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International Supervisees' Experiences with Discrimination: A Critical Events Model

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International Supervisees' Experiences with Discrimination: A Critical Events Model Investigation

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Abstract

Although there is burgeoning literature highlighting international trainees' experiences in clinical supervision, limited attention has been given to trainees' challenges related to discriminatory instances in counseling and supervision. Research suggests that international supervisees experience both overt and covert instances of discrimination during counseling and supervision interaction. Supervisors' intervention is critical in discussing such events during supervision, as it can either promote or hinder supervisee competencies and growth. Yet, little is known about how supervisors handle such critical situations and its relation to supervisee outcomes. Therefore, using the Critical Events Model in supervision (CEM) and a mixed-method design, the current study examined supervisory interventions in addressing international supervisees' perspectives on their experiences with discrimination and its influence on predicting supervisee outcomes (supervisee competencies: knowledge, awareness, skills; supervisee self-efficacy, supervisory working alliance, and supervisee perception of supervisor's multicultural competence). Consensual Qualitative Research-Modified (CQR-M) was utilized to explore the discriminatory events experienced by international supervisees and their reactions following these events. Results revealed seven categories of discriminatory events including, negative attitude toward supervisee's language ability, witnessing prejudiced/racist comment, assumption about supervisee's culture or knowledge of culture, supervisor invalidated/ignored supervisee's cross-cultural experience, supervisee not seen as competent, questioned supervisee's interpersonal style, and lack of supervisory support/encouragement. Supervisee reported their reactions to the discriminatory events through endorsing various feelings (sadness, anger, frustration, confusion, helplessness), thoughts (self-doubt, reflection on supervisory relationship, rationalization, worry about professional issues), and behaviors (avoiding topic or contact with

supervisor, impact on clinical work, seeking support from outside networks, processing with supervisor, masking their feelings or advocating for own needs). An exploration of the kinds of supervisor interventions revealed that supervisees perceived their supervisors to predominantly use four interventions, namely, focus on self-efficacy (71%), skills (66%), evaluation (64%), and exploration of supervisee feelings (60%). Additionally, supervisees perceived focus on countertransference (56%), therapeutic process (51%), multicultural awareness (50%), normalizing experience (44%), focusing on reactions in an indirect manner (40%), focus on self-disclosure (40%), focus on supervisory working alliance (39%), becoming angry/dismissive (36%), focusing on supervision process (36%), changing topic of discussion (36%), and discussion of parallel process (20%) as interventions used by their supervisors. Quantitative analyses using multivariate multiple linear regressions revealed that only focus on supervisee feelings was a significant predictor of supervisory working alliance, and supervisee perception of supervisor's multicultural competence. Implications and limitations of these findings are discussed.

Chapter I

Introduction

The growth of counseling and related professions in the United States has drawn increasing number of international students to pursue training in applied clinical programs such as counseling and clinical psychology, marriage and family therapy, and social work (Heppner, Leong, & Chiao, 2008; Lau & Ng, 2012; Nilsson & Anderson, 2004). In 2013 there were 4.75% foreign students in APA-accredited doctoral programs in counseling, clinical, and school psychology (APA, 2014), with approximately 8.34% enrolled in counseling programs alone. A similar report by Ng (2006 a) indicated that of 176 CACREP-accredited counseling programs, nearly half of the surveyed programs had international student enrollments. A major requirement of these applied counseling and related programs is clinical training. Such training is necessary to achieve the needed clinical competencies (i.e., knowledge, awareness, and skills) in the provision of appropriate clinical services (Burkard, Knox, Goren, Perez, & Hess, 2006b; Inman, Jeong, & Mori, 2008; Nilsson, 2007). Within this context, supervision is critical for fostering the development of such clinical experience. It not only facilitates trainees' professional development and identity but also helps in developing their cultural competencies in serving clients from diverse backgrounds (Bernard & Goodyear, 2014; Burkard et al., 2006b). However, addressing and processing cultural dynamics requires a safe supervisory environment and an open discussion of cross-cultural differences that exist within the supervisory triad (Constantine, 1997; Constantine & Sue, 2007). Such cultural discussion and sensitivity becomes even more critical for international trainees as supervision and training occurs within multiple cultural systems for these students; often leading to challenges such as experiences of prejudice and discrimination (McClure, 2007, Nilsson & Wang, 2008; Sangganjanavanich & Black, 2009).

The small but emerging research on international students' experiences in supervision (Pendse & Inman, 2017), clearly points to their unique challenges and needs (e.g., Mori, Inman, & Caskie, 2009; Sangganjanavanich & Black, 2009). For instance, studies have consistently shown international trainees' difficulties with English language (Ng, 2006), adjustment to differences in socio-cultural understanding and worldviews (Nilsson & Dodds, 2006), and role conflict and ambiguity (Ng & Smith, 2012; Nilsson & Anderson, 2004) as significant stressors during their training. Importantly, research on international supervisees' clinical training suggests the presence of subtle and overt experiences of prejudice and discrimination from clients and instructors (Mittal & Wieling, 2006; Ng & Smith, 2009). Furthermore, there is emerging evidence of discriminatory events occurring during the supervision process of international trainees, and its impact on their supervision and training experience (Jang, Woo, & Henfield, 2014; Mittal & Wieling, 2006; Sangganjanavanich & Black, 2009, Sundaram, 2013). Despite these indications, we know little about how supervisors address such discriminatory experiences in supervision with international supervisees and how it influences supervisees' development. To address this gap, the primary aim of this study was to explore what perceived discriminatory events occur within the context of counseling and psychotherapy supervision of international trainees, supervisees reactions to these events, how supervisors intervene to address these events, and how those interventions may influence supervisee outcomes, using a mixed-method research design.

Discriminatory Events and Therapy and Supervision

Even though clinical training and supervision are meant to promote client welfare and supervisee professional development, it can also lead to negative consequences for trainees (Killian, 2001; Ng, 2006). A cross-cultural counseling environment in particular may pose

challenges when therapists, clients, and supervisors operate from varied worldviews (Sue, 1978). Moreover, not many supervisors are trained in multicultural theories and diversity issues (Bernard & Goodyear, 2014; Nilsson & Dodds, 2006) which may hinder them from addressing culturally diverse supervisees' or clients' needs (Constantine & Sue, 2007; Sue & Sue, 2012). When supervisors are not able to examine their personal biases and stereotypes regarding cultural factors, they could inadvertently collude with supervisees' willingness to share their own biases or create cultural mistrust in the relationship (Ancis & Ladany, 2001; Proctor & Davis, 1994). As a result, such an environment can lead to occurrence of subtle or overt prejudice within the context of supervision (Constantine & Sue, 2007).

To date, research on cross-cultural counseling has highlighted the experiences of domestic racial and ethnic minority supervisees with subtle racism or microaggressions during clinical practice (Constantine & Sue, 2007; Raheem, 2013; Winchester-Seeto et al., 2014; Wong, Wong, & Ishiyama, 2013). Research with counselors of color indicates that counselors often experience instances of prejudice or racism in the counseling process as well as in professional settings (Constantine & Sue, 2007; Hernandez, Carranza, & Almeida, 2010). In particular, immigrant or foreign-born therapists have reported being subjected to stereotyping and experiencing discrimination by U.S. clients (Akhtar, 2006; Kissil, Nino, & Davey, 2013b). Such instances not only make the counseling and interpersonal processes challenging but also impact counselors' self-efficacy and generate negative feelings (Isaacson, 2002; Kissil et al., 2013b).

Discriminatory experiences have also been reported in the supervision process. For instance, in a study with Black supervisees Constantine and Sue (2007) found that trainees experienced invalidation or minimization of cross-cultural issues, stereotypic assumptions about clients and supervisees, and culturally insensitive treatment suggestions from supervisors.

Furthermore, trainees of color perceive field supervisors as lacking awareness of racism and prejudice, with a tendency to minimize racial and cultural differences (Jernigan et al., 2010; McRoy, Freeman, Logan, & Blackmon, 1986). Such experiences can lead to mistrust of supervisors and affect the process and outcomes of both supervision and counseling. Studies suggest that when supervisors are ignorant in such instances, supervisees experience feelings of confusion, anxiety, and are cautious when disclosing feelings to supervisors (McNeill, Horn, & Perez, 1995).

When compared to their domestic minority counterparts, international trainees' experiences in counseling and supervision are often complicated by the differences in language, socio-political factors, and cultural unfamiliarity (Jacob & Greggo, 2001; Mittal & Wieling, 2006). For instance, for American minority individuals, ethnic and racial variables may have more salience, whereas for international trainees, variables such as language, nationality, religion, and worldviews are likely to have greater relevance (Leong & Chou, 1996). The nature of counseling work as well as the need for effective communication and cross-cultural skills are likely to escalate the difficulty for international trainees in their clinical work (Gutierrez, 1982; Nilsson & Wang, 2008). When international trainees operate from limited English proficiency and different cultural frameworks in a clinical setting, they often encounter culturally insensitive treatment from their clients (Killian, 2001; Mittal & Wieling, 2006; Pattison, 2003).

Language and cultural barriers can also affect the process and outcome of supervision (Bernard & Goodyear, 2014) for these trainees. Similar to the therapeutic setting, trainees are expected to be active participants in the supervision process – be engaged, ask questions, and spontaneously express their thoughts and feelings during supervision (Nilsson & Wang, 2008). However, studies suggest that many international students experience less confidence and more

anxiety when they struggle with cultural and language difficulties in supervision (Georgiadou, 2014; Mittal & Wieling, 2006; Nilsson & Anderson, 2004), perhaps resulting in more of a passive stance in supervision. Moreover, due to fear of negative evaluations, these trainees may be hesitant to bring up language efficacy issues in supervision (Nilsson & Dodds, 2006). International supervisees may also take time to process what is being said or shy away from expressing their opinion in group supervision due to uncertainty about being able to express themselves (Sundaram, 2013). In their qualitative study Sangganjanavanich & Black (2009) found that international supervisees often received insensitive and dismissive treatment from their supervisors. Participants in their study reported hearing culturally inaccurate, derogatory, and hurtful comments based on stereotypes by supervisors. When supervisors are insensitive towards such diversity issues, international supervisees experience frustration and feelings of misunderstanding (Garrett et al., 2001), experience confusion with training expectations (Killian, 2001), and a weakened supervisory alliance (Nilsson & Anderson, 2004). On the contrary, studies have also pointed to supervisors' ability to integrate culturally sensitive material during supervision and its positive influence on international trainees' learning outcomes (Killian, 2001; Mori, Inman, & Caskie, 2009) and supervisory relationship (Ng & Smith, 2012). These findings suggest the importance of supervisors' multicultural competence when addressing discriminatory events in supervision and how it can impact international supervisees' development.

Given the harmful effects of discriminatory events in counseling training and supervision for international trainees (Sangganjanavanich & Black, 2009), it is critical that supervisors address these events during supervision. Addressing such events can facilitate clinical skills, build self-efficacy, as well as multicultural competence among supervisees (McLeod, 2013; Mittal & Wieling, 2006; Nilsson & Duan, 2007). Thus, the current study first aimed to identify

the types of discriminatory events experienced by the international supervisees in counseling and psychotherapy supervision, their reactions to these events, and the types of supervisor interventions used to address these incidents; and second, the study examined the role of supervisor interventions as they pertain to discriminatory events and its influence on international supervisees' clinical competencies (knowledge, awareness and skills), supervisee self-efficacy, supervisory alliance, and supervisor multicultural competence from supervisee perspective. To this end, the Critical Events Model (CEM; Ladany, Friedlander, & Nelson, 2010) provided an important events-based framework to examine process and resolution of such critical events in supervision.

Critical Events Model (CEM)

CEM is an events –based model, founded within the supervisory working alliance that emphasizes multiculturally competent counseling and supervision (Ladany et al., 2010). CEM theorizes that supervision consists of a series of events transpiring between the supervisor and supervisee. According to this model, each critical event in supervision has three stages: a marker, a task environment or an intervention, and a resolution. The marker can be direct or overt (e.g., supervisee expresses difficulty working with a client) or implicit (e.g., supervisee remains silent in group supervision) and evolves from the supervisee or recognized by the supervisor. For the purpose of the current study, supervisee experiences of subtle or overt discrimination during supervision or therapy represent the beginning phase of the event and the supervisee's statement or reaction to the event represents the marker. Elicited from the marker, supervisor needs to utilize an intervention (e.g., explore supervisees' feelings, normalize experience, or focus on multicultural awareness) that addresses supervisee reactions. Although providing appropriate intervention is the supervisor's main task, in this stage the supervisee can also request specific

interventions (Ladany, Walker, Pate-Carolan, & Gray-Evans, 2008). The supervisory intervention can lead to a positive (e.g., increased understanding of cultural dynamics in therapeutic or supervisory dyad) or a negative experience (e.g., decreased confidence about one's ability to address cultural issues in therapy) for the supervisee and thus represent the resolution phase.

The CEM provides a significant framework within which discriminatory events can be discussed between the supervisor and supervisee. To date, a few studies have systematically examined and provided evidence for the CEM, and use of supervisor interventions during supervision (Bertsch et al., 2014; Devdas, 2015; Ladany et al., 2012). Ladany, et al. (2012), for instance, identified a number of critical events occurring within the supervisory dyad (e.g., concerns about the supervisor, challenging clinical situation). Their study revealed that supervisors frequently used interventions such as validating trainee feelings and self-disclosing about personal experiences, interventions that led to supervisees feeling better about their supervisory experiences, about themselves as professionals, as well as their work with clients. Similarly, Bertsch et al. (2014) highlighted how the CEM can be utilized in exploring gender related events and the role supervisor interventions can play in addressing gender-based events in supervision. The findings revealed that supervisors' use of specific interventions (e.g., therapeutic process, exploration of feelings), were significantly related to the resolution of the critical event for supervisee (e.g., self-awareness, skills, supervisory alliance). Moreover, it was noted that when supervisees experienced gender discrimination from supervisors, they reported weaker supervisory working alliance and negative perceptions of supervisor's multicultural competence (Bertsch, et al. 2012). A recent study by Devdas (2015) provides further support for the CEM's utilization in examining supervisors' interventions used to address supervisee

reactions to challenging feedback. Specifically, findings revealed that supervisors' interventions such as focusing on supervisee awareness, skills set, and normalizing supervisee's experiences significantly predicted the resolution, namely, supervisee's perceptions of stronger supervisory working alliance and increased supervisee satisfaction. Hence, altogether, the CEM provides a sound theoretical and empirical structure for the present study's emphasis on the role of supervisors' interventions in attending to discriminatory events and its impact on supervisee outcomes.

Supervisee Outcomes

Supervisee Clinical Competence. Clinical competence within a multicultural counseling framework is often appraised through counselors' knowledge, awareness, and skills when working with people from varied backgrounds (Arredondo & Tovar-Blank, 2014; Sue, Arredondo, & McDavis, 1992). Moreover, in an events-based model, resolution or outcome is dictated by an improvement or decline in self-awareness, knowledge, or skills (Ladany et al., 2010). Because an important task of supervision is to cultivate and refine trainee's clinical competence (Bernard & Goodyear, 2014; Falendar & Shafranske, 2010), supervisee's awareness, knowledge, and skills constitute the first three supervisee outcomes for this study. Self-awareness includes supervisee's ability to recognize how personal beliefs, behaviors, and biases impact the ability to work with clients. Knowledge refers to the theoretical, practical, as well as empirical understanding acquired through training, whereas skills include the interpersonal, technical, or conceptual aspects of trainee's practice work (Ladany et al., 2010).

Research suggests that supervisor interventions play an inevitable role in bringing out change in supervisee competencies (Ladany et al., 2010; Devdas, 2015; Soheilian, Inman, Klinger, Isenberg, & Kulp, 2014). For example, Toporek, Ortega-Villalobos, & Pope-Davis's

study (2004) of critical incidents in multicultural supervision revealed that when supervisors initiated challenging discussions involving racial and gender-related concerns, supervisees experienced increased awareness, knowledge, and insight into how culture affected the counseling process. Participants in this study also reported growth in counseling skills and knowledge upon supervisors' initiation of multicultural discussions. Similarly, Soheilian, et al. (2014) found that when supervisors facilitated exploration of cultural issues, self-awareness, as well as encouraged cultural understanding of client issues, supervisees experienced improved skills, self-awareness as a counselor, and were able to develop more culturally complex conceptualizations.

Whereas on one hand, supervisor's interventions facilitate trainee growth, on the other hand, their inability to intervene or engagement in unhelpful interventions can impact supervisees' perception of their own work and supervision's effectiveness (Gray, Ladany, Walker, & Ancis, 2001; Nelson & Friedlander, 2001). For instance, in Gray et al.'s study (2001), supervisees who experienced counterproductive events (e.g., supervisor dismissed trainee's thoughts and feelings or was not empathic) in supervision perceived a negative effect on their ability to work with clients. Moreover, when participants shared their concerns with supervisors, they either minimized or only superficially addressed supervisee's concerns. Therefore, supervisor's appropriate interventions appear to be critical in promoting supervisee's growth (Bertsch et al., 2014; Devdas, 2015).

Although the existing studies have investigated supervisee outcomes with supervisors' interventions during multicultural supervision, none of the studies have examined how challenging events related to discrimination are addressed and intervened in supervision with international trainees. Therefore, the third purpose of this study was to explore what types of

supervisor interventions used to address supervisee reactions to discriminatory experiences may predict supervisee self-awareness, knowledge, and skills.

Supervisee Self-Efficacy. Beyond an increase in awareness, knowledge, and skills, a belief in one's clinical ability is another important factor in achieving adequate counseling competency (Larson & Daniels, 1998). This factor becomes even more critical for international trainees who are likely to experience marginalization due to cross-cultural differences (Nilsson & Wang, 2008). Supervisee's counseling self-efficacy refers to beliefs in his or her clinical abilities to work with a client. High level of counseling self-efficacy is related to less anxiety, increased confidence in one's cognition, and improved counseling skills (Loganbill, Hardy, & Delworth, 1982; Nilsson, 2008). Although various factors (e.g., client characteristics, amount of clinical and theoretical experience) can impact counseling self-efficacy, clinical supervision is considered to be one of the most important tools in developing trainees' confidence in their clinical abilities (Cashwell & Dooley, 2008; Nilsson & Wang, 2008). Specifically, supervisor interventions, such as providing support and encouragement and focusing on cross-cultural issues seem to enhance supervisee's counseling self-efficacy (Constantine, Miville, & Kindaichi, 2008; Fernando & Hulse-Killacky, 2005).

In case of international trainees, certain variables, such as, language barriers, limited knowledge of host-culture, role ambiguity, low level of acculturation, and experiences with prejudice seem to influence development of their counseling self-efficacy (Gutierrez, 1982; Nilsson & Anderson, 2004; Nilsson & Wang, 2008). For instance, in their study with 42 international supervisees, Nilsson & Anderson (2004) found that when these students were more accepting of the US culture, and experienced less perceived prejudice, they exhibited higher counseling self-efficacy. Furthermore, the results revealed that when students reported more

perceived prejudice, they also engaged in more cultural discussions with supervisors, indicating the importance of the supervisor's role. Yet, their study did not examine the specific interventions supervisors used to address those experiences. When international trainees experience prejudice in counseling or supervisory setting, it is likely to create identity struggles that could be internalized, affecting the development of their counseling self-efficacy. To expand our understanding of supervisor's role in such instances, the fourth purpose of the current study was to examine what types of supervisor interventions used in addressing supervisee reactions to discriminatory experiences predict supervisee self-efficacy.

Supervisory Working Alliance. Supervision based in a strong working environment plays an invaluable role in the development of trainees (Barnes, 2004; Ladany et al., 1999; Nilsson & Wang, 2008). Thus, another variable of interest is the supervisory working alliance. The working alliance consists of the bond, tasks, and goals between a supervisor and supervisee (Bordin, 1979). Whereas a supportive supervision relationship facilitates supervisee self-efficacy (Cashwell & Dooley, 2001) and increased understanding (Ladany et al., 2010), unsupportive or dismissive supervision can result in supervisees' decreased sense of self-efficacy, increased anxiety, and disengagement from supervision (Gray et al., 2001).

For international students in particular, this supportive relationship has shown to be very critical (Nilsson & Wang 2008). Given the cross-cultural challenges faced by international students, it is critical that supervisors comprehend their role beyond facilitation of clinical skills, and serve as mentors for these students (Nilsson & Wang, 2008). Research suggests that when supervisors are able to build trust and safety in supervisory relationship, trainees are able to engage in meaningful multicultural discussion (Killian, 2001) and experience less role ambiguity (Ng & Smith, 2012). When there is a lack of meaning and genuineness in the supervisory

relationship however, international trainees report feeling disappointed, as well as dismissed or ignored in supervision (Sangganajanavanich & Black, 2009). Similarly, when international trainees experience more perceived prejudice, they report weaker supervisory alliance (Nilsson & Anderson, 2004). Supervisors' role and appropriate interventions are thus critical when handling such challenging issues with international students. Hence, the fifth purpose of this study was to examine what types of supervisory interventions addressing supervisee reactions to discriminatory experiences predict the supervisory working alliance.

