Supervisors' Perceptions of Their Integration of Strength-Based and Multicultural Approaches to Supervision

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Abstract

This study explored how, and to what degree, clinical supervisors utilize and integrate strength-based and multicultural approaches. We conducted a qualitative investigation using a grounded theory paradigm and consensual qualitative research methodology and analysis. Participants included 14 licensed psychologists. We organized the data into four domains: (a) supervisory approaches, (b) multicultural content/integration of multicultural approaches, (c) strength-based content/integration of strength-based approaches, and (d) supervisor power and supervisee empowerment. Results suggested that participants were keenly aware of multiculturalism and multicultural competence, and infused these perspectives throughout their supervision. Supervisors as a group were less aware of the ways that they used strength-based approaches with their supervisees, although a subset of participants intentionally used strength-based interventions. Notably, some supervisors used multicultural and strength-based perspectives in an integrative fashion by recognizing that strengths vary depending on the cultural context. We discuss implications for supervision practice, advocacy, theory, and research.

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Significance of the Scholarship to the Public

Findings identified ways that supervisors integrate strength-based and multicultural approaches, including an emphasis on the cultural context of strengths and empowerment of supervisees. Means of incorporating advocacy work into supervision were also identified including acknowledging oppression and discrimination as contributing to the development of strengths for the supervisory triad.

Strength-based counseling and multicultural competence have been major areas of focus in the psychological literature over the last fifteen years (Scheel et al., 2012; Smith, 2006; Wendt et al., 2015). Recommendations to extend strength-based counseling approaches to the training and clinical supervision of counseling psychologists are not new to the field (e.g., Georges & Tomlinson-Clarke, 2015; Magyar-Moe et al., 2015). However, initial attempts to apply strength-based approaches to supervision have been met with criticism for lacking adequate attention to cultural context (e.g., Wade & Jones, 2015). Despite scholarly reflections on the overlapping constructs associated with strength-based and multicultural approaches, theoretical integration has yet to be achieved. Moreover, little is known about the degree to which supervisors utilize, and especially integrate, strength-based and multicultural approaches into their supervision practices. Gaining knowledge of supervision practices related to the integration of strength-based and multicultural approaches has great potential for meaningfully influencing practice and advocacy.

Given the dearth of research in the area of supervision practice, we used qualitative methodology to answer the question: How, and to what degree, do supervisors utilize and integrate strength-based and multicultural approaches to supervision? This study fills an important gap in the literature and exemplifies the aim of this special issue of *The Counseling Psychologist*, which seeks to integrate practice, advocacy, and science. Specifically, this study represents practice informed-science as it is centered on the integration of multicultural issues in supervision practices of psychologists and advocacy informed-science. Further, this study contributes to research-informed practice and research informed-advocacy by providing data from which psychologists can draw when providing supervision to trainees.

Clinical supervision is instrumental to the development of clinical competencies, is an essential component of training in psychology, and in the last thirty years, has emerged as a distinct area of evidence-based practice in professional psychology (American Psychological Association [APA], 2015). Further, supervision is a promising arena for the integration of practice, advocacy, and science in the field of counseling psychology, particularly with respect to the use of strength-based and multicultural approaches. The counseling psychology supervision literature (e.g., Bernard & Goodyear, 2014; Burkard et al., 2014; Ellis et al., 2014; Ladany et al., 2013) has informed best practices which are highlighted in the Guidelines for Clinical Supervision and Health Service Psychology (APA, 2015; to be referred to as the Guidelines on Supervision) and the Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (APA, 2017; to be referred to as the Multicultural Guidelines). More specifically, the Guidelines on Supervision emphasize the importance of competence in supervision within a multicultural context and the Multicultural Guidelines highlight clinical supervision as a practice area in which psychologists must be attentive to multicultural issues. The foundation of these guidelines extends to multicultural supervision models (e.g., Arcsynski & Morrow, 2017; Hernández, 2008; Singh & Chun, 2010), which focus on advocacy with respect to both oversight of clients seeking services, and trainee supervision. This study contributes to the literature by using qualitative data related to licensed psychologists' use and integration of strength-based and multicultural approaches to supervision.

Strength-Based Supervision

Counseling psychology has a long tradition of studying and promoting the best in people (Lopez & Edwards, 2008), which is philosophically and conceptually consistent with a strength-based model of counseling supervision. It has been proposed that a primary function of clinical supervision is the restoration of well-being, in which the supervisor attends to the emotional effects of doing therapy work on the supervisee (Howard, 2008). Thus, a strength-based supervisor identifies and encourages supervisees' strengths, and helps them to use these strengths to compensate for their weaknesses. This foundational framework for understanding strength-based supervision is consistent with the idea that strength development is best nurtured within the context of a trusted and supportive relationship, and includes the application of interventions to cultivate the clinical strengths of the supervisee (Jones-Smith, 2014).

Discussions on the importance of moving away from a problem-focused approach have extended the development of the premises and processes

underlying a strength-based supervision model (Edwards, 2017). Practicing from a strength-based perspective means that supervisors primarily help the client and supervisee identify, amplify, and capitalize on their strengths and resources to live more fulfilling lives. Supervising with compassion, rather than for compliance, supervisory conversations include a focus on what is important in supervisees' lives, work, and personal visions, as well as how to care for themselves. As in successful leadership, supervision is about communicating to people their worth and potential with such clarity that they begin to see it for themselves (Covey, 2005). Collaboration is key to both treatment of the client and professional development of the supervisee. Although the Guidelines on Supervision (APA, 2015) mention a strength-based approach as a key assumption, they do not include specific direction for supervisors related to strength-based interventions. Understanding how supervisors explicitly integrate these strength-based approaches with multicultural supervision benefits theory building and the practice of supervision.

Multicultural Supervision

Multicultural competence in supervision is defined as the "incorporation of self-awareness by both the supervisor and supervisee and is an interactive encompassing process of the client or family, supervisee–therapist, and supervisor, using all of their diversity identities," (Falender & Shafranske, 2017, p. 61). The Guidelines on Supervision (APA, 2015) acknowledge both multicultural competence (i.e., knowledge, skills, and values/attitudes) and attention to the multiple diverse identities of the supervisor, supervisee, and client. Specifically, Guideline 2 states, "Supervisors planfully strive to enhance their diversity competence to establish a respectful supervisory relationship and to facilitate the diversity competence of their supervisees" (APA, 2015, p. 15). Another guideline states, "Supervisors aim to be knowledgeable about the effects of bias, prejudice, and stereotyping. When possible, supervisors model client/patient advocacy and model promoting change in organizations and communities in the best interest of their clients" (APA, 2015, p. 16). Research has demonstrated that acting in culturally unresponsive ways can damage the supervisee, the supervisory relationship, and the client's well-being (Burkard et al., 2006). On the other hand, supervisors who demonstrate multicultural competence assist the supervisee in cultivating their clinical skills in a safe and trusting relationship. Multicultural competence has been shown to be an essential aspect of positive clinical supervision (Burnes et al., 2013; Lee & Khawaja, 2013; Inman, 2006).

