicultural competencies in professional counseling practice while ensuring diverse clients' welfare (Bernard & Goodyear, 2014).

Social Desirability

Social desirability in this study is defined as counseling supervisors' tendency to present themselves in a socioculturally favorable way to attain general acceptance and approval from others (Crowne & Marlowe, 1960; Paulhus, 1991).

CHAPTER II

LITERATURE REVIEW

Many historical movements in the U.S. are characterized by the experiences of individuals from diverse backgrounds in dealing with oppression and discrimination. These movements have been intensified largely by a lack of cultural sensitivity and responsiveness within the society. Ever since the Civil Rights Movements in the 1960s, there has been an increasing emphasis on human rights and equality of individuals from diverse backgrounds in the United States of America (Copeland, 1983; Jackson, 1987). For example, the Age Discrimination Act of 1975 was signed into law to protect individuals from discrimination based on age. Similarly, the Americans with Disabilities Act of 1990 (ADA) protects individuals with disabilities from a legal perspective by clearly outlawing discrimination based on disability. Along these lines, women's rights advocates have been calling for a need to promote gender equality within the society (Sue & Sue, 2008). Such emphasis on human rights and equality greatly sheds lights on the multicultural nature of the U.S. society as indicated in Arredondo and colleagues (1996).

The composition of the U.S. population has been going through dramatic changes over the past several decades and moving toward a *pluralistic nation* (U.S. Census Bureau, 2012). Given the changes within the U.S. population, the United States Census

Bureau (2015b) predicted that more than 50% of the U.S. population would be what have been called *minority* (e.g., people of color) by 2044. The interactions among individuals are progressively culturally bounded, especially within helping professions, which require constant interactions among individuals from diverse backgrounds. Considering the current and predicted composition of the U.S. population, it is likely that helping professionals would work with clients from culturally different backgrounds compared to their own at some point in their career (Sue et al., 1992; Wyatt & Parham, 1985).

The multiculturalism and diversity movement in helping professions "parallels" that of the U.S. history (Fukuyama, 1990, p. 6). It is rooted in the sincere appreciation that all individuals are cultural beings, and hence their behaviors occur within their cultural contexts (Jackson, 1987; Pedersen, 1999). Accordingly, all theories that attempt to explain human behaviors are culturally relevant theories (Pedersen, 1999). Given the experiences of culturally diverse individuals and the multicultural nature of all human interactions, it is imperative that helping professionals attend to multicultural considerations in their practice (e.g., assessment, intervention, evaluation, professional advocacy, training, research) in order to provide quality services to address diverse clients' needs (Sue et al., 1982; Sue et al., 1992).

However, professional counseling practice has been heavily influenced by the mainstream Western culture, and therefore greatly reflects its values and beliefs (Pedersen, 1996; Sue & Sue, 1977). When working with culturally diverse clients, counselors who are trained through the mainstream Western cultural perspectives may easily make mistakes by overstating cultural differences, overstressing cultural

similarities, or assuming an exclusive relationship between cultural differences and similarities (Pedersen, 1996). Pedersen (1996) elucidated that the overstated cultural differences may overshadow clients' presenting concerns and actual needs, whereas the overstated cultural similarities may lead to a phenomenon called the *melting pot*. The term *melting pot* was widely used in the 1990s to imply the process of cultural assimilation. Through this process, individuals from culturally different backgrounds reshape their existing cultural identities to achieve a status of cultural homogeneity (Bochner, 1999; Sue & Sue, 2008). The cultural homogeneity that is reshaped by mixing various individual cultural backgrounds and identities, however, is often predominated by the majority groups rather than the minority groups (Bochner, 1999; Pedersen, 1996; Sue & Sue, 2008). Another term pertaining to the multiculturalism movement, which has gained increasing attention and is preferably used, is the *salad bowl* (Kolb, 2009). Instead of fusing various cultural backgrounds and identities to achieve a culturally homogeneous status, based on this term, individuals from various backgrounds create an integrative society in which they can still retain their essential cultural identities (Kolb, 2009). This notion is also referred to as the cultural *mosaic* paradigm in some countries to represent a more accurate description of the cultural assimilation process compared to the term of the *melting pot* (Bochner, 1999). Pedersen (1996) further commented that cultural similarities and differences should coexist rather than being exclusive. In other words, one can still maintain one's cultural identities while being a part of a particular cultural group(s). This comment clearly aligns with the notion of the *salad bowl* regarding the discussion of multiculturalism. To identify significant themes, development, and remaining issues

pertaining to multiculturalism in the counseling profession, a comprehensive literature review is presented on multicultural counseling, multicultural counseling competencies, multicultural supervision, multicultural supervision competencies, and outcome research on these topics in the following sections in this chapter.

<div align="center">Culture and Multicultural Counseling</div>

Definition of Culture

Numerous scholars have attempted to define culture. Yet, by its very nature, culture is a difficult construct to define (Copeland, 1983). Culture has been defined both narrowly and broadly (Pedersen, 1991; Sue et al., 1992). The narrow definition of culture primarily focuses on particular cultural variables (e.g., race/ethnicity), whereas the broad definition of culture attempts to illuminate this construct in relation to a wide range of cultural variables (e.g., race/ethnicity, age, gender identity, religion, socioeconomic status, nationality, sexual orientation) and the interconnectedness of these variables (Pedersen, 1999). It is important to note that culture is not a fixed construct that cannot change. Rather, it may change over time depending on the individual experiences (Arredondo et al., 1996; Garrett, Borders, Crutchfield, Torres-Rivera, Brotherton, & Curtis, 2001).

Pedersen (1991) advocated for the broad definition of culture and indicated that culture is closely related to individual demographic background, social status, affiliations, and ethnographic background. According to Pedersen (1999), the broad definition of culture can be particularly beneficial for counselors in several ways. First, by defining culture broadly, counselors may achieve a higher level of accuracy in conceptualizing and connecting clients' expectations and behaviors based on their cultural backgrounds.

Second, the broad definition of culture allows counselors to better reflect on their clinical decisions within their own cultural contexts. Third, the broad definition of culture encourages counselors to explore both visible and invisible cultural variables that may contribute to one's identity/identities. Fourth, by adopting the broad definition of culture, counselors may further explore and examine the cultural identities that their clients subscribe (Pedersen, 1999). Based on this broad definition of culture, Pedersen (1991, 1999) proposed multiculturalism as the *fourth force* in counseling and psychology, which complements existing theories of human behaviors by explaining those behaviors within their cultural contexts.

Although professionals have widely supported the broad definition of culture (e.g., Jackson, 1987; Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001), one cannot simply postulate that there is no merit associated with the narrow definition of culture. Sue and colleagues (1992) reviewed both the broad and narrow definitions of culture and stated that both definitions can enhance individuals' understanding of culture and culturally relevant issues in counseling. Along the same line, by examining different approaches (e.g., culture general, culture specific) to multicultural counseling, Fukuyama (1990) suggested counselor educators to incorporate a universal approach of multicultural counseling in counselor training to support cultural differences through the broad culture construct. Given this conceptualization, the broad and the narrow definitions of culture are, at least to some extent, complementary rather than exclusive.

Definition of Multicultural Counseling

The terms cross-cultural counseling and multicultural counseling are usually used interchangeably by counseling professionals (Jackson, 1987). Sue et al. (1982) defined cross-cultural counseling as "any counseling relationship in which two or more of the participants differ with respect to cultural background, values, and lifestyle" (p. 47). The differences among the participants, including both counselors and clients, could be actually existed or derived from individual subjective experiences and perceptions (Jackson, 1987; Pope-Davis et al., 2001). Arredondo et al. (1996) posited that multicultural counseling is "preparation and practices that integrate multicultural and culture-specific awareness, knowledge, and skills into counseling interactions" (p. 43). The American Counseling Association (ACA) also recognized the influence of multiculturalism on the counseling profession and defined multicultural counseling as "counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts" (ACA, 2014, p. 20).

Professional counselors who adopt the narrow definition of culture are likely to focus on particular cultural factors (e.g., race/ethnicity) and their contribution to the counseling process and outcomes (Pedersen, 1991). On the other hand, professional counselors who adopt the broad definition of culture are likely to attend to the broad range of cultural variables (e.g., age, gender identity, sexual orientation) and assert that the practice of cross-cultural counseling or multicultural counseling may apply to any diverse client populations such as women, gay, and individuals with disabilities (Sue et

al., 1992). Despite the different perspectives on culture and multicultural counseling, it is imperative that professional counselors stay cognizant of the effects of cultural variables on the counseling process and outcomes.

Wrenn (1962) first introduced the concept of cultural encapsulation, which refers to a monocultural-ethnocentric counseling approach. According to Wrenn (1985), the major reasons that lead to cultural encapsulation include counselors' "sense of hopelessness" to promote changes and their "denial" of the cultural variations within the reality (p. 325). Consequently, culturally encapsulated counselors usually (a) construct the reality based on their assumptions and stereotypes of particular cultures, (b) practice counseling within their own values and belief systems, (c) disregard rationality of the real reality, (d) rigidly define the counseling practice, and (e) deny cultural variations (Pedersen, 1999; Sue & Sue, 2008). Culturally encapsulated counselors may be insensitive and unconscious about their clients' needs and cultural backgrounds (Wrenn, 1985). Accordingly, cultural encapsulation can negatively impact the effectiveness of professional counseling (Wrenn, 1985). Given these potential negative effects, it is important that counselors constantly reflect on the role of multicultural counseling in order to provide culturally sensitive and responsive services to clients from diverse cultural backgrounds. For the purpose of this study, the term multicultural counseling was used over the term cross-cultural counseling to highlight the influences of various cultural variables and their interconnections pertaining to professional counseling practice.

Multiculturalism Movement in Counseling

The societal changes set the stage for multiculturalism movement in helping professions including counseling (Copeland, 1983). Given the growing public interest in culturally related issues within the society in the 1970s, professional organizations [e.g., American Association for Counseling and Development (AACD), later known as ACA; American Psychological Association (APA)] recognized the need to address multicultural and diversity issues in professional training and practice in counseling and psychology. One of the remarkable pieces of evidence is the strong emphasis on culturally relevant issues at numerous professional conferences (Sue et al., 1992). For example, the 1973 Vail Conference focused on several major issues facing psychology training programs including those pertaining to multiculturalism and diversity (e.g., professional training and minority groups, professional training and women) in the 1970s (Korman, 1974). Considering the increasing need for culturally sensitive and responsive practice, the conference particularly stressed the role of multiculturalism and its relation to professional training and practice in psychology. The conference further urged psychology training programs to prepare future psychologists to address multicultural and diversity issues in practice so they can provide ethical and effective services to diverse client populations (Korman, 1974). The 1975 Austin Conference and the 1978 Dulles Conference also noted the significance for professionals to attain proper competencies when working with diverse client populations (Sue et al., 1982; Sue et al., 1992). It was during the same time period that the Association for Non-White Concerns in Personnel and Guidance (ANWC, later known as AMCD), which is a major division of ACA, was

established (Jackson, 1987; McFadden & Lipscomb, 1985). The establishment of the

ANWC is a historical landmark of the multiculturalism movement in the counseling

profession. It represents professional counselors' concerted effort to actively attend to

multicultural and diversity issues facing the profession.

The initiative effort of addressing multicultural and diversity issues in

professional helping catalyzed further multiculturalism movement in the counseling

profession. The multiculturalism movement directly contributed to the increasing

recognition of multiculturalism in counselor training. For example, to respond to the call

to prepare culturally effective counselors, Arredondo-Dowd and Gonsalves (1980)

suggested counselor training programs to incorporate multicultural training, especially

bilingual-multicultural education, in counselor education to promote trainees'

competencies in multiple aspects (e.g., counseling competencies, cultural competencies,

linguistic competencies) through didactic and clinical counseling courses. In an empirical

study based on a national survey of psychology graduate programs, counseling centers,

and APA-approved internship programs and counseling doctoral training programs,

Wyatt and Parham (1985) revealed an increasing realization of the value of multicultural

training in counseling related training programs in the 1980s.

The multiculturalism movement also stimulated considerable number of research

studies on multicultural counseling. The 1990s witnessed the expansion of research

publications concerning multiculturalism and diversity in professional counseling. By

conducting a thorough content analysis to evaluate research articles published between

1990 and 2001 in the *Journal of Counseling & Development*, one of the most influential

counseling journals published by the ACA, Arredondo et al. (2005) found an increasing

focus on culturally related issues in professional publications in counseling. Arredondo

and colleagues (2005) further pointed out the growing research interest in examining the

relationships among various cultural variables (e.g., race/ethnicity, gender identity)

concerning professional counseling. The increased recognition of multiculturalism in

counselor training and the expansion of multicultural counseling research provided a

promising outlook of the multiculturalism movement in counseling. However,

considering the short history of multicultural counseling, there is still a dearth of

multicultural counseling outcome studies, especially the ones providing empirical

evidence (D'Andrea & Heckman, 2008).

<div align="center">Multicultural Counseling Competencies</div>

One essential product of the multiculturalism movement within the counseling

profession is the acknowledgement of the multicultural nature of the counseling

relationship. Considering the influences of cultural variables on individual cognitions,

emotions, and behaviors, scholars agree that counseling relationship is multicultural in

nature (Pedersen, 1991; Sue et al., 1982; Sue et al., 1992). This agreement indicates that

multiculturalism is an important part of professional counseling. To effectively address

multicultural issues in professional counseling practice and provide quality services to

diverse client populations, counseling professionals need to possess multicultural

counseling competencies and incorporate such competencies in counselor training and

practice (Arredondo et al., 1996; Sue et al., 1992; Pope-Davis et al., 2001).

Development of Multicultural Counseling Competencies

By examining common assumptions of traditional counseling practice and obstacles that may hinder multicultural counseling practice among clients from developing countries, Sue and Sue (1977) alluded multicultural competencies by suggesting counselors to attend to potential cultural effects (e.g., language, value, social class) when working with diverse clients in order to provide effective multicultural counseling. Sue et al. (1982) later articulated the dimensions of multicultural counseling competencies and advocated for the adoption of appropriate competency guidelines among professional organizations to guide counselors and psychologists in working with diverse client populations. According to Sue and colleagues (Sue et al., 1982; Sue et al., 1992), there are three dimensions of multicultural counseling competencies: beliefs/attitudes, knowledge, and skills. The belief/attitudes dimension of multicultural counseling competencies is directly associated with professional counselors' assumptions, values, and potential biases concerning culturally related issues. The knowledge dimension of multicultural counseling competencies is concerned about professional counselors' understanding of their diverse clients' worldview. The skill dimension of multicultural counseling competencies is related to the culturally sensitive and responsive interventions that professional counselors implement to address culturally diverse clients' needs in counseling (Sue et al., 1982; Sue et al., 1992).

Several years later, Sue and colleagues (1992) detailed salient characteristics of culturally competent counselors and indicated that culturally competent counselors (a) actively attain awareness of their own assumptions, values, and potential biases

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concerning multicultural issues, (b) consciously make efforts to understand the worldview of their culturally diverse clients in an accepting and nonjudgmental manner, and (c) constantly promote their culturally sensitive and responsive practice as they work with clients from diverse cultural backgrounds. Based on the three prominent characteristics of culturally competent counselors, along with the three dimensions of multicultural counseling competencies (beliefs/attitudes, knowledge, and skills), Sue et al. (1992) developed a comprehensive conceptual framework for counseling professionals to further explore and understand multicultural competency and its relation to counselor training and practice. This framework posits that professional counselors may develop multicultural counseling competencies on the basis of a 3 (characteristics) $\times$ 3 (dimensions) matrix, which constitutes nine multicultural counseling competency areas (Sue et al., 1992). For instance, a culturally competent counselor who is aware of her/his cultural values and potential biases toward culturally diverse clients is (a) aware of the existence of her/his values and potential biases (belief/attitudes dimension), (b) knowledgeable about the influences of such values and potential biases on the counseling process and outcomes (knowledge dimension), and (c) capable of managing her/his values and potential biases toward culturally diverse clients in counseling (skill dimension). Important to note, Sue and colleagues (1992) referred multicultural counseling as a specialty area and clearly indicated that being multicultural does not equate to being multiculturally competent. The recognition of multicultural counseling as a specialty area suggests that professional counselors, regardless of their own cultural

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backgrounds and/or identities, need to obtain specialized multicultural counseling training in order to possess proper multicultural counseling competencies.

With this notion, Arredondo et al. (1996) further elucidated multicultural counseling competencies by adding explanatory statements to the original multicultural competency statements (Sue et al., 1992). In addition, Arredondo and colleagues (1996) expanded the discussions of multiculturalism and diversity by highlighting variables at different dimensions concerning one's identity/identities (e.g., individual attributes, individual contexts) to help counseling professionals conceptualize multiculturalism and relevant constructs. The revised multicultural counseling competency document provides guidelines that professional counselors can utilize to acquire multicultural counseling competencies (Arredondo et al., 1996). For the purpose of this study, the term of multicultural counseling competencies was used consistently throughout this study.

Professional Standards and Ethical Guidelines

Based on the most recent unified definition that has been endorsed by ACA, counseling is "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 366). This definition clearly reflects the critical role of multiculturalism in professional counseling. Professional counseling standards require counselors to demonstrate appropriate multicultural competencies to provide culturally responsive services to clients from diverse cultural backgrounds (ACA, 2014). Along this line, ACA and its divisions have identified several sets of specific multicultural competencies pertaining to counseling practice with diverse client populations (e.g.,

Competencies for Counseling the Multiracial Population, Multicultural and Social Justice

Counseling Competencies, Multicultural Career Counseling Competencies) (see

counseling.org/knowledge-center/competencies). In addition, professional standards have

presented outlines regarding multicultural competencies in relation to counselor training

and preparation. For example, the Council for Accreditation of Counseling and Related

Educational Programs (CACREP) called for the need to incorporate multiculturalism and

diversity in counselor education by identifying *Social and Cultural Diversity* as one of

the eight common core curricular areas that are required in all CACREP accredited

counselor training programs (CACREP, 2016).

It is not only a professional mandate but also an ethical responsibility for

counselors to attend to their levels of multicultural counseling competencies and practice

within the scope of their competency (ACA, 2014; Arredondo & Toporek, 2004).

Nonetheless, considering the short history of multiculturalism movement in counseling,

early counseling ethical guidelines did not adequately address multicultural issues in

counseling (Sue et al., 1992). By reviewing relevant professional standards, ethical

guidelines, and counselors' multicultural counseling competencies, Arredondo and

Toporek (2004) outlined concrete links between the multicultural counseling

competencies and the 1995 *ACA Code of Ethics* (ACA, 1995) and suggested the ACA to

thoroughly incorporate multicultural and diversity considerations in its code of ethics.

Such suggestion further stimulated discussions of multicultural counseling competencies

from an ethical standpoint. The ACA responded to this suggestion by addressing

multiculturally related issues concerning counselors' practice (e.g., counseling,

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assessment, research) in multiple sections of the 2005 *ACA Code of Ethics* (e.g., Section B, Section E, Section F, Section G). Later, the ACA released the 2014 *Code of Ethics* to replace the prior one (ACA, 2014). The ACA 2014 *Code of Ethics* reiterated the significance of multiculturalism in professional counseling by highlighting the role of multiculturalism and diversity in its preamble and main sections (e.g., Section B, Section C, Section E, Section F, Section H). According to the current *ACA Code of Ethics* (ACA, 2014), one of the professional core values is "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (p. 3). From this point, counselors who fail to acknowledge and provide culturally responsive services are discarding their professional core values and violating their ethical responsibilities (Arredondo & Toporek, 2004). Counselors' ignorance of potential cultural influences in counseling may also place their clients' welfare in jeopardy (Sue et al., 1992).

Outcome Research on Multicultural Counseling and Multicultural Counseling
Competencies

Research on multicultural counseling and multicultural counseling competencies has provided both theoretical and empirical support for the need for multicultural counseling and relevant competencies in counseling related activities (e.g., Arredondo et al., 1996; Constantine, 2002; Holcomb-McCoy & Myers, 1999; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Sue et al., 1992). Most of the research on counselors' multicultural counseling competencies was rooted in the proposition that counselors with multicultural counseling competencies would be capable of delivering culturally sensitive

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and responsive services to clients from diverse cultural backgrounds (Holcomb-McCoy &

Myers, 1999). Inspired by the conceptual framework of multicultural counseling

competencies (Arredondo et al., 1996; Sue et al., 1982; Sue et al., 1992), numerous

researchers have made remarkable contribution to the advancement of multicultural

counseling by discussing multicultural counseling from different angles including its

assessment, practice, and contributing factors (e.g., Holcomb-McCoy & Myers, 1999;

Pope-Davis et al., 1995).

Assessment of Multicultural Counseling Competencies

Given the growing recognition and appreciation of multicultural counseling

competencies, researchers have initiated an effort to quantify the construct of

multicultural counseling competencies so they can thoroughly understand this construct

by measuring it. Pope-Davis and colleagues (1995) noted that many of the contemporary

multicultural competency instruments originated from the three dimensions of

multicultural counseling competencies (beliefs/attitudes, knowledge, and skills) proposed

by Sue and colleagues in the 1980s. For example, the Cross-Cultural Counseling

Inventory—Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991) investigates

counselors' cross-cultural counseling competencies based on others' report (e.g.,

supervisors). The Multicultural Awareness/Knowledge/Skills Survey (MAKSS;

D'Andrea, Daniels, & Heck, 1991) can be used to measure counselors' levels of

multicultural counseling competencies. The Multicultural Counseling Inventory (MCI;

Sodowsky, Taffe, Gutkin, & Wise, 1994) aims at measuring counselors' behaviors

concerning multicultural competencies from four aspects, which are multicultural

awareness, knowledge, skills, and relationship. The Multicultural Counseling Knowledge and Awareness Scale [MCKAS, formerly known as the Multicultural Counseling Awareness Scale (MCAS); Ponterotto et al., 1996; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Ponterotto & Potere, 2003] assesses counselors' multicultural counseling competencies based on a two-factor model (knowledge and awareness).

Important to note, by examining the instruments measuring counselors' self-reported multicultural counseling competencies, Pope-Davis and Dings (1994) raised concerns regarding the use of self-reported measures mainly due to the possible impact of social desirability, which is associated with respondents' tendency of answering questions in a socially desirable way instead of reflecting on their actual behaviors pertaining to multicultural counseling. Although existing measures of multicultural counseling competencies stressed the structure of multicultural competencies, potential socially desirable responses to these instruments may overshadow the accuracy and objectivity of the assessment results (Pope-Davis & Dings, 1994).

Considering the possible high correlation between self-reported multicultural competency measures and general social desirability, researchers have suggested to control general social desirability when assessing self-reported multicultural competencies among counseling professionals (e.g., Constantine & Ladany, 2000; Constantine & Ladany, 2001). However, presently, there is still a lack of empirical research addressing the possible social desirability effects when using self-reported multicultural competency measures. Meantime, results from existing research that addressed the social desirability effects seemed to be contradictory, which provided

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limited evidence concerning the influence, if at all, of social desirability on self-reported multicultural competencies. For example, based on a study examining the relationships between self-reported multicultural counseling competencies and various variables (e.g., potential racist orientation, rigidity, intolerance for ambiguity, social desirability), Sodowsky (1996) indicated that general social desirability was not statistically significantly related to individual self-reported multicultural counseling competency. In a different study, however, Sodowsky, Kuo-Jackson, Richarson, and Corey (1998) indicated that multicultural social desirability statistically significantly contributed to multicultural counseling competency. Results from a study conducted by Constantine and Ladany (2000) supported this notion and suggested that there was a significant relationship between self-reported multicultural counseling competencies and general social desirability. The limited number of research addressing the effects of socially desirable responses with inconsistent results provides scanty information concerning the accuracy and objectivity of these self-reported measures in assessing multicultural counseling competencies.

Practice of Multicultural Counseling

Although the emphasis on multicultural issues may vary depending on the training programs and practice settings (Constantine & Gloria, 1999; Pope-Davis et al., 1995), counseling professionals generally perceived themselves as multiculturally competent (e.g., Holcomb-McCoy & Myers, 1999; Pope-Davis et al., 1995). For example, based on an empirical study investigating multicultural counseling competencies of counseling and clinical psychology graduate students ($N = 344$), Pope-Davis and

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colleagues (1995) noted that counseling psychology students perceived themselves as more multiculturally competent than did clinical psychology students regarding their multicultural awareness, knowledge, and skills. Similar results have been noted by other researchers. In a national study among professional counselors examining their self-reported multicultural counseling competencies and multicultural training ($N = 151$), Holcomb-McCoy and Myers (1999) found that professional counselors tended to consider themselves as multiculturally competent. Holcomb-McCoy and Myers (1999) further revealed that counselors' multicultural competencies were mainly reflected by their perceptions of their multicultural awareness and understanding of multiculturally related constructs.

In addition to the discussion of counselors' self-perceived multicultural counseling competencies, researchers suggested to understand counselors' multicultural counseling competencies based on their clients' perspectives (Pope-Davis et al., 2001). This way, counseling professionals may monitor their counseling practice and further evaluate the relationship between counselors' multicultural counseling competencies and counseling outcomes (Pope-Davis et al., 2001). Previous research results have revealed a positive relationship between counselors' multicultural counseling competencies and counseling outcomes (Constantine, 2002; Sue et al., 1992; Sue & Sue, 2008). In a study examining diverse clients' attitudes toward counseling, perceptions of their counselors' general and multicultural counseling competencies, and satisfaction with counseling at university counseling centers, Constantine (2002) indicated that culturally diverse clients' ratings of their counselors' multicultural counseling competencies significantly predicted

their satisfaction with counseling. The positive relationship between counselors'

multicultural counseling competencies and counseling outcomes further consolidated the

significance of multicultural counseling and multicultural counseling competencies.

Despite the promising research findings on multicultural counseling competencies, as

Holcomb-McCoy and Myers (1999) noted in their study, professional counselors still

raised concerns regarding the inadequate multicultural counseling training facing the

counseling profession.

Contributing Factors of Multicultural Counseling Competencies

To comprehensively understand multicultural counseling and address concerns

raised by professional counselors pertaining to multicultural counseling practice,

researchers have investigated the contributing factors of counselors' multicultural

counseling competencies. Previous research findings have shed lights on several factors

that may play important roles in affecting counselors' multicultural counseling

competencies. These factors are associated with counselors' demographic and

educational backgrounds (e.g., Holcomb-McCoy & Myers, 1999; Pope-Davis et al.,

1995).

Demographic variables.

Research findings suggested that demographic variables, especially race/ethnicity,

may contribute to counselors' multicultural counseling competencies (e.g., Holcomb-

McCoy & Myers, 1999; Pope-Davis & Ottavi, 1994; Pope-Davis et al., 1995). In a study

examining counselors' self-reported multicultural counseling competencies ($N = 220$),

Pope-Davis and Ottavi (1994) discovered that ethnicity was significantly related to

counselors' multicultural counseling competencies, as White counselors reported lower levels of multicultural counseling competencies compared to Asian American, African American, and Hispanic counselors. In another study, Pope-Davis et al. (1995), once again, asserted the contribution of ethnicity to self-reported multicultural counseling competencies among counseling and clinical psychology students. Pope-Davis and colleagues (1995) also attempted to investigate the effects of other demographic variables including gender and age on counselors' multicultural counseling competencies in the same study. Yet, they reported that gender and age did not significantly contribute to the participants' multicultural counseling competencies based on the research results (Pope-Davis et al., 1995). Similarly, Ottavi, Pope-Davis, and Dings (1994) revealed that gender and age did not statistically significantly contribute to counselors' self-perceived multicultural counseling competencies.

The influence of counselors' race/ethnicity on multicultural counseling competencies has also been noted by other researchers. For example, Sodowsky and colleagues (1998) indicated that counseling professionals' race statistically significantly contributed to their self-reported levels of multicultural counseling competencies, indicating that counseling professionals from minority groups tended to perceive themselves as more multiculturally competent given their multicultural social contexts when compared to White counseling professionals. In another study examining multicultural competencies, Holcomb-McCoy and Myers (1999) indicated that ethnicity significantly contributed to counselors' self-reported multicultural counseling competencies.

Multicultural training and education.

Scholars have indicated that multicultural training (e.g., multicultural coursework, multicultural workshop, supervision) may affect one's multicultural counseling competencies (e.g., Holcomb-McCoy & Myers, 1999; Pope-Davis et al., 1994; Pope-Davis et al., 1995). In an empirical study examining self-reported multicultural counseling competencies among doctoral interns ($N = 141$), Pope-Davis and colleagues (1994) found that supervision and multicultural training (formal coursework and workshops) contributed to counselors' self-reported multicultural counseling competencies. However, in this study, Pope-Davis et al. (1994) did not provide evidence of any correlation between counselors' multicultural counseling competencies and relevant demographic variables including race, gender, age, and years in their programs, which to some extent contradicted previous research results. In a different study, by highlighting the influences of educational variables (e.g., multicultural coursework, workshop) on multicultural counseling competencies, especially multicultural awareness, among graduate students in counseling and clinical psychology, Pope-Davis and colleagues (1995) advocated for the implementation of multicultural training to promote counselors' multicultural counseling competencies. Sodowsky (1996) also discussed the role of multicultural training in affecting counselors' development of multicultural counseling competencies and concluded that multicultural training was related to multicultural counseling competencies. In a different study, Sodowsky and colleagues (1998) indicated that multicultural training significantly contributed to counseling professionals' self-reported multicultural counseling competencies. Along the same line,

Holcomb-McCoy and Myers (1999) asserted that professional counselors' multicultural

training experience significantly contributed to their self-reported multicultural

counseling competencies.

     Accreditation status of graduate training programs.

     Given the increasing need for multicultural training proposed by different

accrediting bodies of counseling related training programs (e.g., CACREP, APA) , Hills

and Strozier (1992) raised a discussion regarding the effects of accreditation status on

multicultural training among counseling psychology programs. In an empirical study

examining counselors' self-perceived multicultural counseling competencies, Holcomb-

McCoy and Myers (1999) attempted to examine whether accreditation status of

counseling programs (CACREP accredited vs. non-CACREP accredited) contribute to

counselors' multicultural counseling competencies. Although they did not find significant

difference concerning counselors' self-perceived multicultural counseling competencies

in relation to the accreditation status of their counseling training programs, this study

revealed significant implications for future research concerning the relationship between

multicultural competencies and educational variables at the institutional and professional

levels (Holcomb-McCoy & Myers, 1999). With the implementation of the 2016

CACREP standards (CACREP, 2016), which places a strong emphasis on multicultural

issues in counselor training and practice, it is worth examining the discrepancies, if any,

of multicultural competencies among individuals graduated from accredited counseling

programs and those graduated from non-accredited programs.