Supervisor Multicultural Competence. Research on supervision with international trainees suggests that discussion of multicultural issues is an integral part of supervision and insufficient cultural discussions may create frustration among international trainees (Mori et al., 2009). Addressing multiculturally oriented critical events in supervision has been associated with positive supervision process and outcome (Burkard et al., 2006a). For instance, when supervisors are open to multicultural discussions, supervisees experience greater satisfaction with supervision (Nilsson, 2007), perceive supervisors as more sensitive to diversity issues (Nilsson & Dodds, 2006), as experts and more trustworthy (Nilsson, 2007). Thus, the last variable of interest in this study was supervisor multicultural competence.

Supervisors who are able to acknowledge cultural differences and guide students in navigating those differences seem to create a positive impact on international supervisees' self-efficacy (Nilsson & Anderson, 2004), their multicultural competence (Toporek et al., 2004), and working alliance (Gatmon et al., 2001). Additionally, multicultural discussions are said to contribute to trainee professional growth and competence (Gatmon et al., 2001; Inman, 2006). It is plausible that when supervisors are open to learning about international supervisees' cultural struggles, are self-aware of their personal biases, and are able to provide a safe space to discuss

multicultural issues, supervisees would be more willing to talk about challenging issues within supervision as well (Nilsson & Wang, 2008). It is thus fair to assume that when supervisors are multiculturally competent, they will be better able to address supervisees' reactions to critical experiences related to discrimination and promote stronger working alliance. In order to address this argument, a sixth and final objective of this study was to determine the relationship between the supervisory interventions and supervisees' perception of supervisors' multicultural competence.

The Present Study

Supervision plays a pivotal role in the training of international supervisees. Supervision becomes especially critical when these trainees experience instances of discrimination or prejudice within the counseling or supervision setting (Mittal & Wieling, 2006; Sangganjanavanich & Black, 2009). Studies stipulate the impact of such challenging experiences on supervisee competencies (Toporek, 2004), their counseling self-efficacy, and supervisory working alliance (Nilsson & Anderson, 2004). Moreover, it is possible that supervisee's experience of discriminatory events may differ depending on the context (counseling vs. supervision) within which they experience it. Although studies have indicated the importance of supervisor's multicultural competence in creating a safer and productive space for international trainees (Mori et al., 2009), there is little known about the kinds of interventions that supervisors use in these two contexts. Because of the dearth of literature in this area, this study took a broader perspective and examined supervisory interventions within both contexts: discriminatory events in counseling relationship and discriminatory events in the supervisory relationship.

The present study proposed a mixed method design to investigate supervisory interventions in addressing international supervisees' experiences with discrimination and its

influence on supervisee outcomes utilizing the critical events model of supervision (Ladany et al., 2010). As such, following research questions were proposed:

1a) What types of Discriminatory Events (DEs) do international trainees experience in counseling and psychotherapy supervision?

1b) How do supervisees react to the DEs that indicate a marker?

2) How do supervisors attend to those DEs? Specifically, what interventions do supervisors use to attend to the DEs?

3) What is the relationship between types of supervisor interventions and supervisee variables? Specifically,

(3i) What types of supervisor interventions predict supervisee clinical competencies, namely knowledge, awareness, and skills?

(3ii) What types of supervisor interventions predict supervisee self-efficacy?

(3iii) What types of supervisor interventions predict supervisory working alliance?

4) What is the relationship between the supervisor interventions and supervisees' perception of supervisor's multicultural competence?

Chapter II

Literature Review

Even though there is an increase in the literature on multicultural supervision (Inman et al., 2014), limited attention has been given to the research on supervision with international students (Mori et al., 2009). International trainees are often excluded or subsumed under the larger umbrella of students of color (Hird, Cavaliery, Dulko, Felice, & Ho, 2001; Killian, 2001). Emerging studies on supervision with international trainees provide important information regarding attending to these students' supervision experiences (Mori et al., 2009; Ng & Smith, 2012; Nilsson, 2007), specifically to those related to discrimination in therapy and supervision (Lee, 2013; Mittal & Wieling, 2006). Such challenging experiences can have a significant impact on trainees' development and thus need to be addressed in supervision. Therefore, the purpose of the current study was to identify the discriminatory experiences occurring in counseling and psychotherapy supervision with international trainees, how supervisees react to such events, what interventions do supervisors utilize to address these events, and how supervisor interventions impact supervisee outcomes utilizing the Critical Events Model (CEM).

To this end, this chapter first includes a discussion on international students in the US, counseling and supervision literature on international students, experiences of international trainees specifically related to discrimination, followed by an overview of the CEM and supervisee outcomes.

International students in the United States

With the advent of globalization and internationalization of higher education, the number of international students studying in the United States continues to increase. According to the Institute of International Education report (2016), in the academic year 2015-2016, U.S.

universities hosted about 896, 341 international students from around the world. Based on this report, China, India, and Saudi Arabia were the top three countries of origin of the incoming international students, followed by South Korea, Canada, Vietnam, and Taiwan. International students are a heterogeneous group, representing diversity in terms of the country of origin, languages, age groups, religions, and cultural backgrounds. A common thread that binds these students' experiences is their international status and experiences related to transition into a new culture and environment.

Literature on international students' experiences so far, has focused on their needs and challenges with respect to their adjustment and acculturation, mental health, and education (Mori, 2000; Pendse & Inman, 2017; Smith & Khawaja, 2011). Various factors have been identified as common acculturative stressors for these students, namely, language and communication anxiety (Mori, 2000; Wei, Wang, & Ku, 2012), adjustment to educational system and learning styles (Andrade, 2006), legal system (Coppi, 2007; Chen, 1999), socio-cultural stressors, including culture shock (Constantine, Anderson, Berkel, Caldwell, & Utsey, 2005), isolation (Poyrazli & Lopez, 2007; Sandhu & Asrabadi, 1994), and experiences of prejudice and discrimination (Chen, 1999; Lee & Rice, 2007; Rajapaksa & Dundes, 2002). At times, these stressors have shown to result in anxiety, depression, homesickness, low self-esteem, anger, and interpersonal stress (Leong & Chou, 1996; Mallinckdrodt & Leong, 1992; Sodowsky & Lai, 1997).

Researchers have noted that international students not only deal with adjustment-related stressors (Ebbin and Blankenship, 1986) or common developmental concerns related to living away from family, but also unique problems because of the transition of cultural and identity variables (Pederson, 1991). Many times, international students who grew up as majority in their

country or origin, experience a paradigm shift when they gain a changed status as a minority in their host country. Moreover, scholars have particularly pointed to a distinct difference between international students and US minority students (Leong, 1984; Yang et al., 2006). An important distinguishing factor is the difference in the socio-political factors that impact each of their experiences (Jacob & Greggo, 2001). Leong and Chou (1996) propose that for American minority individuals, ethnic and racial variables may have more salience; whereas for international students, variables such as language, nationality, religion, and worldviews have more relevance when conceptualizing their identity and cultural experiences. Due to the inherent cultural differences, many international students seem to have trouble in understanding racial tensions between different minority groups in the United States (Gutierrez, 1982). This can have significant implications for these students working with US based individuals. Furthermore, when international students enter into fields such as counseling, that require effective communication skills and cross-cultural knowledge and competency; it is likely that they may experience greater difficulty than their domestic counterparts (Gutierrez, 1982; Nilsson & Wang, 2008).

International students in counseling and supervision

Although the exact number of international students enrolled in the counseling and related graduate programs is unknown, there is a clear evidence of their increasing presence in the field (Lau & Ng, 2012; Nilsson, 2008). There is significant literature that highlights the issues of international students across different psychology related programs. The issues discussed in this literature are consistent with those mentioned in the general writings about international student experience (e.g., acculturation issues, language, and academic adjustment). However, there is emerging literature that explores these challenges in relation to international

students' clinical training and supervision experiences (Mori et al., 2009; Ng & Smith, 2009; Nilsson & Anderson, 2004).

Similar to other international students, international counseling trainees report experiencing challenges related to the U.S. educational system and specifically counseling training (Mittal & Wieling, 2006, Ng & Smith, 2009). A study by Ng (2006) examined 36 counselor educators' perceptions and experiences with international trainees. Results suggested that the counselor educators perceived international trainees, and in particular non-western international students to experience greater levels of academic concerns, difficulties in clinical courses, cultural adjustment concerns, communication barriers with clients, as well as problems with Western theories and treatment approaches to mental health, than domestic counseling students. Building on Ng's (2006a) study, Ng and Smith (2009) compared international and domestic counseling students' experiences in their clinical training. The study revealed similar findings. When compared to the domestic students, international trainees reported higher levels of academic concerns, language issues, social-relational problems, difficulty in clinical coursework and Western approaches. However, they also reported discrimination by faculty and fellow American peers.

An important component of clinical training is the high level of language proficiency (Nilsson & Anderson, 2004; Wedding et al., 2009), and ample understanding of cross-cultural nuances, values, and knowledge of socio-political background of the host culture (Inman et al., 2008; Lee, 2013). Scholars have noted that proficiency in speaking clients' language is essential for effective and sophisticated communication, in therapy and supervision (Gutierrez, 1982; Perrucci & Hu, 1995; Nilsson, 2008; Redmond & Bunyi, 1993). As such, mental health professional training requires trainees to be competent in both linguistic as well as

communicative skills (Nilsson, 2008). Linguistic competence refers to trainees' knowledge regarding language form; whereas communication skills include the social rules, subtle cues, and context of language (Paulston, 1974). Additionally, non-verbal communication such as eye contact, body language, and interpersonal relationship patterns are culturally laden (Sodowsky, Lai, & Plake, 1991). When working in clinical settings, understanding of such nuances becomes critical for empathizing and working with clients' feelings and experiences (Redmond & Bunyi, 1993), and when communicating their experiences to the supervisors (Lichtenberg & Goodyear, 2000). Therefore, international students who have limited proficiency in or exposure to linguistic and communicative expectations, especially the colloquial speech of the host culture, as well as restricted understanding of the cultural underpinnings are likely to work on standards of their own culture or be misunderstood. This can further cause confusion and challenge in clinical practice and supervision (Gutierrez, 1982; McClure, 2007; Nilsson & Anderson, 2004).

In addition to the language and cultural subtlety, accent in speech has been identified as an important factor that is likely to affect international trainees' effective functioning in clinical work (Lee, 2013). Dovidio, Gluszek, John, Ditlmann, & Lagunes, (2010) found that speakers with non-native accents tend to feel less confident in social interactions and experience less social belonging. Furthermore, Fuertes, Potere, and Ramirez (2002) and Fuertes, Gottdiener, Martin, Gilbert, and Giles (2012) noted that listeners often engage in interpersonal evaluations based on accents. Specifically, on one hand, a standard accent is associated with higher social status, intelligence, and education; on the other hand, non-native accent speakers are downgraded or considered less intelligent by the listeners (Gill, 1994), thus experiencing prejudice and discrimination by others.

Discriminatory experiences of international students

Researchers have been investigating the ethnic and racial discrimination on US college campuses since the civil rights movement (Hurtado, 1992). Some studies suggest that both international and immigrant students are likely to experience or perceive more discrimination than other US-based minority students (Ying et al., 2000). In fact, the existing literature indicates discrimination to be one of the most difficult cultural challenges that international students face.

Discrimination is said to be usually based on prejudicial attitudes and beliefs that can be positive or negative (Nieto, 2004), and can take many forms. Although limited, the literature highlights existence of both overt and covert forms of discrimination experienced by international students from other students, faculty members, and school staff (Bonazzo & Wong, 2007; Constantine et al., 2005; Hanassab, 2006; Poyrazli & Grahame, 2007). Examples of direct discrimination included verbal insults, direct confrontation, explicit hostility, and physical harassment (Chavajay & Skowronek, 2008; Cho, 2009; Cole & Ahmadi, 2003; Lee & Rice, 2007). Conversely, experiences of subtle discrimination often referred to as *microaggressions* (Sue et al., 2007) are manifested through *classroom ascription of intelligence, pathologizing communicative style, invalidating international issues and perspective, invisibility, assumption, exclusion and social avoidance,* or *systemic microaggression* (Kim and Kim, 2010). Moreover, studies have also consistently shown certain themes that are associated with international students' experiences with discrimination, including issues with English language and accent, lack of familiarity with host culture, and lack of social connection (Hanassab, 2006; Houshmand, Spanierman, & Tafarodi, 2014; Olivas & Li, 2006; Poyrazli & Grahame, 2007).

Perceived or experienced discrimination can be very harmful for international students (Poyrazli & Lopez, 2007). Particularly, students may experience a loss of identity or a profound

sense of loss of self (Poyrazli, Arbona, Bullington, & Pisecco, 2001), lower self-esteem (Schmitt, Spears, & Branscombe, 2003), increased homesickness (Poyrazli & Lopez, 2007), social withdrawal (Hsieh, 2007), and a higher amount of stress (Hanassab, 2006; Poyrazli & Grahame, 2007). Such experiences can be heightened when international students enter counseling and related fields that involve constant interpersonal connection. Thus, understanding the harmful effects of these forms of subtle and overt discrimination becomes important.

Discriminatory experiences in counseling and psychotherapy supervision

There is emerging research that has highlighted international trainees' experiences with prejudice and discrimination within clinical setting, including their work with clinical instructors, clients (McClure, 2007; Mittal & Wieling, 2006) and supervisors (Jang et al., 2014; Sangganjanavanich & Black, 2009). Similar to experiences of international students in general, international counseling trainees report discriminatory treatment from clients and supervisors, that are related to the differences in language ability, appearance, cultural values and understanding (Liu, 2013; McDowell, Fang, Kosutic, & Griggs, 2012; Sundaram, 2013).

To illustrate, Mittal and Wieling (2006) conducted a qualitative study examining Marriage and Family Therapy doctoral international students' needs and experiences across clinical training, supervision, and practice. Participants in this study reported feeling minimized, marginalized, and at times victimized by both faculty members and clients. They reported experiencing a general sense of inferiority and loss of confidence due to dynamics of privilege when working with American clients and faculty. Participants also reported significant concern with using English as their second language, noting the need to use language "with caution" due to being worried about their accents or clients' reactions. Some participants also reported experiencing discomfort due to the implicit messages that they received – to be assertive,

confrontational in interaction, talk about their feelings, and speak up more in class. A few participants also reported experiencing covert racist comments and discriminatory attitude from clients and supervisors in this regard.

Echoing Mittal and Wieling's (2006) findings about international trainees' discriminatory experiences in the clinical training, a few studies specifically focused on these trainees' challenges in conducting therapy with US based clients (Georgiadou, 2014; Liu, 2013; Ng & Smith, 2009). Liu (2013) qualitatively examined challenges East-Asian international counseling trainees face when conducting therapy in the US. Results revealed that some respondents experienced clients refusing services or distrusting trainees because they were an international student. Others reported facing overt discrimination from clients, when clients made stereotypically negative comments about students' cultural group, and openly expressed concern about trainees' ability to help them. Additionally, participants in this study found their clients responding negatively to their accents and language ability. As such, participants felt the need to be "careful" during conversations for the fear of being rejected due to their accents.

International trainees' challenges with language and "fitting in" seem to be the consistent themes in the literature, which affects trainees' ability and efficacy engaging in clinical work. For instance, Georgiadou (2014) conducted a qualitative study with counselor education international trainees. Through semi-structured interviews, participants in this study reported experiencing practical difficulties due to their non-native identity, such as problems with articulate self-expression, expression of emotions, and understanding clients' speech. Participants in their study experienced increased anxiety and lowered confidence in their clinical work. Specifically, respondents linked their anxiety to the fear of being rejected from clients, or being perceived as incompetent. Similar findings were revealed in Ng and Smith's (2009) study.

These authors found that when compared to domestic counseling students, international trainees reported more problems communicating with clients because of language difficulty. Particularly, participants felt hurt when faculty and clients expressed irritation due to lack of English proficiency and not feeling valued for what they bring to the training. Moreover, participants in this study experienced more discrimination from their fellow trainees, faculty, and reported more emotional distress when compared to domestic students.

Although still evolving, a few studies have indicated presence of stereotypical attitudes and beliefs in the supervision of international trainees. For example, Sangganjanavanich & Black (2009) undertook a qualitative study with five masters and doctoral international supervisees, examining their supervisory needs, experiences, attitudes, and perceptions. Participants felt that their supervisors failed to understand their cultural background, and often ignored or dismissed discussing cultural issues in supervision. Respondents felt confused, frustrated, and often disappointed when their supervisors assumed cultural differences as not being an issue. At times, participants sensed that their supervisors tried to enforce sameness, when in fact there were vast differences among the countries and cultures between supervisees and clients. Respondents in this study reported that their supervisors often made culturally inaccurate, derogatory comments, which felt hurtful and oppressive to supervisees. Trainees not only experienced supervisors making prejudicial statements, but also felt insulted when supervisors made comments based on cultural stereotypes.

Discriminatory experiences not only occur during individual supervision, but are also experienced during group supervision. For instance, in a qualitative study, Sundaram (2013) found evidence for discriminatory instances during group supervision. Participants felt that they were targets of racial hostility and microaggressions because of the power differences in

supervisor-supervisee relationship. Supervisees in this study found it extremely hard to speak up due to the structure of the group, and limited discussion of diversity in their group supervision. Participants reported experiencing subtle discrimination, racial tension, particularly during group supervision and receiving stereotypes based on their physical appearance. For example, one of the participants thought that they were labeled as the "person of color who always brings up cultural stuff," indicating different ways discriminatory experiences can be manifested during supervision.

Although the above stated studies report instances of discrimination during clinical training and supervision, many of the international trainees also reported feeling supported and valued when supervisors provided interventions that were supportive and culturally responsive (Liu, 2013; Sundaram, 2013). Interestingly, trainees were not only able to look at their experiences in a positive light but also found the negative experiences to be meaningful and enriching to their training experience, including their multicultural counseling competencies, and overall growth and development (Chen, 2004; McDowell et al., 2012; Sangganjanavanich & Black, 2009).

However, given the harmful effects of discriminatory experiences in counseling and psychotherapy supervision (Constantine & Sue, 2007; Mittal & Wieling, 2006), it becomes critical to examine what specific discriminatory events occur during counseling and psychotherapy supervision with international trainees, how supervisees react to these events, how supervisors intervene, and their influence on supervisee variables, including supervisee learning outcomes: knowledge, awareness, and skills; supervisee self-efficacy, and supervisory working alliance, and supervisee perception of supervisory multicultural competence. It is possible that the discriminatory instances supervisees experience during counseling and

supervision differ. Similarly, it is likely that supervisor's use of intervention would differ based on where the discriminatory experiences occur. Yet, given the limited literature available in this area, as the first step, the current study examined discriminatory events and interventions in both contexts. In understanding the discriminatory events during supervision and the interaction between supervisee and supervisor when addressing such events, the CEM provides a sound theoretical framework.

CEM Model

Critical events in supervision refer to dilemmas encountered between supervisors and supervisees that either impede or facilitate counselor growth (Ladany et al., 2005). It is important that supervisors address these events, as it can promote stronger clinical skills and competence in supervisees. The CEM provides an interpersonal framework to investigate supervision process and change mechanism that takes place during supervision process. Specifically, the CEM process model assumes a beginning (marker), middle (task environment), and end (resolution) to any critical event. The marker is usually characterized by supervisee's statement or behavior indicating the need for specific help or intervention on supervisor's part. This marker can either be overt or explicit (e.g., supervisee expresses discomfort in working with a client), or covert or subtle (e.g., supervisee avoids discussing particular issues in supervision). Marker signals the supervisor to initiate an interaction sequence or task environment. Based on the nature of the event, supervisor engages in interventions such as, focusing on supervisory alliance or exploration of feelings. The final stage or outcome of this task analysis is resolution, which can be either an enhancement or decline in the supervisee development and supervisory relationship (Ladany et al., 2005).

For the current study, CEM was chosen as it provides a pantheoretical and interpersonal framework in identifying and understanding challenging events such as addressing experiences with discrimination (Ladany et al., 2005). So far, three studies have provided empirical support for the CEM by identifying different critical events, examining supervisors' interventions, and resolution of those critical events (Bertsch et al., 2014; Devdas, 2015; Ladany et al., 2012). For instance, Ladany et al. (2012) investigated commonly occurring critical events in supervision. The markers noted by participant supervisees involved concerns about supervisory relationship or supervision, a challenging clinical situation, or concern related to self. Supervisors' interventions included supporting or validating supervisee experiences, processing supervisory relationship, focusing on trainee's feelings about clinical situation, and being open to supervisee's experiences. The resultant resolution revealed that trainees found improvement in supervisor relationship, ease in discussing challenging experiences, and increased self-efficacy in working with clients.