Several theoretical models of supervision focused on multiculturalism also can be framed using concepts consistent with strength-based approaches

(Arcsynski & Morrow, 2017; Hernández, 2008; Singh & Chun, 2010). For example, Singh and Chun (2010) emphasized resilience in their model of supervision for Queer People of Color. Feminist multicultural psychotherapy supervision (Arcsynski & Morrow, 2017) proposes that effective supervision involves managing the complexities of power in the supervisory relationship. More specifically, qualitative findings support contentions that supervisors modeling attention to power in the supervisory context, may encourage developing therapists to consider issues of power in the counseling context. For example, Arcsynski and Morrow (2017) found that supervisors integrating feminist and multicultural approaches, enabled supervisees to process difficult topics related to privilege, power, and oppression. Moreover, their data suggested that feminist multicultural supervisors who modeled equity, respect, and promoted reflexivity in developing therapists, including the ability to address internalized racism and sexism, facilitated supervisees in understanding the parallels between their therapeutic work and the greater sociopolitical context.

The cultural context model in clinical supervision (Hernández, 2008) proposes a social justice approach to working with clients by fostering collective consciousness of power, privilege, and oppression. This model proposes that liberation is key to healing, and defines liberation as healing that embraces critical consciousness, empowerment, and accountability as guiding principles in supervision. Supervisors using this model rely on postcolonialism, intersectionality, critical race theory, feminism, and critical pedagogy concepts to provide the foundation for supervisee training.

Contributions to Theory: Integration of Strength-Based and Multicultural Approaches

Strength-based approaches to counseling and supervision have been criticized for focusing too heavily on positive experiences, thereby inadvertently minimizing genuine difficulties, such as those related to external oppressive factors or influences (Wade & Jones, 2015). Although multicultural models of supervision focus on resilience and empowerment (i.e., Hernández, 2008; Singh & Chun, 2010), the extant supervision literature lacks a comprehensive theoretical framework to integrate strength-based and multicultural approaches. Theoretical integration of these related, yet discreet approaches to supervision, is necessary to move the field forward towards a more integrated perspective on training, supervision, practice, and advocacy. To bridge existing gaps in theory and research, this study explores the utilization and integration of strength-based and multicultural approaches to clinical supervision using qualitative research methods in a naturalistic setting (Hill et al.,

1997; DeStefano et al., 2017). Specifically, this study addresses the question: How, and to what degree, do supervisors utilize and integrate strength-based and multicultural approaches to supervision?

Multicultural and strength-based approaches appear to be consistent and incorporate overlapping constructs, however, theoretical integration has yet to be achieved or explored from a research, practice, or advocacy perspective. Consistent with the focus of this special issue, this qualitative study assumes a grounded theory approach (Corbin & Strauss, 2015) to develop a comprehensive understanding of approaches to supervision, and thereby contribute to the integration of theory, practice, and advocacy in counseling psychology. Data from this study will be used to construct an integrated theoretical approach to clinical supervision that reflects current practice and contributes to social advocacy. Grounded theory allows researchers to construct theory from data to develop a comprehensive explanation of phenomenon, and is particularly applicable to addressing problems in new and emerging areas in need of research (Corbin & Strauss, 2015). Through a deliberate and reflective process, data are analyzed using a consensual qualitative research (Hill et al., 2005, 1997), a methodology emerging in part from the tenets of grounded theory.

Method

Participants

To meet criteria for participation, supervisors must have attended an APA-accredited counseling psychology or clinical psychology program, were licensed, and provided individual and/or group supervision within the past year. Twelve participants had provided individual supervision that lasted at least eight sessions in the past year, some of whom also provided group supervision. Two participants had provided group supervision that lasted eight sessions in the past year, had provided extensive individual supervision in their careers, and were established scholars with research interests in supervision. All participants provided supervision to practicum or intern supervisees from APA-accredited doctoral counseling psychology or clinical psychology programs. Group supervision included supervision at training sites and academic programs, both with other trainees and supervised by a licensed psychologist. Fourteen clinical supervisors (12 identified as female and two as male), who ranged in age from 32 to 74 ($M_{age} = 47.5$, $SD = 12.9$), participated in this study. Seven participants self-identified as White/Caucasian, four as Black/African American, two as Latinx, and one as Asian. Eight participants worked at college/university counseling centers, four as

training directors in doctoral programs, one in independent practice, and one in a VA hospital. Theoretical supervisory approaches varied, with participants reporting using variations of developmental supervision, including multicultural, relational, and strength-based considerations (9), a multicultural/feminist approach (2), integrative approach (1), competency-based approach (1), and the discrimination model (1).

Research Team

The primary research team was comprised of one doctoral student (heterosexual female, White advanced doctoral student in counseling psychology) with coursework in qualitative methods and training in consensual qualitative research (CQR; Hill et al., 2005, 1997) and two counseling psychology faculty members at a Midwest university (heterosexual White female and first auditor with expertise and experience in qualitative methods, including CQR; bisexual White female and second auditor with training in qualitative methods, including CQR).

The primary research team discussed their expectations with regard to the anticipated outcomes of this study to acknowledge their biases and perceptions that may impact data analysis and the consensus process. The first author expressed biases related to her lived experience of being a White cisgender heterosexual woman from an upper-middle class background. She also reflected on a tendency to look at the positive side of content, which may cause her to overlook certain data. The first auditor reported that she believed the data would demonstrate use of a broad theoretical range of perspectives, but primarily an integrative approach to supervision. She also hypothesized that data from initial broad-based questions might not address multicultural or strength-based perspectives and that questions specific to the use of multicultural and strength-based approaches would yield affirmative answers with varying degrees of detail. Overall, she thought this self-reflective process would be helpful to participants and might prompt them to be more thoughtful in integrating these approaches in their work. The second auditor reported that she expected that most clinical supervisors would report that they use multicultural and strength-based approaches in supervision, but some would struggle to expand on how they do so, with more supervisors struggling to identify how they engage in strength-based approaches than multicultural approaches. She was also doubtful that even a significant minority would be able to identify how they integrate these two areas in their work.

To address the potential for research team members' biases to influence the data analysis process, researchers stayed close to the data by using participants' words in coding domains and categories (Hill et al., 2005). All three

research team members reviewed the transcripts separately throughout the coding and consensus process to increase trustworthiness. The primary researcher engaged in an ongoing self-reflective process to question her biases while reviewing the interview transcripts by carefully reflecting on how her follow-up questions, self-disclosures, prompts, and listening skills may have had an impact on participant responses. Team members engaged in discussion at the beginning of the study, and throughout the research process to ensure that biases were not substantially influencing the data analysis.