Existing research provided a thorough description of multicultural counseling in relation to its assessment, practice, and contributing factors. Research findings based on the existing studies clearly highlighted the need for culturally sensitive and responsive counseling services. To prepare multiculturally competent counselors who can effectively deliver such services, researchers have suggested extending the discussions of multicultural counseling and multicultural counseling competencies from the counseling context to the supervision context (Bernard & Goodyear, 2014).

Supervision and Multicultural Supervision

Definition of Supervision

Supervision is an integral part of counselor training and preparation (Bernard & Goodyear, 2014). The unique role that supervision plays in counseling has been recognized by professional organizations, state regulatory boards, accrediting bodies, and counselor training programs (Bernard & Goodyear, 2014). Given the substantial impact of supervision on counselors' practice, scholars have reflected on the nature and functions of supervision in order to comprehensively understand this activity (Bernard & Goodyear, 2014). The ACA (2014) defined supervision as:

> a process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s). (p. 21)

Clinical supervision is a process in which a more experienced counseling professional promotes a less experienced counseling professional(s)'s development through the accomplishment of different tasks (e.g., ensuring quality counseling services

to the public, promoting supervisees' development) (ACA, 2014; Bernard & Goodyear, 2014). The more experienced counseling professional in the supervisory relationship is considered as the counseling supervisor, whereas the less experienced counseling professional in the supervisory relationship is referred to as the supervisee (ACA, 2014; Bernard & Goodyear, 2014). Supervisors can utilize different roles (e.g., teacher, counselor, consultant) to facilitate supervisees' growth and monitor supervisees' practice in order to promote clients' welfare and protect clients from potential harm in counseling (Bernard, 1979, 1997; Bernard & Goodyear, 2014). Important to note, the ACA's definition of supervision clearly distinguished the practice of supervision from other related activities (e.g., counseling, consultation) by underlining the evaluative function of supervision, which aligns with previous research on supervision (Bernard & Goodyear, 2014). Given its unique role and functions, Bernard and Goodyear (2014) referred supervision as a *distinct* intervention that is different from other counseling related activities.

Considering the growing emphasis on multiculturalism and diversity in professional counseling, researchers have been cognizant of the necessity to address multicultural issues in supervision (Bernard & Goodyear, 2014). For instance, by examining the role that counselor training programs play in promoting counselors' multicultural competencies, scholars suggested that training programs need to help trainees increase their consciousness, understanding, responsiveness, effectiveness, and skills in working with diverse client populations through a wide variety of activities (Copeland, 1983). This suggestion echoes the call to prepare culturally effective

counselors as a result of the multiculturalism movement in counseling. Among all the possible activities that training programs may utilize to facilitate counseling trainees' multicultural learning experience, supervision is suggested to be an essential activity, which can enhance trainees' competencies in working with diverse clients (Copeland, 1983; Martinez & Holloway, 1997; Pope-Davis, Reynolds, Dings, & Ottavi, 1994). Although Leong and Wagner (1994) expressed concerns regarding the limited number of research, especially empirical research, on multicultural and diversity issues in supervision, research findings from different studies within the past couple of decades supported the necessity for counseling supervisors to include culturally related issues in supervision (e.g., Constantine, 1997; D'Andrea & Daniels, 1997; Garrett et al., 2001; Inman, 2006; Martinez & Holloway, 1997; Pope-Davis et al., 1995).

Definition of Multicultural Supervision

Previously, the terms cross-cultural supervision and multicultural supervision were often used interchangeably (Constantine, 1997; D'Andrea & Daniels, 1997). Leong and Wagner (1994) suggested to use the term *cross-cultural supervision* instead of *multicultural supervision* when discussing culturally relevant issues in supervision and defined cross-cultural supervision as "a supervisory relationship in which the supervisor and the supervisee are from culturally different groups" (p. 118). Such definition indicated professionals' initial effort to address culturally relevant issues in supervision and inspired additional research on this topic. However, the definition of cross-cultural supervision proposed by Leong and Wagner (1994) appeared to place much stress on the racial and ethnical differences between supervisors and their supervisees. Consequently,

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other cultural variables (e.g., age, gender) that may contribute to the supervision process

and outcomes can be easily overlooked, which to some extent contradicts Arredondo and

colleagues' (1996) suggestion that individual identity/identities may be shaped by various

cultural variables. In addition, by omitting the triadic nature of clinical supervision,

which involves supervisors, supervisees, and supervisees' clients, Leong and Wagner's

(1994) definition of cross-cultural supervision may potentially underrate the influence of

supervision on clients' welfare (D'Andrea & Daniels, 1997).

As the U.S. society became more diverse and social issues were not limited to

only race and ethnicity, D'Andrea and Daniels (1997) recognized the problems with the

term *cross-cultural supervision* and indicated that this term may not adequately capture

the increasing need to address culturally relevant issues (e.g., religion, gender) pertaining

to supervision and counseling. Hence, the authors advocated for the use of *multicultural*

supervision over *cross-cultural supervision.* The authors also posited that multicultural

supervision practice should not be limited within the supervisory dyad between

supervisors and supervisees and need to be discussed within the supervisory triad, which

includes supervisors, supervisees, and supervisees' clients. For this reason, they defined

multicultural supervision as "the process whereby counseling practitioners collaborate

with other counseling experts in ways that enhance their overall understanding and

effectiveness in working with culturally different clients" (D'Andrea & Daniels, 1997, p.

293). This definition of multicultural supervision underscores the process of supervision

in which supervisors monitor supervisees' counseling practice.

Bernard and Goodyear (2014) indicated that multicultural supervision encompasses the discussion of various cultural variables that may affect the supervisory relationship, content, process, and outcomes. The supervision with a multicultural focus, in turn, allows supervisors and supervisees to engage in culturally sensitive and responsive practice and promote supervisees' professional development (Bernard & Goodyear, 2014; D'Andrea & Daniels, 1997). Constantine (1997) suggested that all forms of supervisory relationship is multicultural relationship, as all parties involved in the supervisory triad (supervisors, supervisees, and clients) vary according to their cultural backgrounds, identities, and experiences. For the purpose of this study, the term multicultural supervision was used over the term cross-cultural supervision to refer to supervision in which supervisors and supervisees attend to the influences of cultural variables on the supervisory triad in order to ensure culturally responsive services to clients and promote supervisees' professional development (Bernard & Goodyear, 2014; D'Andrea & Daniels, 1997).

Role of Multicultural Supervision

Scholars have suggested a positive relationship between multicultural supervision practice and supervisory outcomes (Constantine, 2001b; Pope-Davis et al., 1994). For example, in an empirical study examining the relationship between the implementation of multicultural supervision and supervisees' perceived multicultural counseling self-efficacy, Constantine (2001b) found that multicultural supervision significantly contributed to supervisees' perceived levels of multicultural counseling self-efficacy. Along the same line, in a study investigating the relationship between educational and

demographic variables and self-reported multicultural counseling competencies among doctoral counseling interns, Pope-Davis and colleagues (1994) indicated that receiving multicultural counseling supervision may enhance supervisees' multicultural counseling competencies. It is imperative that supervisors practice multicultural supervision to promote supervisees' multicultural counseling competencies.

When supervisors fail to properly acknowledge multicultural considerations in supervision, they may potentially place the supervisory relationship, content, process, and outcomes at risk (Arkin, 1999; Bernard & Goodyear, 2014; Daniels, D'Andrea, & Kyung Kim, 1999; Leong & Wagner, 1994). Accordingly, supervisors, supervisees, and even supervisees' clients may be affected in various ways. Arkin (1999) noted that it can be problematic when supervisors minimize the discussion of multicultural considerations or exaggerate cultural differences in supervision. According to Arkin (1999), supervisors who avoid attending to multicultural issues in supervision may potentially put the professional interactions within the supervisory triad at risk, which can lead to "anger, tension, frustration, disappointment, guilt, and denial" within the supervisory relationship (p. 5). Likewise, Garret and colleagues (2001) indicated that the limited multicultural focus in supervision may negatively affect both supervisors and supervisees. For example, the lack of discussion concerning multicultural and diversity issues in supervision may negatively contribute to supervisors' practice and experience in supervision and lead to countertransference, defensiveness, and over-identification (Garret et al., 2001). The inadequate multicultural focus in supervision may also lead to supervisees' resistance and resentment, which can negatively contribute to supervisees' professional development

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and quality services to clients (Garret et al., 2001). On the other hand, when supervisors place too much focus on cultural variations in supervision to the point that supervision deviates from its intended purpose, they may easily develop stereotypes or discriminations against individuals from particular cultural groups (Arkin, 1999).

Given the potential risks of minimizing and/or exaggerating multicultural considerations in supervision, researchers have attempted to outline strategies that supervisors can utilize to properly address multicultural issues in supervision. For example, to promote supervisors' multicultural supervision competencies, D'Andrea and Daniels (1997) encouraged supervisors to (a) become committed to the process of developing multicultural supervision competencies, (b) examine their levels of multicultural supervision competencies, (c) recognize their limitations pertaining to multicultural supervision, and (d) strive to address their limitations in the context of multicultural supervision. Arkin (1999) also noted the necessity for supervisors to enhance their awareness, knowledge, relationship, and skills pertaining to multicultural supervision in order to become competent supervisors. Specifically, Arkin (1999) suggested supervisors to (a) be aware of their values and potential biases, as well as the differences between themselves and supervisees concerning these values and potential biases; (b) obtain relevant facts and information about their cultures; (c) examine the supervisory relationship in relation to cultural variables; and (d) develop skills that facilitate multicultural competencies. Similarly, based on a case study of issues raised within a culturally different supervisory dyad (an Asian American supervisee and an European American supervisor), Daniels and colleagues (1999) suggested supervisors

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and supervisees to attend to multicultural issues in supervision by recognizing cultural differences regarding interpersonal styles, conceptualized counseling goals, and expectations of supervision within the supervisory relationship. Daniels et al. (1999) further suggested supervisors to (a) initiate the exploration of multicultural counseling issues at early stages of supervision, (b) work with supervisees to address multicultural issues, (c) understand supervisees' values and beliefs, and (d) maintain cultural sensitivity when addressing multicultural issues in supervision. Along these lines, Garret and colleagues (2001) advocated for the employment of the VISION model to promote cultural responsiveness among supervisors. By implementing this model, supervisors address issues pertaining to (a) Values and beliefs, (b) Interpretation of experiences, (c) Structure of the supervisory relationship and process, (d) Interactional style, (e) Operational strategies to work toward goals, and (f) perceived Needs in supervision (Garret et al., 2001). These aforementioned strategies implied that supervisors need to possess sufficient competencies to effectively address multicultural and diversity issues in supervision.

<div align="center">Multicultural Supervision Competencies</div>

Definition of Multicultural Supervision Competencies

Given the nature of clinical supervision in the counseling profession, it is often presumed that when compared to their supervisees, counseling supervisors are more advanced professionals in terms of their general counseling knowledge and experience (Bernard & Goodyear, 2014; D'Andrea & Daniels, 1997). Considering the novelty of multiculturalism in counseling, however, D'Andrea and Daniels (1997) suggested that

this presumption should not be generalized to the discussion of supervisors'

competencies in multicultural counseling and multicultural supervision. Likewise,

Fukuyama (1994) encouraged supervisors to balance their knowledge of general

counseling practice and multicultural counseling practice. With this notion, Constantine

(2003) posited that, in addition to executing the general functions of supervision (e.g.,

contract, evaluation), multiculturally competent supervisors should be capable of

addressing culturally relevant issues within the supervisory triad. Multicultural

supervision competencies are associated with counseling supervisors' abilities to utilize

their multicultural attitudes/beliefs, knowledge, and skills to assist supervisees in

developing and advancing their multicultural counseling competencies (Bernard &

Goodyear, 2014). Supervisees' enhanced multicultural counseling competencies may

further allow them to provide culturally sensitive and responsive services to clients from

diverse backgrounds (Bernard & Goodyear, 2014; Constantine, 2003).

To provide facilitative learning experience for supervisees and to enhance their

multicultural counseling competencies, according to Bernard and Goodyear (2014),

supervisors have to be multiculturally competent. However, Cook and Helms (1988)

indicated that compared to the relatively large number of supervisees from the dominate

cultural group(s), the small number of supervisees from diverse cultural backgrounds in

the counseling profession may limit supervisors' multicultural supervision experience,

which can hinder their multicultural supervision competency development. In addition,

supervisors who were trained prior to the newly emerged multiculturalism movement

may often find it difficult to demonstrate multicultural competencies in supervision

(D'Andrea & Daniels, 1997). Ironically, at the same time, novice supervisees who are trained with a multicultural focus often receive supervision from supervisors who were not trained with the same multicultural focus and therefore may not possess adequate multicultural competencies (D'Andrea & Daniels, 1997; Gatmon et al., 2001). Based on a survey of 30 supervisory pairs consisted of predoctoral psychology interns and their supervisors, Constantine (1997) found that 70% interns/supervisees participated in the study had received multicultural training. However, 70% of the supervisors who provided supervision to those interns/supervisees indicated that they had not had any multicultural training experience, meaning that only 30% of the supervisors participated in this study had received multicultural training (Constantine, 1997). This result further raised concerns about supervisors' multicultural supervision competencies due to their limited multicultural training experience. The limited multicultural supervision competencies among supervisors may potentially jeopardize the effectiveness of multicultural supervision (Constantine, 1997). Although the past two decades have witnessed an increase in multicultural training among supervisors (Ortega-Villalobos, 2003), it remains a professional imperative that counseling supervisors maintain and advance their multicultural supervision competencies.

Professional Standards and Ethical Guidelines

Considering the significance of multiculturalism in supervision, professional standards require counseling supervisors to attain multicultural competencies (ACA, 2014). In 2011, the Association for Counselor Education and Supervision (ACES) endorsed *the Best Practices in Clinical Supervision*, in which concrete guidelines are

provided for supervisors to effectively implement their competencies (Borders, 2014). Important to note, *the Best Practices in Clinical Supervision* emphasizes the importance for supervisors to attend to multicultural and diversity issues in supervision throughout the document (Borders, 2014), which implies that it can be used as an essential guideline for supervisors to examine and exercise their multicultural supervision competencies. Along the same line, CACREP (2016) indicated that multiculturalism is an integral part of counselor training and preparation, which underscores the necessity for supervisors to develop and maintain multicultural supervision competencies. All these concerted efforts put forth by professional organizations and accrediting bodies indicate that the counseling profession has recognized the essentiality for counseling supervisors to possess multicultural competencies as a professional imperative. Besides professional standards, the 2014 *ACA Code of Ethics* (ACA, 2014) also sheds light on counseling supervisors' competencies in addressing multicultural and diversity issues in supervision (Section F), indicating that it is supervisors' ethical responsibility to possess and demonstrate multicultural competencies in order to provide effective supervision.

However, professional counseling standards also present challenges for the implementation of multicultural supervision. For example, although the AMCD Multicultural Counseling Competencies (Arredondo et al., 1996; Sue et al., 1992) provide concrete guidelines concerning professional counselors' counseling practice with culturally diverse clients, the widely referenced multicultural counseling competencies do not adequately address the pertinent multicultural issues that may derive from counselor training including supervision (Arredondo & Toporek, 2004). In addition, by exploring

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issues facing multicultural supervision practice, Leong and Wagner (1994) implied that

multicultural supervision and multicultural counseling should be different constructs.

Such implication is an extension of the proposition that supervision and counseling are

different interventions (Bernard & Goodyear, 2014). Given this notion, it remains unclear

whether counseling supervisors may transfer their multicultural counseling competencies

and implement these competencies within the supervision context. However, current

research on multicultural supervision competencies is heavily based on the presumed

transferability of multicultural competencies between the practices of counseling and

supervision, as the process of multicultural counseling and that of multicultural

supervision are considered as somewhat similar (Martinez & Holloway, 1997). In other

words, counseling supervisors with multicultural counseling competencies should be able

to demonstrate multicultural supervision competencies. Although Ortega-Villalobos

(2003, 2007) found a positive relationship between supervisors' overall multicultural

counseling competency and multicultural supervision competency, the underlying

relationships between these two sets of multidimensional competencies remain unclear.

Therefore, it is worth examining the interconnection (or lack thereof) between counseling

supervisors' multicultural counseling competencies and multicultural supervision

competencies prior to concluding the transferability between these two competencies.

Outcome Research on Multicultural Supervision and Multicultural Supervision

Competencies

Several researchers have expressed concerns regarding the dearth of research on

multicultural supervision (e.g., Arkin, 1999; D'Andrea & Daniels, 1997; Daniels et al.,

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1999; Fukuyama, 1994; Gloria et al., 2008; Leong & Wagner, 1994; Martinez &

Holloway, 1997). Existing research on multicultural supervision is limited by the small

number of scholarly studies. Nevertheless, these studies have represented counseling

professionals' concerted efforts to understand multicultural supervision from different

aspects including its framework and contributing factors (e.g., Constantine, 1997).

Framework of Multicultural Supervision

Research studies on multicultural supervision have attempted to conceptualize

this construct based on multicultural supervision models (e.g., Ancis & Ladany, 2001,

2010; Carney & Kahn, 1984; Constantine, 1997; Ober, Granello, & Henfield, 2009;

Robinson, Bradley, & Hendricks, 2000). Carney and Kahn (1984) looked at supervision

from a developmental perspective concerning supervisors' roles in promoting supervisees'

multicultural counseling competencies and proposed five developmental stages of

counselors' multicultural development. Important to note, the authors elucidated

supervisors' roles at each stage to facilitate supervisees' multicultural development. At

stage 1, supervisees are considered to be at a relatively low level of multicultural

development given their limited knowledge pertaining to multiculturalism in counseling.

Hence, supervisors need to provide highly structured supervision and encourage

supervisees to engage in self-exploration/reflection pertaining to cultural issues.

Supervisees at stage 2 may begin to demonstrate awareness of multicultural issues in

counseling. Accordingly, supervisors need to help supervisees examine their

understanding of these issues (e.g., accuracy, sources) and develop multicultural

counseling skills. At stage 3, supervisees are usually characterized by their fluctuating

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emotional conflict concerning multicultural issues they encounter, with difficulties

balancing self-awareness and their ability to understand clients with diverse backgrounds.

Supervisors who work with supervisees at this stage need to help supervisees examine

and resolve their emotional conflict. A supervisee at stage 4 often begins to develop

identity as a multicultural "change agent and participant" and starts to apply multicultural

awareness, knowledge, and skills to practice (p. 113). Given these characteristics,

supervision should focus on helping supervisees with their multicultural development

based on actual counseling practice. At the last stage, supervisees actively expand their

multicultural counseling competencies, and supervisors usually provide guidance and

consultation according to supervisees' needs (Carney & Kahn, 1984).

Constantine (1997) proposed "a practical framework" of multicultural supervision

embedded in the supervisory relationship to help supervisors and supervisees (a) identify

their cultural identities and (b) acknowledge the influences of these identities on the

supervisory and counseling relationships (p. 319). The framework encompasses multiple

open-ended questions to inquire supervisors' and supervisees' cultural identities in

relation to their demographic backgrounds, worldviews, value systems, multicultural

knowledge and skills, struggles and challenges, and ways to promote their multicultural

competencies (Constantine, 1997). These questions, according to Constantine (1997),

were designed to facilitate multicultural competencies for both supervisors and

supervisees. Constantine (1997) encouraged supervisors to introduce this framework and

discuss multicultural issues at early stages of multicultural supervision. Robinson et al.

(2000) proposed a four-step multicultural supervision model to develop supervisors'

multicultural supervision competencies, which ultimately facilitates supervisees'

multicultural counseling competencies. These four steps include (a) developing

supervisors' awareness of their own cultures and others' cultures, (b) understanding the

dynamics of the supervisory relationship, (c) exploring strengths and weaknesses of

existing counseling theories in addressing multicultural issues, and (d) integrating

multiculturalism in existing supervision models (Robinson et al., 2000).

Ancis and Ladany (2001, 2010) offered a framework to conceptualize

multicultural supervision competencies based on five domains, which are personal

development, conceptualization, interventions, process, and evaluation. These domains

address issues pertaining to both supervisor- and supervisee-focused personal

development, conceptualization of multicultural issues confronting clients within their

cultural contexts, supervisors' interventions in promoting culturally responsive services

among supervisees, the supervisory relationship, and the evaluative function of

supervision (Ancis & Ladany, 2001, 2010). Inspired by Ancis and Ladany's (2001)

framework of multicultural supervision, as well as Bloom's Taxonomy of Educational

Objectives (Bloom, Engelhart, Furst, Hill, & Krathwohl, 1956) and the framework of

multicultural supervision competencies (Sue et al., 1992), Ober et al. (2009) proposed the

Synergistic Model of Multicultural Supervision (SMMS) to facilitate supervisees'

development of multicultural counseling competencies in multicultural supervision by

integrating these three models. The SMMS is a comprehensive framework that

approaches multicultural supervision from a developmental perspective. It attends to

supervisees' multicultural development as well as cognitive development, which are

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closely related to their multicultural competencies. To promote supervisees' multicultural and cognitive development, the SMMS provides practical strategies that supervisors can utilize to explore and identify multicultural considerations within the supervisory triad and evaluate the potential influences of these considerations on supervision and counseling (Ober et al., 2009).

Contributing Factors of Multicultural Supervision

Although researchers attempted to identify factors that may contribute to multicultural supervision, there is still a scarcity of literature regarding the effects of essential contributing factors of multicultural supervision (Fukuyama, 1994). Within the limited number of literature on multicultural supervision, researchers mainly explored a few variables that may contribute to multicultural supervision and counseling supervisors' multicultural supervision competencies. These studies primarily highlighted the influences of demographic variables (e.g., race/ethnicity, gender, practice setting) (e.g., Constantine & Gloria, 1999; Cook & Helms, 1988; Gloria et al., 2008), supervisory relationship (e.g., Constantine, 1997; Dressel, Consoli, Kim, & Atkinson, 2007; Wong, Wong, & Ishiyama, 2013), and supervisors' multicultural training experience (e.g., Fukuyama, 1994; Gatmon et al., 2001; Priest, 1994).

Demographic variables.

Researchers have documented the contribution of demographic variables to multicultural supervision (e.g., Constantine & Gloria, 1999; Cook & Helms, 1988; Gloria et al., 2008; Leong & Wagner, 1994; Ortega-Villalobos, 2003). Cook and Helms (1988) indicated that race and ethnicity play a role in affecting supervisees' perceptions of their

multicultural supervisory relationship. In their exploratory study examining the

contribution of multicultural supervisory relationship to multicultural supervision among

non-Caucasian supervisees ($N = 225$), the authors found that Asian American supervisees

tended to perceive higher levels of multidimensional liking in supervision compared to

African, Hispanic, and Native American supervisees. They also revealed that African and

Native American supervisees tended to perceive higher levels of unconditional liking in

the supervisory relationship (Cook & Helms, 1988). Based on an extensive literature

review, Leong and Wagner (1994) commented on this notion and asserted that race may

contribute to the multicultural supervisory process and supervisees' perceptions of

multicultural supervision. Similarly, Ortega-Villalobos (2003) noted that race and

ethnicity appeared to be associated with supervisors' multicultural supervision

competencies.

Besides race and ethnicity, researchers also noted the contribution of gender and

practice setting type to supervisors' multicultural supervision competencies (e.g.,

Constantine & Gloria, 1999; Gloria et al., 2008). By surveying predoctoral psychology

internship training directors ($N = 297$), Constantine and Gloria (1999) investigated the

emphasis of multicultural and diversity issues across different internship sites. Among

various internship sites surveyed (e.g., university counseling centers, community mental

health centers, state hospitals, medical schools, private psychiatric hospitals), Constantine

and Gloria (1999) found that internship training directors at university counseling centers

placed greater emphasis on multicultural issues in comparison to those at other practice

settings based on their self-report. Constantine and Gloria (1999) also noted gender

difference in addressing multicultural issues among the study participants, as female internship training directors who participated in the study reported a greater level of attention to multicultural issues compared to male internship training directors who participated in the same study.

Several years later, Gloria et al. (2008) explored the influences of gender, role, and professional experience on White supervisors' ($N = 211$) self-reported multicultural supervision competencies. In their study, Gloria et al. (2008) found gender difference pertaining to supervisors' self-reported multicultural supervision competencies and indicated that female supervisors participated in their study perceived themselves as more multiculturally competent compared to male supervisor participants. The authors also asserted that female supervisors reported spending more time discussing multicultural issues in supervision (Gloria et al., 2008). However, the authors did not find significant difference of supervisors' multicultural supervision competencies based on their practice setting type. Given the inconclusive findings from previous research, there is still a need to further examine the contribution of demographic factors to supervisors' multicultural supervision competencies.

Supervisory alliance.

Researchers posited that supervisory alliance is an essential part of multicultural supervision and is positively related to supervisors' multicultural competencies based on both quantitative and qualitative research approaches (Cook & Helms, 1988; Constantine, 1997; Dressel et al., 2007; Inman, 2006; Leong & Wagner, 1994; Martinez & Holloway, 1997; Priest, 1994; Toporek, Ortega-Villalobos, & Pope-Davis, 2004; Wong et al., 2013;

Zapata, 2010). For example, in their study examining non-Caucasian supervisees'

perspectives on multicultural supervision, Cook and Helms (1988) revealed that

supervisees' perceptions of their multicultural supervisory relationship can "strongly

predict" their overall satisfaction with multicultural supervision, which means that a

stronger supervisory relationship was associated with higher levels of satisfaction with

multicultural supervision among supervisees (p. 271). Similarly, in an empirical study

investigating supervisees' ($N = 289$) self-reported supervisory alliance and satisfaction

concerning multicultural supervision, Gatmon et al. (2001) found that supervisees tended

to perceive stronger supervisory alliance with supervisors and higher levels of

satisfaction with supervision when cultural variables were discussed in supervision.

Inman (2006) elucidated the importance of supervisory alliance in a study examining the

influence of supervisors' multicultural competency on the supervisory process and

outcome based on supervisees' perspectives. By surveying 147 marriage and family

therapy (MFT) trainees, Inman (2006) indicated that supervisory working alliance served

as "a significant positive mediator" within the relationship between supervisors'

multicultural competency perceived by supervisees and supervisees' satisfaction with

supervision (p. 80). However, Inman (2006) did not find empirical evidence to support

the contribution of supervisors' multicultural competency to supervisees' multicultural

competency. Ortega-Villalobos (2007) also reported a positive relationship between

multicultural supervision competencies and supervisory alliance based on the MSI

validation study.

By exploring critical incidents in multicultural supervision based on both supervisors' ($N = 11$) and supervisees' ($N = 17$) experiences, Toporek et al. (2004) asserted that multicultural supervision may contribute to supervisees' multicultural development from various aspects (e.g., awareness, skills, knowledge). By examining the negative influence of the participants' multicultural supervisory experience, Toporek and colleagues (2004) highlighted the significance of the supervisory relationship and referred such relationship as "a pivotal component of multicultural supervision that moderates how all other experiences are perceived" (p. 80). Along the same line, in a study exploring both successful and unsuccessful multicultural supervisory behaviors based on a Delphi method, Dressel et al. (2007) identified three dimensions to describe successful multicultural supervisory behaviors, which are supervisory tasks, multicultural supervisory relationship, and personal and professional growth of multicultural supervisors. This finding means that multicultural supervisory relationship is an essential dimension pertaining to successful multicultural supervision. Dressel and colleagues (2007) further inferred the importance of supervisors' multicultural supervision competencies by highlighting supervisors' awareness, knowledge, and skills in addressing multicultural issues. In a recent critical incident study exploring both positive and negative incidents in multicultural supervision among minority supervisees ($N = 25$), Wong and colleagues (2013) concluded that a positive supervisory relationship is one of the most important themes that characterize effective multicultural supervision, whereas a lack of positive supervisory relationship may contribute to supervisees' negative experiences in multicultural supervision. Wong et al. (2013) further reiterated the

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significance of multicultural supervision competencies in clinical supervision. However, conclusions of these studies were heavily drawn from supervisees' perspectives, leaving supervisors' perceptions underexplored.

Multicultural training and education.

Although existing research is limited regarding the sources through which supervisors gain multicultural supervision competencies, researchers have noted the importance for supervisors to obtain training and education on multicultural supervision to provide effective and culturally responsive supervision (e.g., Fukuyama, 1994; Gatmon et al., 2001; Ortega-Villalobos, 2003, 2007; Priest, 1994; Robinson et al., 2000). For example, Priest (1994) asserted attaining relevant multicultural training as a way to increase supervisors' multicultural supervision competencies when discussing essential issues in multicultural supervision. Similarly, based on a thorough literature review and their four-step multicultural supervision model, Robison and colleagues (2000) proposed three general recommendations for multicultural supervision practice, which stressed the necessity of developing multiculturally competent supervisors through education and training, as well as expanding current multicultural supervision research. In a phenomenological study exploring critical incidents in multicultural supervision among visible racial-ethnic minority interns ($N = 10$), Fukuyama (1994) examined multicultural supervision practice and encouraged the study participants to generate suggestions for effective multicultural supervision. With all the suggestions proposed, the need for supervisors to obtain relevant training in order to provide effective multicultural supervision was underscored (Fukuyama, 1994), which implies that multicultural training

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is critical for supervisors to develop multicultural supervision competencies and deliver effective multicultural supervision. In their exploratory study on multicultural supervision among predoctoral psychology interns, Gatmon et al. (2001) also called for relevant training pertaining to multicultural supervision in order to promote supervisors' multicultural supervision competencies, as they found a low frequency of discussions relating to cultural variables in supervision initiated by supervisors. Given the importance of multicultural training and education in relation to multicultural supervision, it is worth examining counseling supervisors' current levels of training on multicultural counseling and supervision.

Summary

Multiculturalism is an integral part of counseling related activities including counseling and supervision. Professional counselors need to possess and demonstrate multicultural counseling competencies in order to provide multiculturally sensitive and responsive services to diverse client populations (ACA, 2014). As an essential part of counselor training and preparation, supervision provides critical opportunities for supervisees to learn and develop multicultural counseling competencies (Bernard & Goodyear, 2014). Therefore, counseling supervisors need to attain multicultural supervision competencies to help supervisees develop and advance their multicultural counseling competencies. Professional counseling standards and ethical guidelines suggest that possessing multicultural competencies is a professional imperative and an ethical mandate for counseling supervisors (e.g., ACA, 2014; CACREP, 2016).