Applicability of CEM in exploring gender-related events in supervision was similarly evaluated by Bertsch et al. (2014). Authors identified a number of interventions employed by supervisors when addressing gender related events such as gender discrimination, gender identity interaction, attraction, and power dynamics, and facilitating supervisee outcomes. The most typical interventions used by supervisors, including exploration of feelings, focusing on relationship, supervisee skills, and self-efficacy, resulted in improved supervisee self-awareness, knowledge, skills, and self-efficacy. The findings of this study not only revealed important critical events but also indicated the effectiveness of the CEM in understanding supervisor interventions in resolving these events successfully.

A recent study by Devdas (2015) further strengthened the empirical support for CEM. This study utilized CEM to explore how supervisor interventions used to address supervisee reactions to challenging feedback influenced supervisee outcomes. Findings not only revealed challenging feedback received by supervisees, such as, clinical approach, professionalism, and interpersonal interaction, but also supervisee reactions to this feedback, including being disappointed at self, frustration with supervisors, and experiencing self-doubt. In order to address these events, supervisor utilized various interventions including, normalizing supervisee experience, focusing on supervisee self-awareness, and skills. Findings suggested that these interventions significantly improved supervisee's perception of supervisory relationship and their self-efficacy. Findings of this study restated CEM's importance in not only understanding critical events, but also recognizing supervisee reactions, supervisor interventions, and resulting outcomes. Hence, the CEM model seems to provide an ideal framework for current study, to explore how supervisor interventions used to address supervisee reactions to discriminatory events may influence supervisee outcome.

For the purpose of the current study, supervisee outcomes refer to supervisee clinical competencies (knowledge, awareness, skills), supervisee self-efficacy, supervisory working alliance, and supervisee perception of supervisor's multicultural competence. The outcomes are discussed in the following section.

Supervisee Variables and Discriminatory Experiences

Clinical Competencies (Knowledge, Awareness, and Skills). Attaining competency is considered to be at the core of professional development of a psychologist (Kaslow, 2004), and is often achieved through supervision in clinical practice (Sue et al., 1992). A recent call for competency-based supervision has conceptualized clinical competencies in terms of knowledge,

awareness, and skills (Falender, Shafranske, & Falicov, 2015). Knowledge refers to the theoretical understanding that trainees acquire in order to provide ethical services to clients, whereas awareness involves supervisee' s ability to identify how their personal factors influence their clinical service. Skills refer to trainee's capability to effectively apply what has been learned through gaining the knowledge and awareness (Ladany et al., 2010; Sue et al., 1992). Supervision and supervisor's interventions play a critical role in honing these outcomes for supervisees. In fact, research suggests that supervisees find supervisor's interventions to be helpful, particularly in multicultural supervision context (Toporek et al., 2004).

Although none of the studies so far have specifically investigated how discriminatory events in supervision can influence growth in international trainees, few studies (Gray et al., 2001; Nelson & Friedlander, 2001; Soheilian et al., 2014; Wong et al., 2013) have explored how helpful and unhelpful supervision interventions can facilitate or hinder supervisee outcomes. For example, in a recent study by Soheilian et al. (2014), researchers examined supervisor's use of multicultural interventions and its role in supervisee experiences. Findings provide important evidence for the usefulness of supervisor interventions in facilitating changes in supervisees work and experience. Specifically, results revealed that when supervisors utilized interventions that facilitated exploration of specific cultural issues, supervisee self-awareness, and challenged openness in supervisee's approach to cultural and client issues, supervisees experienced improvement in their understanding of utilizing empathy with clients, recognized their personal biases and limitations in clinical work, and modified their treatment approaches. Toporek et al (2004) also observed growth in supervisees' awareness, counseling skills, and knowledge in a critical incidents study. In this study with supervisors and supervisees, participants experienced a raise in their cultural awareness when supervisors engaged in interventions such as theoretical

discussions, encouragement, and direct positive feedback. One of the international supervisees in this study gained skills when supervisors provided insight oriented intervention about supervisee's struggle in understanding host culture. Additionally, supervisees acquired knowledge about discussing challenging issues related to gender and race, when supervisors initiated theoretical discussions in supervision. Encouragement was another important intervention used by supervisors in this study, which provided supervisees with more exposure and confidence in their ability in addressing issues related to ethnicity and language. Moreover, supervisee self-disclosure also seemed to be an important area of growth in awareness and skill development.

In addition to the above mentioned interventions, normalizing supervisee's experiences, increasing supervisee's awareness, focusing on evaluation, enhancing supervisee's multicultural awareness, exploring countertransference, and examining parallel process have been noted as useful supervisor interventions when addressing critical events such as, challenging feedback (Devdas, 2015) and gender related events (Bertsch et al., 2014).

Conversely, a few studies have highlighted negative supervisor interventions that either help or hinder supervisee competency (Gray et al., 2001; Nelson & Friedlander, 2001). For instance, in Gray et al.'s (2001) qualitative study on counterproductive events in individual supervision, trainees experienced frustration and annoyance with the supervisor as well as felt "incompetent" and "not valuable" in their work. Trainees also felt anxious and nervous when approaching clients and supervisors. At the same time, some trainees felt that they had benefited from the negative experiences, as it increased their knowledge about multiple viewpoints, and facilitated their professional development. Similar findings were revealed in Nelson and Friedlander's (2001) study on master's and doctoral trainees. When interviewed about a

supervision experience that had damaging effect on their training, respondents noted that even when supervisors failed to intervene effectively, supervisees experienced increase in their knowledge, their ability to be self-reflective, and improved skills (e.g., being more assertive of their needs, directly addressing problems with supervisors).

Although existing literature provides evidence for the importance of supervisor's interventions during challenging incidents in supervision, none of the studies have examined supervisor's approach in handling discriminatory events for international trainees. Therefore, the third purpose of the current study was to examine how supervisors' interventions in handling discriminatory events can promote international supervisee's clinical competence through knowledge, awareness, and skills.

Supervisee self-efficacy. Clinician's belief in their ability to counsel a client has been considered to be an important factor in effective counseling experience (Nilsson, 2008). Research has consistently shown a strong relationship between higher levels of self-efficacy, lower anxiety, and more self-affirming cognition (Larson & Daniels, 1998). Supervision is an important avenue through which supervisees can develop such self-efficacy (Barnes, 2004; Cashwell & Dooley, 2001). For instance, in a study with 82 masters level counseling students, Fernando and Hulse-Killacky (2005) found when supervisors were structured and goal-oriented, supervisees experienced an increase in their self-efficacy. Additionally, Cashwell and Dooley (2001) reported that students who received consistent clinical supervision had higher levels of self-efficacy, when compared to students who had little or no supervision during their training. On the contrary, other researchers have stated that when supervisees receive dismissing or unsupportive supervision, they experience loss of self-efficacy, and disengagement from supervision (Gray et al., 2001; Nelson & Friedlander, 2001). Moreover, supervisor interventions

that promote supervisee self-efficacy also help develop supervisee competencies (Bernard & Goodyear, 2014).

Specifically, supervisor interventions that are multiculturally sensitive have shown to help develop self-efficacy. (Kissil, Davey, & Davey, 2013a; Green & Dekkers, 2010). For instance, studies (Lent et al., 2009; Toporek et al., 2004) have found that when supervisors provided a supportive approach in supervision and created an open environment to discuss difficulties with cross-cultural issues, supervisees experienced increased confidence in their counseling abilities. Supervisor's culturally sensitive interventions seem to be especially crucial when supervisees face negative cultural experiences, such as prejudice or stereotyping. For example, Kissil et al. (2013a) found a significant negative association between foreign-born therapists' perceived prejudice and their counseling self-efficacy. Similarly, Nilsson and Anderson's (2004) study revealed that international students who experience prejudice, and are also distant from the mainstream culture tend to report less counseling self-efficacy. Supervisees in this study, who experienced more perceived prejudice and less counseling self-efficacy, also experienced less cultural discussions from supervisors and weaker supervisory alliance. Thus, studies speculate that when supervisors are in-tune with the cultural differences in the counseling and supervisory relationship, and are able to initiate multiculturally sensitive interventions, they positively affect supervisee's clinical self-efficacy (Nilsson & Anderson, 2004; Nilsson & Dodds, 2006). Although research has established a strong base for the importance of developing counseling self-efficacy for supervisees, and the importance of supervisor interventions in developing supervisee self-efficacy, none of the studies have looked at specific supervisor interventions that would facilitate supervisee self-efficacy when discussing discriminatory events. Therefore, the fourth purpose was to explore what types of supervisor interventions used

in addressing supervisee reactions to discriminatory experiences predict international supervisee self-efficacy.

Supervisory working alliance. An important ingredient for any effective supervision relationship is the development of a strong working alliance (Bordin, 1994). The supervisory working alliance refers to the mutual agreement on goals and tasks of supervision, and emotional bond between supervisor and supervisee (Bernard & Goodyear, 2014; Bordin, 1979). Feelings of trust and respect are often highly valued when establishing strong working alliance. One of the important ways to establish this trust is by acknowledging and engaging in cultural discussions with supervisees (Duan & Roehlke, 2001; Killian, 2001).

There has been a strong association found between a strong working alliance and increased supervision satisfaction (Cheon, Blumer, Shih, Murphy, & Sato, 2009), perceived self-efficacy (Gibson, Grey, & Hastings, 2009) and less role difficulties and ambiguity for international trainees (Ng & Smith, 2012; Olk & Friedlander, 1992). A strong relationship has also been established between level of acculturation and working alliance (Ng & Smith, 2012; Nilsson & Anderson, 2004). Particularly, Nilsson and Anderson (2004)'s findings suggested that lower level of acculturation along with weaker supervisory alliance led to less effective supervision experiences. Specifically, results revealed that less preference for using English and more perceived prejudice were both associated with weaker supervisory rapport. It can be assumed that when supervisees experience prejudice in clinical or supervision setting, they are likely to be more guarded.

Working alliance is essential when discussing issues that are critical and personal to supervisee (Falender & Shafranske, 2004; Ladany et al., 2013). It is possible that when supervisors engage in mutual discussions related to challenges, in this case, discriminatory

events in supervision, supervisees will experience an increase in supervisory alliance, a link that has not been explored in the research so far. Therefore, the fifth purpose of this study was to investigate how supervisor interventions used in addressing supervisee experiences with discrimination influence supervisory working alliance. A vital factor in establishing a strong working alliance with international students is supervisors' ability to initiate cultural discussions and their sensitivity to diversity issues (Nilsson & Dodds, 2006; Toporek et al., 2004). Thus, a final variable under consideration was supervisor's multicultural competence.

Supervisor multicultural competence. Multicultural competence refers to one's beliefs and attitudes, knowledge, and skills in navigating similarities and differences across cultures (Sue et al., 1992). Given the power difference inherent in the supervisory relationship, it is critical for supervisors to possess adequate multicultural competence. Moreover, supervisor multicultural competence is crucial when supervisors work with international trainees who are less acculturated.

Research suggests that often minority trainees have gained more training and are more attentive to cultural issues than their supervisors (Constantine et al., 2005; Killian, 2001). International trainees are constantly required to navigate between values of their host culture and cultural of origin (Mittal & Wieling, 2006). When trainees perceive their supervisors to be more culturally competent, they report greater satisfaction and positive outcome in supervision (Inman, 2006; Mori et al., 2009). International supervisees also tend to engage in more cultural discussion, when they perceive supervisors as holding greater multicultural competence (Mori et al., 2009), than those who perceive their supervisors to be less multiculturally competent. Furthermore, Kissil, et al's. (2013a) study revealed a strong relationship between therapist's clinical self-efficacy and supervisor's multicultural competence. Specifically, results revealed

that when foreign-born supervisees perceived their supervisors to be multiculturally competent, they showed increased efficacy in counseling skills, including insight, exploration, client distress, session management, and relationship conflict.

Supervisor multicultural competence may be especially important when discussing challenging issues, such as discriminatory experiences. For instance, due to the power differences in the supervisory relationship, some trainees may find it difficult to initiate discussions related to discrimination and perceived prejudice, unless initiated by their supervisors (Mittal & Wieling, 2006). Specifically, students who are less acculturated or adhere to strict hierarchies of authority may find it hard to engage in cultural discussions (Killian, 2001; Nilsson & Anderson, 2004). Supervisors with high multicultural competence may be able to better engage supervisees in examining their cultural process and diversity issues pertaining to the clinical setting. Trainees report that their willingness to discuss a sensitive topic during supervision often depends on their perception of supervisor's ability to effectively deal with such issues (Walsh et al., 2002). Therefore, a sixth aim of this study was to explore the relationship between supervisors' multicultural competence and their interventions as they relate to supervisees' experiences with discrimination.

Chapter III

Method

Participants

A priori power analysis was conducted to approximate the number of participants required for an estimated effect size f^2 of 0.11, power of 0.8 at significance level of 0.05 with K_y = 6 and K_x = 4. The value of estimated effect size f^2 was calculated using assumed cross-correlation coefficient R^2= 0.25 i.e. Wilkes λ = 0.75. The number of participants was calculated to be 67 for the estimated effect size of f^2 of 0.11. In total, 135 participants clicked on the survey. Out of the 135 respondents, 70 surveys were deemed complete (including both, quantitative and qualitative) and hence used in the current study.

The age of participants ranged between 23 and 39 (*M*=28.27 and *SD*=3.57). Seventy three percent of the participants identified as cis-gender women and 22.9% as cis-gender men, 4.3% identified as other but chose not to elaborate. In terms of sexual orientation, 82.9% identified as heterosexual, 8.6% identified as bisexual, 5.7% identified as gay, 1.4% as queer, and 1.4% identified as other. Their duration of stay in the US ranged between less than a year to 28 years (*M*=6.09, *SD*=4.54). Seventy five percent of the respondents were on F-1 visa, and 4.3% were on J-1 visa status. About 20% of participants had other legal status that allowed them to study in the US (e.g., green card, dual citizenship, L-1 visa). In terms of ethnicity, majority of the participants identified as Asian (67%), of which, 43% identified as East Asian, 13% as South East Asians, and 11% as South Asians. Rest of the participants identified as 13% Caucasians/White/European, 7% Latino/Hispanic, 5% as Middle Eastern, 3% Black and 5% others. With regards to country of origin, majority of the participants (47%) came from East Asian countries (e.g., China, Hong Kong, Taiwan, South Korea), followed by India (14%), and

European countries such as, Turkey, France (13%). Remaining participants were represented from countries such as, Iran, Brazil, Mexico, and Honduras. Participants were also asked about their native language. Forty three percent of trainees reported either Mandarin or Cantonese as their first language, with only 8% reported English as their native language. With regards to social class, 54% identified as belonging to middle-high social class, whereas 43% identified as low-middle social class, with 3% identifying their social class as low.

In regards to academic discipline, 65.7% of participants were from counseling psychology and other counseling related programs (e.g., mental health counseling, counseling and human services), 25.7% from clinical psychology, 5.7% from marriage and family therapy, and 2.9% from social work. 74.3% of the participants were pursuing doctoral degrees (PhD and PsyD), 22.8% were pursuing master's degrees (MA and MS), and 2.8% noted other degrees. In terms of year in program, 4.3% were in the first year of their degree program, 31.4% in their second year, 14.3% in their third year, 17.1% in their fourth year, and 18.6% in their fifth year, 14.3% in their sixth to seventh year of their training programs (*M = 3.6, SD = 1.5*). In terms of practicum training, 28.6% of the participants were at the beginning level (1-2 practicums completed), 44.3% were at the advanced level (3-4 practicums completed) and 27.1% were on their doctoral internships. For the practicum/clinical setting, 44.3% of participants were based in University/College setting, 35.7% were based in community settings, 11.4% were based in hospitals, and 8.6% identified other settings (e.g., schools, correction center). The duration of supervision received ranged from 1 to 60 months (*M=20.33, SD=15.25)*. Participants were also asked to report their fluency in English, with possible scores ranging from 3 to 15. Participants scores ranged from 9 to 15 (*M=13.19; SD=1.71).*

Additionally, participants were asked to provide demographic information about their supervisors. With regards to ethnicity of supervisors, participants reported that 62.9% of their supervisors identified as European American, 8.6% as Latino/Hispanic, 7.1% identified as Asian American, 5.7% identified as African American, and 8.6% were from other ethnic backgrounds. Amongst the supervisors, 68.6% were reported as cis-gender women, 28.6% were cis-gender men, and remaining (2.9%) identified as other. In terms of supervisor credentials, 71.4% held doctoral degrees (PhD and PsyD), 17.1% had a master's degree (MA and MS), 8.6% were doctoral trainees, and 2.9% were other. Cognitive Behavioral Therapy (including behavioral, Acceptance and Commitment Therapy) emerged as the most common theoretical orientation amongst the supervisors (38.6%) followed by humanistic/relational approach (24.3%), and psychodynamic (14.3%) orientation. Participants were also asked about their supervisor's approximate supervision experience, however about 63% of the participants were not aware of this information. Those who did, reported this experience to be anywhere from 1 month to several years.

Measures

Demographic questionnaire. Participants were asked to report on their visa status, gender, age, sexual orientation, country of origin, native language, length of stay in the US, social class, and perceived English language fluency. In particular, English language fluency was assessed using the Self-Reported Fluency of English (SRFES; Yeh & Inose, 2003) and was included in the demographic questionnaire. Participants' perception of their English fluency was assessed using three questions: "what is your present level of English fluency?"; "how comfortable are you communicating in English?"; and "how often do you communicate in English?" The items are scored using a 5-point Likert scale. Previous studies have reported

Cronbach alpha's ranging from 0.78-.81 (Dao et al., 2007; Yeh & Inose, 2003). Chronbach's alpha for the current study was 0.76 for this measure.

In the demographic form, participants were also asked about their type of academic program, degree sought, year in the program, number of practica completed, and type of training site. Participants were further asked to report demographic information about their supervisor (i.e., gender, age, and race/ethnicity) and supervisor's credentials (i.e., degree, theoretical orientation, supervision experience in months).

Discriminatory events in supervision. In order to identify discriminatory events in supervision, a qualitative questionnaire was constructed based on existing supervision literature and the adapted version of the Gender Related Events Questionnaire (GREQ; Bertsch et al., 2014) - Discriminatory Events in Supervision Questionnaire (DESQ). Permission was obtained from the authors of GREQ to modify the questionnaire. Following the provision of an example of a discriminatory event, in DESQ (see Appendix D) participants were asked to recall an instance of a discriminatory event in supervision and their reaction to this event (i.e., emotional response). Next, they were asked whether the event was discussed in supervision, and if yes, who initiated the discussion. If the event was not discussed, supervisees were asked to write what was discussed instead. All participants were then provided with a list of possible supervisor interventions, based on both the CEM model and the existing multicultural supervision literature (e.g., exploration of feelings, focus on parallel process, discussion of cultural differences, being dismissive; Ladany et al., 2005; 2008; Sangganjanavanich & Black, 2009). Responses to these interventions included a 'yes' or 'no' format. In addition, participants were also given an opportunity to respond to an open-ended question of 'other' supervisor interventions. Finally, participants were asked to rate the extent to which supervisor interventions led to changes in self-

awareness, knowledge, and skills, and the working alliance, using a Likert-type format for responses, ranging from -2 (negatively influenced) to +2 (positively influenced). Increase or decrease in self-awareness, knowledge, and skills served to address clinical competence among trainees.

Counseling self-efficacy. Counselor Self-Estimate Inventory (COSE; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992) is a 37 item self-report inventory used to assess trainees' perceived self-efficacy in counseling abilities. The COSE contains both positive and negative statements about counseling self-efficacy. Trainees rate their perceived counseling abilities on a six point Likert-type scale ranging from ''Strongly Disagree'' to ''Strongly Agree.'' The total score represents the counselor's level of self-efficacy beliefs; higher scores denote greater self-efficacy. Test-retest reliability after three weeks for the global COSE measure was .87; internal consistency estimates were .93 (Kozina, Grabovari, Stefano, & Drapeau, 2010). Convergent validity was demonstrated by a significant positive correlation with the Tennessee Self-Concept Scale, a criterion measure of self-esteem and significant negative associations with both the State Anxiety and the Trait Anxiety Scales for the overall COSE score as well as for all five factors scores (Kozina, et al. 2010). Cronbach's alpha for the current study was 0.95.