Measures

Demographic Questionnaire. Participants completed a demographic questionnaire that asked their age, gender, race, ethnicity, degree program (i.e., PhD, PsyD), area of specialization (i.e., clinical psychology, counseling psychology, other), years of supervision experience, total number of trainees supervised, and theoretical supervisory paradigm.

Semistructured Interview. A semistructured interview protocol was developed by the research team to explore participants' supervisory approaches and the extent and means by which they integrated multicultural and strength-based approaches. The interview began with opening questions regarding supervision in general, and then addressed the research questions.

Procedure

Participant Recruitment. Participants were recruited from a heterogeneous population of supervisors who were experienced in clinical supervision. The primary researcher posted calls for participation on a number of psychology listservs. Snowball sampling was also utilized. The announcement provided a description of the study, criteria for participation, and researcher contact information. Once agreeing to participate, supervisors were asked to complete an informed consent form and demographic questionnaire. The primary researcher then scheduled a one-hour interview with each participant. Interviews were audio-recorded and transcribed verbatim. The first author checked all transcriptions for accuracy. To protect confidentiality, identifying information was removed from the transcription and each participant was given a pseudonym.

Data Analysis. A modified version of CQR and grounded theory (Hill, 2012; Charmaz, 2006) was used to analyze the data. Preliminary analyses were initially conducted on 12 cases. The remaining two cases were examined later

to assess for the stability of the findings and to determine if saturation was reached or if new domains or categories emerged. The primary researcher who independently coded four of the initial 12 transcripts developed an initial list of domains. These domain-coded transcripts were then given to the first auditor to review. Feedback was provided to the primary researcher and these two researchers then met to discuss consensus about the coding and wording of domains. This resulted in four domains from the original six domains that were proposed. The primary researcher then proceeded to independently code the remaining eight initial transcripts into domains, and then sent the domain-coded transcripts to the first auditor for review. They then met to review the coding and again discuss to reach consensus. Once consensus was reached on all of the domain coding, it was sent to the second auditor for review. The primary researcher and first auditor then met to review and discuss the second auditor's comments and proposed changes. Various suggestions were made but the most significant was the decision to include responses of the integration of multicultural approaches with strength-based approaches as part of the strength-based content domain. A final consensus version of four domains was then created. Feedback was provided to the second auditor regarding the team's consensus on the proposed revisions.

Next, a cross-analysis was completed with all 12 of the initial cases. In this stage of data analysis, the primary author coded the data within each domain into categories that represented the numerical similarities between cases. The primary researcher and first auditor then met as a team to discuss to consensus. A number of the categories were renamed to better represent the content of each category. After reaching agreement on all categories within each domain, the primary researcher and first auditor sent this portion of the coded data to the second auditor for review. The primary researcher and first auditor then met to review and discuss suggested changes from the second auditor. This approach allowed data to be examined from multiple viewpoints to ensure that the complexity of the data was captured, and helped to address the implicit and explicit biases of the researchers. To determine the stability of the domains and categories, the primary researcher then coded the transcripts for the 13th and 14th cases using this same process. No substantial changes in the results were noted; thus, it was concluded that saturation was reached, and the results were stable. The additional two cases were incorporated into the cross-analysis, resulting in a total sample of 14 participants. Consistent with recommendations by Hill et al. (2005) to characterize the frequency of categories, "general" was applied to categories that were present in all or all but one of the cases, "typical" was applied to categories that were present in more than half of the cases, and "variant" was applied to categories that were present in at least two cases.

Results

Four major domains emerged including: (a) supervisory approaches currently used, (b) multicultural content/integration of multicultural approaches, (c) strength-based content/integration of strength-based approaches, and (d) supervisor power and supervisee empowerment. Each domain and related categories are listed (see Table 1).

Supervisory Approaches Currently Used

This domain included theoretical and multicultural approaches, supervisor background and experience, supervisee development, content related to skills, goals, assessment, supervisory techniques, and ethical issues, as well as the supervisory relationship and supervisory process. This domain was represented by seven categories: theoretical approach to supervision (general), supervisor background and experience (typical), supervision process (typical), supervisee development (typical), diversity and multiculturalism (typical), supervision techniques (variant), and supervisee evaluation and feedback (variant).

Theoretical Approach to Supervision. This category included participants' descriptions of their theoretical approach to supervision, including goals, intentions, rationale for their approach, and the importance of the supervisory relationship and supervisee competencies. Participants commonly reported using a developmental model of supervision, with considerations for multicultural, relational, and strength-based factors. A few participants reported other supervision models including feminist supervision, multicultural/feminist supervision, integrative supervision, and competency-based supervision. This category also included strategies for applying the theoretical approach and the importance of individualizing supervision methods based on the developmental level, knowledge, and skill assessment of the supervisee. Debrah, a 40-year-old Asian female who worked in a university counseling center and trained in counseling psychology, described her beliefs in the supervisory relationship and multicultural competencies as important aspects of her theoretical approach to supervision.

> I do believe in Bordin's three components of the supervisory relationship: the tasks, the bonds, and the goals. For me, the bond is extremely important because I think it's the foundation on which supervision can happen, conflicts within supervision can happen, and so I do emphasize transparency in the bond.

Table 1. Domains, Categories, and Representativeness

Domains and categories	Cases	Representativeness
Supervisory Approaches Currently Used		
Theoretical approach to supervision	14	General
Supervisor background and experience	10	Typical
Supervision process	10	Typical
Supervisee development	9	Typical
Diversity and multiculturalism	9	Typical
Supervision technique	6	Variant
Supervisee evaluation and feedback	4	Variant
Multicultural Content/Integration of Multicultural Approaches		
Multicultural competence, evaluation, and training	11	Typical
Self-identity, experiences, and worldview	9	Typical
Visible and invisible identity sharing	8	Typical
Multicultural supervision process	6	Variant
Awareness of assumptions, biases, and blind spots	6	Variant
Systemic multicultural factors and context	6	Variant
Working through impact of supervisees' stigmatized identities and internalized oppression	4	Variant
Strength-Based Content/Integration of Strength-Based Approaches		
Identifying and building strengths and self-efficacy	10	Typical
Using culture and identity in a positive growth-oriented way	9	Typical
Intersection of development and strengths	6	Variant
Limited familiarity and limitations of strength-based approaches	5	Variant
Supervisor Power and Supervisee Empowerment		
Empowerment, collaboration, and techniques	10	Typical
Intentional reflection and discussion on power differential	7	Typical
Directive approach versus self-defined goals	4	Variant

Supervisor Background and Experience. This category described participants' role at their training site, previous training, modality of supervision (i.e., individual vs. group), decisions made about supervisees, and descriptions of own experiences as supervisors. Kelly, a 44-year-old White female who worked at a university counseling center and trained in clinical psychology, shared her experience as a supervisor and her growth and development experiences.