The purpose of this chapter was to provide a comprehensive review of multicultural counseling, multicultural counseling competencies, multicultural supervision, and multicultural supervision competencies based on previous research. This review first presented the history of multiculturalism movement within the society and the counseling profession. This review also addressed the development and current practice of multicultural competencies in both counseling and supervision contexts. Although professional organizations, accrediting bodies, scholars, and practitioners have placed a strong emphasis on multicultural competencies in relation to supervision, such emphasis has been primarily based on the presumed transferability between multicultural counseling competencies and multicultural supervision competencies among counseling supervisors. To date, there is limited empirical evidence supporting the nature and degree of the interconnection between these two competencies. Therefore, the purpose of this study was to investigate the contribution of multicultural counseling competencies to multicultural supervision competencies among counseling supervisors when taking their demographic characteristics into account.

CHAPTER III

METHODOLOGY

This chapter focuses on methodological information pertaining to the present

study. First, the research purpose, research questions, and research design are presented.

Second, the participants, sampling method, sample size, research procedure, and data

analysis that correspond with the research purpose are introduced. Four instruments

including the Multicultural Counseling Inventory (MCI), the Multicultural Supervision

Scale (MSS), the Marlowe-Crown Social Desirability Scale (MCSDS), and a

demographic questionnaire were used to collect data. Specifically, the MCI and the MSS

were used to examine counseling supervisors' self-reported multicultural counseling

competencies and multicultural supervision competencies respectively. Given the self-

reported nature of the MCI and the MSS, the MCSDS was administered in this study to

investigate the potential effect of general social desirability among the participants. The

demographic questionnaire was used to collect information relating to the participants'

demographic characteristics. Lastly, limitations regarding the methodology of this study

are discussed.

Research Purpose

The purpose of this study was to investigate the contribution of multicultural

counseling competencies to multicultural supervision competencies among counseling

supervisors when taking their demographic characteristics into consideration. To achieve this purpose, quantitative research approach was selected.

Generally speaking, the four common paradigms that guide the overall research process in counseling include positivism, postpositivism, constructivism, and critical theory (Heppner, Wampold, & Kivlighan, 2008). Positivism posits that there is one absolute "truth" concerning the nature of the world that can be learned. Although holding a similar belief concerning the "truth" of the world with positivism, postpositivism suggests that the nature of the world cannot be fully learned due to the limits to one's knowledge. Consequently, researchers should only make probabilistic statements about the nature of the world based on evidence that supports the "truth." Constructivism claims the existence of multiple realities that are constructed by individuals. Critical theory insists that social constructions are formed by various sorts of power and social justice issues that affect individuals' experiences within their realities (Heppner et al., 2008). Researchers who adopt the positivist and postpositivist stances often utilize quantitative research approach to understand the nature of the world by testing relationships and seeking universal generalization (Creswell, 2013; Heppner et al., 2008). On the contrary, researchers who adopt the constructivist and critical theory stances usually employ qualitative research approach to explore the world by comprehensively understanding meanings pertaining to individual subjective experiences (Creswell, 2013; Heppner et al., 2008). Given the purpose of this study, quantitative research approach was selected to find empirical support, if any, for the contribution of counseling

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supervisors' multicultural counseling competencies to their multicultural supervision competencies, while taking their demographic characteristics into consideration.

<center>Research Questions</center>

To achieve the aforementioned research purpose, this study addressed the following research questions:

Research Question 1: Are there statistically significant correlations between counseling supervisors' self-reported multicultural counseling competencies and their self-reported multicultural supervision competencies?

Null Hypothesis $H_{0(1)}$: There are no statistically significant correlations between counseling supervisors' self-reported multicultural counseling competencies as measured by the MCI and their self-reported multicultural supervision competencies as measured by the MSS.

Research hypothesis $H_{1(1)}$: Counseling supervisors who report greater multicultural counseling competencies as measured by the MCI will report more multicultural supervision competencies as measured by the MSS.

Research Question 2: Are there statistically significant relationships between the participants' demographic characteristics and their self-reported multicultural counseling competencies in this study?

Null Hypothesis $H_{0(2)}$: There are no statistically significant relationships between the participants' demographic characteristics and their self-reported multicultural counseling competencies as measured by the MCI in this study.

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Research hypothesis $H_{1(2)}$: There are statistically significant relationships between the participants' demographic characteristics and their self-reported multicultural counseling competencies as measured by the MCI in this study.

Research Question 3: Are there statistically significant relationships between the participants' demographic characteristics and their self-reported multicultural supervision competencies in this study?

Null Hypothesis $H_{0(3)}$: There are no statistically significant relationships between the participants' demographic characteristics and their self-reported multicultural supervision competencies as measured by the MSS in this study.

Research hypothesis $H_{1(3)}$: There are statistically significant relationships between the participants' demographic characteristics and their self-reported multicultural supervision competencies as measured by the MSS in this study.

The aforementioned research hypotheses included one directional hypothesis and two non-directional hypotheses. According to Ortega-Villalobos (2003, 2007), supervisors' overall multicultural counseling competency shared a statistically significantly positive correlation with their overall multicultural supervision competency. Although the nature and degree of the interconnection between these two multidimensional competencies remain unclear, the first research hypothesis in the present study was constructed as a directional research hypothesis based on previous research results as indicated in Ortega-Villalobos (2003, 2007). On the other hand, previous research seemed to present mixed results concerning the contribution of demographic characteristics to multicultural counseling competencies and multicultural

supervision competencies respectively among counseling professionals (e.g., Constantine & Gloria, 1999; Gloria et al., 2008; Pope-Davis et al., 1994; Pope-Davis & Ottavi, 1994). Given this notion, the second and the third research hypotheses were constructed as non-directional research hypotheses to reflect the inconclusiveness across previous research results.

The first research question contains two sets of continuous variables, which are counseling supervisors' multicultural counseling competencies as measured by the MCI and their multicultural supervision competencies as measured by the MSS. Both the MCI and the MSS are self-reported measures. The MCI consists of four subscales, which are Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge. The MSS includes three subscales, which are Supervisory Skills, Supervisors' Attitudes and Beliefs, and Stereotypes Toward Diverse Populations. Considering the multidimensional nature of multicultural competency, this research question intended to identify the underlying interconnection (or lack thereof) between two composites of multiple variables (multiple dimensions of multicultural counseling competencies and multicultural supervision competencies) instead of two individual variables (overall multicultural counseling competency and multicultural supervision competency). Therefore, the first research question contains two sets of multiple independent and dependent variables. The participants' multicultural counseling competencies based on their scores on the four MCI subscales were treated as four independent variables. Similarly, the participants'

multicultural supervision competencies based on their scores on the three MSS subscales were treated as three dependent variables in this study.

The second research question includes two sets of variables, which are the participants' demographic characteristics as measured by the demographic questionnaire and their self-reported multicultural counseling competencies as measured by the MCI. The participants' demographic characteristics, including individual gender identity, race/ethnicity, geographical location, highest degree obtained, accreditation status of graduate training program, supervision practice setting, years of supervision experience, number of multicultural counseling course taken in graduate program, number of postgraduate multicultural counseling training, number of multicultural supervision course taken in graduate program, number of postgraduate multicultural supervision training, and self-perceived supervisory alliance with supervisees, were treated as multiple independent variables. The participants' self-reported multicultural counseling competencies based on their scores on the four MCI subscales were treated as four dependent variables to articulate the multidimensional nature of multicultural counseling competencies.

Similarly, the third research question consists of two sets of multiple independent and dependent variables. The aforementioned 12 demographic characteristics as measured by the demographic questionnaire were, again, the independent variables. To capture the multidimensional nature of multicultural supervision competencies, the participants' scores on the three MSS subscales were treated as three dependent variables.

Research Design

The research design of this study is correlational design. According to Heppner and colleagues (2008), this particular research design is "used to examine the relationships between two or more variables" (p. 244). Researchers often achieve this purpose by using statistical correlation analysis to describe the degree/strength and direction of the linear relationship between target variables (Heppner et al., 2008; Salkind, 2011). The degree/strength of the relationship is concerned about the level of the relatedness between research variables, whereas the direction of the relationship indicates the nature and pattern of the relatedness between variables (Heppner et al., 2008; Salkind, 2011).

The purpose of this study was to investigate the contribution of counseling supervisors' multicultural counseling competencies to their multicultural supervision competencies when taking their demographic characteristics into account. In other words, this study aimed at examining the nature and degree of the relationships between multicultural counseling competencies as measured by the MCI (four subscales) and multicultural supervision competencies as measured by the MSS (three subscales) among counseling supervisors. In addition, this study investigated the nature and degree of the relationships between counseling supervisors' demographic characteristics and their multicultural counseling competencies as measured by the MCI (four subscales), as well as the relationships between counseling supervisors' demographic characteristics and their multicultural supervision competencies as measured by the MSS (three subscales). Given this conceptualization, correlational design is appropriate for this study, because it

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allows the examination of the degree and direction of the relationships among the

independent and the dependent variables in the three aforementioned research questions.

To carry out this research design in the present study, the investigator (a) recruited

a national sample of counseling supervisors to complete a web-based survey that

consisted of four instruments including the MCI, the MSS, the MCSDS, and a

demographic questionnaire; and (b) conducted three canonical correlation analyses to

examine the relationships between counseling supervisors' multicultural counseling

competencies and multicultural supervision competencies, between counseling

supervisors' demographic characteristics and multicultural counseling competencies, as

well as between counseling supervisors' demographic characteristics and multicultural

supervision competencies. Important to note, to examine the potential effect of the

participants' general social desirability, the investigator conducted a simultaneous

multiple regression analysis followed by two chi-square analyses based on the

participants' scores on the MCI, the MSS, and the MCSDS. Detailed information

pertaining to sampling, instrumentation, data collection, and data analysis based on this

particular research design is discussed in the following sections in this chapter.

<div align="center">Participants, Sampling Method, and Sample Size</div>

The research participants in this study were counseling supervisors at various

settings (e.g., CACREP accredited doctoral counseling programs, university counseling

centers, mental health agencies) across the United States. The inclusion criterion for the

participants was having active supervision experience(s) during the time period of the

data collection. In other words, the participants in this study were counseling supervisors

who provided supervision to supervisees concerning their counseling related activities at the time of the data collection. All participants were invited to complete a web-based survey including the MCI, the MSS, the MCSDS, and a demographic questionnaire through Qualtrics—a web-based survey software. The data were collected between January 2016 and May 2016.

To recruit counseling supervisors to participate in this study, the investigator utilized convenience sampling method. Specifically, the investigator first obtained the contact information of the program liaisons of the CACREP accredited doctoral counseling programs based on a list of accredited doctoral programs on the CACREP website. The investigator contacted the program liaisons of these programs individually by sending each liaison one invitation and two reminders via email and requesting the liaisons to forward the study invitation to counseling supervisors whom might be interested in this study. The investigator also sent one research invitation and two reminders through professional organizations and listervs, including the ACA (ACA Connect), active state counseling associations, and the Counselor Education and Supervision Network Listserv (CESNET-L), as well as local mental health agencies, to recruit participants for this study. The invitation and reminder emails included basic information pertaining to the present study [e.g., research purpose, The University of Akron Institutional Review Board (IRB) approval]; the electronic link to the web-based survey; and the contact information of the investigator, the faculty advisor, and The University of Akron IRB.

To estimate the minimum sample size, researchers need to consider the significance criterion and the population effect size of their studies (Cohen, 1992). Given the nature of the present study, a conventional alpha level of .05 was taken as the significance criterion. Based on the selected alpha level and the consideration of the statistical tests (e.g., canonical correlation analysis) in this study, a sample size of at least 84 is necessary to achieve a power of .80 with a medium effect size (Cohen, 1992).

A total of 307 individuals visited the survey webpage between January 2016 and May 2016. Among these individuals, 201 counseling supervisors completed both the MCI and the MSS and thus yielded as the participants for this study. Of the 201 participants, 194 participants completed the MCI, the MSS, and the MCSDS; and 190 completed all four instruments. Response rate was not calculated, as convenience sampling method was used in this study.

Of the participants who provided demographic information, there were 136 (72.3%) self-identified as women and 51 (27.1%) self-identified as men. The participants' self-identified race/ethnicity included 22 (11.7%) African/African American, three (1.6%) American Indian, seven (3.7%) Asian/Asian American, 131 (69.7%) Caucasian/European American, 13 (6.9%) Hispanic/Latin American, one (.5%) Middle Eastern/Arabic American, six (3.2%) Multiracial/Multiethnic, and five (2.7%) other. The sample consisted of counseling supervisors from 37 states across the four census regions of the United States.

The highest degrees that the participants had obtained included 17 (9.0%) Master's degree in Clinical or Counseling Psychology, 68 (36.2%) Master's degree in

Counseling, nine (4.8%) Master's degree in Marriage and Family Therapy, one (.5%)

Master's degree in Social Work, nine (4.8%) doctoral degree in Counseling, eight (4.3%)

doctoral degree in Counseling Psychology, 62 (33.0%) doctoral degree in Counselor

Education and Supervision, and 14 (7.4%) other degrees (e.g., doctoral degree in

Education, doctoral degree in Clinical Psychology, Master's degree in Rehabilitation

Counseling). In all, approximately 95 (50.5%) participants reported that they had

obtained a Master's degree in counseling or related field. About 79 (42.1%) participants

indicated that they had obtained a doctoral degree in Counselor Education and

Supervision, Counseling, or Counseling Psychology.

One hundred and sixty-two participants (87.1%) reported that the graduate

training programs through which they obtained their highest degrees were currently

accredited by accreditation body/bodies. Of the 130 participants who specified the

accreditation body/bodies of the graduate training programs from which they obtained

their highest degrees, 104 (80.0%) individuals reported graduating from CACREP-

accredited or dual accredited programs with CACREP accreditation (e.g., CACREP and

CORE, CACREP and COAMFTE), three (2.3%) reported graduating from APA-

accredited programs, three (2.3%) reported graduating from CARF-accredited programs,

two (1.5%) reported graduating from COAMFTE-accredited programs, and four (3.1%)

reported graduating from CORE-accredited programs. Although 14 (10.8%) participants

attempted to identify the accreditation body/bodies of their graduate training programs,

the information was not reported here due to several reasons (e.g., the participants cannot

recall the name of the accreditation body, mistakenly identified professional

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organizations such as ACA as accreditation bodies, misspelling). In addition, 13 (7.0%) participants indicated that they did not graduate from accredited graduate training programs and 11 (5.9%) reported that they were not sure whether their graduate training programs were currently accredited.

The participants' supervision practice settings included 26 (14.1%) community center, two (1.1%) hospital, 51 (27.6%) private practice, 84 (45.4%) university, and 22 (11.9%) other setting including but are not limited to other supervision practice settings (e.g., army, church, nursing home, prison, private setting, school) and multiple supervision practice settings (e.g., both private practice and university, both community center and private practice, both hospital and private practice).

Of the participants who completed the demographic questionnaire, their years of supervision experience ranged from 0 to 50, with a mean of 9.69 years ($SD = 9.32$). The numbers of multicultural counseling course and multicultural supervision course that the participants had taken in their graduate training programs ranged from 0 to 12 and 0 to 4 respectively. The numbers of postgraduate multicultural counseling training and postgraduate multicultural supervision training that the participants had taken after their graduate degrees ranged from 0 to 99 and 0 to 99 respectively. Regarding the participants' self-perceived supervisory working alliance with their supervisees, 81 (43.8%) described it as excellent, 96 (51.9%) described it as very good, seven (3.8%) described it as good, and one (.5%) described it as acceptable. Table 1 and Table 2 present detailed information pertaining to the participants' demographic characteristics.

Table 1

Frequency Distribution of Participants' Demographic Information (Categorical)

Variable	*n*	% (Valid)
Gender identity		
Women	136	72.3%
Men	51	27.1%
Other	1	.5%
Race/ethnicity		
African/African American	22	11.7%
American Indian	3	1.6%
Asian/Asian American	7	3.7%
Caucasian/European American	131	69.7%
Hispanic/Latin American	13	6.9%
Middle Eastern/Arabic American	1	.5%
Multiracial/multiethnic	6	3.2%
Other	5	2.7%
Geographical location (U.S. census region)		
Northeast	19	10.5%
Midwest	70	38.7%
South	74	40.9%
West	18	9.9 %
Highest degree obtained		
Master's degree	95	50.5%
Doctoral degree	79	42.1%
Other	14	7.4%
Accreditation status of graduate training program		
Yes	162	87.1%
No	13	7.0%
Not sure	11	5.9%
Supervision practice settings		
Community center	26	14.1%
Hospital	2	1.1%
Private practice	51	27.6%
University	84	45.4%
Other	22	11.9%

Table 2

Frequency Distribution of Participants' Demographic Information (Continuous)

Variable	*n*	% (Valid)	*M*	*SD*
Years of supervision experience	186		9.69	9.32
Number of multicultural counseling course taken in graduate training program	185		2.09	1.33

Variable	n	% (Valid)	M	SD
Number of postgraduate multicultural counseling training	182		6.74	9.77
Number of multicultural supervision course taken in graduate training program	185		.63	.80
Number of postgraduate multicultural supervision training	184		3.01	8.01
Supervisory alliance	185		1.61	.59
Excellent	81	43.8%		
Very Good	96	51.9%		
Good	7	3.8%		
Acceptable	1	.5%		

Instrumentation

The instruments selected for this study included the MCI to examine the participants' self-reported multicultural counseling competencies, the MSS to investigate the participants' self-reported multicultural supervision competencies, the MCSDS to estimate the effect of the participants' socially desirable responses, and a demographic questionnaire that was designed to gather basic demographic information from the research participants.

The Multicultural Counseling Inventory (MCI)

The MCI is a 40-item instrument developed to investigate counselors' self-reported multicultural counseling competencies with culturally diverse clients (Sodowsky, Taffe, Gutkin, & Wise, 1994). Sodowsky and colleagues (1994) developed this instrument based on the conceptualization of the multidimensional nature of multicultural counseling competencies (beliefs/attitudes, knowledge, and skills), along with the consideration of the counseling relationship (Sodowsky et al., 1994). Exploratory and confirmatory studies indicated that the MCI consists of four subscales measuring four different yet related factors (Sodowsky, 1996; Sodowsky et al., 1994). These four

subscales were labeled as Multicultural Awareness (10 items), Multicultural Counseling Knowledge (11 items), Multicultural Counseling Skills (11 items), and Multicultural Counseling Relationship (8 items), respectively. The Multicultural Awareness subscale measures counselors' multicultural sensitivity, interactions, and multicultural advocacy efforts. The Multicultural Counseling Knowledge subscale investigates counselors' competencies concerning multicultural case conceptualization, treatment planning, culturally relevant information, and multicultural research. The Multicultural Counseling Skills subscale captures counselors' general and multicultural counseling skills. The Multicultural Counseling Relationship subscale examines counselors' interaction process with culturally diverse clients (Sodowsky, 1996; Sodowsky et al., 1994).

All of the MCI items are *behaviorally stated* in order to reflect counselors' behaviors in multicultural counseling instead of their beliefs concerning their multicultural counseling competencies (Sodowsky, 1996; Sodowsky et al., 1994, p. 140). The MCI consists of 33 positively keyed items and seven negatively keyed items. Responses to the MCI items are recorded on a 4-point Likert scale ranging from 1 (*very inaccurate*) to 4 (*very accurate*), with 1 indicating the lowest level of multicultural counseling competencies and 4 indicating the highest level of multicultural counseling competencies for the positively keyed items. Scores on the negatively keyed items need to be reversed prior to computing the subscale and full scale scores. Accordingly, the MCI full scale score ranges from 40 to 160. Researchers have also used the MCI subscale scores by adding individual item score on each subscale when evaluating counselors' multicultural counseling competencies (e.g., Pope-Davis & Dings, 1994; Pope-Davis &

Ottavi, 1994; Pope-Davis et al., 1995). The MCI subscale scores range from 10 to 40, 11 to 44, 11 to 44, and 8 to 32 for the Multicultural Awareness, the Multicultural Counseling Knowledge, the Multicultural Counseling Skills, and the Multicultural Counseling Relationship subscales, respectively. However, given the multidimensional nature of multicultural counseling competencies and the potential existence of a general multicultural counseling competency, Sodowsky (1996) indicated that both the subscale and full scale scores should be calculated when implementing the MCI. Based on the initial scale development study, Sodowsky et al. (1994) reported that the overall internal consistency of the MCI full scale was .88. The internal consistencies for the Multicultural Counseling Skills, the Multicultural Awareness, the Multicultural Counseling Relationship, and the Multicultural Counseling Knowledge subscales were .83, .83, .65, and .79, respectively, with the correlations among these four subscales ranging from .18 to .41. In a different study validating the MCI, Sodowsky and colleagues (1994) found an overall internal consistency of .86 for the MCI full scale. The internal consistencies for the Multicultural Counseling Skills, the Multicultural Awareness, the Multicultural Counseling Relationship, and the Multicultural Counseling Knowledge subscales were .81, .80, .67, and .80, respectively. The correlations among these four subscales ranged from .16 to .31 (Sodowsky et al., 1994).

The MCI has been widely used in the past two decades among different populations (e.g., counseling and psychology students, psychologists, counselors, supervisors) across different settings (e.g., Ottavi et al., 1994; Pope-Davis et al., 1994; Robles-Piña & McPherson, 2001; Sodowsky, 1996; Sodowsky et al., 1994). Initial

exploratory and confirmatory studies, as well as other research implementing this instrument supported its strong psychometric properties (e.g., Sodowsky, 1996; Sodowsky et al., 1994). Researchers also indicated that the behaviorally oriented statements in the MCI may increase the objectivity and accuracy of the participants' evaluation of their multicultural counseling competencies (Pope-Davis & Dings, 1994).

The Multicultural Supervision Scale (MSS)

The MSS aims at investigating supervisors' multicultural supervision competencies based on their supervisory skills, attitudes and beliefs, and stereotypes (or lack thereof) toward diverse populations (Sangganjanavanich, 2008). Although there are several instruments designed to measure supervisors' multicultural supervision competencies (e.g., the MSI), the MSS was chosen in this study over other instruments because of several reasons. First, the construction of this instrument was based on the theoretical conceptualization of the three dimensions of multicultural counseling competencies (beliefs/attitudes, knowledge, and skills) proposed by Sue and colleagues (Sue et al., 1982; Sue et al., 1992). Second, the MSS was designed to assess supervisors' multicultural supervision competencies based on a variety of cultural variables (e.g., age, spiritual belief, body image) instead of one particular variable (e.g., race/ethnicity) (Sangganjanavanich, 2008). This notion aligns with the broad definition of culture, which has been suggested to benefit counseling professionals' understanding of multiculturalism within a broad context (Pedersen, 1991, 1999). Third, the MSS has demonstrated relatively strong reliability and validity evidence in both exploratory and

confirmatory studies, which provides empirical support for the utility of this instrument (Sangganjanavanich, 2008; Sangganjanavanich, Dang, & Liang, 2017).

The original MSS contained 39 items that were designed to assess supervisors' self-reported multicultural supervision competencies (Sangganjanavanich, 2008). Initial exploratory factor analysis indicated that the original MSS contained three subscales measuring three related yet different factors. These three factors were labeled as Supervisory Skills (14 items), Supervisors' Attitudes and Beliefs (11 items), and Stereotypes Toward Diverse Populations (14 items), respectively (Sangganjanavanich, 2008). The Supervisory Skills subscale was designed to examine supervisors' general and multicultural supervisory skills. The Supervisors' Attitudes and Beliefs subscale contained items assessing supervisors' multicultural awareness of working with culturally diverse populations including supervisees and clients. The Stereotypes Toward Diverse Populations subscale was designed to detect assumptions and prejudice that supervisors may hold against culturally diverse populations (Sangganjanavanich, 2008).

The original MSS included 23 positive and 16 negative items. Depending on the content of the individual items, responses to the MSS items fall on a 5-point Likert scale ranging from either 1 (*strongly disagree*) to 5 (*strongly agree*) or 1 (*never*) to 5 (*always*). Higher scores of the positive items indicate higher levels of multicultural supervision competencies, whereas lower scores of the negative items suggest higher levels of multicultural supervision competencies among supervisors (Sangganjanavanich, 2008). The overall internal consistency reliability of the original MSS was .76. The internal consistencies of the Supervisory Skills, the Supervisors' Attitudes and Beliefs, and the

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Stereotypes Toward Diverse Populations subscales were .87, .78, and .76, respectively (Sangganjanavanich, 2008). Given the self-reported nature and the content of the MSS items, Sangganjanavanich (2008) cautioned that social desirability may potentially contribute to supervisors' self-evaluation of their multicultural supervision competencies.

In a recent study validating the MSS, Sangganjanavanich et al. (2017) refined the original 39 MSS items by rephrasing some of the items and including additional cultural variables (e.g., sexual orientation) to enhance clarity, inclusiveness, and readability of the instrument. To address the potential social desirability effect, the authors implemented the MCSDS (Crowne & Marlowe, 1960) to examine the contribution of social desirability to supervisors' perceived multicultural supervision competencies. Through the employment of a confirmatory factor analysis (CFA), the authors confirmed the three-factor solution of the MSS. The results also revealed that social desirability did not contribute to supervisors' multicultural supervision competencies (Sangganjanavanich et al., 2017).

The revised MSS is a 21-item instrument investigating supervisors' self-reported multicultural supervision competencies (Sanganjanavanich et al., 2017). It contains three subscales, which are Supervisory Skills (7 items), Supervisors' Attitudes and Beliefs (6 items), and Stereotypes Toward Diverse Populations (8 items). Sample items include "I discuss issues regarding race and ethnicity with supervisees without hesitation", "I am aware of the intersection of gender and power in supervisory relationships", and "I hesitate to mention a language barrier between the supervisee and I due to fear of being accursed as a culturally insensitive supervisor". The revised MSS includes 13 positive

and eight negative items. Responses are recorded using the same 5-point Likert scale ranging from either 1 (*strongly disagree*) to 5 (*strongly agree*) or 1 (*never*) to 5 (*always*). The internal consistency reliability of the revised MSS full scale was .63, with internal consistencies of .82, .49, and .60 for the Supervisory Skills, the Supervisors' Attitudes and Beliefs, and the Stereotypes Toward Diverse Populations subscales, respectively (Sangganjanavanich et al., 2017). The MSS positive item score ranges from 13 to 65. Higher scores of the positive items indicate higher levels of multicultural supervision competencies among supervisors. The MSS negative item score ranges from 8 to 40. Lower scores of the negative items suggest higher levels of multicultural supervision competencies among supervisors (Sangganjanavanich et al., 2017). Subscale and full scale scores of the revised MSS may be computed by reversing scores on the negative MSS items prior to adding individual item score on each subscale and the full scale. This way, the revised MSS full scale score ranges from 21to 105, with subscale scores ranging from 7 to 35, 6 to 30, and 8 to 40 for the Supervisory Skills, the Supervisors' Attitudes and Beliefs, and the Stereotypes Toward Diverse Populations subscales, respectively.

The Marlowe-Crown Social Desirability Scale (MCSDS)

The MCSDS is a 33-item instrument measuring individual general social desirability, which is defined as individuals' needs to "obtain approval by responding in a culturally appropriate and acceptable manner" (Crowne & Marlowe, 1960, p. 353). The 33 items are constructed as behaviorally oriented statements, which capture individuals' perspectives regarding behaviors that are culturally appropriate and acceptable yet unlikely to happen, as well as behaviors that are culturally inappropriate and

unacceptable but likely to happen (Crowne & Marlowe, 1960; Paulhus, 1991; Ventimiglia & MacDonald, 2012). Important to note, instead of detecting pathological self-expressions of socially desirable responses, the MCSDS was designed to examine general social desirability within the general population (Crowne & Marlowe, 1960). Individuals who complete this instrument are instructed to rate the 33 items as either "True" or "False" based on their experiences and behaviors. The 33 items are keyed in both positive/true (18 items) and negative/false (15 items) directions to reduce potential response bias and detect individual socially desirable responses (Crowne & Marlowe, 1960). The MCSDS sum score ranges from 0 to 33, with higher scores indicating higher tendency of general social desirability (Paulhus, 1991). Sample questions include "Before voting I thoroughly investigate the qualifications of all the candidates" and "It is sometimes hard for me to go on with my work if I am not encouraged".

Based on a sample of 39 undergraduate students, Crowne and Marlowe (1960) reported that the internal consistency coefficient of the MCSDS was .88 and the test-retest reliability (one-month interval) was .89. Loo and Thorpe (2000) reported an internal consistency of .72 for the MCSDS based on a sample of 232 undergraduate students. Ventimiglia and MacDonald (2012) found an internal consistency of .79 for the MCSDS using a sample of 555 undergraduate students.

Construct validity of the MCSDS was established by its significant correlations with other social desirability instruments. For example, Crowne and Marlowe (1960) found a significantly positive correlation between the MCSDS and the Edwards Social Desirability Scale (SDS; Edwards, 1957) ($r = .35$, $p < .01$) based on a sample of 120

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college students. In addition, by investigating the correlation between the MCSDS and 17

Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1943)

scales, Crowne and Marlowe (1960) suggested that the MCSDS tended to be positively

correlated with the MMPI validity scales and negatively correlated with the MMPI

clinical scales. However, the authors indicated that the correlations between the MCSDS

and the MMPI scales were weaker compared to the correlations between the SDS and the

17 MMPI scales (Crowne & Marlowe, 1960). The MCSDS has been widely used by

researchers since it was first introduced to the public (Ventimiglia & MacDonald, 2012).

The present study implemented two self-reported multicultural competency

instruments, the MCI and the MSS, to investigate the contribution of counseling

supervisors' multicultural counseling competencies to their multicultural supervision

competencies. The authors of these two instruments indicated that social desirability may

potentially impact individuals' responses to the instrument items (Sangganjanavanich,

2008; Sodowsky et al., 1994). Therefore, the MCSDS was selected to estimate the

general social desirability effect, if any, in this study.

Demographic Questionnaire

The demographic questionnaire encompasses a set of questions designed to

collect demographic information from the participants in this study. The questionnaire

asked the participants to provide information pertaining to their individual gender identity,

race/ethnicity, geographical location, highest degree obtained, accreditation status of

graduate training program, practice setting, number of years providing clinical

supervision, number of multicultural training (number of multicultural counseling course

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taken in graduate program, number of postgraduate multicultural counseling training, number of multicultural supervision course taken in graduate program, and number of postgraduate multicultural supervision training), and self-perceived supervisory working alliance with supervisees. Data collected based on the demographic questionnaire were used to describe the characteristics of the sample and for the purpose of identifying the contributing factors of the participants' multicultural counseling and multicultural supervision competencies respectively.

<div align="center">Research Procedures</div>

The investigator of this study sent a research invitation and two reminders to the program liaisons of the CACREP accredited doctoral counseling programs through individual emails. The investigator also sent one research invitation and two reminders through professional organizations and listervs, including the ACA, active state counseling associations, and the CESNET-L, as well as local mental health agencies, to recruit research participants and collect data. The Qualtrics web-based survey was constructed in the order of the informed consent form, the MCI, the MSS, the MCSDS, and the demographic questionnaire. This study did not collect identifiable information from the participants. The participants' data collected through Qualtrics were protected by the investigator's Qualtrics username and password and kept on a password protected computer.