Supervisory working alliance. The *Working Alliance Inventory/Supervision-Short (WAI/S-Short;* Ladany et al., 2007) is a 12-item self-report measure used to assess supervisees' perceptions of the supervisory working alliance. A sample item includes, "We agree on what is important for me to work on". Responses are rated on a 7-point Likert-type scale ranging from 1 (never) to 7 (always) with higher scores signifying a stronger supervisory alliance. In terms of psychometric properties, the WAI/S-Short was positively related to effective supervisor behaviors (e.g., strengthening the supervisory relationship, promoting open discussion; Ladany et

al., 2007). Previous internal consistency estimates of WAI/S-Short have ranged from .80 to .96 (Ladany et al., 1997; Mehr, Ladany, & Caskie, 2010). Cronbach's alpha for the current study was 0.97.

The Supervisor Multicultural Competence Inventory (SMCI; Inman, 2005). The SMCI measures supervisees' evaluation of their supervisors' multicultural competence in the context of supervision. The SMCI is a 34-item self-report measure, rated on a 6-point Likert-type scale. The instrument captures five domains (supervisor-supervisee focused personal development, case conceptualization, interventions, process and outcome/evaluations). A preliminary exploratory factor analysis assessing the underlying structure of the SMCI suggests a one-factor solution. Convergent validity for this scale has been shown to collate with the Cross-Cultural Counseling Inventory-R (LaFramboise, Coleman, & Hernandez, 1991). The coefficient alpha in previous studies have ranged between .97-.98 (Inman, 2006; Kissil et al., 2013a; Mori et al., 2009). Cronbach's alpha for the current study was 0.98.

Procedure

Given the nature of the population required for this study, an attempt was made to first recruit participants by contacting various student groups via e-mail (e.g., APAGS, Student Affiliates of Seventeen) and faculty engaged in international student research. Second round of e-mails was sent to internationally-focused professional groups (e.g., Division 52, Division 17 International Section). Additionally, training directors of masters and doctoral level counseling and related programs (APA, ACA, CACREP) and clinical sites were contacted via e-mail and requested to distribute the study announcement to eligible participants in their programs or sites. Recruited participants were invited to participate in an online survey (through Qualtrics) containing the informed consent letter (that describes the purpose of the study, procedure, risks

and compensation associated to the study, confidentiality statement), and a demographic questionnaire and study measures. The order of quantitative measures was randomized to account for counterbalancing effects. The confidentiality and anonymity was maintained as participants were not asked to provide their name or contact information during the survey. As an incentive, ten participants were randomly selected for $25 Amazon gift cards. Participants were asked to provide their email address in order to be selected for the Amazon gift card; however during this process, they were directed out of the survey and their information was not be attached to participants' survey responses.

Data Analysis

The current study used a mixed method analysis including consensual qualitative research-modified and multivariate multiple linear regressions.

Qualitative Analysis. Consensual qualitative research-modified (CQR-M, Spangler, Liu, & Hill, 2012) was used to explore the content of the discriminatory events and supervisees' reactions. CQR-M is a qualitative method adapted from CQR to be used for larger samples and relatively brief, qualitative data. Additionally, CQR-M is helpful to use when researching little-studied phenomena (discriminatory experiences of international supervisees in this case). Furthermore, this method aids in the triangulation of the data (Spangler et al., 2012), by allowing to study a phenomena through different methodological combination. CQR-M approach involves a bottom-up analytic process, in which categories are derived directly from the data instead of imposing a preset structure. It utilizes both, discovery-oriented (Mahrer, 1988) and exploratory research (Hill, 1990) methods in order to develop domains and categories by a team of researchers.

The research team consisted of three doctoral students (including the primary researcher) from the counseling psychology program. This team of judges was selected based on their prior experience in qualitative research as well as knowledge of multicultural supervision literature. The primary researcher identified as South Asian international student, the second member identified as Puerto Rican/Armenian, and the third team member identified as European American. A very important step in qualitative research is to acknowledge and explain researcher bias. This step is not only recommended by the authors of CQR-M (Spangler et al., 2012), but was also deemed important given the sensitive nature of the phenomena under study. Therefore, prior to coding, the research team engaged in self-reflectivity through a discussion of their prior knowledge of and/or personal experiences with discrimination in order to bracket assumptions. Specifically, the primary researcher recognized that her own personal experiences of microaggressions in clinical work had influenced her beliefs regarding how important effective supervision is when addressing such harmful experiences. The other team members, although did not report any personal experiences facing discrimination, shared their awareness and sensitivity towards experiences of their international clients and colleagues.

In coding the data set, the research team focused on two domains: (1) discriminatory events and (2) reactions to the discriminatory event. For both domains, data were coded in three stages. Thus, in the first stage of coding, the team selected a set of participant responses (30 responses) to develop an initial set of categories under the domain of discriminatory events. These 30 responses served as training items (Spangler et al., 2012). For each participant response, the team examined key phrases and words to create a broader set of categories. For example, one respondent described a discriminatory event as, “My supervisor did not give me enough work because I am from a different country.” We coded this as “limited workload due to

international status." Another respondent stated, "One of the transferred clients reported that she worried not being able to understand my English as a Chinese international student even before meeting with me." We coded this as "negative attitude towards supervisee's language ability." the research team used a similar process in identifying the remaining categories for the discriminatory events.

In the second stage of coding, the judges coded an additional 20 participant statements to confirm the validity of the initial categories and to establish that the categories were representative of the data, meaning that no further categories could be developed and saturation was reached. In this stage, adjustments to the categories were made to reduce overlaps across categories as well as discrepancies were discussed with team members until a consensus was reached. For example, we had initially coded one statement, "When I wanted to discuss the patient's ethnic minority background and her relevant difficulties my supervisor stated that she does not see them to be relevant," as "supervisor's lack of multicultural competence." Whereas we had coded another statement such as, "I was discussing a client and my reaction to him during the session. I wanted to talk about my biases but supervisor said that 'we notice biases, keep them aside, and move on'. [My] supervisor did not explore my reaction" as, "supervisor ignored supervisee's experience." Through discussion, the team agreed that both of these statements address supervisor invalidating or ignoring supervisee's need to process their cross-cultural experiences, and hence were collapsed the two categories and labeled the category as "supervisor invalidated/ignored supervisee's cross-cultural experience. If categories occurred infrequently, they were either edited or combined to form larger, abstract categories (Spangler et al., 2012). Sub-categories were developed when a category reflected two different perspectives on a particular issue (e.g., perpetrators were both supervisors and clients). The remaining data

(20 responses) were coded against this final list of categories with no additional categories evolving. At stage 3, judges reviewed all 70 responses against a final list of categories for discriminatory experiences. At this stage, if judges came across a particularly descriptive response, they marked the response number with an asterisk so that response could be used for illustrative purposes in the result section (Spangler et al., 2012). A similar process was utilized to determine categories under domain 2: reactions to discriminatory events.

Quantitative Analysis. A preliminary analysis was conducted to determine the relationship between demographic variables and outcome variables. Specifically, MANOVA was used to determine any group differences between demographic variables (e.g., academic discipline, clinical setting, number of practica, supervisor theoretical orientation) on the set of dependent variables. Data was assessed for univariate and multivariate outliers and assumptions of multicollinearity. Multivariate normality, skewness, kurtosis was examined. Frequencies were analyzed to determine the interventions used by supervisors in response to the discriminatory events. As the interventions were dichotomous (yes/no), they were dummy coded (e.g., No=0, Yes=1). Based on previous research (Bertsch et al., 2014; Devdas, 2015), four most frequently used interventions were identified as predictor variables for the study.

Multivariate multiple linear regression (MMLR) was utilized to explore the relationship between the predictors (supervisor interventions) and the dependent variables (knowledge, awareness, skills, self- efficacy, working alliance, and supervisor multicultural competence). MMLR was selected in order to concurrently examine the relationship between multiple predictors and multiple dependent variables. Specifically, the following research questions were addressed using MMLR: (1) what types of supervisor interventions predict supervisee clinical competence, namely, self-awareness, knowledge, and skills? (2) What types of supervisor

interventions predict supervisee self-efficacy? (3) What types of supervisor interventions predict supervisory working alliance, and (4) What type of supervisor interventions predict supervisee's perception of supervisor's multicultural competence?

Chapter IV

Results

Power Analysis

A priori power analysis was conducted to approximate the number of participants required for an estimated effect size f^2 of 0.11, power of 0.8 at significance level of 0.05 with K_y = 6 and K_x = 4. The value of estimated effect size f^2 was calculated using cross-correlation coefficient R^2= 0.25 i.e. Wilkes λ= 0.75. The number of participants was calculated to be 67 for the estimated effect size of f^2 of 0.11. Thus the current number of participants of 70 indicated a power of 0.8 for the analyses to detect small to medium effect (f^2 of 0.11). A post power analysis was conducted to confirm whether the required effect size criterion was met. Analyses revealed that the actual value of effect size was found to be f^2 of 0.35 (At Wilkes λ= 0.35, and R^2= 0.65) indicating a large effect. For this effect size (f^2 of 0.35) the actual number of participants required was 27 at power of 0.8. Therefore, the current number of participants of 70 was concluded to be satisfactory based on both a priory and post power analyses.

As the present study uses CEM framework, the results are organized to reflect the three-stage process of a critical event: the marker, the task environment, and the resolution.. Therefore, first, I present the discriminatory events within both counseling and psychotherapy supervision and the reactions that the supervisees had towards the events. These represent the marker. Next, supervisor interventions that reflect the task environment or intervention phase of CEM are reported. Finally, the resolution or the relationship between interventions and outcome variables (knowledge, awareness, skills, self-efficacy, working alliance, and supervisor multicultural competence) are presented.

Qualitative Analysis

Discriminatory events. The use of CQR-M revealed a total of 7 categories (and 6 sub-categories) of DEs that supervisees experienced within both the counseling relationship and the supervisory relationship and were either discussed or not discussed in supervision: Negative attitude toward supervisee's language ability (31%), with two sub-categories: perpetrated by client, perpetrated by supervisor; Witnessed a prejudiced/racist comment (21%), with two sub-categories: towards self (supervisee), towards others (clients/immigrants); Assumption about supervisee's culture or knowledge of culture (15%), with two sub-categories: by client, by supervisor; Supervisor invalidated/ignored supervisee's cross-cultural experience (9%); Supervisee not seen as competent (15%); Questioned supervisee's interpersonal style (5%); and Lack of supervisory support/encouragement (4%). Two responses were either incomplete, or were not DEs, and therefore excluded from analysis. It is important to note that the majority of the discriminatory encounters occurred within the supervisory relationship. See Table 1 for the percentage distribution of encounters with supervisors and with clients.

Negative attitude towards supervisee's language ability. A majority of the participants reported facing discrimination due to their perceived language ability or 'having an accent." Such discrimination was experienced either from clients or from supervisors. Specifically, participants spoke about clients expressing discomfort or uncertainty about working with supervisee because of their "lack of English language skills." For example, one respondent shared, "A client said that I don't understand him because I don't know English. And then he turned to my supervisor and tried to explain how I misunderstood his message that he was trying to convey to me earlier."

Another participant shared,

> A client told me, I may not be able to understand (client's) experience because of my cultural background and age. (Client) told me that (client) can tell that I truly wanted to help, but my language proficiency made me less efficient.

Similarly, another respondent said, "My client made stereotypically negative comment about my language proficiency. He told one of the staff that he does not understand me. However, I have been very comfortable and successful with other clients in the same site." Moreover, one participant said, "one of (my) clients laughed at my accent during session, and did not return to next session." Some participants experienced such discrimination from supervisors. For instance, one respondent shared about getting frequently corrected by their supervisor for "correct pronunciation." Likewise, another respondent said,

> The supervisor often give[s] me facial expressions (it looks like "I don't know what are you talking about") when I present a case. Sometimes (supervisor) says: I don't know what are you saying, can you spell the word for me? I never encounter this situation with other supervisors and other colleagues in clinical settings.

Moreover, some supervisees experienced supervisors either minimizing or misconstruing supervisee's language-related concerns. For instance, one supervisee shared:

> When I try to talk with my supervisor about my concerns and having not enough confidence in my language in sessions, my supervisor told me that I did not give myself enough credit. She is super supportive. But sometimes I feel she doesn't want to (or unable to) understand my worries.

Similarly, another stated, "I was quite nervous to counsel in English, and expressed my concerns to said supervisor. It was upsetting when she questioned my competence, and did not recognize how I was struggling with my own acculturation process."

Witnessed a prejudiced/racist comment. Overt racial or prejudiced statements were the second most frequently experienced discriminatory events reported by participants. Within this category, discriminatory experiences were either directed towards the participant (i.e., supervisee) or directed towards others (e.g., clients, immigrants). In speaking to racist comments made directly towards supervisees, by either supervisors or clients, one participant noted,

> When I told (my supervisor) that I am an international student so I am not familiar with the ethnic or cultural origin of my clients' last names, (my supervisor) said, “Aren't you supposed to be the multicultural person? I am more multicultural than you.”

A few participants experienced derogatory comments about being a “foreigner” or “from a different culture.” One respondent, when sharing their experience in supervision heard, “You should consider to go back to your native country if you can't adapt.”

One participant who self-identified as Latino reported experiencing comments that reflected the socio-political climate of the time of the response: “Since the current presidential campaign started, I have had 2 clients make a stereotypical negative comment about Latinos, or more specifically, to how the wall is necessary to 'keep brown folks away.”

When describing comments directed towards others, one participant shared:

> One of my clients, after a few sessions, said that immigrants were the problem with America, and that they should all be sent away. The client knew I was an international student - I tell that to all my clients, in our first session.

Another participant noted a similar experience where the client made a prejudiced comment about international students, “During a recent session, a student client made a comment about international students on campus and how annoying he feels with them, with their constant influx, and how they do not leave the country immediately.”

Supervisor invalidated/ignored supervisee's cross-cultural experience. Participants also noted events where supervisors either completely disregarded or overlooked supervisee's need to discuss their difficult experience (e.g., discussion of international experience or countertransference issues due to cultural differences), or dismissed their concerns. For instance, one participant shared, "When I wanted to discuss the patient's ethnic minority background and (client's) relevant difficulties my supervisor stated that (supervisor) does not see them to be relevant."

Some participants shared instances, where supervisors "came from a good place," however the "interaction turned hurtful". For example, one respondent quoted:
"I was discussing the recent election and stress with my supervisor and he brushed it off saying that 'it'll get better' and did not really spend time talking about it".

Assumption about supervisee's culture or knowledge of culture. Other frequent discriminatory occurrences reported by participant were related to assumptions about supervisee's culture, based in either a shared identity (both supervisor and supervisee having the same ethnic background) or preconceived notions about supervisee's international status or culture. For instance, one participant shared,

> This supervisor, who is also a[n] international student, assumed that I should have similar experiences as (supervisor). For example, my supervisor suggested I have difficulty processing emotions with my client because … our culture[s] do not give us the tools to do that.

Another noted, "My supervisor asked me why I wanted to research emotions because she thought people in my culture are less emotionally expressive."

Some discriminatory events in this category occurred when supervisee experienced disregard from supervisor about their knowledge of other cultures, and made assumptions. As one participated shared,

> Supervisor turned down the notion that I was able to provide adequate treatment to a client whom (supervisor) perceived was of their own ethnicity and discounted me from knowing about (supervisor's) culture. Supervisor did not allow nor was willing to discuss alternative viewpoints on things the client said.

Supervisee not seen as competent. Some of the DEs involved clients doubting supervisee's competence by refusing to work with international trainee or questioning therapist assignments. As quoted by one participant,

> A recent client I met with kept asking questions about my background--where I am from, my credentials, why I am being supervised. I almost felt like (client) was interrogating. At the end of the intake they said they preferred seeing a senior staff instead and kept "assuring" that there was nothing wrong with me but their problems may need more expertise.

Furthermore, client assignments were assumed to occur due to similar ethnic/cultural backgrounds. For example, one participant quoted a client, "A client asked me during the intake session - why did your supervisor assign you as my Counselor Intern (client is also an international student from same country)?"

Some supervisors also questioned supervisee's competency. As noted by one participant, "When I worked with my previous heterosexual White male supervisor, he made comments about me that has the implied message that I was not competent as a therapist." Similarly,

another quoted, “when comparing to (others), my supervisor thought that I don’t understand the therapeutic models or lack competency in my clinical work.”

Moreover, when compared to other trainees, few participants’ noted that their competence was tied to the limited/selective clinical work (i.e., cases) received. One respondent shared:

> My supervisor told me I have to take "baby steps" in seeing clients because I am from another country. Whenever I told her I am not having enough client contact she would told me I am in my first year of (master’s degree) and another reason is because of where I am from.

Moreover, participants indicated not receiving a diverse experience because of being assigned selective clientele. As one participant quoted, “I am not afforded the opportunity to work with a diverse client population given that I am almost exclusively assigned to work with (non-English) speaking clients.”

Questioned supervisee’s interpersonal style. Although less frequently, participants experienced differing treatments and being wrongly labeled for their interpersonal style. One participated said,

> When I tried to be polite while consulting about clinical cases, I was labeled "anxious" by my supervisor for my style of consultation which was congruent with my cultural background. I sometimes struggle with being concise as English is not my first language when consulting and I was repeatedly questioned if it was due to my anxiety.

A couple other participants were not only categorized for their different interpersonal style, but also asked to “fit” in with the mainstream culture. As quoted by one of the participants,

> My supervisor says I need to be more assertive and independent like other American trainees at my site. This is my first clinical experience and I am anxious. I feel I need her advice but she wants me to be on my own.

Lack of Supervisory Support/encouragement. Finally, some participants narrated DEs that reflected lack of support from supervisors. Specifically, participants expressed that they often received more negative feedback about their work when compared to other non-international trainees. For instance, one participant stated:

> My supervisor never gave me any kind of positive feedback on the work I was doing, even though she was quick to appreciate the other interns (who were all American). Somehow it felt that she would pick on me only for giving me negative/critical feedback even though my clients liked working with me.

Another participant felt isolated when they were not given the similar opportunities as their fellow trainees. They quoted,

> All of us were interested in applying for the position at the counseling center but I was the only one whom (supervisor) never encouraged to apply (all the others were encouraged to apply in every supervision session that they had with supervisor). In fact, one of the other interns noticed (supervisor's) behavior towards me too and said that they also agreed (supervisor) never acknowledged how much I bring to the center.

One participant shared that they experienced a lack of support because they appeared more knowledgeable than the supervisor, "My supervisor did not know some stressors experienced by international students. I have to advocate for myself and feel the need to often explain my experiences when they are more typical for international students."

Supervisee reactions. Participants were asked to report their reaction after witnessing the discriminatory event. These reactions were categorized under three categories: feelings, thoughts, and behavior.

Feelings. Supervisees expressed feeling a range of emotions as a reaction to DE, including sadness/hurt (53%), anger/frustration (29%), confusion/surprise (23%), as well as feeling powerless, vulnerable and ashamed (7%).

When expressing their feelings of sadness and hurt, one participant stated, “I became quite depressed because I felt I could never do anything to please (supervisor) and I was trying very hard to do that.” Moreover, supervisees expressed feeling “invisible” and “dismissed” when they felt saddened. One participant stated, “I feel bashed on; my voice was not heard, and I was not understood. Instead of trying to put their self in my shoes, (supervisor) judged me based on own perception of me”.

Participants also expressed feeling anger and frustration, often followed by sadness. One participant described these varied emotions after encountering a racist comment from a client:

> I was really angry at first and then sad...mostly given the current political climate and experiencing this happening to me. I wanted to point out how obviously racist they were being, but chose to keep my calm and felt kind of glad that I didn't have to meet with them again.

Similarly, another shared, “I am exhausted. I feel sad, angry, worn out by how frequent I have to encounter such ignorant comments and it's very taxing for me to explain why multicultural sensitivity is common sense”. Yet another supervisee quoted feeling surprised, but sad by supervisor as, “I was surprised because I assumed she would say that the client might

have some stereotypes of international counselors. But the supervisor just said I was having an accent, which made me feel sad about myself." Similarly, another noted their confusion due to limited knowledge of discrimination, "Since I have little knowledge about discrimination before my experience in USA, I felt confused and did not understand where my anger was coming from."

Moreover, a few participants expressed internalized emotions such as feeling ashamed and vulnerable. For example, one participant stated, "I was so upset…I felt very inadequate and incompetent and vulnerable the whole time." Another said, "I felt ashamed because I thought I was doing so well in my practicum."

Thoughts. Supervisees endorsed engaging in five types of thought processes, including, self-doubt (26%), self-reflection (11%), reflection on supervisory relationship (9%), rationalization (4%), and worry about professional issues (3%). Participants most frequently reported engaging in thoughts of "self-doubt." One participant quoted after experiencing a judgmental event in supervision, "it is really hurtful to my own self-esteem and confidence as a therapist." Another supervisee noted, "I doubt my ability and felt like it was a bad decision to study clinical social work in USA." Participants also frequently doubted their ability after being criticized about their language abilities (accent, anxiety) and stated, "I do not think I have a very difficult accent, all my peers can understand me perfectly well. But I remember immediately doubting my ability."