> I've been supervising for a really long time, and so as I have developed as a supervisor, am I now perfect? I still feel like I'm trying to figure it out every year. But the more open I am, the more open my supervisees are.

Supervision Process. This category described the process of supervision, such as the use of the supervisory relationship and self-disclosure, mutual courage, awareness of parallel processes, cultural values and norms, and observational comments made in the here and now. Some participants discussed the process of creating a safe, mutual, and power balanced learning environment through the building of trust, the presence of transparency, and setting clear expectations in the supervision session. Debrah used the supervision process to explore the cultural values and norms of the supervisee, and then to adapt the supervision process to best suit the needs and cultural values of the supervisee in order to facilitate learning.

> I noticed that my supervisee had gotten visibly upset and, in keeping with the transparency, I did bring up that I noticed that there was a shift in [his] body language [and] facial expression . . . so sharing of that observation, I think, led to the supervisee sharing with me that they're from an Asian culture and they believe in structure and planning.

Supervisee Development. This category described participants' perceptions related to how they perceived and supported supervisee development, including attention to improving self-care, resolving clinical challenges, and integrating supervisees' personal and professional identities. It also included supervisees' cognitive flexibility and increased understanding of ethical decision making. Sam, a 41-year-old Latino man who worked in a university counseling center and trained in counseling psychology, described supervision as being a helpful place for supervisees to integrate their professional and personal identities.

> I also think that supervision is a great place to not only address clinical work, but also professional issues. So, I really try to ask about how their clinical work is informing the professional identity and how they're merging who they are as a person with their professional identity as a psychologist.

Diversity and Multiculturalism. This category described participants' intentional discussions in supervision in which salient identities and the impact of environment on supervisee, supervisor, and clients were identified and considered. It also included discussions about biases and blind spots, as well as the ways in which both supervisees and clients can advocate for their needs. Kelly described how she incorporates diversity and multiculturalism into her supervisory practice.

> Within the first two sessions, we've actually named and talked about our visible identities, our invisible identities, talked a little bit about you know what it's like for us to work together already, but it's also important for me to understand "Who has supervised this person in this past?" and "Has this person always had supervisors that looked just like them, or had similar identities, or had this person always been with somebody who looks different, and how is that the same or different than our match, our individual differences?"

Supervision Techniques. This category described participants' use of various techniques and strategies, such as a supervisory contract, the development of goals and objectives based on supervisees' developmental level, use of and review of video or audio tapes, as well as group and individual supervision formats. This category also included discussions of strategies for specific skills, such as risk assessment and planning, empathy building, and case conceptualization. Wendy, a 32-year-old White female who worked at a university counseling center, described her use of a supervision contract prior to starting supervision.

> I like to create a supervision contract, 'cause again going to the open communication transparency piece, I want a supervisee to know what they're getting into when they start working with me because I like to believe that I set firm expectations without being beyond their reach, and part of that is knowing where they were coming from.

Supervisee Evaluation and Feedback. This category described participants' structured evaluations, feedback, and sharing of supervisees' strengths and weaknesses as part of the gatekeeping function. It also included feedback informed by expected competency levels, scope of practice and supervisor's license, and remediation plans. Carol, a 66-year-old White female who was an internship training director, described how she gives feedback and how in rare circumstances, remediation plans may be considered. She gave an example by stating, "I have to evaluate the students typically twice a year, and when I do that, I have to give them balanced feedback. So, I'm talking about their strengths and also about their growth areas."

Multicultural Content/Integration of Multicultural Approaches in Supervisory Practice

This domain included multicultural approaches in participants' supervisory practices, including examinations of biases, blind-spots, areas of growth, societal and systemic issues such as privilege and oppression, and self-understanding, as well as the explicit naming of identities and processing of supervisees' experiences as diverse trainees. This domain was represented by seven categories: (a) multicultural competence, evaluation, and training (typical); (b) self-identity, experiences, and worldview (typical); (c) visible and invisible identity sharing (typical); (d) multicultural supervision process (variant); (e) awareness of assumptions biases and blind spots (variant); (f) systemic multicultural factors and context (variant); (g) and working through impact of supervisees' stigmatized identities and internalized oppression (variant).

Multicultural Competence, Evaluation, and Training. This category described participants' use of multicultural competence benchmarks as a method of evaluating supervisees and structuring training to assist with cultural competence development. Maryann, a 74-year-old Latinx female who is faculty at a training program, shared her perspective on multicultural competence as a broadly based concept, which may vary for each individual. She discussed multicultural competence, evaluation, and training by framing it as a concept defined by the individual, and as a process that goes on for a lifetime, rather than a set of specific skills that can be mastered.

> It isn't an attainable goal. Rather, it's an ongoing process. The idea that you can become multiculturally competent if you do X training program I think is antithetical to the way I like to look at things, because we're constantly evolving. . . . It's an ongoing process that's going to be affected by the stage of life that you're in, or level of expertise that you've acquired.

Self-Identity, Experiences, and Worldview. This category described participants' understanding of their supervisees' identities, life experiences, and worldviews as they impact their perspectives as developing clinicians. Furthermore, it described the ways in which the identities and experiences of the supervisors impacted their own perspective, and therefore their view of their supervisee and their clinical work. Additionally, participants discussed privilege and power, and the ways they impact supervisees' worldview by potentially blinding them to the experiences of oppressed clients. Lydia, a 36-year-old African American female who worked at a college counseling

center, described a critical incident with a supervisee in which identity, experience, and worldview differences between the client and counselor, as well as the supervisor and larger counseling system, resulted in an examination of perspective.

> In group supervision, an intern of mine was at her site and had a client who was born and raised in [a U.S. territory]. He is a U.S. citizen and would hug. That's how he greeted and that was part of his culture. So, wanted to hug right before every session, and this person, one of the people that was supervising them struggled with that and may have even seen that as something that is not okay, like, "You have boundary issues." You hug the person, and now you're telling them you can't hug them anymore and why, but does it feel like this is a competent thing to do? Is this the best idea, and is it going to cause more harm than good?

Visible and Invisible Identity Sharing. This category described participants' explicit naming of visible and invisible identities for supervisors and supervisees. Participants described this exercise as assisting supervisees in feeling comfortable and fully understood as a person and as a clinician. Wendy described the process of sharing visible and invisible identities of her own as a way to demonstrate this process to supervisees.

> I offer an invitation through self-disclosure on my own of the different identities I hold, because. . . [it's] very important to me, at least, that we both have a good understanding of where we're coming from. . . I'm supervising this person and then they're seeing clients and it can either trickle down, or they sort of become this middle person that's trying to manage the clients' identities and mine through supervision, and I want them to be aware of who they are and what they are dealing with within themselves. The self-reflection piece being really important.