Prior to engaging in this study, the participants were informed about The University of Akron IRB approval, the purpose of the study, the anonymity and confidentiality of the participants and their data, participants' rights and responsibilities,

as well as benefits and potential risks of participating in this study. The participants were provided with the contact information of the investigator, the faculty advisor, and The University of Akron IRB so they can voice any questions or concerns regarding this study. The participants were required to provide consent to voluntarily and anonymously participate in this study by agreeing to the participants' consent statement provided in the informed consent form prior to completing the web-based survey. Individuals who did not provide consent to voluntarily and anonymously participant in the study were directed to exit the web-based survey without completing any instrument.

<div align="center">Data Analysis</div>

The Statistical Package for the Social Sciences (SPSS) version 22 software was used to analyze collected data for this study. Pre-analysis data screening was first conducted to (a) transform applicable data and (b) examine missing values, extreme values, and the fitness/assumptions of the selected statistical data analyses in this study (Mertler & Vannatta, 2010). Negatively keyed MCI, MSS, and MCSDS items were transformed first based on their corresponding scoring instructions. The pattern of the missing values was thoroughly evaluated prior to making the final decision regarding missing values. This treatment aligns with relevant suggestions of managing missing values in previous research (Mertler & Vannatta, 2010; Sterner, 2011). Chapter 4 provides a detailed description regarding data treatment during the pre-analysis data screening. Descriptive statistics was conducted on each variable in this study.

Three canonical correlation analyses were used to test the three null hypotheses of this study respectively. Canonical correlation analysis is a multivariate statistical analysis

that allows the investigation of the intercorrelation (direction and strength) among two sets of multiple independent and dependent variables (Abu-Bader, 2010; Hair, Anderson, Tatham, & Black, 1998). Canonical correlation analysis is particularly helpful to address the three research questions in this study, because this study focused on investigating the contribution of counseling supervisors' multicultural counseling competencies (multiple dimensions/variables) to multicultural supervision competencies (multiple dimensions/variables) when taking their demographic characteristics (multiple variables) into account. Specifically, for example, to answer the first research question in this study, instead of conducting several statistical analyses to investigate the intercorrelation between the multiple dimensions of the multicultural counseling competencies and the multiple dimensions of the multicultural supervision competencies, the use of canonical correlation analysis would allow the examination of the inquired relationship by conducting one analysis, which helps reduce the likelihood of type I error (Abu-Bader, 2010; Hair et al., 1998). Statistical assumptions of canonical correlation analysis have to be satisfied prior to conducting this analysis. These assumptions include: (1) the sample needs to be representative of the population of the study, (2) the dependent variables are continuous variables, and the independent variables are either continuous variables or categorical variables, (3) a sufficient sample size, (4) univariate normality of distributions is not necessarily required but preferred to ensure multivariate normality, (5) there is a linear relationship between any pair of the independent and dependent variables, (6) the dependent variables are normally distributed for each value of the independent variables, and (7) the correlation between any pair of the independent or dependent variables should

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not exceed .80 (Abu-Bader, 2010; Hair et al., 1998). Chapter 4 presents detailed steps taken to test these assumptions.

In addition, a simultaneous multiple regression analysis followed by two chi-square analyses were conducted to estimate the effect of the participants' general social desirability in this study. Specifically, the simultaneous multiple regression analysis was used to determine whether the participants' self-reported multicultural counseling competency and multicultural supervision competency are statistically significantly associated with their general social desirability. Multiple regression analysis is a multivariate statistical analysis that is commonly used to predict one dependent variable based on multiple independent variables (Mertler & Vannatta, 2010). Assumptions for conducting multiple regression analysis include: (1) the independent variables are fixed, (2) the independent variables are measured without error, (3) there is a linear relationship between the independent variables and the dependent variable, (4) the mean of the residuals for each observation on the dependent variable over many replications is zero, (5) errors associated with any single observation on the dependent variable are independent of errors associated with any other observation on the dependent variable, (6) the errors are not correlated with the independent variables, (7) the variance of the residuals across all values of the independent variables is constant, and (8) the errors are normally distributed (Mertler & Vannatta, 2010, p. 166). The two chi-square analyses were employed to determine (a) whether the participants' general social desirability as measured by the MCSDS and their self-reported multicultural counseling competency as measured by the MCI are independent of each other, and (b) whether the participants'

general social desirability as measured by the MCSDS and their self-reported

multicultural supervision competency as measured by the MSS are independent of each

other. The use of chi-square analysis allows researchers to examine the relationship

(independent or associated) between two variables based on one sample (Franke, Ho, &

Christie, 2012). This said, in addition to understanding the relationship between the

participants' multicultural competencies (counseling and supervision) and general social

desirability, the results of the two chi-square analyses in this study provided in-depth

information concerning the associations between the MCSDS and the MCI, as well as

between the MCSDS and the MSS on an individual item basis. Two critical assumptions

for chi-square analysis are: (1) observations are independent, which means that each

participant's response based on the selected measure should be classified into one and

only one category of a particular variable; and (2) the minimum size of expected

frequencies of any cell is 5 (Gravetter & Wallnau, 2013). The following chapter discusses

steps taken to examine these assumptions. Table 3 presents an illustration of the research

hypotheses, selected instruments, and corresponding data analysis in this study.

Table 3
Summary of Research Hypotheses, Instruments, and Corresponding Data Analysis

Research Hypothesis	Instrument	Variable	Data Analysis
1. Counseling supervisors who report greater multicultural counseling competencies as measured by the MCI will report more multicultural supervision	MCI (4 subscales) MSS (3 subscales)	Independent variables (MCI subscales): Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge Dependent variables (MSS	Canonical correlation analysis

competencies as measured by the MSS.		subscales): Supervisory Skills, Supervisors' Attitudes and Beliefs, and Stereotypes Toward Diverse Populations	
2. There are statistically significant relationships between the participants' demographic characteristics and their self-reported multicultural counseling competencies as measured by the MCI in this study.	Demographic Questionnaire MCI (4 subscales)	Independent variables (demographic characteristics): gender identity, race/ethnicity, geographical location, highest degree obtained, accreditation status of graduate training program, practice setting, years of supervision experience, number of multicultural counseling course taken in graduate program, number of postgraduate multicultural counseling training, number of multicultural supervision course taken in graduate program, number of postgraduate multicultural supervision training, and supervisory alliance Dependent variables (MCI subscales): Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge	Canonical correlation analysis
3. There are statistically significant relationships between the participants' demographic characteristics and their self-reported multicultural supervision competencies as	Demographic Questionnaire MSS (3 subscales)	Independent variables (demographic characteristics): gender identity, race/ethnicity, geographical location, highest degree obtained, accreditation status of graduate training program, practice setting, years of supervision experience,	Canonical correlation analysis

| measured by the MSS in this study. | number of multicultural counseling course taken in graduate program, number of postgraduate multicultural counseling training, number of multicultural supervision course taken in graduate program, number of postgraduate multicultural supervision training, and supervisory alliance

Dependent variables (MSS subscales): Supervisory Skills, Supervisors' Attitudes and Beliefs, and Stereotypes Toward Diverse Populations |
|---|---|

Limitations

Similar to any other counseling research studies, there are several limitations of the present study. First, given the convenience sampling method in this study, the representativeness of the sample should be carefully evaluated. Accordingly, the generalizability of the study results should be interpreted with caution. The data collection method in this study may also influence the representativeness of the sample. Specifically, this study is an initial investigation of the contribution of multicultural counseling competencies to multicultural supervision competencies among counseling supervisors based on a web-based survey. Heppner and colleagues (2008) indicated that one of the major limitations using online website to collect data is related to the representativeness of the sample, as it can be difficult to estimate the similarities and differences between individuals who respond to the survey and those who do not in terms of their characteristics. Although the research participants in this study were counseling

supervisors who were practicing supervision at various settings in the United States at the time of the data collection, it is possible that counseling supervisors who were interested in the research topic and/or had access to the internet were more likely to participate in this study compared to those who were not interested in this topic and/or did not have access to the internet to take the survey. Second, given the nature of self-reported instruments, it may be difficult to investigate the objectivity of the participants' responses concerning their multicultural competencies due to the potential social desirability effect. This being said, the participants' social desirability may be a threat to the internal validity of this study. Although a social desirability instrument (MCSDS) was implemented to examine the potential general social desirability effect, it is still possible that some participants in this study may have responded to the selected instruments in a socially desirable way. Therefore, the results of this study need to be interpreted and used with caution.

Summary

The purpose of this study was to investigate the contribution of multicultural counseling competencies to multicultural supervision competencies among counseling supervisors, while considering the contribution of their demographic characteristics. This chapter provides methodological information pertaining to this study. Correlational research design was selected to achieve this purpose in this study. Data were collected through Qualtrics survey software consisting of four instruments including the MCI, the MSS, the MCSDS, and a demographic questionnaire. The MCI and the MSS were implemented to assess the participants' self-reported multicultural counseling

competencies and multicultural supervision competencies respectively. The MCSDS was administered to examine the participants' general social desirability. The participants' demographic information was collected using the demographic questionnaire. To answer the research questions in this study, pre-analysis data screening, three canonical correlation analyses, as well as one simultaneous multiple regression analysis followed by two chi-square analyses were conducted using the SPSS version 22 software.

CHAPTER IV

RESULTS

This chapter presents detailed results of the present study. The pre-analysis data screening steps including data screening; descriptive statistics of the participants' responses to the MCI, the MSS, and the MCSDS; and statistical assumptions testing are discussed. The research results based on inferential statistics are also presented. Specifically, inferential statistics in this study included three canonical correlation analyses, one simultaneous multiple regression analysis, and two chi-square analyses. The first canonical correlation analysis was conducted to examine the interconnection between the participants' self-reported multicultural counseling competencies and their self-reported multicultural supervision competencies. The second and the third canonical correlation analyses were used to identify the contributing factors of the participants' multicultural counseling competencies and their multicultural supervision competencies respectively. The simultaneous multiple regression followed by the two chi-square analyses were used to investigate the effect of the participants' general social desirability in this study. Results of these analyses are presented in this chapter.

Pre-Analysis Data Screening

The first step to ensure quality and accurate data analysis in quantitative research is pre-analysis data screening (Mertler & Vannatta, 2010; Sterner, 2011). Following this step, the investigator thoroughly examined issues relating to data transformation, missing values, and extreme values. Additionally, the investigator conducted descriptive statistical analysis based on the participants' responses to the MCI, the MSS, and the MCSDS. Furthermore, the investigator tested applicable statistical assumptions prior to conducting each inferential statistical analysis in this study. Detailed pre-analysis data screening steps are presented in the following sections.

Data Screening

Data transformation.

Negatively keyed MCI items, MSS items, and MCSDS items were first reversed for data analysis purpose in this study. According to the scoring instruction, scores of the negatively keyed MCI items (#1, 2, 4, 5, 10, 15, and 19) were reversed using the SPSS *Transform* function. Similarly, scores of the negative MSS items (#1, 2, 4, 5, 6, 8, 11, and 12) were also reversed prior to data analysis. Concerning the MCSDS, the values of the 33 MCSDS items were first redefined based on the instrument scoring instruction. The 15 negatively keyed MCSDS items (#3, 5, 6, 9, 10, 11, 12, 14, 15, 19, 22, 23, 28, 30, and 32) were then reversed following the MCSDS scoring instruction.

In addition, 20 dummy variables were created based on the six categorical variables from the demographic questionnaire for data analysis purpose. Specifically, the participants' gender identity, race/ethnicity, geographical location, highest degree

obtained, accreditation status of graduate training program, and supervision practice

setting were dummy coded into three, two, four, three, three, and five dummy variables,

respectively. Important to note, to reduce the number of dummy variables in this study,

the participants' self-identified race/ethnicity was dummy coded into two dummy

variables (Caucasian/European American and other race/ethnicity). Additionally, the

participants' geographical location was dummy coded into four geographical census

regions (Northeast, Midwest, South, and West) specified by the United States Census

Bureau (2015a) rather than the states in which the participants resided. Puerto Rico was

not included in the geographical dummy variables, because it is not included in any of the

four census regions (U.S. Census Bureau, 2015a). Furthermore, the participants' highest

degree obtained was coded into three dummy variables: Master's degree, doctoral degree,

and other degree. Table 4 presents the consolidation of each dummy variable with its

corresponding original variable(s). Table 5 shows the distribution of each dummy

variable in this study.

Table 4

Original Variables With Corresponding Dummy Variables

Original Variable	Dummy Variable
Gender Identity	
Women	Women
Men	Men
Other	Other gender identity
Race/Ethnicity	
African/African American	Other race/ethnicity
American Indian	Other race/ethnicity
Asian/Asian American	Other race/ethnicity
Caucasian/European American	Caucasian/European American
Hispanic/Latin American	Other race/ethnicity
Middle Eastern/Arabic American	Other race/ethnicity

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Original Variable	Dummy Variable
Multiracial/multiethnic	Other race/ethnicity
Other	Other race/ethnicity
Geographical Location	
Alabama	South region
Arizona	West region
Arkansas	South region
California	West region
Colorado	West region
Connecticut	Northeast region
District of Columbia	South region
Florida	South region
Georgia	South region
Hawaii	West region
Idaho	West region
Illinois	Midwest region
Indiana	Midwest region
Iowa	Midwest region
Kansas	Midwest region
Kentucky	South region
Louisiana	South region
Maryland	South region
Michigan	Midwest region
Mississippi	South region
Missouri	Midwest region
Nebraska	Midwest region
New Jersey	Northeast region
New Mexico	West region
New York	Northeast region
North Carolina	South region
Ohio	Midwest region
Pennsylvania	Northeast region
South Carolina	South region
South Dakota	Midwest region
Tennessee	South region
Texas	South region
Virginia	South region
Washington	West region
Wisconsin	Midwest region
Wyoming	West region
Highest Degree Obtained	
Master's degree in Clinical or Counseling Psychology	Master's degree

Original Variable	Dummy Variable
Master's degree in Counseling (Community/Clinical/Clinical Mental Health Counseling)	Master's degree
Master's degree in Marriage and Family Therapy	Master's degree
Master's degree in Social Work	Master's degree
Doctoral degree in Counseling	Doctoral degree
Doctoral degree in Counseling Psychology	Doctoral degree
Doctoral degree in Counselor Education and Supervision	Doctoral degree
Other	Other degree
Accreditation Status of Training Program	
Yes	Yes (Accreditation)
No	No (Accreditation)
Not sure	Not sure (Accreditation)
Supervision Practice Setting	
Community center	Community center
Hospital	Hospital
Private practice	Private practice
University	University
Other	Other practice setting

Table 5

Skewness and Kurtosis of Dummy Variables

Dummy Variable	Skewness	Kurtosis
Women	-.76	-1.44
Men	1.14	-.71
Other gender identity	14.18	201.00
Caucasian/European American	-.64	-1.60
Other race/ethnicity	.97	-1.08
Northeast region	2.79	5.86
Midwest region	.64	-1.60
South region	.55	-1.71
West region	2.90	6.45
Master's degree	.11	-2.01
Doctoral degree	.44	-1.82
Other degree	3.41	9.70
Yes (Accreditation)	-1.56	.44
No (Accreditation)	3.57	10.83
Not sure (Accreditation)	3.95	13.70
Community center	2.23	2.98
Hospital	9.95	97.96
Private practice	1.14	-.71

Dummy Variable	Skewness	Kurtosis
University	.34	-1.91
Other practice setting	2.52	4.40

Missing values.

Based on an initial observation of the 307 responses to investigate missing values, two recorded response entries were removed, because two individuals did not provide consent to voluntarily and anonymously participate in this study. These two individuals were directed to exit the Qualtrics survey without completing any survey instrument. Of the remaining 305 responses, 104 were eliminated from data analysis due to substantial amount of missing values on the two main instruments (the MCI and the MSS), which left a sample size of 201 for this study.

Sterner (2011) noted the importance of addressing missing values (e.g., nature, treatment) in counseling research. To properly address missing values, researchers need to (a) identify the pattern of missing data, (b) select an approach to address missing data, and (c) select proper data analysis tool/software (Sterner, 2011). To further explore the pattern of missing values among the 201 responses in this study, according to Little (1988) and Sterner (2011), a Little's MCAR (missing completely at random) test on the participants' responses to the MCI and the MSS items was conducted. The Little's MCAR test did not reveal any statistical significance, meaning that missing values on the MCI and the MSS in this study were missing completely at random (Chi-square = 1005.52, $df = 944$, $p = .81$). Given the small amount of missing values among the MCI and the MSS items (< 2% in this study) and the Little's MCAR test result ($p > .05$), missing values within each MCI and MSS item were replaced with the series mean of

that item. This treatment aligns with typical missing data treatment based on previous research to avoid losing data and maintain the power of the study (Mertler & Vannatta, 2010; Sterner, 2011). Full scale and subscale sum scores of the MCI and the MSS were computed respectively. Full scale sum score of the MCSDS was also computed.

Extreme values.

Standardized scores were used to identify extreme values in this study (Mertler & Vannatta, 2010). First, the MCI full scale and subscale sum scores, the MSS full scale and subscale sum scores, and the MCSDS full scale score were transformed into Z-scores. Second, given the sample size in this study ($N > 100$), the transformed Z-scores were compared against the criterion of ±4 to determine the existence of extreme values (Stevens, 1992). As shown in Table 6, the minimum and maximum Z-scores for each of the MCI full scale and subscales, each of the MSS full scale and subscales, and the MCSDS full scale fell within ±4, indicating there was no extreme outlier within the sample.

Table 6
Minimum and Maximum Z-Scores of the MCI, the MSS, and the MCSDS

Measure	*n*	Minimum SUM	Maximum SUM
MCI MCS Subscale	201	-3.40	1.15
MCI MA Subscale	201	-3.94	1.70
MCI MCR Subscale	201	-2.44	1.77
MCI MCK Subscale	201	-3.48	1.64
MCI Full Scale	201	-3.98	1.79
MSS SS Subscale	201	-3.10	1.37
MSS SAB Subscale	201	-3.23	1.11
MSS STDP Subscale	201	-3.56	2.05
MSS Full Scale	201	-2.95	1.68
MCSDS Full Scale	194	-2.15	2.10

Descriptive Statistics

The participants in this study completed four instruments including the MCI, the MSS, the MCSDS, and a demographic questionnaire. The MCI is a 40-item multicultural counseling competency measurement that contains four subscales, which are Multicultural Awareness, Multicultural Counseling Knowledge, Multicultural Counseling Skills, and Multicultural Counseling Relationship (Sodowsky et al., 1994). Responses to the 40 items fall on a 4-point Likert scale ranging from 1(*very inaccurate*) to 4 (*very accurate*). Higher ratings on the items indicate higher levels of multicultural counseling competencies. The MCI full scale sum score ranges from 40 to 160, with subscale sum scores ranging from 10 to 40, 11 to 44, 11 to 44, and 8 to 32 for the Multicultural Awareness, the Multicultural Counseling Knowledge, the Multicultural Counseling Skills, and the Multicultural Counseling Relationship subscales, respectively (Sodowsky et al., 1994; Sodowsky, 1996). The negatively keyed MCI items were reversed prior to computing the participants' MCI full scale and subscale sum scores. Table 7 shows the means and standard deviations of the participants' sum scores on the MCI full scale and subscales.

Table 7
Participants' MCI Scores

Measure	*M*	*SD*	Possible Score Range
MCI Full Scale (40 items)	136.17	11.09	40-160
MCI MCS Subscale (11 items)	40.20	3.30	11-44
MCI MA Subscale (10 items)	32.14	4.61	10-40
MCI MCR Subscale (8 items)	26.54	3.09	8-32
MCI MCK Subscale (11 items)	37.28	4.10	11-44

Note. n = 201.

The revised MSS is a 21-item multicultural supervision competency measurement that consists of three subscales including Supervisory Skills, Supervisors' Attitudes and Beliefs, and Stereotypes Toward Diverse Populations (Sangganjanavanich et al., 2017). Responses to the 21 items fall on a 5-point Likert scale ranging from either 1(*strongly disagree*) to 5 (*strongly agree*) or 1 (*never*) to 5 (*always*). The revised MSS contains 13 positive items and eight negative items. Sum score of the positive items ranges from 13 to 65, with higher scores indicating higher levels of multicultural supervision competencies. Sum score of the negative items ranges from 8 to 40, with lower scores indicating higher levels of multicultural supervision competencies (Sangganjanavanich et al., 2017). By reversing the eight negatively keyed MSS items, the MSS full scale sum score ranges from 21 to 105, with subscale sum scores ranging from 7 to 35, 6 to 30, and 8 to 40 for the Supervisory Skills, the Supervisors' Attitudes and Beliefs, and the Stereotypes Toward Diverse Populations subscales, respectively. Table 8 presents the means and standard deviations of the participants' sum scores on the MSS full scale and subscales.

Table 8
Participants' MSS Scores

Measure	*M*	*SD*	Possible Score Range
MSS Full Scale (21 items)	88.57	8.00	21-105
MSS SS Subscale (7 items)	29.79	3.80	7-35
MSS SAB Subscale (6 items)	26.68	3.00	6-30
MSS STDP Subscale (8 items)	33.42	3.20	8-40

Note. n = 201.

The MCSDS is a 33-item instrument designed to measure individual general social desirability (Crowne & Marlowe, 1960). The MCSDS items were constructed in a true/false question format. Of the 33 items, 18 are positively keyed and 15 are negatively

keyed. The full scale sum score ranges from 0 to 33, with higher scores indicating greater social desirability (Crowne & Marlowe, 1960; Paulhus, 1991). In this study, a total of 194 participants completed the MCSDS. Scores of the 15 negatively keyed MCSDS items were reversed prior to calculating the participants' full scale sum scores. Descriptive statistics showed that the MCSDS full scale mean was 16.65 ($SD = 6.34$) in this study. The Cronbach's alpha value was .86 for the full MCSDS scale in this study. Descriptive statistics regarding the participants' demographic characteristics can be found in Table 1.

Assumptions Testing

Mertler and Vannatta (2010) indicated that a vital purpose of pre-analysis data screening is "to assess the adequacy of fit between the data and the assumptions of a specific procedure" (p. 26). Given this conceptualization, statistical assumptions of canonical correlation analysis, simultaneous multiple regression analysis, and chi-square analysis were tested prior to conducting these analyses.

First canonical correlation analysis assumptions.

Preliminary assumptions testing revealed that all of the assumptions were met for the first canonical correlation analysis in this study, which was used to investigate the nature and degree of the underlying interconnection between counseling supervisors' multicultural counseling competencies and their multicultural supervision competencies. Steps that were taken to test these assumptions are presented below.

1. Representativeness of the sample

A total of 201 counseling supervisors completed the Qualtrics web-based survey for this study between January 2016 and May 2016. Although convenience sampling

method was used due to the difficulties of using random sampling method (e.g., identifying counseling supervisors who provided supervision at the time of the data collection), an adequate national sample was obtained. Therefore, representativeness of the sample was presumed in this study.

2. Levels of measurement of variables

In this study, the four MCI subscales (Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge) were treated as four independent variables. The three MSS subscales (Supervisory Skills, Supervisors' Attitudes and Beliefs, and Stereotypes Toward Diverse Populations) were treated as three dependent variables. All of the independent and dependent variables were continuous variables and measured at the interval level.

3. Sufficient sample size

Sufficiency of sample size in canonical correlation analysis is usually estimated based on the number of variables in the study and the reliability coefficient of each variable (Abu-Bader, 2010). Abu-Bader (2010) noted that "with reliability coefficients of .80 and above, a sample size of 10 cases per variable in the analysis is considered sufficient for conducting canonical correlation analysis" (p. 324). When the reliability coefficients fall below .80, however, a relatively large sample size/variable ratio may overcome issues relating to the low reliability coefficients (Abu-Bader, 2010).

The reliability analysis in this study revealed an overall Cronbach's alpha of .87 for the MCI full scale. The reliability coefficients for the Multicultural Counseling Skills,

the Multicultural Awareness, the Multicultural Counseling Relationship, and the Multicultural Counseling Knowledge subscales were .77, .78, .60, and .79, respectively. Regarding the MSS, the overall Cronbach's alpha was .82 based on the participants' responses in this study. The reliability coefficients for the Supervisory Skills, the Supervisors' Attitudes and Beliefs, and the Stereotypes Toward Diverse Populations subscales were .77, .73, and .43, respectively.

There were 201 participants and seven variables in this analysis. Therefore, the sample size/variable ratio was 28.71, which means that there was a ratio of 28.71 cases per variable. Although the reliability coefficients of the MCI subscales and the MSS subscales fell below .80, the large sample size/variable ratio in this study should overcome issues with the reliability analysis according to Abu-Bader (2010).

4. Normality

Univariate normality was tested by examining the skewness and kurtosis of each independent and dependent variable (see Table 9). Of the MCI and the MSS subscales, the participants' scores on the MSS Supervisors' Attitudes and Beliefs subscale appeared to be slightly negatively skewed, as the skewness of this variable was -1.017, which exceeded the criterion (±1.0) that is widely used to evaluate univariate normality (Meyers, Gamst, & Guarino, 2006). However, eyeballing the shape of the distribution of this variable suggested that the distribution was not extremely skewed. Tabachnick and Fidell (2001) indicated that a large sample size may reduce issues relating to skewness, because "in a large sample, a variable with statistically significant skewness often does not deviate enough from normality to make a substantive difference in the analysis" (p. 74).

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In addition, univariate normality is not necessarily required for conducting canonical correlation analysis (Abu-Bader, 2010). Considering the sample size of this study ($N = 201$) and the importance to maintain integrity of the research data, the MSS Supervisors' Attitudes and Beliefs variable was not transformed for data analysis.

Table 9
Descriptive Statistics of Independent and Dependent Variables of the First CCA

Measure	Skewness	Kurtosis	Range	*M*	*SD*
MCI MCS Subscale	-.83	.08	15.00	40.20	3.30
MCI MA Subscale	-.61	.72	26.00	32.14	4.61
MCI MCR Subscale	-.30	-.48	13.00	26.54	3.09
MCI MCK Subscale	-.75	.78	21.00	37.28	4.10
MSS SS Subscale	-.63	-.12	17.00	29.79	3.80
MSS SAB Subscale	-1.02	.62	13.00	26.68	3.00
MSS STDP Subscale	-.35	.24	18.00	33.42	3.20

5. Linearity

Pearson product-moment correlation was conducted to examine the linear relationship between any two variables in this analysis. Pearson's correlation coefficients revealed significant correlations between all pairs of independent variables, all pairs of dependent variables, and all pairs of independent and dependent variables (see Table 10). In addition, scatterplot matrix based on all variables further supported the linear relationships between all pairs of independent and dependent variables in this analysis.

Table 10
Summary of Correlations for Sum Scores on the MCI and the MSS Subscales

Measure	*1*	*2*	*3*	*4*	*5*	*6*	*7*
1. MCI MCS	—						
2. MCI MA	.41[*]	—					
3. MCI MCR	.39[*]	.26[*]	—				
4. MCI MCK	.49[*]	.50[*]	.17[*]	—			
5. MSS SS	.36[*]	.42[*]	.18[*]	.47[*]	—		
6. MSS SAB	.41[*]	.40[*]	.20[*]	.49[*]	.77[*]	—	

Measure	1	2	3	4	5	6	7
7. MSS STDP	.25[*]	.15[*]	.27[*]	.18[*]	.35[*]	.38[*]	—

Note. [*]$p < .05$.

6. Homoscedasticity

Hair et al. (1998) defined homoscedasticity as "the assumption that dependent variable(s) exhibit equal levels of variance across the range of predictor variable(s)" (p. 73). Homoscedasticity was inspected by examining the residual plot in this study (Abu-Bader, 2010; Mertler & Vannatta, 2010). Figures 1, 2, and 3 showed that values in the three scatterplots appeared to spread out, indicating that there was no particular pattern observed in the regression standardized residuals. Therefore, the assumption of homoscedasticity for conducting the first canonical correlation analysis was satisfied.
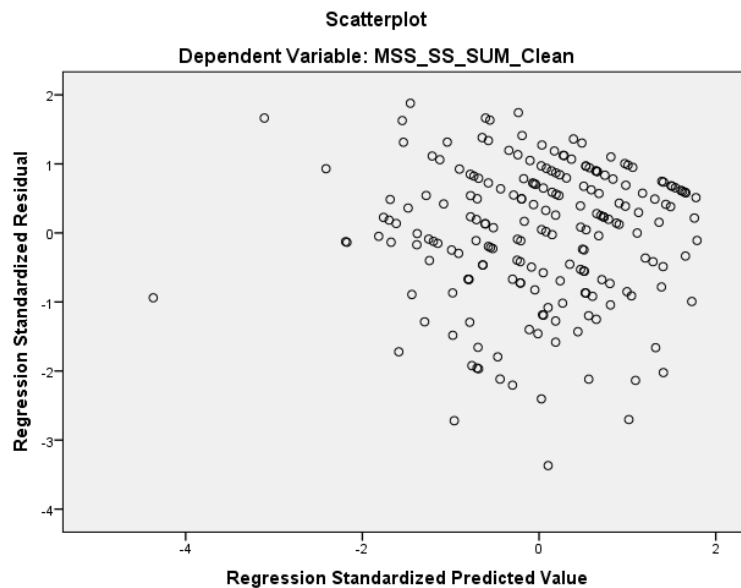
Figure 1. Scatterplot for the Residuals and Predicted Values for the MSS SS Subscale of the First CCA

Scatterplot

Dependent Variable: MSS_SAB_SUM_Clean
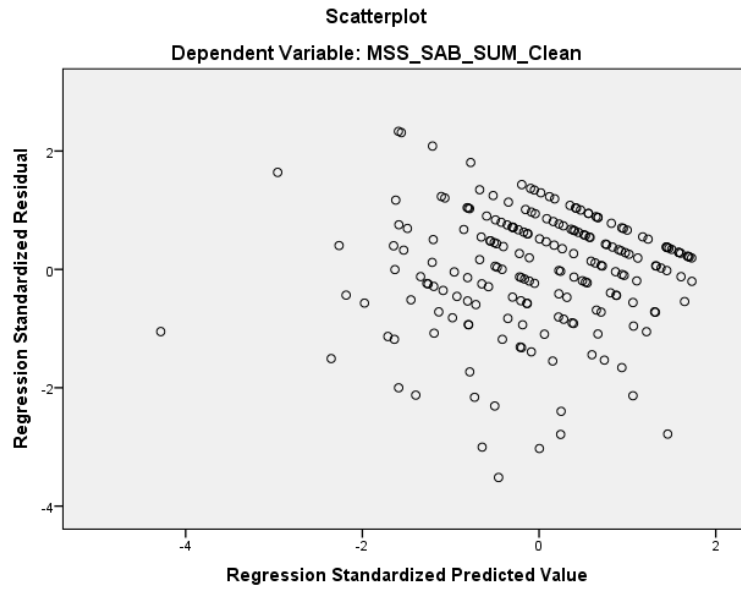
Figure 2. Scatterplot for the Residuals and Predicted Values for the MSS SAB Subscale
of the First CCA

Scatterplot

Dependent Variable: MSS_STDP_SUM_Clean
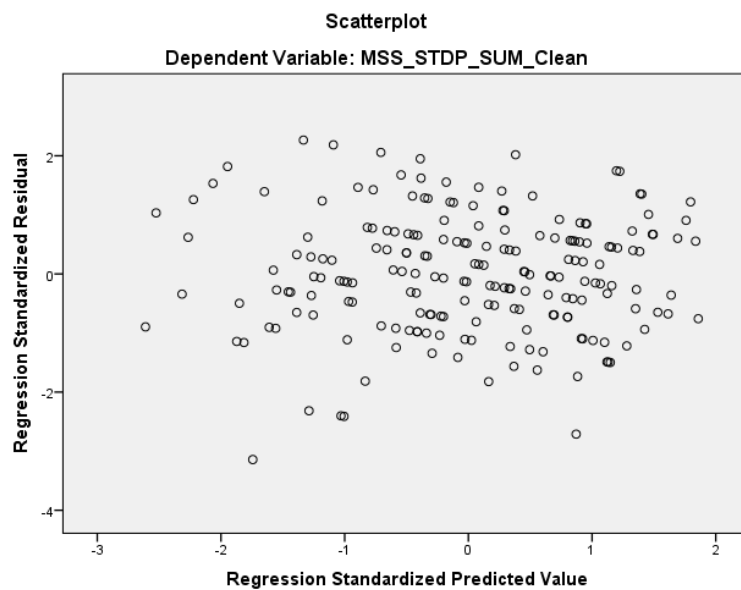
Figure 3. Scatterplot for the Residuals and Predicted Values for the MSS STDP Subscale
of the First CCA

7. Multicollinearity

Multicollinearity refers to issues pertaining to strong correlations among

independent variables in an analysis (Mertler & Vannatta, 2010; Stevens, 2009).