Second most frequent thought reaction included "self-reflection." For instance, after witnessing a direct prejudiced comment, one participant shared, "I thought she was right and that maybe it wasn't the right place for me." Another participant said:

I wasn't sure if I was completely out of place in thinking this way but I wondered if supervisor reacts same way with his other US supervisee. I wonder if it is because I come across shy and easy to assert power over.

Similarly, another participant noted, “I didn't agree or disagree with the patient's statement about not understanding English. I acknowledged that I misunderstood part of his message when he tried to convey to me.”

Some of the thoughts also included reflection about supervisory relationship. One participant shared, “I felt unwelcomed and feeling like (supervisor) does not enjoy working with me”. Similarly, another stated, “I had a good relationship with the supervisor and did not think (supervisor) would be that cruel to me.”

Some participants also engaged in “rationalizations” as a way to understand the DE. One supervisee shared their reaction after witnessing a microaggression from a client as, “I did not feel discouraged about my language proficiency. I thought the client could have easily made this comment to avoid the sessions.” Another participant noted, “I wasn't sure whether this client completely forgot that I had revealed my identity as an international student right at the beginning of our work.” Yet another justified supervisor behavior by saying, “I understand that she was trying to comfort me.”

Although infrequently, some participants thought about concerns related to “being able to complete required clinical hours”, and “receiving a negative evaluation.”

Behavior. Discriminatory events seemed to influence supervisee behaviors within the supervisory process as well as in their clinical work. With regard to the supervisory interaction, one of the most common ways of reacting to a DE involved “avoiding related topic in

supervision or contact with supervisor" (14%). One participant noted, "becoming more passive" during supervision. Another shared:

> I was confused when the statement was initially made. I had already felt uncomfortable with this supervisor's leadership style, so it took a while for me to process that my dislike of this comment was different from my overall dislike of her…. I was already engaged in avoidant behavior (avoiding contact) with this supervisor, and it simply intensified after that statement.

Yet another talked about their experience wanting to avoid supervision as:

> Supervision sessions started to become something that I wanted to avoid and I hated Monday mornings even more because my supervision sessions were scheduled for 2 hours every Monday morning. My anxiety about the session would start from Sunday evening itself.

Another participant also reported resorting to not expressing their feelings, however continued feeling hurt:

> I did not want to show my anger because of the power difference, so I tried to appear calm. Inside I was also deeply hurt, because I know that I would no longer feel safe around him. Before supervision, I would feel nervous and tense because I did not know how he would push my buttons again.

Beyond impacting their supervisory interactions, participants also shared how the DE impacted their clinical work (7%). One participant stated, "I remember wrapping up our session earlier than usual that day." Another trainee reported "becoming more passive in the session", and yet another stating that they "do not always look forward to our sessions."

A very few number of participants shared that they were able to immediately "process" their reaction with their supervisors (3%), or seek support from outside networks, such as peers, advisers, or therapists (7%). Whereas some supervisees were able to find comfort through such resources, some preferred to either mask their feelings or advocate for their needs on their own (6%). One participant shared:

> My way of dealing with discrimination and prejudice was just to ignore it… big problem is when the discrimination is so subtle and/or is a microaggression. That becomes difficult to talk about, especially if the aggressor is not from counseling program.

Yet another noted that "(despite feeling discriminated against), I tried my best to show my unconditional positive regard during the session."

Only one supervisee resorted to taking action against racist and dismissive behavior by a supervisor and noted, "I confronted my supervisor many times and ended up reporting (supervisor)."

If the event was not explicitly discussed, supervisees were asked why they thought it was not discussed. These perceptions ranged from being aware of the power difference, not feeling safe to bring it up on their own, supervisor's interpersonal style, to supervisor not willing or typically not engaging in multicultural issues in supervision, supervisor ignoring or minimizing trainee experience, or supervisee not knowing how to bring up such topic.

For instance, one supervisee quoted:

> I was afraid that (supervisor) would be defensive about it, and I would in turn feel even more hurt and invalidated. I was also mindful of the power differences between us, because (supervisor) was the evaluator of my practicum course.

Another participant shared, “It was probably ignored that it was not a big issue. Though I clearly spoke about it and brought it to discussion and supervision.” Similarly, another stated:

> I was worried about my supervisor's reaction, and about the politics/ power differential since everyone seemed so excited to be able to get (non-English) speaking clients off the waitlist. I did not want to seem selfish or petty, or affect my relationship with the program.

Yet another said, “Supervisor had a dominant interpersonal style that did not allow for reflection.”

> When the DE was not explicitly discussed during supervision, supervisees reported coping primarily by seeking support from peers, colleagues, or family members. Some supervisees were able to receive support from faculty or personal therapists.

Supervisor interventions. Data analysis revealed a total of 16 supervisor interventions utilized after the discriminatory event that represents the task environment phase of CEM. Seventy one percent of the supervisees reported that their supervisors focused on supervisee’s self-efficacy (e.g., discussion of supervisee’s sense of confidence as a supervisee, student, or therapist), 66% focused on discussion of supervisee’s clinical skills (e.g., discussion on the how, when, where, and why of conceptual, technical and interpersonal skills), 64% reported their supervisors focused on evaluation (e.g., discussion of performance in therapy/supervision), 60% reported that their supervisors engaged in exploration of supervisee’s feelings (e.g., discussion of feelings about client, supervision, training), Additional interventions included, focus on countertransference (56%; e.g., discussion on how feelings or personal issues are triggered by client’s or supervisor’s behavior), therapeutic process (51%; e.g., discussion on what is taking place between therapist and client in the therapeutic relationship), multicultural awareness (50%;

e.g., discussion of supervisee self-awareness in relation to individuals who are similar and different from them in terms of cultural and social identity variables), Other interventions that were less frequently used included, normalizing experience (44%), focusing on reactions in an indirect manner (40%), focus on self-disclosure (40%), focus on supervisory working alliance (39%), becoming angry/dismissive (36%), focusing on supervision process (36%), changing topic of discussion (36%), and discussion of parallel process (20%).

Quantitative Analysis

Quantitative analysis was used to study the resolution stage of the critical event. Preceding data analyses using multivariate analyses of variance (MANOVA), descriptive statistics were calculated (see Table 2). The data were assessed for univariate and bivariate normality. The skewness and kurtosis values for all of the dependent variables were found to be within acceptable range (-2 and +2; Lomax 2001). Additionally, normal probability p- plots for all variables showed relatively straight lines, indicating that data were univariate normal.

Pairwise scatter plots were examined to assess for bivariate normality. The scatter plots showed relatively elliptical shapes for all pairs, therefore it was concluded that assumption of bivariate normality was satisfied (Stevens, 2009). Given the univariate and bivariate normality evidence, the assumption of multivariate normality necessary for MANOVA was determined to have been satisfied. Finally, multicollinearity between the variables was examined using Pearson's correlation matrix and revealed no issues with multicollinearity. Dependent variables showed moderate correlations (see Table 3) consistent with the assumptions of MANOVA.

Thus, a MANOVA was conducted to examine potential group differences between the categorical demographic variables (i.e., academic discipline, clinical setting, number of practica completed, supervisor theoretical orientation, and whether the discriminatory event was

discussed) and the primary dependent variables of interest (i.e., self-awareness, knowledge, skills, supervisor working alliance, counselor self-estimate, and supervisor multicultural competence). No significant group differences were found between the demographic variables through MANOVA. Thus, none of the demographic variables were used as co-variates in the MMLR analysis.

Multiple multivariate linear regression (MMLR) analysis was conducted to simultaneously evaluate the relationship between supervisor interventions and supervisee outcome variables or resolution (i.e., self-awareness, knowledge, skills, supervisor working alliance, counselor self-estimate and supervisor multicultural competence). Consistent with previous studies (Bertsch et al., 2014; Devdas, 2015), four most frequently used supervisor interventions (i.e., focus on self-efficacy, focus on supervisee clinical skills, focus on evaluation, and exploration of feelings) were selected to be included in the analysis. Moreover, these interventions have been found to be frequently examined in the supervision literature (Bertsch et al., 2014; Ladany et al., 2012).

Multivariate multiple linear regressions examining the relationship between the predictors (four interventions: focus on self-efficacy, focus on supervisee clinical skills, focus on evaluation, and exploration of feelings) and outcome variables (self-awareness, knowledge, skills, supervisor working alliance, counselor self-estimate and supervisor multicultural competence) revealed a significant and positive relationship between the predictors and outcomes (Wilks' $\lambda = 0.35$, $p < 0.001$). As the multivariate test was significant, univariate tests were conducted to assess the relationship between the predictor variables and each of the outcome variables. The predictors explained a significant amount of variability in supervisor working alliance ($R^2 = 51\%$, $p<0.001$) and supervisor multicultural competence ($R^2 = 45\%$,

p<0.001), however not in self-awareness (R^2 = 20%, p=0.004), skills (R^2 = 17%, p=0.014), knowledge (R^2 = 23%, p=0.002) and counselor self-estimate (8%, p=0.246). Furthermore, for any outcome variables that had a significant univariate result (i.e., supervisor working alliance and supervisor multicultural competence), significance of individual predictors (i.e., interventions) was examined. Results revealed that, for both the outcome variables, intervention focused on exploration of feelings was found to be most significant (see Table 4). Specifically, exploration of feelings was significantly related to working alliance (β=0.62, p<0.001) and supervisor multicultural competence (β=0.56, p<0.001).

Additionally, a follow-up chi-square analysis was conducted to check if there was any relationship between the predictors (four intervention) and with whom the discriminatory event was experienced (i.e., client or supervisor). The chi-square test revealed that only the intervention on evaluation was found to be significant when the discriminatory events were experienced with the supervisor , X^2 (1, n=70) = 4.418, p = 0.42. Thus, when participants encountered the DE with supervisor, their supervisors tended to focus more on evaluation interventions (73.8%) than when the DE was experienced from clients (50%). Chi square test for the remaining interventions were not found to be significant.

Chapter V

Discussion

International supervisees' unique challenges in clinical work have been consistently highlighted by previous research (e.g., Mori et al., 2009; Nilsson & Wang, 2008), including experiences of discriminatory events in training and supervision (Mittal & Wieling, 2006; Rasheed, 2015). However, a review of the literature (Inman et al., 2014; Pendse & Inman, 2017) suggests that such experiences have only been examined by a handful of researchers, and supervisors' role in handling discriminatory experiences of international trainees has yet to be addressed. Given the harmful nature of discrimination, it is important that supervisors attend to such critical events in order to facilitate positive trainee outcome (Ladany et al., 2012). Thus, to fill this gap, the present study utilized the Critical Events Model to investigate the discriminatory events experienced by international supervisees, their reactions to these events, and what specific supervisory interventions were predictive of supervisee outcomes (knowledge, awareness, skills, self-efficacy, supervisory working alliance, supervisee perception of supervisor multicultural competence). In this section, I first discuss the findings related to the content of discriminatory events, supervisee reactions to these events, and supervisor interventions reported by supervisees. Then, the relationship between supervisory interventions and supervisee outcome variables will be discussed, followed by limitations and implications for future research and practice.

Content of Discriminatory Event, Reactions to the Event, and Supervisory Interventions

The first three questions of the present exploratory study focused on identifying the different DEs experienced by international trainees, how supervisees reacted to the DE, and what interventions supervisors used in response to the DEs. The specific categories of the DEs in the

current study confirm the themes identified in previous research on international supervisees and multicultural supervision (Constantine & Sue, 2007; Kissil et al., 2013; Rasheed, 2015). Specifically, participants in the current study identified experiencing negative attitude towards supervisee's language, witnessing a prejudiced/racist comment, experiencing assumptions about supervisee's culture/knowledge of culture, supervisor invalidating/ignoring supervisee's cross-cultural experience, supervisee not seen as competent, questioning supervisee's interpersonal style, and lack of supervisory support/encouragement. Overall, the results of this study provide important insight into the nature of the discriminatory experiences endured by international supervisees in their clinical and supervisory relationship.

Consistent with previous research on international students (Houshmand et al., 2014; Lee & Rice, 2007), the events reported by the participants include subtle and overt discrimination based on language, assumption of incompetence, foreign status, cultural values, and communication styles. Furthermore, Lee and Rice's (2007) findings had revealed different contexts in which international students face such discrimination, including in and outside of classroom, by faculty, peers, and community members. This study furthers this context by highlighting the hardships international trainees are likely to face when negotiating such experiences in roles as mental health professionals. Additionally, this study is first of its kind that sheds light on the discriminatory instances perpetrated by supervisors as well as supervisor interventions that are helpful when DEs are discussed in supervision.

Negative attitude toward supervisee's language ability was the most frequently endorsed DE by both clients and supervisors. Whereas clients were seen to be more explicit in expressing their discomfort with supervisee's language ability (e.g., questioning therapist assignment or laughing at accent), supervisors were noted to convey more implicit messages through their

facial expression or by correcting supervisee's pronunciations of words. In either case, such instances are harmful for international supervisees as they not only raise question about supervisee clinical competence, but also create a sense of self-doubt for supervisees (Liu, 2013). Language barrier is one of the fundamental sources of distress for international trainees (Ng, 2006), and is often internalized by these supervisees causing them anxiety and sense of inadequacy in clinical work (Georgiadou, 2014). Furthermore, interpersonal communication literature (Fuertes et al., 2012; Gill, 1994) has highlighted listener-bias wherein, non-native accent speakers are frequently considered less intelligent or are downgraded by the listener. If clients or supervisors respond negatively by viewing international trainees' lack of language skills as incompetence, it would only exacerbate the discomfort, creating greater self-doubt and lack of adequate training for trainees.

Interestingly, international supervisees' competence also came under scrutiny when language skills were not in question. Specifically, when clients questioned supervisee's credentials or supervisors assigned only limited or select clientele to supervisees, it appeared to give a message to the supervisees that they did not trust the trainees' ability to conduct effective counseling with domestic clients (Ng & Smith, 2009). Moreover, participants perceived their supervisors as resorting to giving negative feedback about their competence instead of attending to supervisee's expressed concerns. These experiences seemed to make international trainees feel less valued for what they brought to the training, negatively impacted their sense of self (Gray et al., 2001) and their clinical performance (Mittal and Wieling, 2006).

Supervisees also frequently witnessed a prejudiced or racist comment. They not only reported being discriminated against, but also noticed stereotypical and derogatory comments towards others, including immigrants in general. Similar to previously stated findings (Kim &

Kim, 2010; Lee and Rice, 2007), participants in the current study often heard overt messages from clients that portrayed international students or immigrants as an "annoyance" and being "unwelcomed." Such messages are insulting to trainees as it leaves a profound impression on their mind; moreover, it also makes it harder for these trainees to become a fully participating member of their host country (Akhtar, 2006). Besides, international students are constantly under surveillance due to immigration rules and legislations; therefore even if the derogatory comments are directed towards others, it can prolong their fear of not being accepted. Many international trainees require time and support adjusting to the cultural nuances in clinical work, and if they are made to feel as an outsider, it could severely impede their development and effective functioning as a clinician (Rasheed, 2015).

Surprisingly, supervisees not only heard such offensive comments from clients, but also from supervisors. It appears that supervisors tended to use slights that were typically based in negative stereotypes that ridiculed supervisee for not possessing certain cultural knowledge or demeaned them for belonging to a different culture. What is concerning is that previous studies have recorded similar experiences of international supervisees with their supervisors. For instance, in their study Sangganjanavanich and Black (2009) reported that all of their participants experienced at least one prejudicial statement from their supervisor that was underlined by a cultural stereotype. This is disconcerting, given that APA Code of Ethics (APA, 2010) urges psychologists to refrain from participating in prejudiced treatment based on cultural variables. Moreover, APA Guidelines for Clinical Supervision in Health Service Psychology (2014) uphold attention to one's own biases and attention to diversity as a core competence for supervisors.

Relatedly, additional discriminatory incidents such as supervisors invalidated or ignored supervisee's cross-cultural experience, and assumption about culture/knowledge of culture also

draw attention to the utmost importance of supervisor multicultural competence. Participants in the current study reported that their supervisors were not willing to discuss, completely dismissed, or minimized supervisee's cross-cultural experiences. Moreover, some supervisors assumed that they shared similar experiences based on preconceived notions related to shared ethnic identity with the supervisee. Sangganjanavanich and Black (2009) reported similar findings in a study, where the supervisees felt that their supervisors failed to make an attempt to understand their cultural background resulting in lack of meaning or depth in the supervisory relationship. Moreover, participants felt that supervisors ignored or did not believe in any differences being present in the relationship. Such experiences occurred with supervisees in the current study as well. Although supervisees seemed to have brought up cross-cultural differences, supervisors did not engage in discussion surrounding these issues. Multicultural supervision research on cross-racial dyads has pointed out that supervisees have more often been exposed to culturally sensitive curricula than their supervisors (Burkard et al., 2006); furthermore, supervisors rarely making an effort to initiate cultural discussions (Duan & Roehlke, 2001). Such an approach by supervisors could convey a message to supervisees that cross-cultural issues are of less importance (Fukuyama, 1994), and could negatively contribute to their development as therapists. This is especially problematic in the supervision of international trainees, as these trainees could be constantly negotiating different cultural systems (e.g., language differences, worldviews, negotiation of identity) and need supervisors to initiate supportive cultural discussion (Mori et al., 2009; Ng & Smith, 2012).

Such cultural discussion could also help prevent differential treatment that may occur advertently or inadvertently in the supervisory relationship. On one hand, few participants experienced either being judged for their different interpersonal style, and on the other hand, they

received no feedback or support when compared their fellow American trainees. Studies have shown than international trainees may hesitate to speak up due to cultural norms related to authority figures, emotional control, or time needed for processing their thoughts in the second language (Nilsson & Wang, 2008; Smith & Khawaja, 2011; Sundaram, 2013). Given the inherent power differential, supervisees may find it difficult to ask clarification about their role or expectations in supervisory relationship, and may not be able to advocate for their own needs, further warranting supervisor's attention. Additionally, due to negative cultural perceptions, trainees may feel the need to be cautious about how they come across, or assimilate to become more "American" (Mittal and Wieling, 2006). Although it is important for counselors-in-training to learn and be aware of the cultural rules and nuances, it is highly inappropriate to expect them to let go of their cultural background or experience. Such an expectation could not only undermine trainees' lived experience but also assume that there is one right way to conduct cross-cultural work. Instead, it is important for supervisors to recognize the ethnocentric nature of such recommendations and openly discuss trainees' experiences from an international context (Bernard & Goodyear, 2014).

Finally, it is important to note that some of the respondents' experiences seemed to come across as a reaction to the recent presidential election and differing political ideology. For instance, a Latino trainee hearing that the "wall is necessary to keep brown folks away" is not only prejudiced but also oppressive. This experience could be understood from a "new-racism" framework (Barker, 1981; p.20) that defines racism based on culture and national order and "functions to maintain racial hierarchies of oppression" (Spears, 1999; p.13). Based in nationalism or national superiority, new-racism, also termed as neo-racism endorses principles of exclusion that goes beyond physical characteristics. Instead, it tries to justify discrimination

based on cultural attributes or natural origin by "appealing to 'natural' tendencies to preserve group cultural identity-of the dominant group" (Lee & Rice, 2007; p.389). As therapists are ethically discouraged to confront clients' differing cultural views, it can be extremely challenging for international trainee to receive hurtful comments and yet deliver effective therapeutic services to their clients. Supervisors can play an invaluable and powerful role by creating a space for supervisees to process such oppressive experiences.

Supervisees in the current study reported strong reactions to the discriminatory experiences, including sadness, anger, surprise, powerlessness, as well as feelings of being disrespected and marginalized at times. Moreover, these feelings resulted in self-doubt and a reevaluation of their role in the event and their decision to study in the US. Participants also found it difficult to bring up such experiences on their own in supervision or conduct effective clinical work due to the fear of power difference and critical evaluation (Killian, 2001; Nilsson & Anderson, 2004). It is important to pay attention to supervisee reactions to DEs given its potentially harmful psychological impact as indicated in previous literature on discrimination (Carter, 2007; Inman, Tummala-Narra, Kaduvettoor-Davidson, Alvarez, & Yeh, 2015). Specifically, racism even in its subtle form may trigger a stress reaction, including paranoia and depressive symptoms in the receiver (Speight, 2007). Furthermore, microaggressions can potentially be harmful due to their ambiguous nature, creating doubt and feelings such as powerlessness and shame for the recipient (Sue et al., 2007; Noh, Kaspar, & Wickrama, 2007). Likewise, a few supervisees in this study spent time self-reflecting and rationalizing the supervisors or clients behaviors, possibly due to their internalized doubt about misinterpreting the event. They also noted it being harder to talk about their experience when the event was more implicit. On a positive note, some supervisees were able to cope with discriminatory experiences

by processing it with their peers, faculty members, or therapists. It is extremely hard for supervisees to speak up or bring up difficult experiences given the power differences in the relationship. Moreover, when supervisors are able to provide supportive and culturally responsive interventions, supervisees feel supported and safe to discuss difficult cross-cultural interactions (Liu, 2013; Sundaram, 2013). Therefore, it is incumbent on the supervisor to provide an appropriately sensitive and culturally informed response to a critical event based in discriminatory practices.