Multicultural Supervision Process. This category referred to the supervision process as it related to cultural experiences, and included the impact of shared and unique identities present in both the supervisory and therapeutic relationships. Kelly shared an example of working with diverse students and how tending to cultural context and the process within supervision, assisted supervisees with creating a different experience.

> I've had supervisees from cultural backgrounds who are international trainees, whose educational experiences were very different than the American system, so very obedient, right? It's up to me to . . . when I tell you to do x, y and z and you do it, but you don't really understand why, for me to say . . . What are your

feelings about having done that? Do you think that might've been happening here where you were just simply following my direction without really thinking it through? Because that tends to be maybe what happens for you because of our different cultural backgrounds, right? I'm from a background where you assert yourself, share your needs, yea to feminism! But that's not your background, so let me open up a space that feels like we can process that to make sure I'm not replicating for you something that doesn't feel good.

Awareness of Assumptions, Biases, and Blind Spots. This category included participants' attention to supervisees' assumptions and blind spots based on their cultural experiences, as well as their own as the supervisor. Additionally, participants referred to cultural representation of a minority identity being a multicultural strength and lack of representation as a multicultural weakness. Wendy discussed the one aspect of self-awareness of one's assumptions.

> Also encouraging people when we're meeting with a client who looks like us and we make a lot of assumptions to just like we would look at differential diagnoses, kind of take a step back and see "Am I putting my identities onto them and pretending like I understand their experience with those aspects, rather than taking a step back and letting them inform me about what their own experience is?"

Systemic Multicultural Factors and Context. This category described participants' awareness of societal and training site power structures as well as implicit bias as a product of systemic cultural contexts that would inevitability impact supervisees' and clients' experiences. Zia, a 57-year-old White female who worked at a university counseling center, shared her perspective on systemic factors for Supervisees of Color who deal with clients, supervisees, and others who are dismissive of their cultural identities and experiences, despite the richness that these perspectives can bring.

> Students of Color, you know, they grow from a therapist to a supervisor and then go off into professional positions, and they face repeated challenges from supervisees who are perhaps not so far [along in] their racial cultural identity development, and it is very frustrating.

Working Through the Impact of Supervisees' Stigmatized Identities and Internalized Oppression. This category described participants' careful attention to supervisees' oppressed identities and the negative consequences this could produce for their training experiences. Participants described inviting supervisees to share their experiences within supervision so that supervisors could offer support, validation, and problem solving so that their training experiences would not be

negatively impacted. Wendy described an experience with a supervisee in which they had to discuss her experience as a minority trainee.

> So, we had a trainee who was a conservative Muslim woman. So, she wore a hijab and she was fully covered, and when she started her training experience, in probably a succession of like three weeks, she had three different clients request a counselor change . . . and in my own mind trying to justify the possibility that it's not because she had an identity that was so activating for some people . . . but then by the second person, I was like, "This doesn't feel right. Something feels wrong with this." So, it did kind of force me to take a step back and really consider how I was going to talk to her about this, because I wanted her training experience to be a positive one.

Strength-Based Content/Integration of Strength-based Approaches in Supervisory Practice

This domain included strength-based approaches in participants' supervisory practices, including the identification of supervisees' strengths, feedback, self-efficacy, and identity as a therapist. It also includes the importance of considering how strengths are culturally influenced, vary by system or context, or may have been developed from oppressive experiences. This domain was represented by four categories: identifying and building strengths and self-efficacy (typical), using culture and identity in a positive growth-oriented way (typical), intersection of development and strengths (variant), and limited familiarity and limitations of strength-based approaches (variant).

Identifying and Building Strengths and Self-Efficacy. This category referred to supervisors' understanding and collaborative development of supervisees' strengths and therefore authentic sense of self-efficacy and impact. Responses included interventions used to build supervisee's strengths, such as identifying specific strengths through video and discussion, highlighting strengths throughout supervision as a means of empowerment, and reminding supervisees about their strengths and how they can be used in clinically challenging times. Sam described how he identifies and builds supervisees' awareness and confidence in their strengths.

> So, I think it's very important that every supervisee knows ways that they are excelling: What tools do they have? What strengths do they have that they can rely on and utilize in treatment, and what are their areas of growth? I think a lot of times trainees don't know what their strengths are, so if there are moments, either critical incidents or when I'm watching a tape, or when we're talking, just doing my best to be explicit about what I feel is a strength [of theirs].

Wendy discussed how identifying and building strengths can be helpful for supervisees when they are feeling "stuck" in their clinical work, as well as assisting supervisees with connecting to their natural abilities.

> So first and foremost, I find I use strengths . . . when a supervisee is coming to me saying, "I'm stuck. I don't know how to move the client past this." So then [I use] a Socratic questioning type thing. "How can we use the skills that you already have in these certain areas to move you forward with this client? . . . And then another strength-based [strategy] is getting to know them as a person, because I think another important aspect is to be authentic as a therapist in the room . . . a lot of times people who are attracted to this field have a genuine warmth and connection that they can form with other people.

Using Culture and Identity in a Positive Growth-Oriented Way. This category referred to participants' description of strengths being developed from supervisees' cultural experiences, including adaptive mechanisms that developed from confronting oppressive experiences. It also included supervisees' sense of self as clinicians, including integration of their own intersecting identities (i.e., authenticity) and the use of these identities to assist their clients in session. Furthermore, supervisors added that, when disconnected from an identity status, it can become difficult to access strengths. Finally, this category also included supervisors' consideration of supervisees' level of cultural competence as a cultural strength. Sam described how strengths should be considered through a "cultural prism."

> It became very clear to me that what some of my staff might have seen as an area of growth, I actually saw was a strength, just based on [getting to know my supervisee], her cultural values and how that impacted the way she interacted with her colleagues. I think what gets viewed as a strength definitely goes through a cultural prism, and that needs to be identified and taken into account that that's a filter that's going on, that I think our strengths are based on our own experiences and identities.

This category also referred to participants' understanding that strength-based supervisory approaches were one in the same with multicultural approaches to supervision. Brielle, a 34-year-old African American female who worked in a university counseling center, discussed how acknowledging an oppressed reality while also identifying strengths is another way to integrate the two approaches.

> Even pointing it out with a client, like when you notice that happening with a client where you're sort of holding both things to be true at the same time, but

they are oppressed, but there are also these aspects of their identity that have allowed for a lot of resilience, or strength to also emerge within their experiences . . . we're also not reinforcing a narrative of oppression and suffering without the acknowledgement of how strength and resilience and all these other aspects are just as important.

Finally, this category referred to participants' description of the importance of being aware of the current sociopolitical climate and how this impacts supervisees and their clients. Specifically, supervisors described the importance of acknowledging and naming oppressive environments for minority trainees and their clients. Roberta, a 56-year-old African American female who was a training director, described the importance of acknowledging the impact of the sociopolitical climate on supervisees and their clients.