According to Stevens (2009), multicollinearity can raise problems in multiple regression analysis, because (a) "it severely limits the size of R, because the predictors are going after much of the same variable on y", (b) it "makes determining the importance of a given predictor difficult because the effects of the predictors are confounded due to the correlations among them", and (c) it "increases the variances of the regression coefficients". (p. 74). Table 10 shows that the correlations of all pairs of independent variables and all pairs of dependent variables ranged from .17 to .50 and from .35 to .77 respectively. None of these values exceeded .80, indicating that the multicollinearity assumption was satisfied for conducting the first canonical correlation analysis (Abu-Bader, 2010).

Second canonical correlation analysis assumptions.

Previous research suggested that supervisors' demographic backgrounds, multicultural training and education, and supervisory alliance with supervisees may be associated with their multicultural competencies (e.g., Cook & Helms, 1988; Dressel et al., 2007; Holcomb-McCoy & Myers, 1999; Pope-Davis et al., 1995; Priest, 1994). To examine the contribution of these variables to the participants' multicultural counseling competencies in this study, the second canonical correlation analysis was conducted. In this analysis, the participants' individual gender identity, race/ethnicity, geographical location, highest degree obtained, accreditation status of graduate training program, supervision practice setting, years of supervision experience, number of multicultural counseling course taken in graduate program, number of postgraduate multicultural counseling training, number of multicultural supervision course taken in graduate

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program, number of postgraduate multicultural supervision training, and self-perceived

supervisory alliance with supervisees were treated as the independent variables, whereas

the participants' self-reported multicultural counseling competencies as measured by the

four MCI subscales were treated as the dependent variables. The aforementioned

assumptions for conducting the first canonical correlation analysis also apply to this

analysis. Steps taken to test these assumptions are presented below.

    1. Levels of measurement of variables.

The four dependent variables (four MCI subscales) were continuous variables and

measured at the interval level. Six of the independent variables (the participants' years of

supervision experience, number of multicultural counseling course taken in graduate

program, number of postgraduate multicultural counseling training, number of

multicultural supervision course taken in graduate program, number of postgraduate

multicultural supervision training, and supervisory alliance) were measured at either the

interval or the ratio level. Six categorical independent variables (individual gender

identity, race/ethnicity, geographical location, highest degree obtained, accreditation

status of graduate training program, and supervision practice setting) were coded into 20

dummy variables for data analysis purpose (see Table 4).

    2. Normality

As shown in Table 11, preliminary assumptions testing did not support univariate

normality for five continuous independent variables including the participants' years of

supervision experience, number of multicultural counseling course taken in graduate

program, number of postgraduate multicultural counseling training, number of

multicultural supervision course taken in graduate program, and number of postgraduate

multicultural supervision training, because the skewness and/or kurtosis values of these

five variables exceeded the criterion (± 1) of univariate normality (Meyers et al., 2006).

Data pertaining to these five variables were not transformed for data analysis, as

univariate normality is not a strict requirement for conducting canonical correlation

analysis.

Table 11

Descriptive Statistics of Independent and Dependent Variables of the Second CCA

Measure	Skewness	Kurtosis	Range	*M*	*SD*
Years of supervision experience	1.61	3.03	50	9.69	9.32
Graduate multicultural counseling training	2.64	16.01	12	2.09	1.33
Postgraduate multicultural counseling training	5.23	43.69	99	6.74	9.77
Graduate multicultural supervision training	1.36	1.94	4	.63	.80
Postgraduate multicultural supervision training	9.74	113.94	99	3.01	8.01
Supervisory alliance	.53	.30	3	1.61	.59
MCI MCS Subscale	-.83	.08	15.00	40.20	3.30
MCI MA Subscale	-.61	.72	26.00	32.14	4.61
MCI MCR Subscale	-.30	-.48	13.00	26.54	3.09
MCI MCK Subscale	-.75	.78	21.00	37.28	4.10

3. Linearity

The correlations between all pairs of dependent variables in this analysis appeared

to be statistically significant (see Table 12). However, statistically significant correlations

were not observed in all pairs of continuous independent variables or all pairs of

independent and dependent variables. As shown in Table 12, the participants' years of

supervision experience had significant correlations with three independent variables, yet

it was not correlated with any dependent variable in this analysis. The participants'

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number of multicultural counseling course taken in graduate program had significant

correlations with two independent variables and one dependent variable respectively. The

participants' number of postgraduate multicultural counseling training had significant

correlations with four independent variables and one dependent variable respectively.

The participants' number of multicultural supervision course taken in graduate program

had significant correlations with two independent variables, but it was not correlated with

any dependent variable. The participants' number of postgraduate multicultural

supervision training had statistically significant correlations with four independent

variables and one dependent variable respectively. The participants' supervisory alliance

with supervisees was significantly correlated with three independent variables and four

dependent variables respectively. The correlations among all the independent and

dependent variables, along with the scatterplot matrix generally supported a linear

relationship between all pairs of the continuous independent variables, all pairs of

dependent variables, and all pairs of independent and dependent variables with minor

deviations from the fit line at total. Accordingly, all of the aforementioned independent

and dependent variables were included in the second canonical correlation analysis.

Table 12
*Summary of Correlations for Participants' Demographic Characteristics and Their Sum
Scores on the MCI Subscales*

Measure	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
1. Years of supervision experience	—									
2. MC graduate training	.02	—								

Measure	1	2	3	4	5	6	7	8	9	10
3. MC postgraduate training	.28*	.20*	—							
4. MS graduate training	-.10	.32*	.09	—						
5. MS postgraduate training	.18*	.15	.84*	.23*	—					
6. Supervisory alliance	-.23*	.02	-.24*	-.13	-.16*	—				
7. MCI MCS Subscale	.04	-.04	.03	-.04	-.04	-.32*	—			
8. MCI MA Subscale	.02	.23*	.23*	.07	.19*	-.22*	.41*	—		
9. MCI MCR Subscale	-.10	.04	.08	-.01	.03	-.22*	.39*	.26*	—	
10. MCI MCK Subscale	.10	.02	.11	-.02	.07	-.27*	.49*	.50*	.17*	—

Note. *$p < .05$.

4. Homoscedasticity

Like the first canonical correlation analysis, homoscedasticity was inspected by examining the residual plot in the second canonical correlation analysis (Abu-Bader, 2010; Mertler & Vannatta, 2010). Figures 4, 5, 6, and 7 suggested that the assumption of homoscedasticity was fulfilled for this analysis, because no particular pattern was observed in the residual plots.
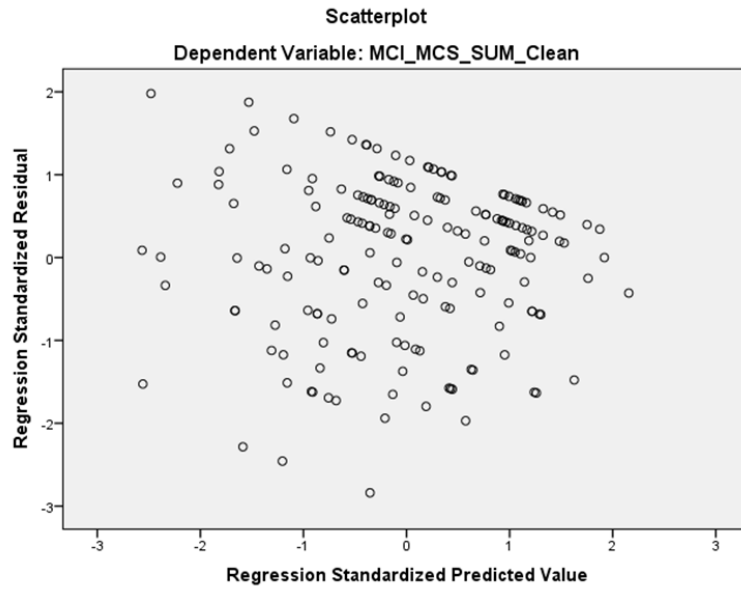
Figure 4. Scatterplot for the Residuals and Predicted Values for the MCI MCS Subscale
of the Second CCA
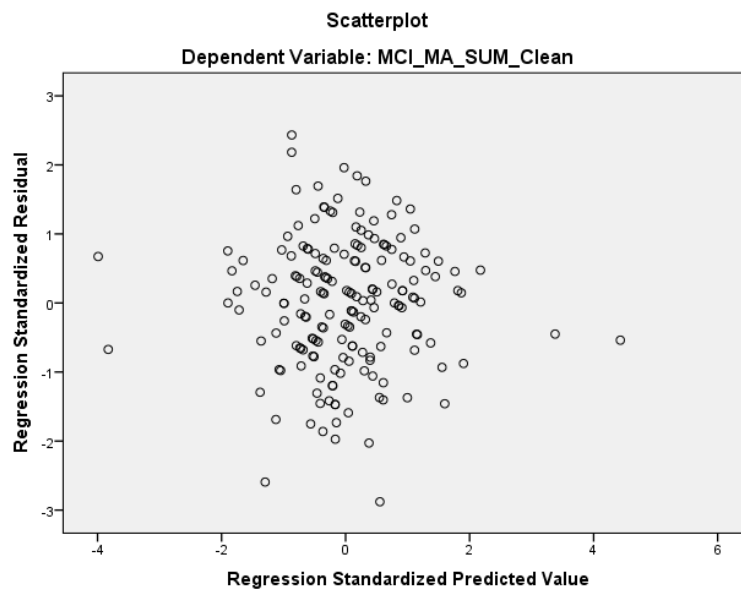
Figure 5. Scatterplot for the Residuals and Predicted Values for the MCI MA Subscale
of the Second CCA
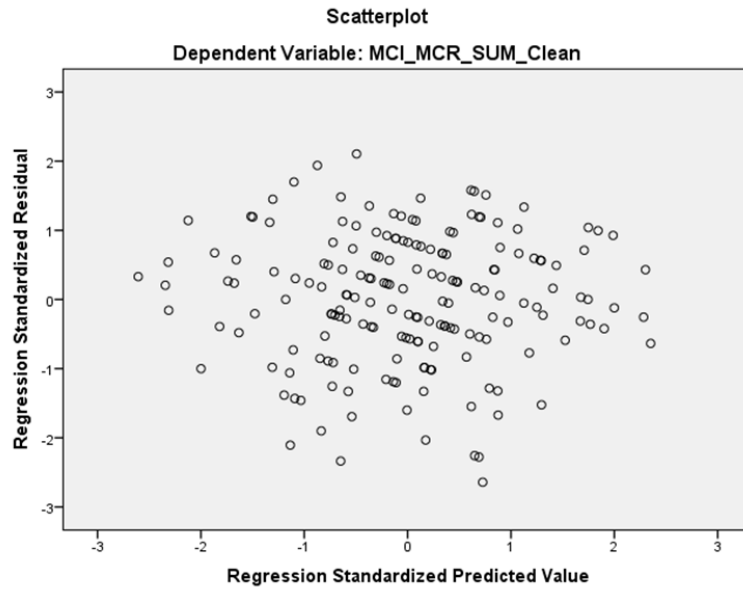
Figure 6. Scatterplot for the Residuals and Predicted Values for the MCI MCR Subscale
   of the Second CCA
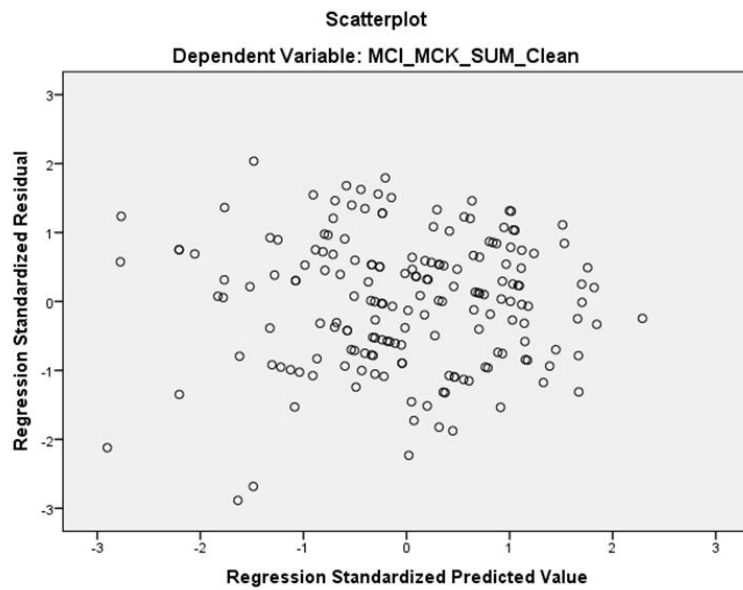
Figure 7. Scatterplot for the Residuals and Predicted Values for the MCI MCK Subscale
   of the Second CCA

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5. Multicollinearity

The assumption of multicollinearity was fulfilled by all pairs of independent variables and all pairs of dependent variables with one exception, which is the correlation between the participants' postgraduate multicultural counseling training and their postgraduate multicultural supervision training ($r > .80$). All of the independent and dependent variables were included in the second canonical correlation analysis to provide a comprehensive understanding of the contributing factors of the participants' self-reported multicultural counseling competencies.

Third canonical correlation analysis assumptions.

Similar to the second canonical correlation analysis, the third canonical correlation analysis was used to identify the contribution of the participants' demographic characteristics to their self-reported multicultural supervision competencies. This said, the participants' demographic characteristics including individual gender identity, race/ethnicity, geographical location, highest degree obtained, accreditation status of graduate training program, supervision practice setting, years of supervision experience, number of multicultural counseling course taken in graduate program, number of postgraduate multicultural counseling training, number of multicultural supervision course taken in graduate program, number of postgraduate multicultural supervision training, and supervisory alliance were, once again, the independent variables. The participants' self-reported multicultural supervision competencies as measured by the three MSS subscales were the dependent variables in this analysis.

1. Levels of measurement of variables

The three dependent variables were continuous variables and measured at the interval level. Of the independent variables, six variables (the participants' years of supervision experience, number of multicultural counseling course taken in graduate program, number of postgraduate multicultural counseling training, number of multicultural supervision course taken in graduate program, number of postgraduate multicultural supervision training, and supervisory alliance) were continuous variables and measured at either the interval or the ratio level. The remaining six categorical independent variables (individual gender identity, race/ethnicity, geographical location, highest degree obtained, accreditation status of graduate training program, and supervision practice setting) were coded into 20 dummy variables for data analysis (see Table 4).

2. Normality

Table 13 presents the skewness and kurtosis of each independent and dependent variable in this analysis. Of the nine continuous independent and dependent variables, supervisory alliance, the MSS Supervisory Skills subscale, and the MSS Stereotypes Toward Diverse Populations subscale appeared to be normally distributed, because the skewness and kurtosis values of these three variables fell within ±1 (Meyers et al., 2006). Six of the nine variables (the MSS Supervisors' Attitudes and Beliefs subscale, the participants' years of supervision experience, number of multicultural counseling course taken in graduate program, number of postgraduate multicultural counseling training, number of multicultural supervision course taken in graduate program, and number of

postgraduate multicultural supervision training) did not demonstrate univariate normality

given their skewness and/or kurtosis values (see Table 13). Again, these six variables

were not transformed for data analysis in order to keep the integrity of the data.

Table 13

Descriptive Statistics of Independent and Dependent Variables of the Third CCA

Measure	Skewness	Kurtosis	Range	*M*	*SD*
Years of supervision experience	1.61	3.03	50	9.69	9.32
Graduate multicultural counseling training	2.64	16.01	12	2.09	1.33
Postgraduate multicultural counseling training	5.23	43.69	99	6.74	9.77
Graduate multicultural supervision training	1.36	1.94	4	.63	.80
Postgraduate multicultural supervision training	9.74	113.94	99	3.01	8.01
Supervisory alliance	.53	.30	3	1.61	.59
MSS SS Subscale	-.63	-.12	17.00	29.79	3.80
MSS SAB Subscale	-1.02	.62	13.00	26.68	3.00
MSS STDP Subscale	-.35	.24	18.00	33.42	3.20

3. Linearity

Similar to the second canonical correlation assumptions testing, the correlations

between all pairs of dependent variables in this analysis appeared to be statistically

significant (see Table 14). Of the 15 pairs of continuous independent variables, nine pairs

were statistically significantly correlated. The participants' years of supervision

experience, number of multicultural counseling course taken in graduate program,

number of postgraduate multicultural counseling training, number of multicultural

supervision course taken in graduate program, number of postgraduate multicultural

supervision training, and supervisory alliance with supervisees were statistically

significantly correlated with one, zero, zero, zero, zero, and three dependent variables in

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this analysis, respectively. The correlations among all the continuous variables and the

scatterplot matrix generally supported a linear relationship between all pairs of the

continuous independent variables, all pairs of dependent variables, and all pairs of the

continuous independent and dependent variables with minor deviations from the fit line

in this analysis. Therefore, all of the continuous independent and dependent variables

were included in the third canonical correlation analysis.

Table 14
*Summary of Correlations for Participants' Demographic Characteristics and Their Sum
Scores on the MSS Subscales*

Measure	1	2	3	4	5	6	7	8	9
1. Years of supervision experience	—								
2. MC graduate training	.02	—							
3. MC postgraduate training	.28[*]	.20[*]	—						
4. MS graduate training	-.10	.32[*]	.09	—					
5. MS postgraduate training	.18[*]	.15	.84[*]	.23[*]	—				
6. Supervisory alliance	-.23[*]	.02	-.24[*]	-.13	-.16[*]	—			
7. MSS SS Subscale	.16[*]	.12	.10	.09	.11	-.38[*]	—		
8. MSS SAB Subscale	.11	.09	.11	.07	.07	-.38[*]	.77[*]	—	
9. MSS STDP Subscale	-.04	.01	.13	-.08	.07	-.20[*]	.35[*]	.38[*]	—

Note. [*]$p < .05$.

4. Homoscedasticity

The assumption of homoscedasticity for this analysis was satisfied by observing the residual plot (Abu-Bader, 2010; Mertler & Vannatta, 2010). Figures 8, 9, and 10 showed that the assumption of homoscedasticity for the third canonical correlation analysis was satisfied.
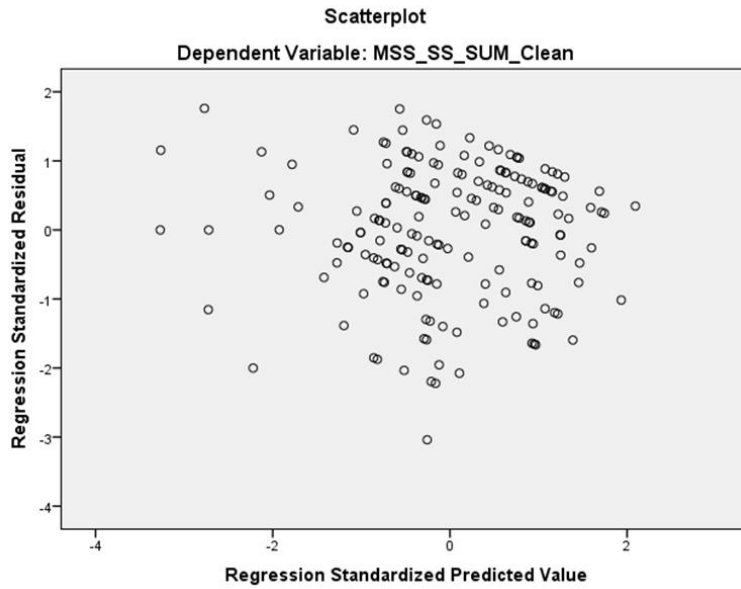
Figure 8. Scatterplot for the Residuals and Predicted Values for the MSS SS Subscale of the Third CCA
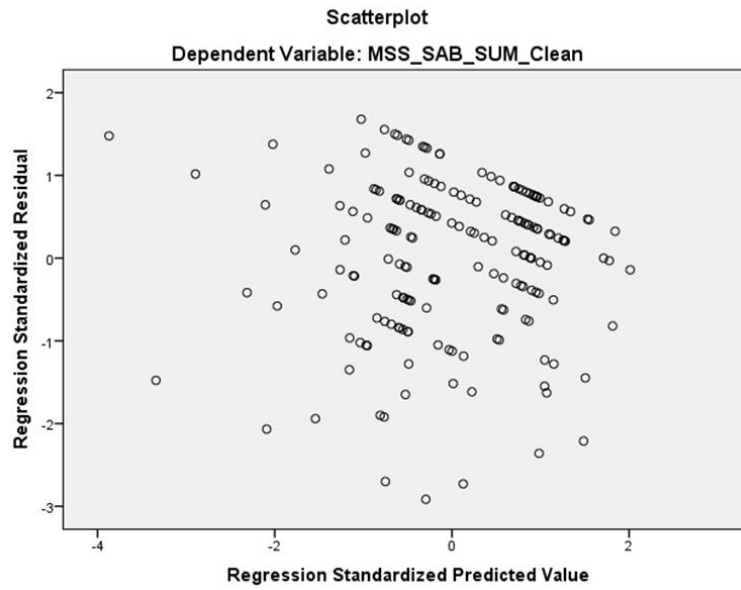
Figure 9. Scatterplot for the Residuals and Predicted Values for the MSS SAB Subscale
of the Third CCA
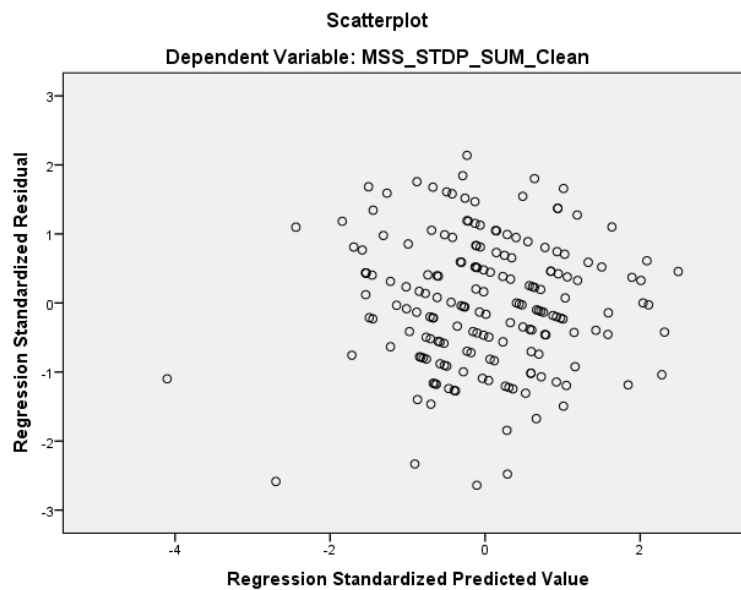
Figure 10. Scatterplot for the Residuals and Predicted Values for the MSS STDP
Subscale of the Third CCA

5. Multicollinearity

Concerning the assumption of multicollinearity, the correlations between all pairs of the continuous independent variables and all pairs of dependent variables fell below .80, except between the participants' postgraduate multicultural counseling training and their postgraduate multicultural supervision training ($r > .80$). The third canonical correlation analysis was conducted based on the aforementioned 26 independent (including dummy variables) and three dependent variables in order to thoroughly identify the participants' demographic characteristics that can statistically significantly contribute to their self-reported multicultural supervision competencies.

Simultaneous multiple regression analysis assumptions.

One simultaneous multiple regression analysis was conducted to determine whether the participants' overall multicultural counseling competency and multicultural supervision competency are associated with their general social desirability. This said, the participants' multicultural counseling competency as measured by the MCI full scale and multicultural supervision competency as measured by the MSS full scale were treated as two independent variables in this analysis. The participants' general social desirability as measured by the MCSDS full scale was treated as the dependent variable. Preliminary test showed that all of the simultaneous multiple regression analysis assumptions were satisfied. Steps taken to check these assumptions are presented below.

1. Statistically significant outliers

Statistically significant outliers were tested using the Mahalanobis Distance in this analysis (Mertler & Vannatta, 2010). Three variables including two independent variables

(the MCI full scale sum score and the MSS full scale sum score) and one dependent

variable (the MCSDS full scale sum score) were examined. Therefore, the degree of

freedom for this analysis was 3. The critical value with 3 degrees of freedom at the .001

level is 16.266 (Mertler & Vannatta, 2010). Using the critical value of 16.266 as a cutoff

value, one case was identified as an outlier, as it demonstrated a value (16.71) that

exceeded the cutoff critical value. Accordingly, this one case was excluded from the

simultaneous multiple regression analysis.

2. Multicollinearity

Multicollinearity was tested by examining the VIF (variance inflation factor) and

tolerance values for both the MCI full scale sum score and the MSS full scale sum scale

score respectively in this analysis. The results indicated that all of the VIF values were

smaller than 10 and all of the tolerance values were greater than .10 concerning these two

independent variables, meaning that the multicollinearity assumption was fulfilled for

conducting the simultaneous multiple regression analysis (Mertler & Vannatta, 2010).

3. Normality

Normality was tested by examining the skewness and kurtosis of the independent

and the dependent variables for this analysis. The skewness values of the participants'

MCI full scale sum score, MSS full scale sum score, and MCSDS full scale sum score

were -.25, -.60, and -.03, respectively. The kurtosis values of the participants' MCI full

scale sum score, MSS full scale sum score, and MCSDS full scale sum score were -

.34, .07, and -.57, respectively. The skewness and kurtosis values of each scale fell

between -1.0 and +1.0, indicating that the assumption of normality was fulfilled (Meyers et al., 2006).

4. Linearity

Linearity was tested using scatterplot for the simultaneous multiple regression analysis (Mertler & Vannatta, 2010). Figure 11 shows the scatterplot based on all three variables in this analysis including two independent variables (the MCI full scale sum score and the MSS full scale sum score) and one dependent variable (the MCSDS full scale sum score). As shown in Figure 11, values in the scatterplot displayed elliptical shapes, which supported the assumption that the independent variables share a linear relationship with the dependent variable (Mertler & Vannatta, 2010).
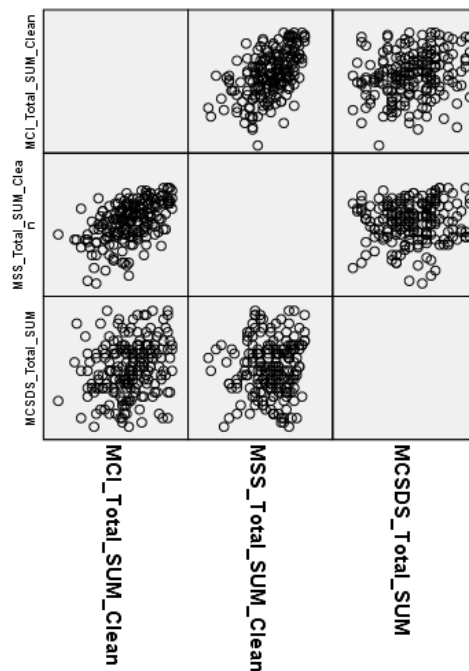
Figure 11. Scatterplot Matrix for Independent and Dependent Variables of the Simultaneous Multiple Regression Analysis

5. Homoscedasticity

Homoscedasticity was examined using residual plot for the simultaneous multiple regression analysis (Mertler & Vannatta, 2010). Figure 12 shows the residual plot based on the dependent variable (the MCSDS full scale sum score) and the independent variables (the MCI full scale sum score and the MSS full scale sum score). Values in the scatterplot in Figure 12 appeared to spread out, indicating that there was no clear pattern observed in residuals. Therefore, the homoscedasticity assumption for conducting the simultaneous multiple regression analysis was satisfied.
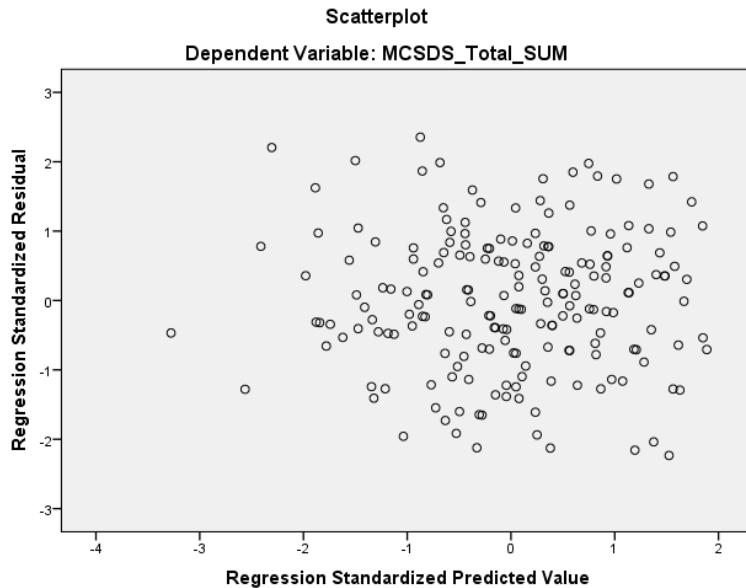
Figure 12. Scatterplot for the Residuals and Predicted Values for the MCSDS Full Scale Chi-square analysis assumptions.