In addressing DEs, trainees reported that their supervisors predominantly (more than 50%) utilized several interventions, namely, discussed supervisee's self-efficacy, supervisee skills, evaluated supervisee performance, explored feelings, countertransference, therapeutic process, and multicultural awareness. Additionally, although minimally, supervisors were also reported to have utilized interventions related to normalizing supervisee experience, focusing on reactions in an indirect manner, self-disclosure, supervisory working alliance, becoming angry/dismissive, focusing on supervision process, changing topic of discussion, and discussion of parallel process. The significance of utilizing similar interventions has been shown in prior research on critical events in supervision (Bertsch et al., 2014; Devdas, 2015; Ladany et al., 2012). Specifically, relational and reflective interventions such as exploration of feelings, countertransference, and multicultural awareness have shown to be important when addressing complex or multiculturally challenging critical events (Ladany et al., 2012). It is especially critical for supervisors to provide support to international trainees facing discriminatory experiences, as these experiences can be extremely detrimental to their professional development and training. When supervisors are able to be sensitive and engage in such cross-cultural discussions, they have not only led to greater supervision satisfaction for supervisees (Mori et al.,

2009) but also stronger supervisory working alliance (Gatmon et al., 2001). Conversely, when supervisors are unresponsive or utilize less helpful interventions similar to those indicated by our participants (i.e., changing topic of discussion or becoming dismissive), trainees experience a negative reaction, weakened supervisory relationship, and decreased supervision satisfaction (Burkard et al., 2006). Such negative reactions can further lead to supervisees withholding or avoiding information from supervisors as revealed in this study.

Although the reflective or relational interventions seem to be more appropriate when addressing a DE, participants reported that their supervisors also frequently used exploration of self-efficacy, skills, and evaluated supervisee performance. Use of these interventions make sense, given they are also cited in supervision literature as commonly used supervisory interventions (Ladany et al., 2012). According to the critical events model, an intervention focusing on self-efficacy emphasizes "a discussion of the supervisee's sense of confidence in his or her therapeutic skills (specifically or global), sense of self as a professional, or ability to function in various roles (e.g., therapist, student, supervisee, colleague)." It is possible that this intervention addressed some of the "self-doubt" expressed by the supervisees in this study. Focusing on skills and evaluation are however surprising given the evaluative nature of these interventions. It can be speculated that since some of the discriminatory instances involved supervisors themselves, use of such evaluative interventions could be seen as a reactionary or defensive approach. This corroborates with the chi square tests as well as some of the supervisees' experiences of supervisor being dismissive or focusing on supervisees' perceived incompetence, even after supervisees expressed their discomfort about a discriminatory event. This is concerning, as supervisors are expected to not only be the gatekeepers of the supervisee's clinical work but also help process multiculturally challenging experiences while providing a

holding environment (Inman & Deboer Kreider, 2013). Finally, only a small subset of participants reported supervisors utilizing normalizing experience, attending to parallel process, and supervisory process. Discriminatory experiences are unfortunately often a part of international students' acculturative experience and supervisors' efforts to normalize this experience could allow supervisee to feel less isolated in this process. Similarly, a discussion of parallel process that draws attention to similarities between the therapeutic interaction and the supervisory interaction could reflect supervisors' willingness to attend to cross-cultural factors within the supervisory relationship (Ladany et al., 2010).

Relationship between Supervisor Interventions and Resolution

In examining the relationship between types of supervisory interventions and supervisee outcome variables, quantitative analysis revealed four interventions (focus on self-efficacy, skills, evaluation, and exploration of feelings) together to be significantly and positively related to two supervisory outcomes: supervisory working alliance and perception of supervisor multicultural competence. This suggests that when supervisors focused on discussing supervisee's sense of self, their therapeutic skills and performance, as well as their feelings, supervisees perceived their supervisors to have higher multicultural competence and experienced a stronger supervisory bond with their supervisor. It is possible that when supervisors are able to create supportive environments that include validating supervisee's clinical strengths, identifying areas of growth, an open discussion of supervisee's sense of self as a response to the DEs, supervisees view supervisors in a more positive light (Devdas, 2015; Kissil et al, 2013).

Interestingly, when examined independently, only focus on supervisee feelings significantly predicted increased supervisory working alliance and perception of supervisor multicultural competence. Research has suggested that when supervisors provide a supportive

environment and react to cultural issues in a responsive manner, a more positive working alliance develops (Grant, Schofield, & Crawford, 2012; Schroeder, Andrews, & Hindes, 2009). Moreover, when a supervisor is able to create a space to discuss a sensitive topic during supervision, it reflects their ability to deal with such issues and also increases supervisee's satisfaction of supervision (Mori et al., 2009; Walsh et al., 2002).

On the contrary, there was no significant relationship between each of the four interventions and supervisee competencies (i.e., knowledge, awareness, and skills). This could suggest that as a response to DEs, supervisees did not receive any new information from supervisors that could aid in increasing their knowledge, awareness, and skills. Given the nature of the critical events (i.e., discrimination experience), the goal of supervision could have been to provide support. However, while knowledge and skills are important to address DE's in clinical work, if supervisors themselves were perpetrators, then it is likely that they would not have attended to increasing knowledge or skills in this regard. This highlights three issues. First, how resolution is conceptualized may need to be revisited in the case of discriminatory events. For instance, as supervisees endorsed exploration of feelings as a helpful intervention post DE, the resolution could be measured through how validated or supported supervisees felt, as well as how strong the supervisory working alliance becomes. Second, training of supervisors may need to go beyond multicultural competencies to international competencies (Heppner, Leong, & Gerstein, 2008) that capture an ecological perspective based in the international student's cultural contexts and systems variables. For instance, one of the international competencies asserts that "the microsystem, mesosystem, exosystem, macrosystem, and chronosystem influencing the human development of ethnic minority populations in his or her own country may be significantly different from those of the majority populations…and the nature and

influence of these subsystems may also vary across gender, sexual orientation, social class, religion, and national origins" (Heppner et al., 2008; p.249). Therefore, when working with international supervisee, it would be important for supervisors to consider how the value system in the United States may be different from the value system in the international trainee's home country and how this may influence the supervisory interactions. Third, each of the supervisee competencies (knowledge, awareness, and skills) were captured through only one item and may not present enough validity to represent the constructs fully. Therefore, further research is needed to clarify these results.

It was surprising that even though supervisees endorsed supervisors focusing on their self-efficacy as an intervention, there was no significance found between this intervention and Counselor Self-Estimate (which assesses trainees' perceived self-efficacy in counseling abilities). This could have been due to a couple different factors. First, although the measure on self-efficacy (e.g., COSE) captures various aspects of counselor self-efficacy, it is unclear how the areas captured in the measure correspond to areas of self-efficacy discussed within the supervision session (e.g., skills, difficult client behavior, cultural competence etc.). Second, research suggests that counselor self-efficacy increases over time, and may not always be captured after a one-time discussion (Mullen, Uwamahoro, Blount, & Lambie, 2015; Reese et al., 2009). Therefore, even though supervisees found the self-efficacy focused interventions helpful in this study (as evident through the qualitative findings), it may not have reflected on their overall sense of counseling abilities. Finally, it is important to note that the CEM suggests that critical events can occur or be discussed over multiple supervision sessions (Ladany et al., 2005). The present study only focused on one discriminatory event that may have occurred for

the supervisee. It is also unclear whether the discussion of the event occurred at one point. Therefore, further enquiry is warranted.

Limitations

First, the sample characteristics limit the generalizability of the findings. Specifically, the sample was small and limited to a majority representation of cis-gender females (73%). The lower sample could be attributed to the fact that the subtle nature of discriminatory events (Sue, Capodilupo, et al., 2007) and cultural nuances may have challenged international supervisees from identifying a discriminatory experience (Lee & Rice, 2007). Moreover, consistent with previous research (Pendse & Inman, 2017), the sample consisted of students from East Asian countries. Finally, participants also consisted primarily of trainees from counseling programs and from varied training levels, making it difficult to draw consistent conclusions. Second, the measures used in the current study were self-report which is likely to skew the data, due to possible time lapse or selective recall (Bertsch et al., 2014). Additionally, although some incentive was offered, the length of the survey could have created fatigue in some participants. Moreover, due to the online data collection method, follow-up on qualitative responses was not possible. Third, supervisee knowledge, awareness, and skills were measured through a single item each that is likely to restrict variability. Similarly, supervisor interventions were measured with the use of dichotomous variables (yes/no) which were dummy coded. This could have resulted in reduced statistical power, thus resulting in an inability to detect a relationship between predictor and dependent variables through MMLR (Altman & Royston, 2006). Finally, an important limitation to consider in qualitative research is researcher bias (Yeh and Inman, 2007). Although researcher attempted to account for potential research bias in coding and

interpretation of the data, it is possible that research team's perceptions or preconceived ideas influenced aspects of the coding (e.g., categories created).

Implications

The current study is the first of its kind to systematically examine the discriminatory events occurring in supervision and clinical work for international supervisees, what interventions supervisors use to address such experiences, and how the interventions impact supervisee outcome variables. By exploring these variables, the current study contributes to the development of theory, research, and practice of supervision with international trainees.

Theoretically, this study adds to the knowledge of discriminatory events experienced by international students in mental health fields by providing evidence for such experiences in clinical and supervisory relationships. The study not only validated some of the discriminatory themes (e.g., discrimination based on language, cultural values) highlighted in the previous literature on international students in general, but also expanded the literature by capturing themes that may occur specifically during clinical work (e.g., supervisee being seen as incompetent, being assigned limited caseload). Further, this study provides additional evidence for the Critical Events Model as an effective tool in identifying and addressing challenging events in supervision. Specifically, the CEM allows supervisors to recognize supervisee reactions and identify appropriate interventions that can provide a successful outcome for supervisee. Relatedly, this study highlighted the importance of relational interventions (exploration of feelings) when helping supervisees deal with experiences of discrimination (Bertsch et al., 2014). Moreover, the findings emphasized the significance of supervisory working alliance and supervisor multicultural competence within a cross-cultural supervision

context. Specifically, it would be important to consider these constructs in the conceptualization of and effective intervention with discriminatory events.

Although the study reiterated the importance of supervisor multicultural competence, it also suggests that multicultural competencies are necessary but not sufficient in addressing international trainee experiences (Heppner et al., 2008). A few supervisees in this study found that their supervisors ignored or made wrongful assumptions about supervisee's culture, cultural knowledge, or interpersonal communication styles. As a majority of international trainees come from cultural and systemic contexts that are fundamentally different from the United States, their experiences would also differ from those of the domestic minorities. It is simplistic to make assumptions about international trainee experience solely based on their perceived minority status. For instance, if an international supervisee appears anxious during counseling, it would be important to discern whether this experience is influenced by language differences or lack of required counseling skills, before making any specific interventions.

Moreover, given the rapid internationalization of the counseling field, mental health professionals are urged to think about the implication of what cultural competence may mean for individuals who are not domestic minorities (Aegisdottir & Gerstein, 2010). Heppner et al. (2008) recommend that professionals working with international populations (including international students in the US) could utilize an ecological model (e.g., Bronfenbrenner's) as a guiding framework. Essentially, this model would allow counseling professionals to think of cultural competence from a systemic and global context (e.g., immigration, language, socio-political differences) that goes beyond the multicultural competency guidelines developed primarily within the context of U.S. ethnic and racial communities (APA, 2002). If supervisors adopt such an approach during supervision with international supervisees, they could be more

aware of their own worldviews and biases based within a domestic perspective and be intentionally sensitive towards supervisee international experiences. This could help expel cultural encapsulation.

In terms of research, the present study adds to the scant research on multicultural supervision with international supervisees. Although previous research has highlighted some of the discriminatory experiences of international supervisees, this was the first study to examine these experiences independently. Moreover, the current study sheds light on the discrimination experienced by these trainees in both, clinical and supervisory settings. Since there could be fundamental differences in how supervisees and supervisors react to these events, it would be valuable to examine both supervisee and supervisor perspectives independently. Similarly, future research could incorporate supervisor perspectives and factors that could impact how DEs are perceived and intervened. For instance, due to an unequal sample distribution, I was not able to explore the impact of supervisor racial/ethnic identity on the study variables. Future studies could investigate whether there are any differences in the interventions used by supervisors of color or international supervisors. Moreover, majority of the supervisees in this study were unfamiliar with their supervisor's experience as supervisors. It would be interesting to study whether there is a relationship between supervisor's length of supervisory experience and training and the interventions they use. It is also important to note that the majority of the supervisors in the current study were affiliated with a cognitive behavioral orientation. Although there was no significant difference between supervisor orientation and supervisee outcomes, the findings of this study suggest that the relationship between supervisor orientation and supervisor interventions warrant further attention.

Furthermore, it is important to note that critical events may occur and be resolved over the course of multiple sessions. Therefore, it could be beneficial to study these events over the course of supervision work. Specifically, future research could use single subject design to examine a discriminatory event, specific supervisory interventions, and outcome over multiple supervisory sessions (Devdas, 2015).

From a supervisor training and practice standpoint, the current study provided some helpful insights from the perspectives of international supervisees. Specifically, this study unequivocally highlighted the importance of the supervisory relationship and supervisor multicultural competence. Moreover, it highlighted the need for going beyond multicultural competence to understanding how experiences of international students may differ from the experiences of domestic ethnic and racial supervisees (e.g., language, acculturative process). It is disheartening to learn about discrimination initiated by supervisors on many occasions for these supervisees. Because discriminatory experiences are extremely harmful and can leave lasting effects on trainees, it is vital that supervisors engage in self-reflectivity of their own biases, reactions, and limitations, and adhere to the international competencies as mentioned above. It is equally essential that supervisors create a safe environment for international trainees to bring up such challenging experiences. If supervisors themselves perpetuate harmful behavior, international supervisees would find it harder to bring up these issues in supervision. The findings from the current study suggested that when supervisees faced prejudiced events, they became upset, sad, withdrawn, and avoidant in supervision. Therefore, supervisors should pay attention to supervisee behaviors or reactions and check-in with them accordingly. Given the power difference and international trainees' challenging experiences, it is essential that supervisors create an environment for supervisees where cultural issues can be discussed.

Moreover, given the increasing complicated socio-political environment, restrictive immigration laws, supervisors should be especially attentive to such contextual variables that could directly or indirectly create a hostile environment for international trainees. It is possible that supervisors could be equally impacted by the sociopolitical environment and may not know how to effectively intervene. Even when supervisee experiences seem to conflict with supervisor's experiences or worldviews, it is important that supervisors not quickly invalidate supervisee experience, but initiate a cross-cultural discussion by using appropriate self-disclosure and show an openness to learning from supervisee's perspective.

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Table 1: *Discriminatory events categories and percent endorsement*

DE Category	**% Total Endorsement by Participants**	**% Encounters with Supervisors**	**% Encounters with Clients**
Negative Attitude towards Language Ability	31%	50%	50%
Witnessed a Prejudiced/Racist Comment	21%	33%	67%
Assumption about Culture/Knowledge	15%	85%	15%
Supervisee Not Seen as Competent	15%	62%	38%
Supervisor Invalidated/Ignored Cross-Cultural Experience	9%	100%	0%
Questioned Supervisee's Interpersonal Style	5%	100%	0%
Lack of Support/Encouragement	4%	100%	0%

Table 2: *Descriptive Statistics of dependent variables*

Variables	Min.	Max.	Mean	SD	Skewness	Kurtosis
Self-Awareness	-2	2	.69	1.11	-0.453	-0.634
Knowledge	-2	2	.70	1.04	-0.237	-0.779
Skills	-2	2	.60	1.08	-0.407	-0.306
Supervisor Working Alliance	16	84	56.0	18.82	-0.346	-0.974
Counselor Self-Estimate	76	212	162.6	28.55	-0.421	-0.033
Supervisor Multicultural Competence	35	201	117.5	47.30	-0.104	-1.068

Table 3: *Correlation matrix for outcome variables and predictor variables*

		1	2	3	4	5	6
1.	Self-Awareness	1					
2.	Knowledge	.720**	1				
3.	Skills	.690**	.819**	1			
4.	Supervisory Working Alliance	.474**	.481**	.420**	1		
5.	Counselor Self Estimate	.471**	.280*	.375**	.372**	1	
6.	Supervisor Multicultural Competence	.437**	.430**	.383**	.845**	.315**	1
	Focused on self-efficacy	.279*	.367**	.265*	.389**	.277*	.420**
	Focused on your skill(s)	.258*	0.227	.235*	0.190	0.043	0.150
	Focused on evaluation	-0.104	-0.043	-0.028	-0.131	0.012	-0.098
	Focused on feeling exploration	.365**	.401**	.362**	.698**	0.112	.650**
	Academic Discipline	-0.176	-0.140	-0.095	-.282*	-.330**	-.259*
	Clinical Setting	-0.159	-0.145	-0.120	-0.227	-0.198	-.340**
	No of Practica	0.012	0.050	-0.025	-0.130	0.218	-0.135
	Supervisor theoretical orientation	.258*	0.168	0.194	0.158	0.043	0.116
	Event Discussed	.241*	.159	.150	.299*	.213	.313**

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 4: *Regression Analysis within Cells in MMLR for Outcome Variables*

Outcome Variable	Predictor Variable	B	Beta	Std. Err.	t-value
Supervisor working alliance	Focused on Self Efficacy	5.10	0.12	4.17	1.22
	Focused on Skills	2.85	0.07	3.69	0.77
	Focused on Evaluation	-3.35	-0.09	3.74	-0.90
	Focused on Feeling Exploration	23.50	0.62	3.86	6.10**
Supervisor multicultural competence	Focused on Self Efficacy	19.33	0.19	11.06	1.75
	Focused on Skills	2.38	0.02	9.78	0.24
	Focused on Evaluation	-5.87	-0.06	9.91	-0.59
	Focused on Feeling Exploration	53.13	0.56	10.22	5.20**

**. Significant level < .01

*. Significance level < .05

APPENDIX A

CONSENT TO PARTICIPATE IN RESEARCH

Dear Participant,

You are invited to participate in a research study examining Discriminatory Events in Supervision. You are selected as a possible participant because you identified as an international graduate student who is placed in a practicum/internship setting and has experienced at least one instance of discrimination in supervision or counseling. This study is conducted by Asmita Pendse, M.A. under the direction of Arpana G. Inman, Ph.D., from the Counseling Psychology program at Lehigh University.

Purpose of the study:

The purpose of this study is to understand the way discriminatory events are experienced in a counseling and supervision setting by an international trainee/student, how the experiences are handled by their supervisors, and its role in supervisee's growth and development. We hope that your participation will help us further our understanding about supervisor's role in the instances of discrimination experienced by international trainees, and develop better models of supervisor interventions that promote supervisee development.

Procedures:

If you agree to be in this study, you will be asked to write a short description of **one** discriminatory event experienced during either supervision or counseling, and complete standard rating scales. It should take you approximately 25-30 minutes to complete the entire packet.

Potential Risks and Discomforts:

There is minimal risk to the participants of this study. A potential risk you may experience by completing is survey is minor psychological discomfort as you reflect on discriminatory experiences and how they may have affected you. Should you experience serious discomfort or other risks, please contact your local counseling center or speak to a peer who might be able to assist you. You may also discontinue the study at any point. Yet, I believe that the minimal discomfort would be outweighed by the gains of learning more about the aspects of discriminatory experiences in supervision and counseling.

Potential Benefits:

The benefits to participation may include an opportunity to reflect on your exposure to discrimination during supervision or counseling. Participating in this study would also help you better understand your supervisors' role in handling such difficult events and what supervisory interventions helped you in discussing these challenging events.

Compensation:

There will be 150 participants recruited for this study. Each individual has a one-in-ten chance of being randomly selected to receive a thank you gift card. Participants do not need to complete the survey in order to be eligible to receive the gift card.

Confidentiality:

Your anonymity will be maintained throughout the study. Please note that the data you provide will only be accessible to the principle investigator and the research team. I ask that you do not include your name on any of the questionnaires. Information collected through your participation may be published in a professional journal or presented at a professional conference in a group aggregate format.

Voluntary Nature of the Study:

Participation in this study is completely voluntary and you may decide to withdraw your participation at any time. Your decision as to whether or not to participate will not affect your current or future relations with Lehigh University.