I think that we must never minimize anybody's cultural experiences, not that of the supervisor, supervisee, or the client. . . . We take time to address what's going on in the world, because when they're going and sitting with their patients, those patients are coming in from the world, and they're coming in from the world, and we're all impacted. And so, I'm not going to ignore that in supervision. There's power in acknowledging that racism exists, that sexism exists, that homophobia exists. I think that we are diminished and made weak when we deny it, or ignore it. So again, it's about reframing how we identify what a strength-based perspective really is.

Intersection of Development and Strengths. This category referred to participants' description of supervisees' developing strengths as part of their training and professional development. Roberta discussed how supervisees' understanding of their own strengths can develop from self-reflection and how training programs and supervision encourage this.

I think the ones that are the most humble are less likely to recognize [their strengths], and then the ones who have the least [humility], they're the ones that think they have it all, and so it's really a matter of helping them. . . . Not to take away their confidence, certainly, but helping them do a more realistic appraisal.

Limited Familiarity and Limitations of Strength-Based Approaches. This category referred to participants' lack of consideration or understanding of strength-based or multicultural strength-based approaches. Several participants inquired about the definition of strength-based or multicultural strength-based approaches. Kelly shared her limited familiarity of the concept of strength-based supervision by stating, "A strength-based approach

is not something I'm actually familiar with, even though I might do part of it." Similarly, Lydia requested a clarification of strength-based supervision by stating, "Okay, strength-based. So, you're going to have to just remind me of strength-based again. I know what it is. I just need to make sure I'm answering it correctly." After learning about strength-based supervision, supervisors appeared to understand the concept and be able to describe how they intentionally integrate this into their work but appeared to be unaware of how these techniques matched with the strength-based supervision framework. This category also referred to participants' understanding of the limitations of strength-based approaches. Specifically, they described strength-based approaches as being underdeveloped in literature and theory, including the application of strength-based approaches to multicultural competence. Kelly discussed a limitation to strength-based work and the perception of the tendency to dismiss painful experiences, especially painful oppressive experiences.

> I think a strength-based approach is helpful, but I think positive psychology falls, to me, a little bit in the same kind of pot, and that it's effective and I think it's helpful, but we cannot as a culture, and this is a much broader critique of our current status as a nation, but as a culture and particularly within mental health, we need to be able to sit with pain.

Supervisor Power and Supervisee Empowerment

This domain included participants' attention to power within the supervision process and supervisory relationship, various empowerment techniques (including acknowledging the power imbalance within the relationship and society), as well as specific experiences within supervision (e.g., evaluation). This domain was represented by three categories: empowerment, collaboration, and techniques (typical); intentional reflection and discussion on power differential (typical); and directive approach versus self-defined goals in supervision (variant).

Empowerment, Collaboration, and Techniques. This category described participants' efforts to empower supervisees through collaboration to develop their own voice, become aware of their strengths, learn to trust themselves, and develop their own approach to their therapeutic work, as well as advocate for supervisees with multiple supervisors when needed. Examples included helping supervisees to develop their own conceptualizations, treatment plans, and become more comfortable being the expert as the therapist based on their strengths and experiences. Roberta discussed helping supervisees to trust

their clinical instincts as an important aspect of her approach to supervisee empowerment.

> [I work] to really empower them to listen to their gut instincts, because often the gut instinct is correct. Their supervisor is legally responsible for the case, and so it's very, very important that they're open and honest in their supervision, and also that they follow their supervisor's directives, unless of course they feel that the supervisor is requesting that they do something that is completely inappropriate or unacceptable. So, I want them to feel empowered in certain ways, but I don't want them to think that they have power that they don't have.

This category also described participants' use of role playing in supervision, including Socratic questioning to develop knowledge, watching tapes of the entire session to familiarize themselves with supervisees' style, validating the supervisee as the therapist, processing supervisees' self-criticism, normalizing supervisees' experiences and difficulties, and providing encouragement and feedback to empower the supervisee. Finally, this category also described participants' intentional modeling of self-disclosure and authentic self to encourage supervisees' inclusion of these strategies to inform their conceptualizations and interventions. Debrah discussed role-plays, selective self-disclosures, and connecting supervisees with experiences they may be interested in as empowerment techniques that she uses in supervision to facilitate their development.

> I do a lot of role plays. . . . Some of the interventions or responses that they have made to me have been in relation to who they are authentically, professionally, and culturally, and most of the interventions that they have used with me are not based on what they read in books, but it's based on their experiences growing up within their family, or within their own culture. I also use a lot of selective self-disclosure as a way of empowering the supervisees to know that the struggles that they've gone through are very natural, normalizing those struggles and sharing that they're not alone.

Zia discussed how asking open-ended questions to develop supervisee self-reflectiveness can be another empowerment technique within supervision.

> I'm empowering them by asking questions about what they think . . . open-ended questions, because I want to cultivate reflection on practice. I want them to think out loud with me about what they're doing with the client, and I try to help them . . . better articulate what it is that they're doing so that they can find their path. They have some good ideas, but they may not have the language for it yet. If they don't have the language, then I teach them.

Intentional Reflection and Discussion of Power Differential. This category described participants' awareness of and discussion with supervisees about the power differentials within the supervisory alliance and society. Examples included being transparent by labeling and discussing the power differential within the supervisory relationship and broader society, clarifying and discussing evaluation issues, and awareness that the supervisor and supervisee are not considered "equals." Kelly discussed how it's impossible to remove her sense of power from her supervisees.

> It's not about giving up my power. That's a false narrative. I can't equalize the power. I can't take away my social power. You can't give away your privilege. Just like I can't give away my training director or my supervisory privilege. I will be evaluating you. That's a fact. How can I make that more comfortable? Not comfortable, just more comfortable. . . . The other part, particularly with trainees who are female, I work to acknowledge the power structure that's inherent both in higher education and society in general, and work to help deconstruct those taken-for-granted assumptions about what appropriate assertiveness is, versus feeling like you were stepping on somebody's toes kind of thing. I want people to feel like they can develop and find their voice.

Directive Approach Versus Self-Defined Goals. This category described participants' recognition that there were times when they needed to take control of the supervision, particularly when there were issues of competence. Participants also discussed the importance of adapting the level of directiveness based on the supervisee's developmental level, with more advanced students often needing less guidance. Zia described the importance of considering developmental context when deciding how directive to be with supervisees by stating, "In the beginning of their training, they need more direction, and I want them to develop efficacy. So, I try to be only as directive as is necessary and to give them a chance to demonstrate what they know."

Finally, this category also referred to participants' encouragement of supervisees' setting their own goals for supervision and using them to develop their own personal approach as a psychologist. Examples included supervisees' preferred type of client they want to develop skills in working with, areas of skill development, and developing a sense of expertise in these self-defined goals. Wendy described how she empowers supervisees by assisting them in becoming the "expert" on their identified goals by stating, "I don't want to create mini-mes, so generally at this level, students are coming in with some theoretical understanding that fits well with their clinical work. I want them to become the expert in whatever they feel like fits."