Following the aforementioned simultaneous multiple regression analysis, two chi-square analyses were conducted to further examine the relationships between the participants' general social desirability and their multicultural counseling competency, as well as between their general social desirability and multicultural supervision

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competency on an individual item basis. The statistical assumption concerning the independence of the observations was met for this analysis. In other words, each participant's response to each MCI, MSS, and MCSDS item can be categorized into only one group (*very inaccurate*, *somewhat inaccurate*, *somewhat accurate*, and *very accurate* for the MCI; *strongly disagree*, *disagree*, *neutral, agree*, and *strongly agree*, or *never*, *rarely*, *sometimes*, *often*, and *always* for the MSS; and *true* or *false* for the MCSDS). Given this notion, each participant's response to each individual item of the selected measures is independent. However, the assumption regarding the minimum size of expected frequencies of cells for conducting chi-square analysis was violated in this study. Of the 1320 pairs of items generated by the 40 MCI items and the 33 MCSDS items for the first chi-square analysis between the MCSDS and the MCI, 1295 pairs of items violated this assumption and contained one or more cells with expected count that was smaller than 5. In the second chi-square analysis between the MCSDS and the MSS, all of the 693 pairs of items generated based on the 21 MSS items and the 33 MCSDS items violated this assumption by encompassing at least one cell with expected count that was smaller than 5. Although one statistical assumption for conducting chi-square analysis was not fulfilled, the two chi-square analyses were conducted, because the results of the two chi-square analyses can provide an in-depth perspective regarding the effect of the participants' general social desirability in this study. However, such results should be interpreted and used with caution given the violation of the statistical assumption.

Inferential Statistics

Inferential statistics in this study included three canonical correlation analyses, one simultaneous multiple regression analysis, and two chi-square analyses. The first canonical correlation analysis was conducted to investigate the contribution of the participants' multicultural counseling competencies to their multicultural supervision competencies. The second canonical correlation analysis was used to identify the contributing factors of the participants' multicultural counseling competencies. The third canonical correlation analysis was conducted to determine the contributing factors of the participants' multicultural supervision competencies. The simultaneous multiple regression analysis followed by the two chi-square analyses were employed to estimate the effect of the participants' general social desirability. Results of these analyses are presented in below.

First Canonical Correlation Analysis Results

Based on the sample of 201 counseling supervisors in this study, a canonical correlation analysis was first conducted to investigate the contribution of the participants' multicultural counseling competencies as measured by the MCI to their multicultural supervision competencies as measured by the MSS. The MCI contains four subscales: Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge. The MSS consists of three subscales: Supervisory Skills, Supervisors' Attitudes and Beliefs, and Stereotypes Toward Diverse Populations. Abu-Bader (2010) suggested researchers to report canonical

correlation analysis results in both table and path diagram format. Table 15 and Figure 13 demonstrate the first canonical correlation analysis results in this study.

The first canonical correlation analysis yielded three functions with squared canonical correlations of .3249, .0555, and .0073 for each successive function. The results of the overall Wilks' lambda multivariate tests of significance revealed a statistically significant relationship between the multicultural counseling competency variate as measured by the MCI and the multicultural supervision competency variate as measured by the MSS [Wilks' Λ = .63, $F(12, 513.57) = 8.07$, $p < .001$], meaning that the full model across all functions was statistically significant. For the set of three canonical functions, the r^2 type effect size was $1 -$ Wilks' Λ (.63) = .37, suggesting that the full model explained approximately 37% of the variance shared between the two variable sets.

The results of the Wilks' lambda dimension reduction analysis showed that the full model (Functions 1 to 3) was statistically significant [Wilks' Λ = .63, $F(12, 513.57)$ = 8.07, $p < .001$]. Functions 2 to 3 was also statistically significant [Wilks' Λ = .94, $F(6, 390) = 2.13$, $p = .050$]. However, the third canonical variates pair (Functions 3 to 3) was not statistically significant [Wilks' Λ = .99, $F(2, 196) = .72$, $p = .489$]. The three functions/variates in this study explained 32.49%, 5.55%, and .73% of the variance within their functions/variates, respectively. Important to note, although the second canonical variates pair was statistically significant, the Wilks' lambda was a cumulative effect from Functions 2 to 3. In addition, this canonical variates pair only explained 5.55% of the variance in its functions. According to Sherry and Henson (2005), functions/variates that explain 10% or less of the variance in their functions/variates are

usually too weak to be interpreted in canonical correlation analysis. Therefore, although the results based on Functions 2 to 3 were presented below, they were not further interpreted.

The overall correlation coefficient between multicultural counseling competencies as measured by the MCI and multicultural supervision competencies as measured by the MSS was .57 ($R = .57$). The multicultural counseling competency canonical variate accounted for 32.49% of the variance in the multicultural supervision competency canonical variate ($R^2 = .3249$). The correlation coefficient between the second canonical variates was .24. The two variates shared less than 6% of the variance.

With a cutoff correlation of .30, the multicultural supervision competency canonical variate had a high loading/correlation coefficient on/with Supervisory Skills ($R = .92$), Supervisors' Attitudes and Beliefs ($R = .96$), and Stereotypes Toward Diverse Populations ($R = .42$). In addition, the multicultural counseling competency canonical variate had a high loading on Multicultural Counseling Skills ($R = .73$), Multicultural Awareness ($R = .76$), Multicultural Counseling Relationship ($R = .37$), and Multicultural Counseling Knowledge ($R = .89$). The results indicated that possessing superior multicultural counseling skills, with higher levels of multicultural awareness, stronger multicultural counseling relationship, and more multicultural counseling knowledge were associated with superior supervisory skills, more culturally sensitive and responsive supervisory attitudes and beliefs, and fewer stereotypes toward diverse populations among the participants. Important to note, the negatively keyed items on the Stereotype Toward Diverse Populations subscale were reversed prior to computing the MSS full

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scale and subscale sum scores. As a result, higher scores on this subscale indicate fewer stereotypes toward diverse populations, which is associated with higher levels of multicultural supervision competencies.

The results of this canonical correlation revealed that the first dependent canonical variate accounted for 64.72% of the variance in the dependent variables, which were Supervisory Skills, Supervisors' Attitudes and Beliefs, and Stereotypes Toward Diverse Populations. Additionally, the first dependent canonical variate accounted for 21.03% of the variance in the four independent variables: Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge. The second dependent canonical variate accounted for 26.67% of the variance in the dependent variables. However, the second dependent canonical variate only accounted for 1.48% of the variance in the independent variables. In all, the two dependent canonical variates accounted for 91.40% of the variance in the three dependent variables and 22.51% of the variance in the four independent variables.

In addition, the results of the canonical correlation analysis showed that the first independent canonical variate accounted for 51.11% of the variance in the independent variables, which were Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge. Additionally, the first independent canonical variate accounted for 16.60% of the variance in the three dependent variables: Supervisory Skills, Supervisors' Attitudes and Beliefs, and Stereotypes Toward Diverse Populations. The second independent canonical variate accounted for 22.83% of the variance in the independent variables. However, the

second independent canonical variate only accounted for 1.27% of the variance in the

dependent variables. The two independent canonical variates, when taken together,

accounted for 73.94% of the variance in the independent variables and 17.87% of the

variance in the dependent variables.

Although the results of the first canonical correlation analysis showed that the

linear combination of the three multicultural supervision competency variables was a

function of the four multicultural counseling competency variables, the results of the

regression analysis indicated that Supervisory Skills, Supervisors' Attitudes and Beliefs,

and Stereotypes Toward Diverse Populations concerning multicultural supervision

competencies were not statistically significantly associated with the same set of

independent variables (MCI subscales) (see Table 16). Specifically, the results of the

univariate regression analysis showed that Multicultural Awareness ($\beta = .22$, $t = 3.05$, p

$< .05$) and Multicultural Counseling Knowledge ($\beta = .29$, $t = 3.83$, $p < .001$) were

statistically significantly related to the participants' Supervisory Skills, indicating that

higher levels of multicultural awareness and more multicultural counseling knowledge

were associated with higher levels of multicultural supervisory skills among the

participants in this study. Multicultural Counseling Skills ($\beta = .18$, $t = 2.41$, $p < .05$),

Multicultural Awareness ($\beta = .16$, $t = 2.22$, $p < .05$), and Multicultural Counseling

Knowledge ($\beta = .31$, $t = 4.22$, $p < .001$) appeared to be statistically significantly related to

Supervisors' Attitudes and Beliefs, suggesting that greater multicultural counseling skills,

higher levels of multicultural awareness, along with more multicultural counseling

knowledge were associated with more culturally sensitive supervisory attitudes and

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beliefs among the participants in this study. Unlike the Supervisory Skills and

Supervisors' Attitudes and Beliefs, there was only one independent variable, which was

Multicultural Counseling Relationship ($\beta = .21$, $t = 2.83$, $p < .05$), that was statistically

significantly related to Stereotypes Toward Diverse Populations. This said, stronger

multicultural counseling relationship was associated with fewer stereotypes toward

diverse populations among the participants. Again, higher scores on the Stereotype

Toward Diverse Populations subscale suggest fewer stereotypes toward diverse

populations. Given the results of the first canonical correlation analysis, the first null

hypothesis in this study was rejected. In other words, counseling supervisors who report

higher levels of multicultural counseling competencies as measured by the MCI also

report higher levels of multicultural supervision competencies as measured by the MSS.

Table 15
Canonical Correlation Analysis Results Between MCCs and MSCs

Set	Canonical Variates Pair[a]	Canonical Variates Pair[b]
	Pair 1[a]	Pair 2[b]
Multicultural Supervision Competencies		
Supervisory Skills	.92	—
Supervisors' Attitudes and Beliefs	.96	—
Stereotypes Toward Diverse Populations	.42	.88
Variance	64.72	26.67
Redundancy	21.03	1.48
Multicultural Counseling Competencies		
Multicultural Counseling Skills	.73	.35
Multicultural Awareness	.76	—
Multicultural Counseling Relationship	.37	.85

Set	Canonical Variates Pair[a]	Canonical Variates Pair[b]
	Pair 1[a]	Pair 2[b]
Multicultural Counseling Knowledge	.89	—
Variance	51.11	22.83
Redundancy	16.60	1.27
Coefficients		
R	.57	.24
Variance (R^2)	.32	.06

Note. [a]Wilks' $\Lambda = .63$, $F(12, 513.57) = 8.07$, $p < .001$
    [b]Wilks' $\Lambda = .94$, $F(6, 390) = 2.13$, $p = .050$
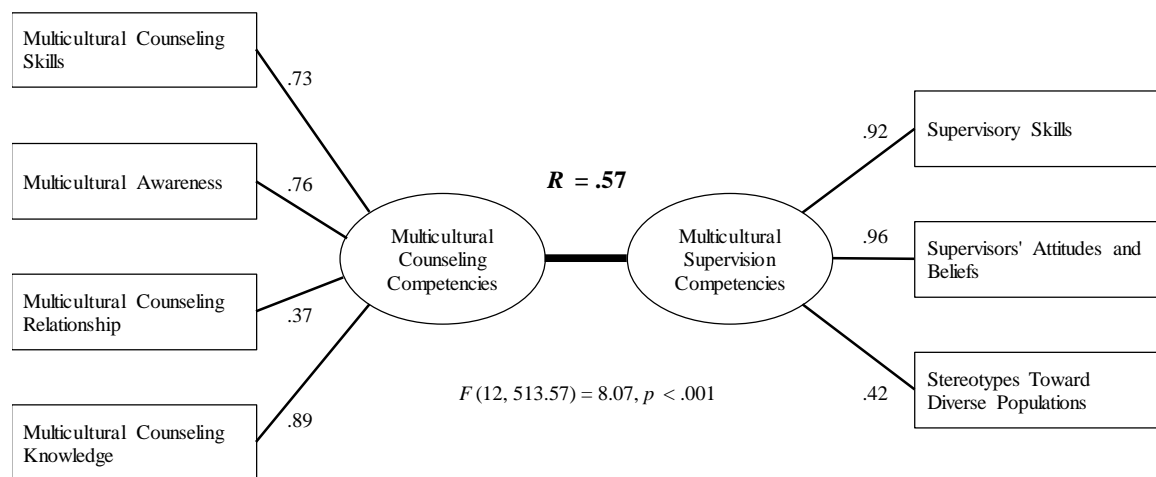
Figure 13. First Canonical Correlation Path Diagram

Table 16
Regression Analysis for the MCI and the MSS Subscales

Dependent Variable	Independent Variable	β	t	p
MSS SS	MCI MA	.22	3.05	< .05
	MCI MCK	.29	3.83	< .001
MSS SAB	MCI MCS	.18	2.41	< .05
	MCI MA	.16	2.22	< .05
	MCI MCK	.31	4.22	< .001
MSS STDP	MCI MCR	.21	2.83	< .05

Second Canonical Correlation Analysis Results

    The second canonical correlation analysis in this study was conducted to

determine which of the variables relating to the participants' demographic characteristics

can statistically significantly contribute to their self-reported multicultural counseling competencies. The independent variables in this analysis were the participants' individual gender identity, race/ethnicity, geographical location, highest degree obtained, accreditation status of graduate training program, supervision practice setting, years of supervision experience, number of multicultural counseling course taken in graduate program, number of postgraduate multicultural counseling training, number of multicultural supervision course taken in graduate program, number of postgraduate multicultural supervision training, and supervisory alliance with supervisees. Of these 12 independent variables, six were categorical variables and six were continuous variables. The categorical variables were coded into 20 dummy variables. Therefore, the second canonical correlation analysis encompassed 26 independent variables. The dependent variables were the participants' multicultural counseling competencies as measured by the four MCI subscales. Important to note, three independent dummy variables, which were other gender identity, other race/ethnicity, and other highest degree obtained, appeared to be linearly dependent on other variables in this analysis. The results of the second canonical correlation analysis reflected this issue. Results of the second canonical correlation analysis are presented in Table 17 and Figure 14.

The results of the overall Wilks' lambda multivariate tests of significance showed a statistically significant relationship between the participants' demographics variate and multicultural counseling competency variate [Wilks' $\Lambda = .46$, $F(92, 612.05) = 1.44$, $p < .01$]. The results of the Wilks' lambda dimension reduction analysis revealed that the full model (Functions 1 to 4) was statistically significant ($p < .01$), whereas the other

canonical variate pairs were not. The overall correlation between the participants'

demographic characteristics and their multicultural counseling competencies was .55.

The participants' demographics canonical variate accounted for 30% of the variance in

the multicultural counseling competency canonical variate ($R^2 = .30$).

Using a cutoff correlation of .30, the multicultural counseling competency

canonical variate had a high loading on Multicultural Counseling Skills ($R = .34$),

Multicultural Awareness ($R = .90$), and Multicultural Counseling Relationship ($R = .66$).

Additionally, the participants' demographics canonical variate had a high loading on

race/ethnicity Caucasian/European American group ($R = -.46$), other race/ethnicity group

($R = .46$), geographical location Midwest group ($R = -.36$), accreditation status of

graduate training program accredited group ($R = .36$), number of multicultural counseling

course taken in graduate program ($R = .41$), number of postgraduate multicultural

counseling training ($R = .38$), number of postgraduate multicultural supervision training

($R = .30$), and supervisory alliance ($R = -.39$). The results suggested that being a non-

Caucasian/European American counseling supervisor, graduated from accredited

graduate training programs, having more graduate multicultural counseling training,

postgraduate multicultural counseling training, and postgraduate multicultural

supervision training, and possessing a stronger supervisory alliance with supervisees

were statistically significantly associated with higher levels of multicultural counseling

skills, multicultural awareness, and multicultural counseling relationship among the

participants in this study. However, the results indicated that being a Caucasian/European

American counseling supervisor and residing in the Midwest region were associated with

lower levels of multicultural counseling skills, multicultural awareness, and multicultural counseling relationship among the research participants. Important to note, the supervisory alliance question in this study was constructed in a way in which the lowest score indicates the strongest alliance. As a result, lower supervisory alliance scores indicate stronger supervisory alliance.

The multicultural counseling competency canonical variate accounted for 35.54% of the variance in the dependent variables including Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge. On the other hand, this dependent canonical variate accounted for 10.66% of the variance in the independent variables. In addition, the demographics canonical variate accounted for 5.71% of the variance in the independent variables, whereas this independent canonical variate accounted for 1.71% of the variance in the dependent variables.

Although the results of the second canonical correlation analysis revealed a statistically significant correlation between the participants' demographics canonical variate and the multicultural counseling competency canonical variate, the results of the regression analysis showed that the demographic variables that were statistically significantly associated with the participants' Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge were not exactly the same. Specifically, there was only one independent variable, supervisory alliance, that was statistically significantly related to the participants' Multicultural Counseling Skills ($\beta = -.34$, $t = -4.30$, $p < .001$). Such

result indicated that stronger supervisory alliance with supervisees was associated with greater multicultural counseling skills among the participants. Six independent variables appeared to be statistically significantly related to the participants' Multicultural Awareness. These variables were race/ethnicity Caucasian/European American group (β = -.17, t = -2.21, p < .05); accreditation status of the participants' graduate training programs including accredited group (β = .64, t = 2.78, p < .01), not accredited group (β = .40, t = 2.19, p < .05), and not sure group (β = .35, t = 2.06, p < .05); number of multicultural counseling course taken in graduate program (β = .24, t = 2.97, p < .01); and supervisory alliance (β = -.20, t = -2.62, p < .05). The results suggested that having more multicultural counseling graduate training and stronger supervisory alliance with supervisees were associated with greater multicultural awareness among the participants, regardless of the accreditation status of their training programs (accredited, not accredited, and not sure whether accredited or not). However, being a Caucasian/European American counseling supervisor was associated with less multicultural awareness among the participants. Supervisory alliance was the only variable that was statistically significantly related to Multicultural Counseling Relationship among the participants (β = -.25, t = -3.16, p < .01), meaning that stronger supervisory alliance was associated with better multicultural counseling relationship. There were five independent variables that were statistically significantly related to the participants' Multicultural Counseling Knowledge. These variables were the participants' geographical location including the Northeast region (β = .39, t = 2.39, p < .05), the Midwest region (β = .46, t = 1.97, p = .05), the South region (β = .53, t = 2.30, p < .05), and the West region (β = .33, t = 2.14, p < .05);

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as well as supervisory alliance ($\beta = -.29$, $t = -3.61$, $p < .001$). Such results indicated that residing in any of the four geographical census regions and possessing a stronger supervisory alliance with supervisees were associated with more multicultural counseling knowledge. However, Multicultural Counseling Knowledge was not included in the overall canonical correlation path diagram due to its low loading ($< .30$) on the participants' multicultural counseling competency variate in this analysis. Considering the results of the second canonical correlation analysis, the second null hypothesis in this study was rejected. It was concluded that there are statistically significant relationships between the participants' demographic characteristics and their multicultural counseling competencies as measured by the MCI.

Table 17

Canonical Correlation Analysis Results Between Participants' Demographic Characteristics and MCCs

Set	Canonical Variates Pair[a]
	Pair 1[b]
Multicultural Counseling Competencies	
Multicultural Counseling Skills	.34
Multicultural Awareness	.90
Multicultural Counseling Relationship	.66
Multicultural Counseling Knowledge	—
Variance	35.54
Redundancy	10.66
Demographics	
Gender identity (Women)	—
Gender identity (Men)	—
Gender identity (Other gender identity)	—
Race/ethnicity (Caucasian/European American)	-.46
Race/ethnicity (Other race/ethnicity)	.46
Geographical location (Northeast region)	—
Geographical location (Midwest region)	-.36
Geographical location (South region)	—
Geographical location (West region)	—

Set	Canonical Variates Pair[a]
	Pair 1[b]
Highest degree (Master's degree)	—
Highest degree (Doctoral degree)	—
Highest degree (Other degree)	—
Accreditation (Yes)	.36
Accreditation (No)	—
Accreditation (Not sure)	—
Supervision practice setting (Community center)	—
Supervision practice setting (Hospital)	—
Supervision practice setting (Private practice)	—
Supervision practice setting (University)	—
Supervision practice setting (Other practice setting)	—
Years of supervision experience	—
Number of multicultural counseling course taken in graduate training program	.41
Number of postgraduate multicultural counseling training	.38
Number of multicultural supervision course taken in graduate training program	—
Number of postgraduate multicultural supervision training	.30
Supervisory alliance	-.39
Variance	5.71
Redundancy	1.71
Coefficients	
R	.55
Variance (R^2)	.30

Note. [a] Wilks' $\Lambda = .46$, $F(92, 612.05) = 1.44$, $p < .01$
[b] Wilks' $\Lambda = .46$, $F(92, 612.05) = 1.44$, $p < .01$
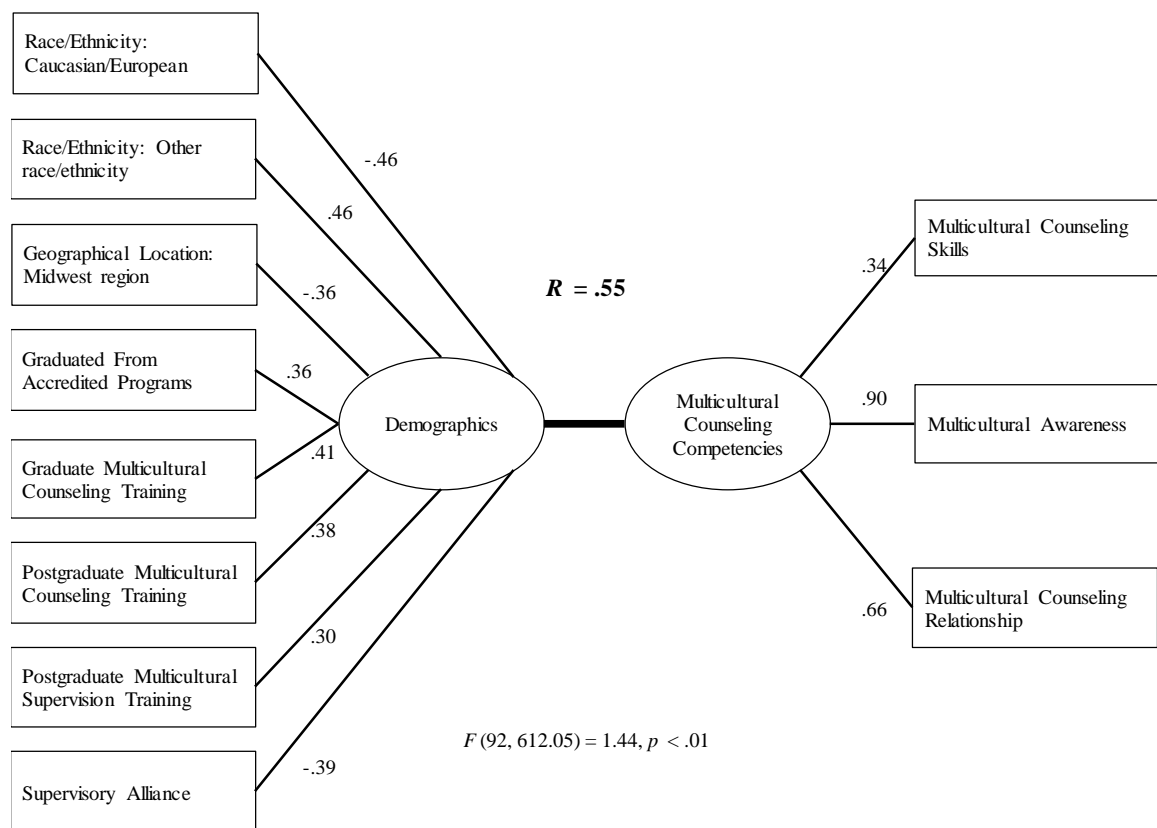
Figure 14. Second Canonical Correlation Path Diagram

Third Canonical Correlation Analysis Results

The third canonical correlation analysis was used to identify which of the participants' demographic characteristics can statistically significantly contribute to their self-reported multicultural supervision competencies. The same demographic variables that were used in the second canonical correlation analysis were, again, used in this analysis as the independent variables. The dependent variables were the participants' multicultural supervision competencies as measured by the three MSS subscales including Supervisory Skills, Supervisors' Attitudes and Beliefs, and Stereotypes Toward Diverse Populations. Like the second canonical correlation analysis, three independent dummy variables including other gender identity, other race/ethnicity, and other highest

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degree obtained were linearly dependent on other variables in this analysis. The results of the third canonical correlation analysis reflected this issue. Table 18 and Figure 15 present the third canonical correlation analysis results.

The overall Wilks' lambda multivariate tests of significance revealed a statistically significant relationship between the participants' demographics variate and multicultural supervision competency variate [Wilks' Λ = .57, F(69, 463.91) = 1.38, p < .05]. The Wilks' lambda dimension reduction analysis further showed that the full model (Functions 1 to 3) was statistically significant (p < .05). However, the other two canonical variate pairs were not significant. The overall correlation between the participants' demographic characteristics and their self-reported multicultural supervision competencies was .49. Approximately 24.37% of the variance in the multicultural supervision competency canonical variate was accounted for by the demographics canonical variate (R^2 = .2437).

With a cutoff correlation of .30, the multicultural supervision competency canonical variate had a high loading on Supervisory Skills (R = .99) and Supervisors' Attitudes and Beliefs (R = .77). The demographics canonical variate had a high loading on the participants' years of supervision experience (R = .36) and supervisory alliance (R = -.75). Such results indicated that having more years of supervision experience and a stronger supervisory alliance with supervisees were associated with greater supervisory skills and more culturally sensitive supervisory attitudes and beliefs among the participants. Again, lower scores of the supervisory alliance suggest stronger supervisory alliance. The multicultural supervision competency canonical variate accounted for 55.13%

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of the variance in the dependent variables, whereas it accounted for 13.43% of the variance in the independent variables. Additionally, the demographics canonical variate accounted for 4.29% of the variance in the independent variables, whereas it accounted for 1.04% of the variance in the dependent variables.

Although the third canonical correlation analysis showed a significant correlation between the demographics canonical variate and the multicultural supervision competency canonical variate, the results of the regression analysis suggested that the demographic variables that were statistically significantly associated with the participants' multicultural supervision competencies including Supervisory Skills, Supervisors' Attitudes and Beliefs, and Stereotypes Toward Diverse Populations were not exactly the same. Specifically, accreditation status of the participants' graduate training program accredited group ($\beta = .49$, $t = 2.08$, $p < .05$) and supervisory alliance ($\beta = -.36$, $t = -4.75$, $p < .001$) appeared to be statistically significantly related to the participants' Supervisory Skills. The results indicated that graduating from accredited graduate training programs and possessing a stronger supervisory alliance with supervisees were associated with greater supervisory skills among the participants. Three independent variables were statistically significantly related to Supervisors' Attitudes and Beliefs. These variables were accreditation status of the participants' graduate training programs including accredited group ($\beta = .54$, $t = 2.26$, $p < .05$) and not accredited group ($\beta = .39$, $t = 2.09$, $p < .05$), along with supervisory alliance ($\beta = -.35$, $t = -4.44$, $p < .001$). Such results suggested that more culturally sensitive and responsive supervisory attitudes and beliefs was associated with a stronger supervisory alliance and graduate training, regardless of

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whether the participants graduated from accredited training programs. Last but not least, there were two demographic variables that were statistically significantly related to the participants' Stereotypes Toward Diverse Populations, which were accreditation status of the participants' graduate training programs not accredited group ($\beta = .40$, $t = 2.03$, $p < .05$) and supervisory alliance ($\beta = -.18$, $t = -2.18$, $p < .05$). The results suggested that not graduating from accredited programs and a stronger supervisory alliance were associated with fewer stereotypes toward diverse populations among the participants in this study. Nevertheless, Stereotypes Toward Diverse Populations subscale was not included in the third canonical correlation path diagram because of its low loading (.26) on the dependent canonical variate in this analysis. Based on the third canonical correlation analysis results, the third null hypothesis in this study was rejected, meaning that there are statistically significant relationships between the participants' demographic characteristics and their multicultural supervision competencies as measured by the three MSS subscales.

Table 18

Canonical Correlation Analysis Results Between Participants' Demographic Characteristics and MSCs

Set	Canonical Variates Pair[a]
	Pair 1[b]
Multicultural Supervision Competencies	
Supervisory Skills	.99
Supervisors' Attitudes and Beliefs	.77
Stereotypes Toward Diverse Populations	—
Variance	55.13
Redundancy	13.43
Demographics	
Gender identity (Women)	—
Gender identity (Men)	—
Gender identity (Other gender identity)	—

Set	Canonical Variates Pair[a]
	Pair 1[b]
Race/ethnicity (Caucasian/European American)	—
Race/ethnicity (Other race/ethnicity)	—
Geographic location (Northeast region)	—
Geographic location (Midwest region)	—
Geographic location (South region)	—
Geographic location (West region)	—
Highest degree (Master's degree)	—
Highest degree (Doctoral degree)	—
Highest degree (Other degree)	—
Accreditation (Yes)	—
Accreditation (No)	—
Accreditation (Not sure)	—
Supervision practice setting (Community center)	—
Supervision practice setting (Hospital)	—
Supervision practice setting (Private practice)	—
Supervision practice setting (University)	—
Supervision practice setting (Other practice setting)	—
Years of supervision experience	.36
Number of multicultural counseling course taken in graduate training program	—
Number of postgraduate multicultural counseling training	—
Number of multicultural supervision course taken in graduate training program	—
Number of postgraduate multicultural supervision training	—
Supervisory alliance	-.75
Variance	4.29
Redundancy	1.04
Coefficients	
R	.49
Variance (R^2)	.24

Note. [a] Wilks' $\Lambda = .57$, $F(69, 463.91) = 1.38$, $p < .05$
[b] Wilks' $\Lambda = .57$, $F(69, 463.91) = 1.38$, $p < .05$
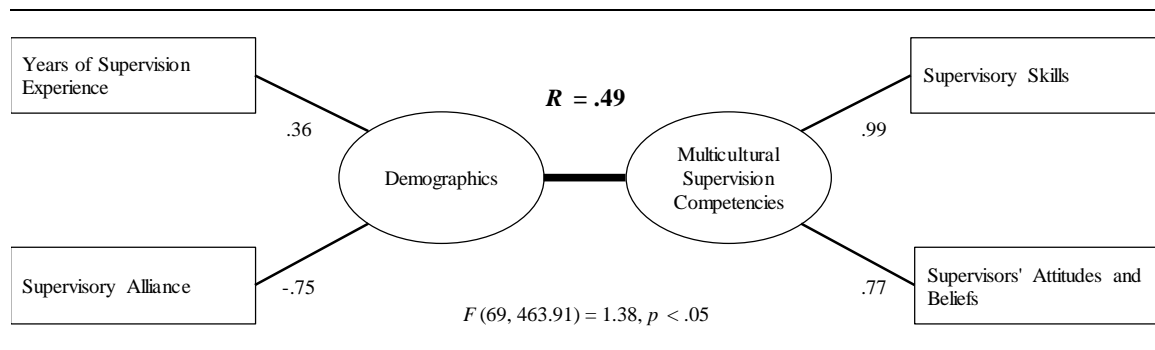
Figure 15. Third Canonical Correlation Path Diagram

Simultaneous Multiple Regression Analysis Results

  A simultaneous multiple regression analysis was conducted to investigate the

effect of the participants' self-reported multicultural counseling competency as measured

by the MCI full scale and their multicultural supervision competency as measured by the

MSS full scale on their general social desirability as measured by the MCSDS full scale.