Contacts and Questions

If you have any questions about this study, please contact Asmita Pendse at acp211@lehigh.edu or Dr. Arpana Inman at agi2@lehigh.edu. Should you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact Naomi Coll, Lehigh University's Manager of Research Integrity at inors@lehigh.edu or 610-758-3021. All reports or correspondence will be kept confidential.

Thank you again for your help!

Sincerely,

Asmita Pendse, MA
Doctoral Student, Counseling Psychology
Lehigh University, Bethlehem, PA

Arpana G. Inman, Ph.D.
Professor, Counseling Psychology,
Lehigh University, Bethlehem, PA

APPENDIX B

RECRUITMENT LETTER

Dear Training Director,

I am currently conducting my dissertation study on international supervisee experiences with discrimination in counseling and supervision. Through this study, I hope to learn about the specific discriminatory events experienced by these trainees and supervisors' interventions after such challenging experiences. Therefore, I request your assistance in forwarding the letter for participation to the international students/trainees at your site or program. I also acknowledge the time and effort required in responding to this participation request and greatly appreciate your help.

Thank you in advance for your time and consideration,

Asmita Pendse

Dear Graduate Student,

I am a doctoral student in Counseling Psychology program at Lehigh University, completing my dissertation under the guidance of Dr. Arpana Inman. I would like to invite you in a research study on international supervisee's experiences with discrimination. This study is important because, research has shown that international trainees experience instances of discrimination or prejudice in their clinical training (with supervisors or clients) and these experiences can have an impact on the supervisee growth and development. Yet, little is known about how supervisors handle such challenging and critical situations. Therefore, the purpose of this study is to understand supervisors' interventions in the event of discriminatory experiences and its relationship with supervisee outcomes.

You are eligible to participate in this study if:

a) You identify as an international student
b) Enrolled in a psychology or related graduate program (masters/ doctoral in counseling, clinical, MFT, counselor education, social work)
c) Currently in supervision in a practicum, internship, or pre-doctoral or post-doctoral internship site and have completed at least one month of supervised clinical experience
d) Completed at least one month of supervised clinical experience

It is my hope that participating in this study would allow you to reflect on the challenging experiences you have had as an international supervisee and how your supervisor responded to such experiences. Moreover, your participation would not only help other international students understand how discriminatory experiences play out in supervision, but also aid research efforts in the area of supervision with international trainees.

If you agree to participate in this study, you will be routed to an online survey consisting of several short-to-medium length measures. Total expected completion time is approximately 25-30 minutes. Additionally, **each participant has a one-in-ten chance of being randomly selected to receive a $25 Amazon gift card**.

If you choose to participate, please access the survey at the following web address:

www.qualtrics.com

I would like to thank you once again for your time and consideration. Please direct any questions or concerns you may have to me at acp211@lehigh.edu, or Dr. Arpana G. Inman at agi2@lehigh.edu, or Naomi Coll, Lehigh University's Manager of Research Integrity at inors@lehigh.edu or 610-758-3021.

Sincerely,

Asmita Pendse, MA
Doctoral Student, Counseling Psychology
Lehigh University, Bethlehem, PA

Arpana G. Inman, Ph.D.
Professor, Counseling Psychology,
Lehigh University, Bethlehem, PA

APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

Please answer each of the following question. The questions below are to gather general information about your background. Please select or write the response that describes you the best.

1. Your current age (in years): _____

2. Duration of stay in the U.S (by Year): _____

3. Visa Status: ☐ F1 ☐ J1 Other: ____

4. Gender (Check one):
   ☐Cisgender Man ☐Cisgender Man ☐Transgender Woman ☐Transgender Man
   ☐Other: _____

5. To what Social Class do you belong to:
   ☐Low ☐Low-Middle ☐Middle-High ☐High

6. Sexual Orientation:
   ☐ Bisexual ☐ Gay ☐ Heterosexual/Straight ☐ Lesbian ☐ Queer ☐ Other: _____

7. Ethnicity/Cultural Identity (Check all that apply):
   ☐ Caucasian/White/European (Specify) ☐ Black (Specify) ☐ East Asian (Specify)
   ☐ South Asian (Specify) Southeast Asian (Specify) ☐ Middle Eastern (Specify) ☐
   Latino/a/ Hispanic (Specify) ☐ Other: _____

8. Country of Origin by Region:
   ☐ Africa: _____ ☐ East Asia: _____ ☐ Caribbean Islands: _____
   ☐ Europe: _____ ☐ Middle East: _____ ☐ North America (e.g. Canada, Mexico) ☐ South Asia: _____ ☐ South America: _____ Other: _____

9. Native Language: _____

10. Please select appropriate response for the following questions:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a)	What is your present level of English	1	2	3	4	5

fluency?

b) How comfortable are you communicating in English?	1	2	3	4	5
c) How often do you communicate in English?	1	2	3	4	5

11. Indicate the degree you are pursuing currently:
☐ M.A ☐ MS ☐ PhD ☐ PsyD ☐ Other: _____

12. Indicate the field of your graduate study:
☐ Counseling Psychology ☐ Counseling; please specify: _____
☐ Counselor Education ☐ Clinical Psychology
☐ Marriage and Family Therapy ☐ Social Work
☐ Other: _____

13. What year of graduate program are you in? _____

14. Current practicum setting:
☐ University/College ☐ Hospital ☐ Community ☐ Other: _____

15. Number of practica completed/Currently completing:

☐ (1 - 2) Beginning Level ☐ (3 – 4) Advanced Level ☐ Internship

16. Number of months of supervision received: _____

<u>The following questions pertain to your supervisor. Please select a supervisor with whom you have either experienced or discussed an instance of discrimination/prejudice/stereotype.</u>

17. Gender:
☐Cisgender Man ☐Cisgender Woman ☐Transgender Woman ☐Transgender Man
☐Other: _____

18. Race/Ethnicity:
☐ African American ☐ Asian American ☐ European American ☐ Latino/a or Hispanic
☐ International/Immigrant (specify_____) ☐ Other: _____

19. Supervisor' primary theoretical orientation: _____

20. Supervisor's credential:

☐ Doctoral Trainee ☐ MA ☐ MS ☐ PhD ☐ PsyD ☐ Other: _____

21. Supervisor's supervision experience to date (in months): _____

APPENDIX D

DISCRIMINATORY EVENTS IN SUPERVISION QUESTIONNAIRE: DESQ

Supervisory experiences are replete with critical incidents that impact the supervisory process. An experience of discrimination is an example of such a critical event.

> Discriminatory experiences in case of international students refer to subtle or overt instances of prejudice or stereotypes based on one's culture, race/ethnicity, nationality, or language. Such experiences could be experienced or perpetuated by the supervisee, supervisor, or client within supervision setting. Discriminatory event can be a critical event that signals need for attention on the part of the supervisor. A discrimination related event (DE) is defined as a process of interaction or experience that occurs within supervision or clinical work that could have been impacted by (a) stereotypes or assumptions of the supervisees, supervisor, or client (b) cultural differences in the supervisory or counseling relationship.

In responding to the following question, please reflect on your supervisory experiences with a supervisor with whom you have experienced and/or discussed at least one instance of discrimination, stereotype, or prejudice.

1. Please describe in at least two or three sentences a discriminatory event (DE) between you and your supervisor, or between you and your client, that was discussed or not discussed in your recent supervisory experience. For example, a DE could be a statement like, "My supervisor suggested that I see less number of clients because I am not familiar with the culture yet", or "A client refused to work with me after the intake session because they had problems with my accent." Or it could be more implicit, for instance, "When I try to talk about my experience as an international student during case conceptualization, my supervisor thinks I am overly sensitive about my international student status." Or "My client made stereotypically negative comment about my cultural group during session". Please take your time in answering this question as it may take a few minutes to recall a DE.

2. Please describe in two or three sentences your reaction(s) to the DE (thoughts, feelings, or behavior; e.g., doubting your ability, feeling sad, avoiding contact with the concerned individual).

3. Was this event discussed in supervision? Yes No

4. If not discussed, why was it not discussed?

5. If the event was not discussed in supervision, how did you cope with your reaction? (e.g., talked to a friend, discussed it with a faculty, rationalizing the situation)

6. If the event was not discussed, what was discussed instead?

7. If yes, who initiated the discussion? You Supervisor

8. During this discussion, did your supervisor:

Focus on the supervisory alliance Yes No
(e.g., discussion of mutual goals, tasks, and emotional bond)

Focus on the exploration of your feelings Yes No
(e.g., discussion of feelings about client, supervision, training)

Focus on countertransference Yes No
(e.g., discussion on how/why your feelings and/or personal issues are triggered by client's or supervisor's behavior or attitude)

Focus on your reactions in an indirect manner Yes No
(responding in a manner that is not connected to addressing your reactions)

Become angry and/or dismissive *(e.g., defensive and resistant to further addressing your reactions)* Yes No

Focus on normalizing your experience Yes No
(e.g., discussion of experience as typical, expected or developmentally appropriate)

Focus on the therapeutic process Yes No
(e.g., discussion on what is taking place between you and client in the therapeutic relationship)

Focus on the supervision process Yes No
(e.g., discussion on what is taking place between you and supervisor in the supervisory relationship in the here and now)

Attend to parallel process Yes No
(e.g., discussion that draws attention to similarities between specific interaction in therapy and the supervisory interaction)

Focus on your self-efficacy Yes No
(e.g., discussion on your skills as a therapist, student, supervisee)

Focus on your skill(s) Yes No
(e.g., discussion on the how, when, where, and why of conceptual, technical and interpersonal skills.)

Assess your knowledge Yes No

(e.g., evaluating degree to which the you are knowledgeable in areas relevant to the case under discussion)

Engage in self-disclosure *(e.g., supervisor shared similar reactions to discriminatory events he/she received as a supervisee*) Yes No

Focus on your multicultural awareness Yes No
(e.g., discussion of your self-awareness in relation to individuals who are similar and different from then in terms of culture, race, ethnicity, nationality, language, age, sexual orientation, religion, disability, family structure, or social class)

Focus on evaluation Yes No
(e.g., discussion of your performance in therapy, in supervision, and as a professional)

Change the topic of discussion (*e.g., supervisor shifted focus of discussion from your reactions to discriminatory event to an unrelated topic)* Yes No

Other (Please Specify)
(e.g., if there was another intervention used by your supervisor)

9a. How satisfied were you with your supervision? -2 -1 0 1 2

(-2=not at all satisfied, -1 not very satisfied 0= undecided, 1= somewhat satisfied, very satisfied)

9b. If not what would you have wanted your supervisor to do instead?

10. Please rate the extent to which this event led to changes in the following:

(-2= negatively influenced, -1=somewhat negatively influenced, 0= no impact, 1= somewhat positively influenced, 2= positively influenced)

Self-Awareness –refers to your ability to understand how personal biases, feelings, behaviors, and beliefs influence the ability to work with clients	-2 -1 0 1 2
Knowledge- includes theoretical, empirical, and practical understanding about client concerns through training and experience	-2 -1 0 1 2
Skills- using culturally appropriate interpersonal, technical, or conceptual skills that range from microskills to complex	-2 -1 0 1 2

therapeutic strategies when working with clients	
Supervisory Working Alliance – refers to the mutual agreement about goals, tasks, and the strength of your emotional bond with your supervisor	-2 -1 0 1 2
My Confidence in: Communicating in English The Knowledge of Cross-cultural Issues	 -2 -1 0 1 2 -2 -1 0 1 2

APPENDIX E

WORKING ALLIANCE INVENTORY/SUPERVISION–SHORT FORM (WAIS-S)

The following sentences describe the ways you think or feel about your supervisor. **Please base your response on how you felt after he/she addressed or did not address your reactions to the discriminatory event experience.** If the statement describes the way you always feel or think, circle the number "7". If it never applies to you, circle the number "1". Use the numbers in between to describe the variations between these extremes.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

1. _____ and I agree about the things I will need to do in supervision.	1	2	3	4	5	6	7
2. What I am doing in supervision gives me a new way of looking at myself as a counselor.	1	2	3	4	5	6	7
3. I believe _____ likes me.	1	2	3	4	5	6	7
4. _____ does not understand what I want to accomplish in supervision.	1	2	3	4	5	6	7
5. I am confident in _____'s ability to supervise me.	1	2	3	4	5	6	7
6. _____ and I are working towards mutually agreed-upon goals.	1	2	3	4	5	6	7
7. I feel that _____ appreciates me.	1	2	3	4	5	6	7
8. We agree on what is important for me to work on.	1	2	3	4	5	6	7
9. _____ and I trust one another.	1	2	3	4	5	6	7
10. _____ and I have different ideas on what I need to work on.	1	2	3	4	5	6	7
11. We have established a good understanding of the kinds of things I need to work on.	1	2	3	4	5	6	7
12. I believe the way we are working with my issues is correct.	1	2	3	4	5	6	7

APPENDIX F

COUNSELOR SELF-ESTIMATE INVENTORY (COSE)

The following sentences describe the ways you think or feel about your counseling abilities. **Please base your responses on how you felt after your supervisor responded or did not respond to the discriminatory event.** If you strongly agree with a sentence, circle the number "6". If you strongly disagree, circle the number "1". Use the numbers in between to describe the variations between these extremes.

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

---

1. I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand.	1 2 3 4 5 6
2. I feel that the content of my interpretation and confrontation responses will be consistent with and not discrepant from what the client is saying.	1 2 3 4 5 6
3. I am certain that my interpretation and confrontation responses will be concise and to the point.	1 2 3 4 5 6
4. I am confident that my interpretation and confrontation responses will be effective in that they will be validated by the client's immediate response.	1 2 3 4 5 6
5. I feel I will respond to the client in an appropriate length of time (neither interrupting the client nor waiting too long to respond).	1 2 3 4 5 6
6. I am confident that I will be able to conceptualize my client's problems.	1 2 3 4 5 6
7. I am confident that I will respond appropriately to the client in view of what the client will express (e.g., my questions will be meaningful and not concerned with trivia and minutia).	1 2 3 4 5 6
8. I am sure that the content of my responses, i.e., reflection of feeling, clarification, and probing, will be	1 2 3 4 5 6

consistent with and not discrepant from what the client is saying.

9. I feel confident that I will appear competent and earn the respect of my client.	1 2 3 4 5 6
10. When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point.	1 2 3 4 5 6
11. When I initiate the end of a session I am positive it will be in a manner that is not abrupt or brusque and that I will end the session on time.	1 2 3 4 5 6
12. I am confident that I can assess my client's readiness and commitment to change.	1 2 3 4 5 6
13. I am worried that my interpretation and confrontation responses may not over time assist the client to be more specific in defining and clarifying the problem.	1 2 3 4 5 6
14. I am worried that the type of responses I use at a particular time, i.e., reflection of feeling, interpretation, etc., may not be the appropriate response.	1 2 3 4 5 6
15. When giving responses, i.e., reflection of feeling, active listening, clarification, probing, I'm afraid that they may not be effective in that they won't be validated by the client's immediate response.	1 2 3 4 5 6
16. I am afraid that I may not understand and properly determine probable meanings of the client's nonverbal behaviors.	1 2 3 4 5 6
17. I am not sure that in a counseling relationship I will express myself in a way that is natural without deliberating over every response or action.	1 2 3 4 5 6
18. I am uncertain as to whether I will be able to appropriately confront and challenge my client in therapy.	1 2 3 4 5 6
19. My assessments of client problems may not be as accurate as I would like them to be.	1 2 3 4 5 6
20. I am unsure as to how 1 will lead my client towards	1 2 3 4 5 6

development and selection of concrete goals to work towards.

21. I may not be able to maintain the intensity and energy level needed to produce client confidence and active participation.	1 2 3 4 5 6
22. I am worried that the wording of my responses like reflection of feeling, clarification, and probing may be confusing and hard to understand.	1 2 3 4 5 6
23. I do not feel I possess a large enough repertoire of techniques to deal with the different problems my client may present.	1 2 3 4 5 6
24. I am unsure as to how to deal with clients who appear noncommittal and indecisive.	1 2 3 4 5 6
25. I feel competent regarding my abilities to deal with crisis situations which may arise during the counseling sessions—e.g., suicide, alcoholism, abuse, etc.	1 2 3 4 5 6
26. I may have difficulty dealing with clients who do not verbalize their thoughts during the counseling session.	1 2 3 4 5 6
27. I am uncomfortable about dealing with clients who appear unmotivated to work toward mutually determined goals.	1 2 3 4 5 6
28. I feel that I have enough fundamental knowledge to do effective counseling.	1 2 3 4 5 6
29. I am confident that I will know when to use open or close ended probes, and that these probes will reflect the concerns of the client and not be trivial.	1 2 3 4 5 6
30. I will be an effective counselor with clients of a different social class.	1 2 3 4 5 6
31. In working with culturally different clients I may have a difficult time viewing situations from their perspective.	1 2 3 4 5 6
32. When working with ethnic minority clients I am confident that I will be able to bridge cultural differences in the counseling process.	1 2 3 4 5 6

33. I am afraid that I may not be able to effectively relate to someone of lower socioeconomic status than me.	1 2 3 4 5 6
34. I am likely to impose my values on the client during the interview.	1 2 3 4 5 6
35. I feel I may give advice.	1 2 3 4 5 6
36. I feel that I will not be able to respond to the client in a non-judgmental way with respect to the client's values, beliefs, etc.	1 2 3 4 5 6
37. I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities.	1 2 3 4 5 6

APPENDIX G

SUPERVISOR MULTICULTURAL COMPETENCE INVENTORY

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

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

1	actively explores and challenges his/her own biases, values and worldview and how these issues relate to conducting supervision	1	2	3	4	5	6
2	is knowledgeable about his/her own cultural background and its influence on his/her own attitudes, values, and behaviors.	1	2	3	4	5	6
3	possesses knowledge about the backgrounds, experiences, worldviews, and histories of culturally diverse groups.	1	2	3	4	5	6
4	is knowledgeable about alternative helping approaches other than those based in North American and North European contexts.	1	2	3	4	5	6
5	possesses knowledge and keeps informed of the theoretical and empirical literature on multicultural counseling and multicultural supervision.	1	2	3	4	5	6
6	is knowledgeable about the limitations of traditional therapies with diverse clientele, such as women, racial/ethnic minorities and gay and lesbian clients.	1	2	3	4	5	6

7	facilitates the exploration of supervisees' identity development (e.g., race, ethnicity, gender, sexual orientation).	1	2	3	4	5	6
8	facilitates supervisees' exploration of values, attitudes, biases and behaviors and their impact on working with diverse clients.	1	2	3	4	5	6
9	helps supervisees' understand the impact of social structures on supervisee and client behavior, including how class, gender, sexual orientation and racial privilege may benefit the supervisee.	1	2	3	4	5	6
10	encourages supervisees' to participate in activities (e.g., support groups, reading groups, attendance at conferences and professional organizations) that foster multicultural competencies.	1	2	3	4	5	6
11	facilitates supervisee's understanding of the impact of racism, oppression, and discrimination on client's lives in order to minimize client victimization and the pathologizing of client issues.	1	2	3	4	5	6
12	facilitates supervisees' understanding of both individual and contextual factors in clients' lives.	1	2	3	4	5	6
13	facilitates supervisees' understanding of culture-specific norms, as well as heterogeneity within groups.	1	2	3	4	5	6
14	encourages supervisees' to discuss clients' individual, group, and universal identities in case conceptualizations.	1	2	3	4	5	6
15	promotes supervisees' understanding of how stereotyping influences case conceptualizations, treatment objectives, and choice of interventions.	1	2	3	4	5	6
16	discusses with supervisees' the implications of an over-reliance or	1	2	3	4	5	6

	under-reliance on cultural explanations for psychological difficulties.						
17	helps supervisees' explore alternative explanations to traditional theoretical perspectives.	1	2	3	4	5	6
18	explores with supervisees' the limitations and cultural biases of traditional psychological assessment	1	2	3	4	5	6
19	trains supervisees' in multiple methods of assessment.	1	2	3	4	5	6
20	models and trains supervisees' in a variety of verbal and nonverbal helping responses.	1	2	3	4	5	6
21	encourages supervisee's flexibility with regard to traditional interventions and the use of alternative therapeutic interventions (e.g., group participation, indigenous helping networks).	1	2	3	4	5	6
22	encourages supervisees' to gain knowledge of community resources that may benefit clients.	1	2	3	4	5	6
23	assists in helping supervisees' develop client advocacy skills.	1	2	3	4	5	6
24	encourages supervisees' to collaborate with clients in the identification of therapeutic goals and objectives.	1	2	3	4	5	6
25	assists supervisees' in identifying when an appropriate referral to an outside resource or to another counselor may be necessary.	1	2	3	4	5	6
26	is honest about his/her own biases and struggles to achieve cultural competence.	1	2	3	4	5	6
27	is able to competently and effectively work with culturally diverse supervisees.	1	2	3	4	5	6
28	fosters a climate that facilitates discussion of diversity issues related to	1	2	3	4	5	6

	counseling.	
29	models respect for diversity with supervisee's and clients.	1 2 3 4 5 6
30	uses power constructively in supervision (e.g., jointly establishes objectives and criteria for supervisee performance; develops mechanisms for feedback regarding performance of supervisees' and self; handles supervisees' self-disclosure with respect and sensitivity).	1 2 3 4 5 6
31	attends to and processes issues related to power dynamics between self and supervisee and supervisee and client.	1 2 3 4 5 6
32	provides ongoing evaluation of supervisees' strengths and weaknesses in the area of multicultural counseling.	1 2 3 4 5 6
33	is familiar with instruments that assess multicultural counseling competence.	1 2 3 4 5 6
34	recommends appropriate remedial training to supervisees' who do not demonstrate multicultural counseling competence.	1 2 3 4 5 6

Asmita Pendse

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EDUCATION

Ph.D. August 2017	**Lehigh University,** Bethlehem, PA Counseling Psychology (APA accredited)
M.A. May 2010	**Pune University,** Pune, India Clinical Psychology
B.A. May 2008	**Pune University,** Pune, India Psychology

CLINICAL EXPERIENCE

August 2016-August 2017 — **Counseling and Psychological Services (CAPS), University of Michigan,** *Ann Arbor, MI* (APA Accredited)
Doctoral Intern
Manage a diverse caseload of 20-25 undergraduate and graduate students for weekly or bi-weekly brief therapy and co-lead a weekly process therapy group. Provide weekly initial consultations and 3-hour walk-in/phone crisis services. Participate in ongoing campus-wide outreach programs and co-facilitate bi-weekly International Student Lunch Discussions. Conduct AOD (ASAP) screening assessments and carry out an independent consultation project. Participate in weekly training seminars, clinical teams, case presentations, and training committee meetings. Provide supervision to 2 advanced doctoral level students.