Discussion

Using a grounded theory paradigm and consensual qualitative research methodology and analysis (Hill et al., 2005, 1997), this study examined how, and to what extent, supervisors used and integrated strength-based and multicultural approaches to supervision. Participants typically described their experiences as supervisors in the context of their specialty training, training setting, and modality of supervision. They described these contexts as being foundational to how they function as a supervisor. If not explicitly part of their theoretical approach to supervision, participants typically reported integrating diversity and multiculturalism into their supervisory approach. However, some participants did not specifically identify strength-based approaches when asked about their supervision approaches.

Multicultural Content

Typically, participants indicated that they valued and incorporated multicultural approaches into supervision, consistent with the Multicultural Guidelines (APA, 2017) and Guidelines on Supervision (APA, 2015). They were aware of the concept and importance of multicultural competence, broadly defined, in their work with trainees. Typically, participants emphasized multicultural competence, evaluation, and training, as well as exploration of self-identity, experiences, and worldview as important parts of supervision. Further, findings suggested a typical sharing of visible and invisible identities as part of supervision. The manner in which participants discussed multiculturalism varied. Some participants emphasized the importance of understanding the supervisee's culture of origin, including its traditions, values, and expectations, and incorporating this knowledge into supervision. Others emphasized incorporating supervisees' experiences of oppression and/or their privileged identities, whereas others emphasized addressing the current political climate and its implications. Thus, the multicultural lens that supervisors used varied from the individual to the culture. A few supervisors noted that they viewed multicultural competence as an ongoing process. A smaller group of participants emphasized awareness of assumptions, biases, and blind spots in supervision, as well as working through the impact of the supervisee's stigmatized identities and internalized oppression on their clinical work, consistent with Singh and Chun (2010).

Strength-Based Content

Although most participants did not spontaneously mention strength-based approaches when asked about their approach to supervision, when asked specifically about strength-based approaches in supervision, most participants

demonstrated conceptual understanding. Still, some were not as familiar with strength-based strategies. The overall awareness of strength-based approaches to supervision appeared to be weaker among participants than their awareness of multicultural perspectives and the emphasis on cultural competence in accreditation standards (APA, 2015) and APA guidelines (APA, 2015, 2017).

Typical responses related to strength-based content included identifying and building strengths and self-efficacy in supervision, as well as using culture and identity in positive, growth-oriented ways. Specifically, participants described how they developed supervisees' strengths, for example through identification of positive impact or moments of "flow." Flow refers to when supervisees have a sense of being connected to an integrated sense of self as a clinician (Fredrickson, 2001). Some participants described the development of strengths as a product of supervision and training, whereas others were mindful of how strengths may have evolved from various life experiences in different contexts.

Most participants understood and applied multicultural and strength-based approaches, at least to some extent, regardless of how they defined these concepts. They less often integrated the two approaches. A few participants described strength-based approaches as indistinguishable from multicultural approaches. Still, several participants emphasized that strengths, as a concept, were culturally embedded, in that what is viewed as a strength may be different for different cultures or contexts. Participants also talked about the importance of using supervisees' cultural experiences and intersecting identities in positive, growth-orienting ways, noting that confronting oppressive experiences can lead to development of strengths. This perspective also included the importance of supervisees having an authentic, integrated sense of self as a clinician, including their multicultural identities. This idea expands strength-based concepts to include adverse experiences and strengths borne out of these and other cultural experiences.

Supervisor Power/Supervisee Empowerment

A clear link to the integration of strength-based and multicultural approaches to supervision was exemplified by the utilization of empowerment within supervision, as noted in multicultural models of supervision (Hernández, 2008; Singh & Chun, 2010). As suggested in the Guidelines on Supervision (APA, 2015), participants typically reflected on the power differential between themselves and their supervisees in supervision. Collaborative discussion of the power differential could prevent negative effects of power differentials in supervision and provide opportunities for mutual empowerment, however, further research is needed to assess this hypothesis. Participants

noted, however, the difficult reality that there are times within supervision in which they need to exert their power to mitigate trainees who are not meeting expectations for minimum levels of achievement. Participants also reported specific empowerment techniques that they used, including role-plays, validation, advocacy, and decreasing self-criticism. Participants typically described empowering supervisees to trust themselves, develop stronger professional voices, create authentic self-concepts, and utilize posttraumatic growth.

Implications for Practice

First, supervisors can use strategies described by participants that are consistent with the Guidelines for Supervision (APA, 2015) and the Multicultural Guidelines (APA, 2017). For example, supervisors could focus on the development of cultural competency by the supervisee, while focusing on and valuing the diverse identities of supervisor, supervisee, and client. Supervisors can further assist supervisees to develop comprehensive narratives about their intersecting identities, including the integration of their personal and professional multicultural identities, and building a sense of authenticity and efficacy.

Although it is likely that supervisors are familiar with many of these multicultural approaches, our findings suggest that supervisors may be less familiar with or intentional about the use of strength-based approaches. Strength-based supervision moves away from examining supervisees' mistakes, seeks opportunities to use supervisees' strengths, and encourages supervisees to build on these strengths. For example, supervisors could emphasize that strength building is an important part of the development of psychologists-in-training. They can more intentionally watch recordings, identify explicit strengths, and highlight moments within sessions in which supervisees are demonstrating their strengths. Further, supervisors can explore moments of flow. Finally, supervisors may also explore moments when supervisees are feeling stuck in counseling or supervision to identify how supervisees can navigate such moments and highlight unknown strengths.

Importantly, supervisors may utilize strategies discussed by the participants of this study to integrate strength-based and multicultural approaches to supervision by intentionally exploring multicultural strengths and identities, while building and maintaining supervisory relationships. They can further enhance an optimistic perspective during supervision, rather than having a negative problem-focused approach, including recognizing culturally specific strengths and resilience in the face of societal inequities and oppression (Edwards, 2017). In order to better develop multicultural awareness, supervisors can focus on the identification and exploration of cultural strengths that have been born out of unique cultural experiences lived by supervisors, supervisees, and clients.

Further, supervisors can amplify a "both/and" perspective of acknowledging supervisees' painful experiences due to oppression, while also acknowledging their resiliency and adaptive mechanisms of growth. As noted by participants, there is much power and empowerment in doing so.