This analysis was conducted based on cases without any missing values on the three

instruments. A total of 194 participants' responses were included in this analysis. The

simultaneous multiple regression results showed that the overall model consisting of two

independent variables (overall multicultural counseling competency and multicultural

supervision competency) was statistically significantly associated with the participants'

general social desirability, $R^2 = .05$, $R^2\text{adj} = .04$, $F(2, 191) = 5.26$, $p < .05$. This model

accounted for 5% of the variance in the participants' general social desirability as

measured by the MCSDS. Table 19 presents a summary of the regression model. In

addition, a summary of the coefficients for the final model of the simultaneous multiple

regression analysis is presented in Table 20. As shown in Table 20, of the two

independent variables, the participants' self-reported multicultural counseling

competency as measured by the MCI full scale was the only variable that was statistically

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significantly associated with their general social desirability as measured by the MCSDS ($\beta = .26$, $t = 3.11$, $p < .01$), whereas the participants' overall multicultural supervision competency was not statistically significantly related to their general social desirability ($\beta = -.07$, $t = -.83$, $p = .41$).

Table 19
Simultaneous Multiple Regression Analysis Results

Model	R	R^2	R^2adj	ΔR^2	F_{chg}	p	df1	df2
1	.23	.05	.04	.05	5.26	.006	2	191

Table 20
Coefficients for Final Model of the Simultaneous Multiple Regression Analysis

	B	β	t	p
MCI Full Scale	.15	.26	3.11	.002
MSS Full Scale	-.06	-.07	-.83	.405

First Chi-Square Analysis Results

The two chi-square analyses further investigated the association between the participants' general social desirability and their self-reported multicultural competencies. Specifically, the first chi-square analysis was conducted to explore the association between the participants' self-reported multicultural counseling competency as measured by the MCI and their general social desirability as measured by the MCSDS on an individual item basis. The 40 MCI items and the 33 MCSDS items, in all, generated 1320 pairs of items between the MCI and the MCSDS. The first chi-square analysis results showed that 139 out of the 1320 pairs of items were statistically significant ($p < .05$). Of the 40 MCI items, 34 items (#1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 24, 25, 26, 27, 31, 32, 33, 34, 35, 36, 37, 38, 39, and 40) appeared to be statistically significantly associated with multiple MCSDS items (#1, 2, 3, 5, 6, 8, 9, 10,

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11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 23, 25, 26, 27, 28, 29, 30, 31, 32, and 33) ($p < .05$).

Among the MCI items that were statistically significantly associated with the MCSDS

items, two MCI items (#5 and 38) appeared to be associated with the most MCSDS items.

These two items asked the participants to evaluate their communication difficulties with

clients whom present different perceptual, reasoning, and decision-making styles and the

participants' comfort level in exploring sexual issues with clients respectively.

Second Chi-Square Analysis Results

Similar to the first chi-square analysis, the second chi-square analysis was

conducted to explore the association between the participants' self-reported multicultural

supervision competency as measured by the MSS and their general social desirability as

measured by the MCSDS on an individual item basis. The 21 MSS items and the 33

MCSDS items generated 693 pairs of items between the MSS and the MCSDS. Although

the aforementioned simultaneous multiple regression did not identify the participants'

multicultural supervision competency to be statistically significantly associated with their

general social desirability, the second chi-square analysis results showed that 48 out of

the 693 pairs of items were statistically significant ($p < .05$). According to the second chi-

square analysis results, all of the 21 MSS items were associated with some MCSDS items

(#3, 4, 6, 9, 11, 13, 14, 15, 17, 18, 19, 20, 21, 24, 26, 27, 28, 29, 32, and 33) to a certain

degree. In addition, one MSS item (#1) appeared to be associated with the most MCSDS

items. This MSS item asked the participants to rate their degree of agreement based on

the statement "I hesitate to mention a language barrier between the supervisee and I due

to fear of being accused as a culturally insensitive supervisor". It is important to note that

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the two chi-square analyses results are presented here to provide an in-depth perspective concerning the effect of the participants' general social desirability in addition to the aforementioned simultaneous multiple regression analysis results.

Summary

The purpose of this study was to investigate the contribution of multicultural counseling competencies to multicultural supervision competencies among counseling supervisors, while taking the contribution of counseling supervisors' demographic characteristics into account. To achieve this purpose, a total of 201 counseling supervisors completed a web-based survey including the MCI, the MSS, the MCSDS, and a demographic questionnaire. The SPSS version 22 was used for data analysis. The data analysis process in this study included pre-analysis data screening and inferential statistics. Pre-analysis data screening included data screening, descriptive statistics, and assumptions testing. Inferential statistics consisted of three canonical correlation analyses, one simultaneous multiple regression analysis, and two chi-square analyses. The purpose of this chapter was to present the research results of this study.

The first canonical correlation analysis was conducted to examine the interconnection between multicultural counseling competencies and multicultural supervision competencies based on the participants' self-report in this study. The results of the canonical correlation analysis revealed a statistically significant relationship between the participants' multicultural counseling competencies and multicultural supervision competencies. Such results suggested that higher levels of multicultural counseling skills, with greater multicultural awareness, stronger multicultural counseling

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relationship, and more multicultural counseling knowledge were related to the participants' higher levels of supervisory skills, more culturally sensitive and responsive supervisory attitudes and beliefs, and fewer stereotypes toward diverse populations. The results based on the univariate regression analysis within the canonical correlation analysis further revealed that Multicultural Awareness and Multicultural Counseling Knowledge were statistically significantly associated with the participants' Supervisory Skills. In addition, Multicultural Counseling Skills, Multicultural Awareness, and Multicultural Counseling Knowledge were statistically significantly associated with Supervisors' Attitudes and Beliefs. Furthermore, Multicultural Counseling Relationship was statistically significantly associated with the participants' Stereotypes Toward Diverse Populations. Accordingly, the first null hypothesis of this study was rejected. The results clearly showed that there are statistically significant correlations between multicultural counseling competencies and multicultural supervision competencies based on the participants' self-report in this study. The first canonical correlation analysis further provided empirical evidence for the nature and degree of such relationships based on the MCI and the MSS subscales.

The second canonical correlation analysis was conducted to identify the contributing factors of the participants' multicultural counseling competencies. The results showed an overall statistically significant correlation between the participants' demographic characteristics and their multicultural counseling competencies as measured by the four MCI subscales. Specifically, the results indicated that being a non-Caucasian/European American counseling supervisor, graduated from accredited training

programs, receiving more multicultural training (graduate multicultural counseling training, postgraduate multicultural counseling training, and postgraduate multicultural supervision training), and having stronger supervisory alliance with supervisees were associated with greater multicultural counseling skills, multicultural awareness, and multicultural counseling relationship among the participants in this study. On the other hand, however, being a Caucasian/European American counseling supervisor and residing in the Midwest region were associated with lower levels of multicultural counseling skills, multicultural awareness, and multicultural counseling relationship among the participants. The second canonical correlation results further showed that supervisory alliance was statistically significantly associated with the participants' Multicultural Counseling Skills. In addition, race/ethnicity Caucasian/European American group, accreditation status of the participants' graduate training programs (accredited group, not accredited group, and not sure group), graduate multicultural counseling training, and supervisory alliance were associated with the participants' Multicultural Awareness. Furthermore, supervisory alliance was associated with the participants' Multicultural Counseling Relationship. Last but not least, the participants' geographical location (Northeast region, Midwest region, South region, and West region) and supervisory alliance were associated with their Multicultural Counseling Knowledge. Given the second canonical correlation analysis results, the second null hypothesis was rejected, meaning that there are statistically significant relationships between the participants' demographic characteristics and their multicultural counseling competencies.

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The third canonical correlation analysis was conducted to determine the contributing factors of the participants' multicultural supervision competencies. The results showed a statistically significant correlation between the participants' demographic characteristics and their multicultural supervision competencies as measured by the three MSS subscales. The results revealed that more years of supervision experience and stronger supervisory alliance were related to superior supervisory skills and more culturally sensitive supervisory attitudes and beliefs among the research participants. Additionally, the third canonical correlation analysis results identified individual demographic variables that were associated with the participants' Supervisory Skills, Supervisors' Attitudes and Beliefs, and Stereotypes Toward Diverse Populations. Specifically, the results revealed that accreditation status of the participants' graduate training program accredited group and supervisory alliance were statistically significantly associated with the participants' Supervisory Skills. Accreditation status of the participants' graduate training programs (accredited group and not accredited group) and supervisory alliance were associated with Supervisors' Attitudes and Beliefs. Accreditation status of graduate training programs not accredited group and supervisory alliance were associated with the participants' Stereotypes Toward Diverse Populations. According to the third canonical correlation analysis results, the third null hypothesis in this study was rejected, indicating that there are statistically significant relationships between the participants' demographic characteristics and their multicultural supervision competencies.

The simultaneous multiple regression analysis was conducted to investigate whether the participants' overall multicultural counseling competency and multicultural supervision competency relate to their general social desirability. The results of the simultaneous multiple regression analysis showed that the overall model of two independent variables (multicultural counseling competency and multicultural supervision competency) was statistically significantly associated with the participants' general social desirability in this study. However, only one independent variable, multicultural counseling competency as measured by the MCI, was statistically significantly related to the participants' general social desirability as measured by the MCSDS. Two chi-square analyses further showed that although there were not many pairs of items between the MCSDS and the MCI and between the MCSDS and the MSS appeared to be statistically significantly associated ($p < .05$), the majority of the MCI items and all of the MSS items were associated with the MCSDS items.

In summary, the results of this study showed that there are statistically significant relationships between the participants' multicultural counseling competencies and multicultural supervision competencies. The results provided further empirical evidence concerning the nature and degree of the interconnection between these two multidimensional constructs. Additionally, the results provided evidence concerning the contributing factors of the participants' multicultural counseling competencies and multicultural supervision competencies respectively. Furthermore, the results specified the association between the participants' self-reported multicultural competencies and their general social desirability.

CHAPTER V

DISCUSSION

The previous four chapters (a) described the need and purpose of this study, (b) reviewed research on multicultural counseling and multicultural supervision, (c) provided methodological information pertaining to this study, and (d) presented detailed results based on the pre-analysis data screening and inferential statistics in this study. This chapter discusses the research results in relation to previous research on multicultural counseling and multicultural supervision. In addition, this chapter discusses implications of the present study. Furthermore, this chapter presents limitations of this study. Last but not least, this chapter provides recommendations for future multicultural counseling and supervision research.

Summary of the Results

The purpose of this study was to examine the contribution of counseling supervisors' multicultural counseling competencies to their multicultural supervision competencies when taking their demographic characteristics into consideration. In other words, this study investigated the nature and degree of the interconnection between the multidimensional multicultural counseling competencies and multicultural supervision competencies among counseling supervisors. At the same time, this study examined the contribution of counseling supervisors' demographic characteristics to their multicultural

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competencies. Two hundred and one counseling supervisors across the United States completed this study. The instruments used to collect data included the MCI, the MSS, the MCSDS, and a demographic questionnaire.

The results showed a statistically significant relationship between multicultural counseling competencies as measured by the four MCI subscales and multicultural supervision competencies as measured by the three MSS subscales among the participants. Specifically, the results indicated that higher levels of multicultural counseling skills, multicultural awareness, multicultural counseling relationship, and multicultural counseling knowledge were associated with higher levels of supervisory skills and culturally sensitive supervisory attitudes/beliefs but fewer stereotypes toward diverse populations. The results also explained the degree to which the participants' multicultural counseling competencies contributed to their multicultural supervision competencies.

Additionally, the results of the present study identified the contributing factors of the participants' multicultural counseling competencies and multicultural supervision competencies respectively. First, the results revealed a statistically significant relationship between the participants' demographic characteristics and their multicultural counseling competencies as measured by the four MCI subscales. The results suggested that the participants' race/ethnicity, geographical location, accreditation status of graduate training programs, multicultural training (graduate multicultural counseling training, postgraduate multicultural counseling training, and postgraduate multicultural supervision training), and supervisory alliance were statistically significantly associated

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with their multicultural counseling skills, awareness, and multicultural counseling relationship. Second, the results exhibited a statistically significant relationship between the participants' demographic characteristics and their multicultural supervision competencies as measured by the three MSS subscales. The results indicated that the participants' years of supervision experience and supervisory alliance with supervisees were associated with their supervisory skills and supervisory attitudes and beliefs. It is important to note that the investigator conducted two canonical correlation analyses to identify the contributing factors of counseling supervisors' multicultural counseling competencies and multicultural supervision competencies respectively based on the same set of demographic variables in this study. However, it appeared that the participants' multicultural counseling competencies and multicultural supervision competencies were not necessarily associated with the same demographic variables, implying that multicultural counseling competencies and multicultural supervision competencies are two distinct constructs.

Moreover, the results showed that the participants' overall multicultural counseling competency as measured by the MCI full scale and overall multicultural supervision competency as measured by the MSS full scale, when taken together, were statistically significantly associated with their general social desirability as measured by the MCSDS. However, of the two multicultural competencies, multicultural counseling competency was the only variable that was significantly related to the participants' general social desirability. On an individual item basis, most of the MCI items and all of

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the MSS items appeared to be statistically significantly associated with multiple MCSDS items in some form.

Given the aforementioned results, the three proposed null hypotheses of this study were rejected. Assumptions can be made that (a) counseling supervisors who report greater multicultural counseling competencies also report more multicultural supervision competencies, (b) there are statistically significant relationships between the participants' demographic characteristics and their multicultural counseling competencies, and (c) there are statistically significant relationships between the participants' demographic characteristics and their multicultural supervision competencies.

Similarities and Differences Between Present and Previous Research Results

The results of this study share similarities as well as differences when compared against the ones from previous research. This section presents these similarities and differences. Additionally, this section discusses possible contributing factors of the differences across the research results/findings.

Contribution of Multicultural Counseling Competencies to Multicultural Supervision Competencies

Previous research suggested that a relationship may exist between supervisors' overall multicultural counseling competency and overall multicultural supervision competency (Ortega-Villalobos, 2003, 2007). In a study establishing validity related evidence of the MSI, Ortega-Villalobos (2003) reported that there was a positive relationship between supervisors' MSI and adapted MCI full scale scores ($r = .47$, $p < .001$), meaning that there is a significant relationship between the overall multicultural

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supervision competency and multicultural counseling competency among supervisors. Ortega-Villalobos (2003) further noted that supervisors' overall multicultural counseling competency can significantly predict their overall multicultural supervision competency, after controlling social desirability. In another study validating the MSI, Ortega-Villalobos (2007) found a statistically significant correlation between supervisors' overall multicultural supervision competency and overall multicultural counseling competency based on a revised/refined version of the MSI and the MCKAS ($r = .50$, $p < .001$). The relationship between multicultural counseling competency and multicultural supervision competency, according to Ortega-Villalobos (2007), was significant after controlling the social desirability effect ($r = .48$, $p < .001$).

Such research results are promising, as they presented empirical evidence to support the overall relationship between supervisors' multicultural counseling competency and multicultural supervision competency. Based on this notion, supervisors with greater overall multicultural counseling competency should be able to demonstrate greater overall multicultural supervision competency. Considering the multidimensional nature of multicultural counseling competencies and multicultural supervision competencies, however, there is still a lack of empirical support concerning the nature and degree of the interconnection between these two sets of competencies, especially among counseling supervisors. The present study attempted to address this gap by investigating the contribution of counseling supervisors' multicultural counseling competencies to their multicultural supervision competencies using a canonical correlation analysis, which allows the examination of the underlying relationships

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between these two sets of competencies. The results of this study revealed a statistically significant relationship between counseling supervisors' multicultural counseling competencies and multicultural supervision competencies. In addition, the results identified how the multicultural counseling competency and multicultural supervision competency canonical variates contributed to each dimension of the multicultural counseling competencies and multicultural supervision competencies respectively. Specifically, the results showed that the multicultural supervision competency canonical variate had a high loading on all three MSS subscales including Supervisory Skills (R = .92), Supervisors' Attitudes and Beliefs (R = .96), and Stereotypes Toward Diverse Populations (R = .42). Meanwhile, the multicultural counseling competency canonical variate had a high loading on all four MCI subscales including Multicultural Counseling Skills (R = .73), Multicultural Awareness (R = .76), Multicultural Counseling Relationship (R = .37), and Multicultural Counseling Knowledge (R = .89). In other words, counseling supervisors with greater multicultural counseling skills, multicultural awareness, multicultural counseling relationship, and multicultural counseling knowledge tend to possess greater supervisory skills and sensitivity concerning multicultural supervision with fewer stereotypes toward diverse populations.

It is important to note that this study mainly focused on the contribution of counseling supervisors' multicultural counseling competencies to their multicultural supervision competencies. The results indicated that counseling supervisors who possess higher levels of multicultural counseling competencies tend to present higher levels of multicultural supervision competencies. However, according to the regression analysis

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results within the first canonical correlation analysis in this study, it remains unknown whether such relationship would work the other way around from multicultural supervision competencies to multicultural counseling competencies. In other words, although counseling supervisors' multicultural supervision competencies may help them sharpen their multicultural counseling competencies, results based on the present study do not necessarily provide empirical evidence to support how multicultural supervision competencies may contribute to multicultural counseling competencies. Future research should investigate whether and how multicultural supervision competencies can contribute to multicultural counseling competencies among counseling professionals.

Contributing Factors of Multicultural Counseling Competencies

Researchers identified several contributing factors of multicultural counseling competencies such as race/ethnicity (Holcomb-McCoy & Myers, 1999; Pope-Davis & Ottavi, 1994; Pope-Davis et al., 1995; Sodowsky et al., 1998) and multicultural training (Holcomb-McCoy & Myers, 1999; Pope-Davis et al., 1994; Pope-Davis et al., 1995; Sodowsky, 1996; Sodowsky et al., 1998). Similar to previous research, the results of the present study supported the contribution of the aforementioned factors to counseling supervisors' multicultural counseling competencies. Specifically, the results of this study showed that being a non-Caucasian/European American counseling supervisor, graduated from accredited graduate training programs, having more graduate multicultural counseling training, postgraduate multicultural counseling training, and postgraduate multicultural supervision training, as well as presenting a stronger supervisory alliance were associated with greater multicultural counseling skills, multicultural awareness, and

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multicultural counseling relationship, whereas being a Caucasian/European American counseling supervisor and residing in the Midwest region were associated with lower levels of multicultural counseling skills, multicultural awareness, and multicultural counseling relationship. One of the MCI subscales, Multicultural Counseling Knowledge, failed to demonstrate an acceptable correlation with the multicultural counseling competency variate, and therefore was not included in the canonical correlation path diagram concerning the contribution of the participants' demographic characteristics to their multicultural counseling competencies. Additionally, similar to previous research results (Ottavi et al., 1994; Pope-Davis et al., 1994; Pope-Davis et al., 1995), the results of the present study did not identify gender as a contributing factor of multicultural counseling competencies among the participants.

Although the results of the present study identified several contributing factors of counseling supervisors' multicultural counseling competencies (e.g., race/ethnicity, multicultural training) that were similar to previous research results, the results of this study deviated from previous research in two ways. First, the results of the present study presented additional contributing factors of multicultural counseling competencies (e.g., geographical location, accreditation status of graduate training programs, supervisory alliance) in addition to the ones being suggested in previous studies. Second, the results of the present study did not fully support some studies attempting to identify the contributing factors of multicultural counseling competencies. For example, Pope-Davis and colleagues (1994) indicated that race did not contribute to counselors' multicultural counseling competencies based on their research results. However, the results of this

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study supported the influence of race/ethnicity on counseling supervisors' multicultural counseling competencies.

The differences between the present study results and previous research results concerning the contributing factors of multicultural counseling competencies may be explained from several aspects. First, although the results of the present study noted the contribution of geographical location to multicultural counseling competencies among counseling supervisors, such influence was not extensively addressed in previous multicultural counseling literature. It is possible that the geographical location (e.g., region, state) in which a counseling professional reside may contribute to her/his multicultural competencies. For example, a counselor who lives in an area populated by individuals from various cultural backgrounds may be relatively more aware of issues pertaining to multiculturalism compared to a counselor who lives in an area with limited diversity. However, it is important to note that the number of the participants from each of the four census regions in this study deviated from one another. Specifically, approximately 38.2% and 40.3% of the participants in this study resided in the Midwest and the South regions respectively, whereas only 10.4% and 9.6% of the participants in this study resided in the Northeast and the West regions respectively at the time of the data collection. The number differences of the participants from the four census regions may have contributed to the results concerning the influence of the participants' geographical locations in this study. Second, the present research results revealed that accreditation status of graduate training programs was associated with counseling supervisors' multicultural counseling competencies, which contradicted previous research

results that counselors' self-reported multicultural counseling competencies did not differ based on the accreditation status of their graduate counseling programs (Holcomb-McCoy & Myers, 1999). Given the increasing recognition of the importance of accreditation, various graduate counseling programs have been actively seeking accreditations and implementing relevant accreditation standards that place a strong emphasis on multiculturalism (e.g., the CACREP standards) (Holcomb-McCoy & Myers, 1999). The results of the present study may have reflected such trend and imply that the strong emphasis on multiculturalism and diversity across various accreditation standards help prepare multiculturally competent counseling practitioners. Third, previous multicultural counseling research primarily focused on counselors' multicultural counseling competencies within the counseling context instead of within the supervision context (e.g., Constantine & Ladany, 2000; Holcomb-McCoy & Myers, 1999; Pope-Davis & Ottavi, 1994). Therefore, the contribution of supervisory alliance to counseling supervisors' multicultural counseling competencies was often not the main focus in previous research on multicultural counseling. The present study investigated the contribution of multicultural counseling competencies to multicultural supervision competencies based on a national sample of counseling supervisors and found that supervisory alliance was related to supervisors' multicultural counseling competencies. From this aspect, the deviations between the present study results and previous research results (e.g., Pope-Davis et al., 1994) regarding the contributing factors of multicultural counseling competencies may be related to the sample and population differences

between the present study and previous research (e.g., counseling supervisors vs.

counselors or/and counseling trainees).

Contributing Factors of Multicultural Supervision Competencies

Based on previous research, the contributing factors of multicultural supervision

competencies included demographic factors (e.g., Constantine & Gloria, 1999; Gloria et

al., 2008; Ortega-Villalobos, 2003), supervisory alliance (e.g., Constantine, 1997; Dressel

et al., 2007; Ortega-Villalobos, 2007), and multicultural training (e.g., Fukuyama, 1994;

Ortega-Villalobos, 2003, 2007). The present study found that counseling supervisors'

years of supervision experience and supervisory alliance with supervisees were

associated with their supervisory skills and supervisory attitudes and beliefs, which

appeared to be similar to previous research results. The results suggested that more years

of supervision experience and stronger supervisory alliance with supervisees were related

to greater supervisory skills and culturally sensitive attitudes and beliefs. One of the MSS

subscales, Stereotypes Toward Diverse Populations, failed to demonstrate an acceptable

loading with the multicultural supervision competency variate. Accordingly, this variable

was not included in the final canonical correlation path diagram reflecting the

contribution of the participants' demographic characteristics to their multicultural

supervision competencies.

Interestingly, however, the present study results did not support the influence of

supervisors' race, gender, practice setting type, and multicultural training on their self-

reported multicultural supervision competencies as indicated in previous research

(Constantine & Gloria, 1999; Gloria et al., 2008; Ortega-Villalobos, 2003). There are

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three reasons that may help explain such results. First, the target population and sample in this study appeared to be different from those of previous research (e.g., counseling supervisors vs. counseling psychology supervisors). It is possible that supervisors' demographic characteristics (e.g., race/ethnicity, gender, practice setting, multicultural training) may impact them in different ways across different populations. Given the scope and purpose of this study, the results of the present study may primarily reflect counseling supervisors' multicultural competencies. Second, by observing the frequency distribution of the participants' demographic characteristics (see Table 1), it appeared that 72.3% of the participants were women, whereas only 27.1% of the participants were men in this study. Likewise, approximately 69.7% of the participants were Caucasian/European American counseling supervisors, whereas 30.3% of the participants were from other racial/ethnic groups. It is possible that the small number of men participants and the small number of participants from diverse racial/ethnic groups may have weakened the contribution of gender and race/ethnicity to counseling supervisors' multicultural supervision competencies. Third, the data analysis method of this study may have contributed to the variations of the results between the present study and previous research concerning the contributing factors of supervisors' multicultural supervision competencies. It is important to highlight that, instead of conducting multiple analyses to uncover the influence of multiple variables on supervisors' multicultural supervision competencies, the present study investigated the collective and individual contributions of the participants' demographic characteristics (gender identity, race/ethnicity, geographical location, highest degree obtained, accreditation status of graduate training

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program, practice setting, years of supervision experience, multicultural training, and supervisory alliance) to their multicultural supervision competencies as measured by the three MSS subscales based on one canonical correlation analysis. Accordingly, variables that appeared to be significant contributing factors of supervisors' multicultural supervision competencies (e.g., race/ethnicity, multicultural training) based on separate analyses in previous studies (e.g., Ortega-Villalobos, 2003, 2007) may not necessarily be significant when entering into one multivariate statistical analysis simultaneously with other demographic variables in the present study.

The Effects of General Social Desirability

In addition to investigating the contribution of multicultural counseling competencies to multicultural supervision competencies and identifying the contributing factors of multicultural competencies among counseling supervisors, the present study also took the participants' general social desirability into consideration given the self-reported nature of the selected instruments measuring multicultural competencies (the MCI and the MSS). Similar to Constantine and Ladany's (2000) results, the present study found that the participants' overall multicultural counseling competency and multicultural supervision competency were statistically significantly associated with their general social desirability based on a simultaneous multiple regression analysis. By examining the coefficients for the regression model, the results indicated that the participants' overall multicultural counseling competency was the only variable that was statistically significantly related to their general social desirability. Such results aligned with the results reported in previous research that supervisors' general social desirability

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was not statistically significantly associated with their multicultural supervision competencies (Ortega-Villalobos, 2003; Sangganjanavanich et al., 2017).

On the other hand, there are variations between the results of the present study and the ones of previous research concerning the effects of social desirability. For example, first, the present research results suggested that counseling supervisors' overall multicultural counseling competency was statistically significantly associated with their general social desirability. However, in a previous study conducted by Sodowsky (1996), the author did not find any statistically significant relationship between counselors' general social desirability and their multicultural counseling competencies. Second, although the regression model including two independent variables (overall multicultural counseling competency and overall multicultural supervision competency) was significantly associated with the participants' general social desirability in this study, the results suggested that counseling supervisors' overall multicultural supervision competency was not significantly related to their general social desirability. In the MSI validation study, however, Ortega-Villalobos (2007) found a statistically significant correlation between supervisors' overall multicultural supervision competency and social desirability.

Such result differences between this study and previous research may be further discussed from two aspects. First, research results concerning the effects of counselors' general social desirability on their self-reported multicultural counseling competencies seemed to be somewhat inconsistent across different studies (e.g., Constantine & Ladany, 2000; Sodowsky, 1996). Sodowsky and colleagues (1998) reflected on this issue and

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noted that counselors' general social desirability may not fully capture their behaviors within the multicultural context. Therefore, Sodowsky et al. (1998) suggested researchers to take counselors' multicultural social desirability into consideration when assessing their self-reported multicultural counseling competencies. According to Sodowsky et al. (1998), multicultural social desirability is "one professing that one personally and socially always interacts positively with minorities and that at the institutional level, one always favors government and educational policies that institute expanded MC diversity" (p. 256). It was based on this conceptualization that Sodowsky and colleagues (1998) found a statistically significant contribution of multicultural social desirability to overall multicultural counseling competency among counseling practitioners at university counseling centers. Second, although the simultaneous multiple regression analysis identified only one variable that was statistically significantly related to counseling supervisors' general social desirability, which was their overall multicultural counseling competency, the two chi-square analyses in this study revealed that most of the MCI items and all of the MSS items appeared to be associated with multiple MCSDS items on an individual item basis, which implies that counseling supervisors' self-reported multicultural counseling and supervision competencies may be related to their general social desirability in both significant and nonsignificant ways. Such explanation somewhat aligns with previous research results that supported the effect of general social desirability on multicultural competencies (e.g., Ortega-Villalobos, 2007).

Implications

The purpose of this study was to investigate the contribution of counseling supervisors' multicultural counseling competencies to their multicultural supervision competencies, while examining the influence of their demographic characteristics on these two competencies respectively. The results of the present study have implications for counseling supervisors, counselor educators, as well as graduate counseling students and novice professional counselors at the individual, institutional, and professional levels. This section discusses the implications of the present study.

Implications for Counseling Supervisors

Counseling supervisors play a vital role in cultivating multicultural competencies among supervisees (Bernard & Goodyear, 2014). Previous research often assumed the transferability between supervisors' multicultural counseling competencies and multicultural supervision competencies, meaning that supervisors who possess multicultural counseling competencies should also be competent in providing multicultural supervision (e.g., Constantine, 2003; Martinez & Holloway, 1997). Although Ortega-Villalobos (2003, 2007) found some empirical evidence to support the relationship between the overall multicultural counseling competency and multicultural supervision competency, the nature and degree of the interconnection between these two competencies were not extensively addressed in previous research. The present study took an initial step to examine the underlying relationships between these two sets of multidimensional competencies. The results revealed that multicultural counseling competencies and multicultural supervision competencies are two related yet different

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constructs. Specifically, the results suggested that counseling supervisors' multicultural counseling skills, multicultural awareness, multicultural counseling relationship, and multicultural counseling knowledge, when taken together, are likely to help build their supervisory skills and multiculturally sensitive supervisory attitudes and beliefs, while reducing their stereotypes toward diverse populations. The results also indicated that counseling supervisors' race/ethnicity, geographical location, accreditation status of graduate training programs, multicultural training, and supervisory alliance together may help develop their multicultural counseling skills, awareness, and relationship. Moreover, the results suggested that counseling supervisors' years of supervision experience and supervisory alliance with supervisees together are likely to help them develop multicultural supervision skills and awareness.