June 2014-June 2016 — **Community Voices Clinic,** *Bethlehem, PA*
Therapist/Program Coordinator
Provide individual, family, and group therapy for low-income community residents from diverse cultural backgrounds. Work as a behavioral health consultant with local health clinics and provide integrated assessments and interventions. Develop and facilitate multiculturally-informed outreach programs in the local community. Conduct group therapy on topics including pediatric cancer bereavement, post-partum depression, and positive parenting.

August 2014-May 2015 **University Counseling & Psychological Services, Lehigh University,** *Bethlehem, PA*
Practicum Trainee
Provided individual and group therapy for undergraduate and graduate students from diverse cultural backgrounds with various presenting concerns. Completed intake assessments and administered and interpreted psychological assessments including the NEO-PIR, Strong Interest Inventory, and MMPI. Conducted individual and group substance abuse evaluations and interventions using motivational interviewing and substance use assessments such as AUDIT and SASSI.

January 2013-May 2014 **Counseling Center, Moravian College,** *Bethlehem, PA*
Practicum Trainee
Provided long- and short-term individual therapy for undergraduate students from diverse cultural backgrounds with presenting concerns ranging from anxiety, depression, and grief to interpersonal and other severe mental health concerns. Completed intake evaluations and conducted substance abuse interventions. Provided individual career counseling and conducted career assessments such as the Strong Interest Inventory, NEO-4, and Self-Directed Search. Developed and led various outreach programs including stress management, residential adviser training, and sociodrama discussion on racial prejudice. Developed and facilitated an international student support group.

June 2013-August 2013 **Lenape Valley Foundation Partial Hospital,** *Doylestown, PA*
Practicum Trainee
Provided psychoeducational group therapy for an acute partial hospital program on various issues including anxiety, depression, stress management, mindfulness, dual diagnosis, understanding diagnoses, sleep hygiene, anger management, and goal setting. Conducted intake assessments, devised treatment plans, and provided short-term individual counseling services.

August 2012-December 2012 **Counseling & Psychological Services, Kutztown University,** *Kutztown, PA*
Practicum Trainee
Provided short- and long-term individual therapy to undergraduate students. Conducted intake assessments and administered and scored outcome assessments to track client progress. Co-facilitated training seminar on mindfulness.

SUPERVISORY EXPERIENCE

January 2017-May 2017 **Counseling and Psychological Services (CAPS), University of Michigan,** *Ann Arbor, MI*

Doctoral Internship
Provide weekly supervision to 2 advanced doctoral level students. Review trainees' counseling video tapes, clinical notes, other clinical tasks. Participate in a weekly group supervision of supervision seminar.

June 2014-June 2016 **Community Voices Clinic,** *Bethlehem, PA*
Clinical Supervisor/Program Coordinator
Manage and oversee a school-based mental health clinic that provides free therapy services to uninsured families, adults, and children. Provide individual and group supervision and training to Master's-level trainees. Review trainees' counseling tapes, clinical notes, and administrative tasks. Assist with grant writing, fundraising, and administration of the clinic. Initiate and maintain relationships with local community agencies to create clinical training opportunities for trainees and facilitate referrals. Market the clinic to the local community and school administrators and coordinate community resources. Develop confidentiality agreements, training activities, site manual, and other clinic documentation.

August 2013-May 2014 **Supervision Apprenticeship, Lehigh University,** *Bethlehem, PA*
Provided weekly individual supervision for Master's-level practicum students, three of whom worked in international settings. Led one supervision group with five students for a semester. Reviewed trainees' recorded counseling sessions. Received weekly supervision of supervision and engaged in peer supervision related to supervisory and clinical issues.

RESEARCH EXPERIENCE

June 2016-September 2016 **Program Evaluator,** *Going to School, India,* and *Lehigh University*
Assist in creating and analyzing evaluation material for a teacher training program based in rural schools in India, that facilitates entrepreneurial thinking and help prevent school dropout rates.

May 2015-July 2016 **Community Health Training Evaluator/Researcher in Haiti**
Lehigh University, BD, and Heart to Heart International
Evaluated a train-the-trainer community health training in Southeast Haiti focusing on WASH (*water, sanitation, hygiene)* program. Designed a mixed-method evaluation study. Maintained detailed notes and observations on site. Conducted field surveys and focus group interviews with Haitian

	participants. Formulated extensive report utilizing program evaluation and monitoring objectives and data to register recommendations for future community WASH training programming.
January 2014-May 2014	**Program Evaluator,** *Lehigh University* Collaborated with team members on design and implementation of mixed-method evaluation study that explored attitudes and perceptions of teachers and students toward gender equity in Cambodian schools. Designed surveys and interviews and carried out qualitative data analysis with team members. Prepared extensive evaluation report and recommendations for future programming.
August 2013-February 2014	**Doctoral Qualifying Project**, *Lehigh University* Conducted an independent research project titled "International students focused counseling research: A 34-year content analysis". Carried out a comprehensive content and methodological analysis of empirical counseling literature on international students using a qualitative methodology. Trained and led a coding team for analysis.
September 2012-September 2014	**Research Coding Team Member,** *Lehigh University* Utilized Consensual Qualitative Research Methodology (CQR) and CQR Modified for qualitative investigation of three projects focusing on negative evaluation experiences of supervisees, beliefs about causes of mental illness, and cultural experiences of South Asian men.
March 2012-June 2012	**Data Collector,** *Center for Adolescent Research in Schools, Lehigh University* Conducted behavioral observations of high school students across different schools in Eastern Pennsylvania. Coded data electronically.
January 2011-July 2011	**Research Intern**, *Max Planck Institute for Human Cognitive and Brain Sciences, Leipzig, Germany* Assisted with designing and programming of neurolinguistic experiments using Matlab and Presentation® for project entitled "Disentangling neural language processing streams." Assisted with literature review, data analysis, and management. Designed experimental study and conducted behavioral experiments with participants.
September 2010-December 2010	**Research Associate,** *Ministry of Education, India* Assisted with project entitled "Worldviews in Indian Education." Collected qualitative data from rural and urban

schools in Bihar, India through classroom observations, interviews, and surveys with teachers and teacher trainers. Handled interview transcriptions and data entry.

PUBLICATIONS

Pendse, A., Inman, A. G. (2016). International students focused counseling research: A 34-year content analysis. *Counselling Psychology Quarterly*. 10.1080/09515070.2015.1128395

Inman, A. G., Luu, L., **Pendse, A.,** Caskie, G. (2015). Relationship between Graduate Trainees' Social Justice Supports, Beliefs, Interest, and Commitment. *The Counseling Psychologist, 43*, 1-27. doi: 10.1177/0011000015578932

Pendse, A. (2015). Film summary [Review of the motion picture *One Flew Over the Cuckoo's Nest*]. *TRIIMITI, 15*, 10-11.

Inman, A., **Pendse, A.** (2014). A review of Mani, B. *Aspiring To Go Home: South Asians in America.* Stanford University Press. *Cultural Diversity and Ethnic Minority Psychology Journal*, *20*, 138-139. doi: 10.1037/a0030502

Inman, A. G., Hutman, H., **Pendse, A.,** Devdas, L., Luu, L., Ellis, M. (2014). Current trends concerning supervisees, supervisors and clients in clinical supervision. In *C. Watkins and E. Miline (Eds.) International handbook of clinical supervision.* London, U.K. Wiley-Blackwell.

Inman, A. G., Devdas, L., Spektor, V., **Pendse, A**. (2014). Psychological research on South Asian Americans: A three-decade content analysis. *Asian American Journal of Psychology*, *5*, 364-372. doi: 10.1037/a0035633 (Best paper award by Asian American Psychological Association, 2015)

Inman, A. G., **Pendse, A.**, Luu, L. Factors impacting educational involvement in rural Cambodian schools. *Manuscript in preparation.*

Pendse, A. (2010). Family environment, self-esteem and suicide ideation among adolescents. (Unpublished master's thesis)

PRESENTATIONS

Young, C., Menon, M., Hui, K., Yang, M., Hu, T.A., **Pendse, A.,** & Sheth, R. (February, 2017). *Post-Hospitalization Care for International Students: Maximizing Change, Maintaining Gain.* To be presented at the 2017 Big 10 Counseling Center Conference, University of Illinoi, Urbana-Champaign.

Payne, C., **Pendse, A.,** & Brown, A. (February, 2017). *Finding empowerment with the power you have: advocating for change as a trainee.* Poster to be presented at the 2017 Big 10 Counseling Center Conference, University of Illinoi, Urbana-Champaign.

Pendse, A. (March, 2016). *Competency through Collaboration: A Focus on the Mental Health Needs of Immigrant and Refugee Families*. Invited to speak at the panel at Lehigh University, Bethlehem, PA

Bashian, B. S., **Pendse, A.,** Luu, L.P., & Inman, A.G. (February, 2016). *Telesupervision: Competencies in a digital world.* Posted presented at the 33rd Annual Winter Roundtable, New York.

Farrell, J., Lee, H. C., & **Pendse, A.** (February, 2016). *The supervision process amongst supervisors of color and international supervisees of color.* Roundtable presented at the 33rd Annual Winter Roundtable, New York.

Pendse, A. (November, 2015). *Learning in Community.* Invited to speak at the diversity panel at Moravian College, Bethlehem, PA.

Grace, K., Liebenow, E., & **Pendse, A**. (November 2015). *Engaging boys in gender equity.* Poster presented at the American Evaluation Association Conference, Chicago, IL.

Inman, A. G., **Pendse, A.,** & Eftekharzadeh, P. (October 2015). *Community engagement and social justice.* Poster presented at the Academic Discovery Showcase at Lehigh University, Bethlehem, PA.

Grace, K., **Pendse, A**., Liebenow, E., & Eng, S. (October 2015). *Including boys in gender equity.* Poster presented at the Academic Discovery Showcase at Lehigh University, Bethlehem, PA.

Devdas, L., Ge, S., **Pendse, A.**, & Spektor, V. (August 2015). *How outreach looks like in university counseling centres.* Roundtable presented at the Annual Asian American Psychological Association Conference, Toronto, Canada.

Pendse, A. (August 2015). *Where is My Home? Struggle of An Indian International Student.* In D. Boyanton (Chair), Split in Two: Identity Struggle of International Scholars between Home and Foreign Identities. Symposium presented at the 123rd Annual Convention of the American Psychological Association, Toronto, Canada.

Pendse, A., Inman, A. G., Molenaar, C., Kwon, O., & Jog, M. (August 2014). *Content analysis of international students focused counseling research.* Poster presented at the 122nd Annual convention of American Psychological Association, Washington, DC.

Hutman, H., **Pendse, A.,** & Inman, A.G. (August 2014). *Neglected isms in clinical supervision.* Roundtable presented at the 122nd Annual Convention of the American Psychological Association, Washington, DC.

Pendse, A. Inman, A. G., Molenaar, C., Kwon, O., & Jog, M. (June 2014). *A content analysis of mental health research on international students.* Poster presented at the 49th Annual Meeting of Society for Psychotherapy Research, Copenhagen, Denmark

Pendse, A. (March 2014). *Supervising International students: Challenges and Recommendations.* Roundtable presented at the 2014 Counseling Psychology Conference, Atlanta, Georgia

Luu, L., Inman, A. G., **Pendse, A.,** & Caskie, G. I. L. (July-August, 2013). *Contextual and Person Factors in the Relationships with Trainees' Commitment to Social Justice.* Poster presented at the 121st Annual Convention of the American Psychological Association, Honolulu, Hawaii.

Luu, L., Inman, A. G., & **Pendse, A.** (July-August, 2013). *Factors impacting educational involvement in Rural Cambodia Schools.* Poster presented at the 121st Annual Convention of the American Psychological Association, Honolulu, Hawaii.

Inman, A. G., Kwon, O., **Pendse, A.** (June 2013). *Microaggressions in Supervision.* Roundtable presented at the International Interdisciplinary Conference on Clinical Supervision, Adelphi University, New York

Inman, A. G., **Pendse, A.,** Luu, L., & Ladany, N. (August, 2012). *Mentoring underrepresented faculty and students.* In M. Ellis & N. Ladany (co-chairs). Supervision and Training: Hot topics in Supervision. Roundtable discussion at the 120th Annual American Psychological Association Convention, Orlando, Florida

Inman, A. G., Devdas, L., **Pendse, A.,** Spektor, V. (August 2012). *Content Analysis: Three decades of South Asian research.* Poster presented at the Annual Asian American Psychological Association Conference, Orlando, Florida

Calinger, A., Utaka, R., Inman, A. G., **Pendse, A.,** Luu, L., Patterson, S. (July 2012). *Harmful practices: Experiences of women in Nigeria.* In, A. G., Inman (Chair), Social Justice and Mental Health: Perspectives from Nigeria, Liberia, Tanzania, United States and Turkey. Paper presented at the Congress of Psychology, Cape Town, South Africa

TEACHING EXPERIENCE

Fall 2013	**Teaching Assistant, Global Citizenship, Lehigh University**, *Bethlehem, PA* **Undergraduate Course:** Intersession Trip Practicum Co-instructed weekly course for 23 undergraduate students. Led class discussions on sociocultural and familial structures in India. Assisted with designing course content and syllabus. Assisted with developing trip itinerary and worked as a leader on a 13-day trip to India.
Summer 2013	**Teaching Assistant, Lehigh University, Counseling Psychology,** *Bethlehem, PA* **Graduate Course:** Counseling Issues and Skills: Facilitating Healthy Adjustment Provided supervision to students participating in counseling role plays. Prepared and presented lecture focusing on cultural considerations when counseling international students. Assisted with developing course material.
Fall 2012	**Teaching Assistant, Lehigh University, Counseling Psychology,** *Bethlehem, PA* **Graduate Course**: Human Development Across the Lifespan Co-instructed course sessions focusing on identity development and sociocultural development for the duration of the semester. Assisted with developing course syllabus, grading of assignments, and creating grading rubrics for exams and presentations.

SOCIAL JUSTICE WORK

April 2012-April 2013	**Junior League of the Lehigh Valley,** *Allentown, PA* **Workshop Facilitator** Facilitated interactive "Figuring Out Friendships" workshops on relational aggression with middle school girls and their mothers.
September 2012-November 2012	**Navigating Courageous Conversations (Diversity Training Video), Lehigh University,** *Bethlehem, PA* **Volunteer**

Assisted in the production of a psychoeducational diversity training video exploring the topic of cultural perspective taking. Recruited actors for the video, acted, and assisted with coordination of participants during rehearsals and filming.

January 2012 — **The Vagina Monologues, Women's Center, Lehigh University,** *Bethlehem, PA*
Actor and Volunteer
Participated in a production of the Vagina Monologues. Acted in two shows and helped with fundraising efforts.

December 2011-December 2012 — **Office of International Students and Scholars, Lehigh University,** *Bethlehem, PA*
Volunteer
Co-facilitated groups at the International Communication workshop for study abroad and international students. Helped develop and facilitate communication workshops during international student orientation on campus.

October 2011-December 2011 — **Broughal Middle School,** *Bethlehem, PA*
School Counseling Volunteer
Observed middle school counselor during individual and group counseling sessions. Assisted with administrative tasks and team meetings.

October 2011-November 2011 — **Episcopal Apartments**, *Bangor, PA*
Reminiscence Group Facilitator
Co-facilitated a weekly group of female residents ages 75 and above writing memoirs under a program called "Write Your Story."

May 2007-June 2007 — **Schizophrenia Awareness Association,** Pune, India
Volunteer and Research Associate
Assisted with data collection for a project entitled "Perceived family needs for rehabilitation of persons with severe mental illness." Visited local psychiatric outpatient clinics and collected data from patients and their caregivers. Helped conduct recreational activities at a day-care center for patients with schizophrenia. Co-facilitated caregiver groups at a government inpatient mental health clinic.

OTHER PROFESSIONAL EXPERIENCE

January 2014-June 2014 — **University Counseling and Psychological Services, Lehigh University,** *Bethlehem, PA*
Graduate Assistant
Assisted center director with administrative tasks of the counseling center. Worked on literature review and qualitative research. Assisted with preparation of training seminars, internship program manual, and accreditation self-study.

August 2011-June 2012 — **Counseling Psychology Program, Lehigh University,**

August 2013-May 2014	*Bethlehem, PA* **Graduate Assistant to Training Director and Chair** Performed comprehensive literature reviews, acquired references, and reviewed writing before submission. Assisted with qualitative data analysis, data management, book chapters, IRB process, travel applications, and grant proposals. Assisted with admission of PhD and Master's programs. Reviewed admission applications and assisted with individual and group interviews of prospective applicants.

GRANTS AND AWARDS

2015, 2012	**Student Travel Award** from the Asian American Psychological Association
2014	**International Conference Travel Grant** from the American Psychological Association
2014	**College of Education Diversity Committee Travel Fund** from Lehigh University
2012-2013	**Thomas/Brucker Minority Doctoral Scholar award** from the College of Education, Lehigh University
2012-2013	**College of Education Equity and Community Initiative Grant** from Lehigh University
2011	**Research Co-operation Scholarship** from the Max Planck Institute for Human Cognitive and Brain Sciences, Leipzig, Germany

CERTIFICATIONS AND TRAININGS

2014	**Certified Positive Discipline Parenting Educator** Positive Discipline Association
2014	**Training, Recognizing and Reporting Child Abuse** Crimes Victim Council of the Lehigh Valley
2012	**Teacher Development Certificate** Lehigh University
2011	**Training, Evaluation of Torture Survivors** Human Rights Clinic, HealthRight
2008	**Certificate in Play Therapy** Centre for Human Growth and Development, Pune, India

LEADERSHIP ROLES AND SERVICE

2017-Present	**Webinar Co-ordinator** *APA Division 17*
2017-Present	**Webmaster** *Supervision and Training Section (STS), APA Division 17*
2015-2017	**Student Representative and Executive Board Member** *Supervision and Training Section (STS), APA Division 17*
2016-Present	**Co-chair, Membership and Publicity**

	International Mentoring and Orientation Committee (IMOC), Division 17
2014-2016	**Student Contributor** *International Mentoring and Orientation Committee (IMOC), Division 17*
2014-2016	**Content Contributor and Collaborator** *TRIMITI weekly newsletter, Pune, India*
2013-2015	**Student Peer Reviewer** *Psychology of Women Quarterly*
2013-2015	**Regional Coordinator**
2011-2014	*Student Affiliates of Division 17 (SAS), APA* **Program Representative** *Student Affiliates of Division 17 (SAS), APA*
2011-2012	**United Nations Student Delegate Lehigh University** *Women's Studies and Intervention (CWSI), Nigeria*

PROFESSIONAL AFFILIATIONS

American Psychological Association, Student Affiliate (since 2011)

- Division 17: Society of Counseling Psychology
  - Supervision & Training Section
  - International Section
- Division 52: International Psychology

Asian American Psychological Association, Student Member (since 2011)

- Division of South Asian Americans (DoSAA), (since 2012)

Indian Psychologists, India (since 2010)