Our findings also suggest that supervisors could focus on supervisor power and supervisee empowerment. Specifically, supervisors could consider how their own identities intersect with their supervisees' identities, and how empowerment can be a strength-based intervention. Sharing identities is a potential strategy for building multicultural awareness, with intentional focus on both visible and invisible identities. This particular intervention can serve as a mutually empowering experience, which can enhance the supervisory alliance and therefore supervisees' training experience. Strength-based interventions can be helpful for all supervisees, but especially for supervisees who experience less power (e.g., oppressed identities, earlier developmental level, larger training systems). Strength-based strategies can be used to identify and build strengths and self-efficacy (Fredrickson, 2001), and culture and identity can be used in positive growth-oriented ways. Supervision can further include explicit discussion about how these concepts apply within clinical sessions and include identification of personal and community resources and resiliencies to promote well-being and empowerment for both the supervisee and the client (Singh & Chun, 2010). Supervisors can extend their awareness of their own personal background and experience and integrate it into their supervision, modeling awareness and authenticity to the supervisee.

As required by the Guidelines on Supervision (APA, 2015) and in accordance with the Multicultural Guidelines (APA, 2017), findings demonstrated that explicit discussions occurred on cultural strengths and experiences in supervision. As further indicated by our findings, only a minority of participants integrated strength-based and multicultural approaches into supervision.

Implications for Advocacy

The findings from this study demonstrate ways that supervisors can model for supervisees the integration of a strength-based approach with a multicultural approach in the service of advocacy. These findings represent science-informed advocacy. The Guidelines on Supervision (APA, 2015) briefly mention the importance of supervisors focusing on advocacy when possible to show supervisees how to do so with their clients. Participants in this study shared strategies for advocacy from a strength-based perspective, including empowering supervisees through collaboration and various techniques; intentional reflection and discussion of power differentials and oppression in society, supervision, and therapy; and using culture and identity in positive growth-oriented ways. Use of an integrated strength-based and multicultural

approach to clinical supervision is a form of advocacy training that allows and encourages trainees to address issues of multiculturalism and oppression within a strength-based context. Such an approach would have implications for supervisors' abilities to be advocates for their supervisees, especially minority supervisees. Whether supervisors are assisting students to negotiate institutional systems that disempower them by virtue of one, or the intersection of multiple marginalized identities or assisting supervisees in learning how to advocate at the systems level with and for their clients, this study illustrates means of doing so.

Advocacy is one of the essential components of the counseling psychology model training program (Scheel et al., 2018), and this study offers concrete examples of how to engage advocacy in supervision practices. Several supervisors described making space in supervision to acknowledge and process supervisees' experiences of racism or systematic oppression as a form of advocacy, as well as advocating behind the scenes for the well-being of trainees. The integration of strength-based and multicultural approaches in supervision models ways that supervisees can be advocates for their clients, both in and out of the therapy room.

Empowerment is inherently tied to advocacy, and thus, may be a primary link between strength-based and multicultural supervisory approaches. Future research is needed to contribute to knowledge in this area. Data presented here illustrate a starting point for the development of a framework and techniques to empower supervisees. Within a well-established supervisory alliance, mutual empowerment allows for a strengthening of both the supervisor and supervisee, as well as the context in which they exist. As supervisees develop stronger senses of self as clinicians along with confidence in their abilities, they become better clinicians and therefore are able to help their clients in more meaningful ways. It could be hypothesized that an intentional supervisor attempting to empower a supervisee could result in the empowerment of the client as well, which could be considered "parallel empowerment." This process represents the essence of counseling psychology: the liberation and empowerment of those who need it most.

Implications for Supervision Theory

At present, the integration of strength-based and multicultural approaches in supervision theory is limited. The Guidelines on Supervision (APA, 2015) and the Multicultural Guidelines (APA, 2017) recognize the importance of both approaches, although the Guidelines on Supervision do not provide substantive direction on specific strength-based interventions. This study builds on those guidelines, as well as previous supervision models (e.g., Falender et al., 2013; Singh & Chun, 2010).

Integrating strength-based and multicultural approaches expands the theoretical supervision literature in three specific ways. First, strengths are defined within the cultural contexts of the supervisor, supervisee, and the client. This expansion includes the cultural context of strength discovery, development, and application (Edwards, 2017; Wade & Jones, 2015) and suggests that strengths are culturally contextual, in that strengths are viewed through different lenses within different cultures. This approach modifies the positive psychology literature (e.g., Fredrickson & Joiner, 2002) that identifies strengths in more general terms. Second, acknowledgement and validation of experiences of oppression are not mutually exclusive from highlighting strengths. This study's participants described that strengths were connected to oppression as suggested by the concept of post-traumatic growth (Anderson, 2018). This perspective is an expansion to positive psychology literature, which has been challenged for being dismissive of marginalized experiences (Wade & Jones, 2015). Third, another link between multicultural supervision theory and strength-based supervision theory is empowerment.

Implications for Future Research

Future research could explore how the integration of strength-based and multicultural approaches to supervision affects supervisees' sense of self-efficacy, both in supervision and in counseling. Research could examine how the integration of strength-based and multicultural approaches to supervision affects supervision processes and outcomes, the supervisee's clinical work, and subsequent counseling outcomes. With respect to advocacy, further research exploring the ways in which supervisors assist supervisees to develop an increased sense of self-efficacy as advocates for themselves and/or for their clients will be useful by providing data from the perspectives of both supervisors and supervisees in current dyads. Further, studies examining recordings of actual supervision sessions would enrich this body of literature. Future studies could be conducted with supervisees at different developmental stages of clinical training to determine how supervision related to multicultural and strength-based approaches could be implemented at different levels of training. Quantitative research methods could also be used to examine supervision processes and outcomes associated with the integration of strength-based and multicultural approaches.

Limitations

A limitation common to qualitative studies such as this one, was the use of the self-report of subjective experiences (Polkinghorne, 2005), which captured participants' perceptions of their approach to clinical supervision.

Similarly, participants self-selected for this study and likely were not representative of all supervisors. Another limitation was the power differential between the primary researcher, a doctoral intern at the time, and the psychologist participants, which may have made it difficult for participants to disclose as freely as they would with a colleague. Impression management is a limitation of qualitative research and may have been especially relevant for participants who perceived the need to represent themselves as ideal supervisors. Finally, we did not gather information to corroborate the participants' perceptions. For example, we did not directly examine supervision recordings or notes. Although we did not collect data from supervisees on how they experienced supervision provided by our participants, the data from this study still have implications for practicing supervisors.

Conclusion

This study uniquely contributes to the field of clinical supervision through the examination of the ways in which psychologists use and integrate strength-based and multicultural approaches in supervision. Participants were clearly aware of multicultural issues in supervision and the importance of exploration of diverse identities for supervisors, supervisees, and clients. They were less aware, however, of strength-based approaches to supervision, although some intuitively incorporated these concepts. Findings identified ways that supervisors integrate strength-based and multicultural approaches, including an emphasis on the cultural context of strengths and empowerment of supervisees. Means of incorporating advocacy work into supervision by acknowledging adverse experiences, including oppression and discrimination, as contributing to the development of strengths for the supervisory triad, were also identified.

Authors' Note

This article is based on the dissertation completed by Wiley (2019).

Declaration of Conflicting Interests

Funding

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