Given the results of the present study, at the individual level, first, counseling supervisors can start to thoroughly examine their multicultural supervision practice and their levels of multicultural supervision competencies. Such examination may be based on personal reflection, assessment using multicultural supervision competency measures (e.g., the MSS), consultation, supervision, as well as a combination of multiple methods to examine counseling supervisors' multicultural supervision competencies. Second, counseling supervisors may develop plans (e.g., reading scholarly articles on multicultural supervision, participating in continuing education) to advance their multicultural supervision competencies. The results of the present study suggested that counseling supervisors' multicultural counseling awareness and knowledge may be helpful in building their multicultural supervisory skills. In addition, counseling

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supervisors' multicultural counseling awareness, knowledge, and skills may help them develop multicultural awareness in supervision. Moreover, counseling supervisors' strong multicultural counseling relationship may reduce their potential bias and stereotypes toward diverse populations. Based on the results of this study, counseling supervisors may develop strategies that would promote their multicultural supervision competencies. For instance, a counseling supervisor who intends to advance her/his multicultural supervisory skills may choose to read scholarly articles on multicultural counseling and supervision to advance her/his multicultural awareness and knowledge. It is extremely important that counseling supervisors take supervisory alliance into consideration when promoting multicultural competencies, because supervisory alliance appears to be particularly helpful in promoting each dimension of the multicultural counseling competencies (MCS, MA, MCR, and MCK) and the multicultural supervision competencies (SS, SAB, and STDP) based on the results of this study. At the institutional level, counseling supervisors can work collectively to evaluate institutional support related to promoting multicultural competencies among supervisors (e.g., continuing education opportunities). Counseling supervisors may also collaborate with one another within their institutions and/or communities to build training programs that aim at helping supervisors promote their multicultural supervision competencies. At the professional level, counseling supervisors may collaborate with professionals across various helping professions to stress the significance of multicultural counseling and supervision competencies through multiple means (e.g., research, conferences, webinars, supervision).

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Implications for Counselor Educators

Given the increasing diversity within the U.S. population (U.S. Census Bureau, 2012, 2015b), professional counselors need to possess multicultural competencies so they can better serve clients from diverse cultural backgrounds (ACA, 2014). Multiple researchers noted that multicultural training can help build multicultural competencies among counseling trainees (e.g., Holcomb-McCoy & Myers, 1999; Pope-Davis et al., 1994; Pope-Davis et al., 1995; Sodowsky, 1996; Sodowsky et al., 1998). It is important that counselor educators remain cognizant regarding issues pertaining to multicultural competencies in counselor education and preparation programs.

The results of this study have implications for counselor educators to prepare multiculturally competent professional counselors. At the individual level, counselor educators need to understand their own levels of multicultural counseling and supervision competencies. Counselor educators can identify their areas of strength and growth pertaining to multicultural practice, and therefore work on their areas of growth in order to better help their students develop multicultural competencies. Strategies that counselor educators may utilize to enhance their multicultural competencies include participating in multicultural counseling and multicultural supervision trainings, as well as strengthening supervisory alliance with supervisees/counseling trainees.

At the institutional level, first of all, counselor educators can continue to infuse diversity and multiculturalism to current counselor education and preparation curriculum following applicable professional standards (e.g., CACREP 2016 standards). Second, counselor educators can work collaboratively with counseling trainees to model

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multicultural competencies. For example, when conducting formative and summative evaluations on counseling trainees, counselor educators can take counseling trainees' cultural backgrounds into consideration and initiate the exploration of how, if at all, counseling trainees' cultural backgrounds may contribute to their academic and professional performance.

At the professional level, first, counselor educators can act collectively to develop and implement relevant counseling supervision course(s) at the Master's level as discussed in Sherman (2011). Bernard and Goodyear (2014) also suggested a need to include supervision training as part of graduate counselor training. While supervision is identified as one of the five core competency areas (counseling, supervision, teaching, research and scholarship, and leadership and advocacy) of doctoral counselor education programs based on the CACREP standards (CACREP, 2016), it is not extensively addressed in the entry-level counseling curriculum in the standards (Sherman, 2011). It is important to note that in the present study, the mode of the number of graduate multicultural supervision training among the participants was zero, meaning that most of the participants did not obtain training designed specifically for multicultural supervision in their graduate training programs. The mode of the number of postgraduate multicultural supervision training among the participants was also zero, indicating that a large number of the participants did not participate in any multicultural supervision training after graduating from their training programs. Such results may be explained by various reasons. For example, it is possible that most of the participants of the present study chose to participate in professional training on topics other than multicultural

supervision after they graduated from their counseling training programs, and therefore reported that they did not obtain any postgraduate multicultural supervision training. It is also possible that many participants experienced difficulties finding relevant multicultural supervision training, even within their graduate training programs. Counselor educators play a significant role in helping counseling trainees learn and develop multicultural competencies (ACA, 2014). To help their students develop and advance multicultural supervision competencies, it is important that counselor educators recognize the need for incorporating relevant supervision course(s) that introduces multicultural supervision in the Master's level counseling curriculum (Sherman, 2011). Second, to prepare multiculturally competent practitioners and to ensure quality counseling services to diverse client populations, counselor educators need to work collectively to educate counseling students about the importance of receiving quality professional training with a multicultural emphasis. Given the strong emphasis on multiculturalism in current accreditation standards (e.g., CACREP 2016 standards), it is assumed that nationally accredited counseling programs usually provide quality counseling training with a multicultural focus. In fact, the results of this study supported the contribution of accredited graduate counseling training to counseling supervisors' multicultural counseling competencies. However, it appeared that some of the participants in this study were not very familiar with professional accreditation bodies. For example, 10.8% of the participants in this study cannot accurately identify the accreditation body/bodies that accredited their graduate training programs. Also, 5.9% of the participants indicated that they were not sure whether the graduate training programs through which they obtained

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their highest degrees were accredited programs. Given the results of the present study, it is important that counselor educators act collaboratively to advocate for all counseling programs to become accredited to ensure quality counselor education. Meanwhile, it is imperative that counselor educators continue to educate current and prospective counseling students about the importance of seeking quality counseling training so they can develop proper multicultural competencies through professional training.

Implications for Graduate Counseling Students and Novice Professional Counselors

The results of the present study also have implications for graduate counseling students and novice professional counselors even if they do not currently practice as counseling supervisors. First, graduate counseling students and novice professional counselors can stay cognizant of their own levels of multicultural counseling competencies as they progress in the profession. They can identify their strengths and needs pertaining to multicultural counseling competencies and develop strategies to advance their strengths while addressing their needs (e.g., multicultural training, supervision, consultation). The developed multicultural counseling competencies among graduate counseling students and novice professional counselors, in turn, may facilitate their counseling practice with clients from diverse cultural backgrounds and help them develop multicultural supervision competencies once they begin to practice as counseling supervisors.

Second, although *Social and Cultural Diversity* is one of the eight CACREP common core areas and thus an integral part of graduate counseling curriculum (CACREP, 2016), it is necessary that graduate counseling students actively explore

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opportunities to develop their multicultural competencies. For example, a graduate counseling student who intends to develop multicultural knowledge and awareness of Chinese Americans may choose to interact directly with someone from this particular cultural group by asking questions about this group. The graduate counseling student can obtain firsthand information through the direct interaction, and therefore expand her/his knowledge and awareness pertaining to this cultural group.

Third, researchers noted that obtaining multicultural supervision can promote one's multicultural competencies (Constantine, 2001b; Pope-Davis et al., 1994). Given this conceptualization, graduate counseling students and novice professional counselors may, when possible, actively seek to work with supervisors who demonstrate multicultural counseling and supervision competencies. By working with supervisors who are competent in providing multicultural supervision, graduate counseling students and novice professional counselors may enhance their multicultural competencies through supervision and apply their enhanced multicultural competencies to counseling practice.

Limitations

The results of the present study provided empirical evidence to support the contribution of multicultural counseling competencies to multicultural supervision competencies based on a national sample consisted of 201 counseling supervisors. The results further helped explain how these two sets of multicultural competencies are interconnected (e.g., nature, degree). Additionally, the results identified the contributing factors of the participants' multicultural counseling competencies and multicultural

supervision competencies respectively. However, the results of the present study need to be used with caution, because there are limitations associated with this study. Limitations of the present study are discussed in relation to six aspects including instrumentation, sampling method, sample and sample size, generalizability, social desirability, and the investigators' subjectivity.

Instrumentation

The first limitation of the present study was related to instrumentation. The instruments selected for the present study (the MCI, the MSS, the MCSDS, and the demographic questionnaire) were all self-reported instruments. Given the self-reported nature of these instruments, it may be difficult to identify the accuracy and objectivity of the participants' responses to questions asking about their multicultural competencies (Pope-Davis & Dings, 1994). Although the MCSDS was administered to estimate the effect of the participants' general social desirability in the present study, such effort may not eliminate the potential influence of social desirability.

In addition, it is important to note that the two multicultural competency instruments selected for the present study (the MCI and the MSS) demonstrated satisfactory psychometric properties. However, given the purpose and scope of each instrument, the MCI and the MSS may not fully capture all cultural considerations across all forms of counseling (e.g., marriage and family counseling, group counseling) and supervision (e.g., group supervision, live supervision). The present study aimed at seeking empirical evidence to explain the nature and degree of the relationship between counseling supervisors' multicultural counseling competencies and multicultural

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supervision competencies in a broad context, and therefore did not examine any difference of multicultural competencies among counseling supervisors who practice counseling and supervision in various forms. Accordingly, readers need to be cautious while utilizing the results of the present study.

Furthermore, previous research suggested that supervisory alliance plays a significant role in influencing multicultural supervision process and outcomes (e.g., Bernard & Goodyear, 2014; Cook and Helms; 1988; Dressel et al., 2007; Gatmon et al., 2001; Toporek et al., 2004; Wong et al., 2013). The results of the present study aligned with previous research findings and revealed that supervisory alliance was associated with counseling supervisors' multicultural counseling competencies and multicultural supervision competencies respectively. However, given the large number of survey questions (> 100), the present study did not implement any formal instrument to measure the construct of supervisory alliance. Instead, the present study included one general question asking the participants to rate their supervisory working alliance with supervisees. As a result, the strong contribution of supervisory alliance to counseling supervisors' multicultural competencies based on the results of this study need to be interpreted with caution.

Sampling Method

The second limitation of the present study was the selected sampling method. Although this study attained a national sample of 201 counseling supervisors who were actively practicing clinical supervision at the time of the data collection, convenience sampling method was used. The investigator reached out to the program liaisons of the

CACREP accredited doctoral counseling programs, members of professional

organizations and local mental health agencies, as well as subscribers of a professional

listserv to recruit participants for the present study. The employment of convenience

sampling method in this study was mainly due to the difficulty of identifying active

counseling supervisors across the United States at the time of the research preparation

and data collection. Accordingly, response rate was not calculated for this study.

Sample and Sample Size

The third limitation of this study concerned about the sample and sample size.

The present study was solely based on counseling supervisors' perceptions of their

multicultural counseling competencies and multicultural supervision competencies. This

being said, the relationship between these two sets of multicultural competencies was

investigated based on the participants' self-report. However, it remains unclear how

supervisors and their supervisees may (or may not) perceive supervisors' multicultural

supervision competencies differently. In addition, the sample size of 201 was a sufficient

sample size for the present study according to Cohen (1992). Yet, when compared to the

number of individuals who visited the Qualtrics survey webpage for the present study

(307), the survey completion rate appeared to be relatively low (65%). The low survey

completion rate may be related to a few reasons. For example, it is possible that the

number of survey questions appeared to be overwhelming and time consuming for some

counseling supervisors, and therefore they did not complete the survey. It is also possible

that some counseling supervisors did not feel comfortable completing the survey

questions asking about their multicultural competencies, general social desirability,

and/or demographic characteristics. As a result, these counseling supervisors chose to withdraw from the survey.

Generalizability

Considering the aforementioned limitations relating to the instrumentation, sampling method, as well as sample and sample size, generalizability of the results may be a limitation of this study. Given the sampling method used in this study, the majority of the participants may be affiliated with CACREP accredited doctoral counseling programs and professional counseling organizations. Therefore, it is unclear whether there is any difference between counseling supervisors who are affiliated with accredited programs as well as professional organizations and those who are not in terms of their self-reported multicultural competencies. In addition, although the investigator attempted to recruit an inclusive national sample of counseling supervisors, the majority of the participants in the present study appeared to be women, self-identified as Caucasian/European American, had obtained a Master's degree in counseling or related field, graduated from accredited graduate training programs, and practiced supervision at the university setting. Therefore, the results of the present study need to be generalized with caution across different populations that present different demographic characteristics.

General Social Desirability

The participants' general social desirability effect is also a limitation of this study. Although the MCSDS was administered to evaluate the influence of the participants' general social desirability, the validity of the participants' responses to the survey items

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in this study remains unclear, because all the responses were based on the participants'

self-report. In addition, the statistical results of the simultaneous multicultural regression

analysis and the two chi-square analyses provided limited empirical evidence to fully

explain the influence of the participants' general social desirability in this study. Such

results somewhat echoed the inconclusiveness of previous research results concerning the

social desirability effects on self-reported multicultural competencies (e.g., Constantine

& Ladany, 2000; Ortega-Villalobos, 2003, 2007; Sodowsky, 1996). It is possible that the

participants' general social desirability may have contributed to their self-evaluations of

their multicultural counseling competencies and multicultural supervision competencies

in this study. This said, the results of this study including the models established based on

the three canonical correlation analyses may contain a certain degree of errors of

estimation. Accordingly, the results of the present study should be exercised with caution.

Subjectivity

In addition to the aforementioned limitations, the investigator's subjectivity is a

limitation of this study. Although quantitative research is often considered as more

objective compared to qualitative research given its guiding research paradigms and

research procedures (Heppner et al., 2008), the investigator's subjectivity may have

played a role in this quantitative study. For example, the research process (e.g., research

design, data analysis) seemed to be objective and aligned with the goal of quantitative

research and the purpose of the present study. However, decisions made through the

research process (e.g., population and sample selection, instrumentation selection) may

have reflected the investigator's subjectivity (e.g., professional training background).

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Therefore, limitations pertaining to the investigator's subjectivity should be recognized when interpreting and using the study results.

<center>Recommendations for Future Research</center>

The present study contributed to previous research on multicultural counseling and multicultural supervision, as the results of this study found empirical evidence to explain the contribution of the multidimensional multicultural counseling competencies to the multidimensional multicultural supervision competencies with the consideration of the participants' demographic characteristics. Future research focusing on multicultural counseling and multicultural supervision may continue to contribute to the existing literature in various ways. This section presents several ways through which future research may add to the existing multicultural counseling and supervision research.

First, the present study mainly examined the contribution of multicultural counseling competencies to multicultural supervision competencies among counseling supervisors. Although the results are promising, it is inconclusive whether multicultural supervision competencies may contribute to multicultural counseling competencies. Future research can investigate how, if at all, counseling supervisors' multicultural supervision competencies contribute to their multicultural counseling competencies. Such investigation may further provide suggestions for counseling supervisors to enhance their multicultural counseling competencies through multicultural supervision practice based on empirical evidence.

Second, researchers agreed that supervisory alliance is a critical component that contributes to multicultural supervision (e.g., Bernard & Goodyear, 2014; Cook and

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Helms; 1988; Dressel et al., 2007; Gatmon et al., 2001; Toporek et al., 2004; Wong et al., 2013). Although the results of the present study supported this notion, the results were primarily based on one question on the demographic questionnaire inquiring the participants' perceptions of their supervisory working alliance with supervisees. To comprehensively understand the influence of supervisory alliance on supervisors' multicultural supervision competencies, future research can implement formal instruments designed to measure supervisory alliance while assessing supervisors' multicultural competencies.

Third, the purpose of this study was to understand the contribution of counseling supervisors' multicultural counseling competencies to their multicultural supervision competencies, while taking the participants' demographic characteristics into consideration. However, the present study did not attempt to address any between group differences that may exist among counseling supervisors from different demographic groups (e.g., women vs. men, Caucasian/European American counseling supervisors vs. counseling supervisors of color). To understand whether counseling supervisors' multicultural supervision competencies may vary across different demographic groups, future research can explore the between group differences, if there is any, of counseling supervisors' multicultural supervision competencies based on various demographic characteristics (e.g., gender, race/ethnicity, education) using quantitative research approach.

Fourth, the results of the present study did not appear to explain the contradictory research results concerning the social desirability effects on self-reported multicultural

competencies (e.g., Constantine & Ladany, 2000; Ortega-Villalobos, 2003, 2007; Sangganjanavanich et al., 2016; Sodowsky, 1996; Sodowsky et al., 1998). Therefore, it is still unclear how social desirability may (or may not) influence counseling professionals' self-evaluation of multicultural competencies. Sodowsky et al. (1998) noted that general social desirability may not necessarily detect one's socially desirable responses within the multicultural context, and therefore suggested to assess counseling practitioners' multicultural social desirability in multicultural research. Given this conceptualization, future research may implement instruments measuring both general social desirability and multicultural social desirability when assessing counseling professionals' multicultural competencies. This way, researchers can further investigate how, if any, general social desirability and multicultural social desirability may contribute to one's self-reported multicultural competencies.

Fifth, based on quantitative research approach, the results of the present study identified multiple contributing factors of counseling supervisors' multicultural counseling competencies and multicultural supervision competencies respectively (e.g., years of supervision experience, multicultural training, supervisory alliance). However, it remains unclear how each of these factors may contribute to counseling supervisors' multicultural competency development. Future research can utilize qualitative research approach or mixed research approach to further explore how these factors may help counseling supervisors develop and advance their multicultural counseling competencies and multicultural supervision competencies. Based on the results and findings from quantitative, qualitative, and/or mixed method research, future research can develop

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comprehensive and practical strategies that counseling professionals can utilize to promote their multicultural competencies.

Summary

The purpose of this study was to investigate the contribution of counseling supervisors' self-reported multicultural counseling competencies to their self-reported multicultural supervision competencies, while taking their demographic backgrounds into consideration. Aligned with previous research results (Ortega-Villalobos, 2003, 2007), the results of the present study revealed a statistically significant relationship between multicultural counseling competencies and multicultural supervision competencies. The results of the present study added to previous research results by explaining the nature and degree of the relationship between these two sets of competencies from a multidimensional perspective. In addition, the results of this study presented the contributing factors of counseling supervisors' multicultural counseling competencies (race/ethnicity, geographical location of residence, accreditation status of graduate training program, multicultural training, and supervisory alliance) and multicultural supervision competencies (years of supervision experience and supervisory alliance) respectively. Such results appeared to be similar to previous research findings (e.g., Constantine, 1997; Dressel et al., 2007; Holcomb-McCoy & Myers, 1999; Ortega-Villalobos, 2007; Ottavi et al., 1994; Pope-Davis & Ottavi, 1994; Pope-Davis et al., 1994; Pope-Davis et al., 1995; Sodowsky, 1996; Sodowsky et al., 1998) with some deviations (e.g., Constantine & Gloria, 1999; Gloria et al., 2008; Ortega-Villalobos, 2003; Pope-Davis et al., 1994;). Furthermore, the present study examined the effect of general social

desirability on the participants' responses to the survey items and found results that were

similar to previous research results (e.g., Constantine & Ladany's, 2000; Ortega-

Villalobos, 2003; Sangganjanavanich et al., 2016) with some deviations (e.g., Ortega-

Villalobos, 2007; Sodowsky, 1996).

Empirical evidence of the present study suggested that multicultural counseling

competencies and multicultural supervision competencies are significantly correlated,

meaning that these two constructs are related. Meanwhile, however, the results of this

study also revealed that multicultural counseling competencies and multicultural

supervision competencies were not necessarily associated with the same demographic

variables, implying that these two constructs are different. In other words, multicultural

counseling competencies and multicultural supervision competencies are two related yet

distinct competencies based on the results of this study. Accordingly, one cannot simply

assume the transferability between these two sets of competencies by suggesting that

counseling supervisors with multicultural counseling competencies can also demonstrate

multicultural supervision competencies.

The results of this study revealed implications for counseling supervisors,

counselor educators, as well as graduate counseling students and novice professional

counselors concerning their training and practice at multiple levels. On the other hand,

however, it is important to note that there are limitations associated with the present study.

Therefore, the results of this study need to be applied with caution. Future research

pertaining to multicultural counseling and multicultural supervision can continue to

advance multicultural knowledge using different research approaches to explore this topic from various aspects.

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APPENDICES

APPENDIX A

INFORMED CONSENT

Title of Study: The Contribution of Multicultural Counseling Competencies to Multicultural Supervision Competencies Among Counseling Supervisors

Principal Investigator: Yue Dang
Dissertation Advisor: Varunee Faii Sangganjanavanich, Ph.D.

Introduction/Purpose/Procedures:
You are invited to participate in a research project examining the contribution of multicultural counseling competencies to multicultural supervision competencies among counseling supervisors. You are invited to participate because of your current experience as a counseling supervisor. If you agree to participate in this study, you will be asked to complete an online survey that will take approximately 20 minutes. The online survey can be accessed by both PC and Mac computers and various mobile devices with internet access.

Risks and Discomforts:
There are no known physical, psychological, social, legal, and economic risks or discomforts associated with participating in this study. Any risks and discomforts associated with this study will be no more than the ones you may experience in your daily life.

Benefits:
Although participants may not directly benefit from participating in this study, the findings of this study may benefit the profession in the following ways. First, the findings may present initial empirical evidence for the discussion of the contribution of multicultural counseling competencies to multicultural supervision competencies. Second, the findings may stimulate further investigations of the development of these two competencies. Third, the findings may encourage counseling supervisors, counselor educators, practitioners, and graduate students to generate specific plans to enhance their multicultural counseling and supervision competencies and incorporate multicultural training in their practice.

Voluntary Participation and Withdrawal:
Participation in this study is voluntary. You may withdraw at any time if you decide to participate. Your refusal to participate or withdraw from the study will not involve any negative consequences.

Anonymous and Confidential Data Collection:
This study will not collect participants' identifiable information. Participants' data will be kept confidential to the extent allowed by law. Survey data will be kept on a password protected computer.

Contact Persons:
If you have any questions, concerns, or complaints about this study, you may contact Yue Dang (principal investigator) at yd13@zips.uakron.edu or Dr. Varunee Faii Sangganjanavanich (Faculty Advisor) at vfs@uakron.edu. You may also contact the University of Akron Institutional Review Board for the Protection of Human Subjects (IRB) at (330) 972- 7666 for questions about this study or questions regarding your rights as a research participant.

Participant Consent Statement:
By checking the *Yes* box below, you acknowledge that you have read the information provided above and agree to voluntarily participate in this study.

APPENDIX B

THE MULTICULTURAL SUPERVISION SCALE (MSS)

Instructions: Please indicate your level of agreement with each statement using the following scale:

1=Strongly Disagree
2=Disagree
3=Neutral
4=Agree
5=Strongly Agree

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I hesitate to mention a language barrier between the supervisee and I due to fear of being accused as a culturally insensitive supervisor.	1	2	3	4	5
2. It is useless to teach wealthy supervisees about what it is like to be poor.	1	2	3	4	5
3. I discuss issues regarding race and ethnicity with supervisees without hesitation.	1	2	3	4	5
4. Based on my experience, I believe one gender is better at counseling than the other.	1	2	3	4	5
5. Counselors with strong religious beliefs do not make good counselors.	1	2	3	4	5
6. Younger supervisees are often immature.	1	2	3	4	5
7. I am aware of the intersection of gender and power in supervisory relationships.	1	2	3	4	5
8. I believe multicultural competence is not an important requirement for supervisors.	1	2	3	4	5
9. I believe that privilege informs how people interact.	1	2	3	4	5
10. I can anticipate when my supervisory style may be appropriate for a culturally different supervisee.	1	2	3	4	5
11. It is hard for me to admit that I have prejudice toward people from particular cultural groups.	1	2	3	4	5
12. I can determine which clients are gay by talking to them.	1	2	3	4	5

Instructions: Please respond to the following statements utilizing the scale below:

1=Never
2=Rarely
3=Sometimes
4=Often
5=Always

	Never Rarely Sometimes Often Always
13. I educate supervisees to understand the impact of disabilities on clients' lives.	1 2 3 4 5
14. I intervene when I hear supervisees joke about gay clients.	1 2 3 4 5
15. I educate supervisees about the potential impact of gender dynamics on the counseling relationship.	1 2 3 4 5
16. I demonstrate the process of exploration of cultural stereotypes with supervisees.	1 2 3 4 5
17. I introduce the aging concept to supervisees when they work with older adult clients.	1 2 3 4 5
18. I explore the degrees of discomfort supervisees may experience with transgender clients.	1 2 3 4 5
19. I invite supervisees to discuss how their social class impacts their view of the clients.	1 2 3 4 5
20. I invite supervisees to educate me about their cultural background.	1 2 3 4 5
21. I encourage supervisees to confront their own attitudes toward clients who have disabilities.	1 2 3 4 5

For permissions and other copyright-related questions, please contact: *Varunee Faii Sangganjanavanich, Ph.D.,* School of Counseling, The University of Akron, Akron, OH. (Email: vfs@uakron.edu).

APPENDIX C

THE MARLOWE-CROWN SOCIAL DESIRABILITY SCALE (MCSDS)

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true of false as it pertains to you personally.

1. Before voting I thoroughly investigated the qualifications of all the candidates.

2. I never hesitate to go out of my way to help someone in trouble.

3. It is sometimes hard for me to go on with my work if I am not encouraged.

4. I have never intensely disliked anyone.

5. On occasion I have had doubts about my ability to succeed in life.

6. I sometimes feel resentful when I don't get my way.

7. I am always careful about my manner of dress.

8. My table manners at home are as good as when I eat out in a restaurant.

9. If I could get into a movie without paying and be sure I was not seen I would probably do it.

10. On a few occasions, I have given up doing something because I thought too little of my ability.

11. I like to gossip at times.

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

13. No matter who I'm talking to, I'm always a good listener.

14. I can remember "playing sick" to get out of something.

15. There have been occasions when I took advantage of someone.

16. I'm always willing to admit it when I make a mistake.

17. I always try to practice what I preach.

18. I don't find it particularly difficult to get along with loud mouthed, obnoxious people.

19. I sometimes try to get even rather than forgive and forget.

20. When I don't know something I don't at all mind admitting it.

21. I am always courteous, even to people who are disagreeable.

22. At times I have really insisted on having things my own way.

23. There have been occasions when I felt like smashing things.

24. I would never think of letting someone else be punished for my wrongdoings.

25. I never resent being asked to return a favor.

26. I have never been irked when people expressed ideas very different from my own.

27. I never make a long trip without checking the safety of my car.

28. There have been times when I was quite jealous of the good fortune of others.

29. I have almost never felt the urge to tell someone off.

30. I am sometimes irritated by people who ask favors of me.

31. I have never felt that I was punished without cause.

32. I sometimes think when people have a misfortune they only got what they deserved.

33. I have never deliberately said something that hurt someone's feelings.

DEMOGRAPHIC QUESTIONNAIRE

Please read the following questions carefully and answer each question by selecting the answer(s) that fits for you and/or filling in the blank.

1. Your gender identity (choose one)
   o Women
   o Men
   o Transgender
   o Other

2. Your race/ethnicity (choose one)
   o African/African American
   o Alaskan Native
   o American Indian
   o Asian/Asian American
   o Caucasian/European American
   o Hispanic/Latin American
   o Middle Eastern/Arabic American
   o Multiracial/multiethnic
   o Native Hawaiian/Pacific Islander
   o Other (please specify) _____

3. In which state do you currently reside?

4. Your highest degree obtained:
   o Master's Degree in Clinical or Counseling Psychology
   o Master's Degree in Counseling (Community/Clinical/Clinical Mental Health Counseling)
   o Master's Degree in Marriage and Family Therapy
   o Master's Degree in Social Work
   o Doctoral Degree in Counseling
   o Doctoral Degree in Counseling Psychology
   o Doctoral Degree in Counselor Education and Supervision
   o Doctoral Degree in Social Work
   o Other (please specify) _____

5. Is the graduate training program through which you obtained your highest degree currently accredited?
  o Yes (please specify the accreditation body/bodies) _____
  o No
  o Not sure

6. In which setting do you currently provide supervision?
  o Community center
  o Hospital
  o Private Practice
  o University
  o Other (please specify) _____

7. How many years have you provided clinical supervision (please provide a raw number)?

8. How many **multicultural counseling course(s)** have you taken in your graduate training program(s) (please provide a raw number)?

9. How many **postgraduate multicultural counseling training(s)** have you had after your graduate degree (please provide a raw number)?

10. How many **multicultural supervision course(s)** have you taken in your graduate training program(s) (please provide a raw number)?

11. How many **postgraduate multicultural supervision training(s)** have you had after your graduate degree (please provide a raw number)?

12. How would you describe your supervisory working alliance with your supervisee(s)?
  o Excellent
  o Very good
  o Good
  o Acceptable
  o Poor

APPENDIX E

IRB APPROVAL

Office of Research Administration

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NOTICE OF APPROVAL

Date: November 18, 2015

To: Yue Dang
School of Counseling

From: Sharon McWhorter, IRB Administrator

IRB Number: 20151107

Title: The Contribution of Multicultural Counseling Competencies to Multicultural Supervision Competencies Among Counseling Supervisors

Approval Date: November 18, 2015

Thank you for submitting your IRB Application for review. Your protocol represents minimal risk to subjects and matches the following federal category for exemption:

☐ Exemption 1 – Research conducted in established or commonly accepted educational settings, involving normal educational practices.

☑ Exemption 2 – Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.

☐ Exemption 3 – Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.

☐ Exemption 4 – Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.

☐ Exemption 5 – Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.

☐ Exemption 6 – Taste and food quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to the study's design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact the IRB to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. This office will hold your exemption application for a period of three years from the approval date. If you wish to continue this protocol beyond this period, you will need to submit another Exemption Request. If the research is being conducted for a master's thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

☑ Approved consent form/s enclosed

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