Exploring racial bias within clinical supervisory relationships: the experiences of supervisees of color

Tonya C. Davis

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ABSTRACT

EXPLORING RACIAL BIAS WITHIN CLINICAL SUPERVISORY RELATIONSHIPS:
THE EXPERIENCES OF SUPERVISEES OF COLOR

Tonya C. Davis, Ph.D.
Department of Counseling, Adult and Higher Education
Northern Illinois University, 2017
Dr. Teresa A. Fisher, Director

Critical race theory has often been described as a lens in which to see and understand how racism can impact or affect people of color. This lens makes room for a deeper consideration of ones lived experiences as a direct result of racial bias. Sometime in the mid 1970’s, Derrick Bell, Alan Freeman, and Richard Delgado acted in response to the lack of acceptable forward movement with regards to civil rights during the 1960’s. Critical race theory was viewed as a direct call to action. This theory takes on a multidisciplinary approach, has the capacity to provide insight between relationships and power, and considers the impact that power may unintentionally have on relationships. A sound theoretical paradigm a vital component in understanding racial bias between clinical counseling supervisors and supervisees of color. This proposal outlines a qualitative research study that aspires to process how supervisees of color experience a personal understanding and resolution of racial bias within their supervisory relationships. In this study the researcher also seeks to understand if the existence of racial bias prevents supervisees of color from fulfilling their maximum clinical potential about their training. Supervisees in this study will identify as people of color. Participants will include 10-15 supervisees of color who are clinically licensed and currently enrolled in doctoral programs across the United States.
These supervises of color (SOC) have obtained a minimum of a master’s degree, hold appropriate licensure for supervision responsibilities, and thereby have clinical and supervisory experience. SOC’s have also had at least one impactful racial bias experience within clinical supervision. Personal and professional growth may prove to be inextricable to this study and will be explored as well. The researcher will collect data via interviews and demographic surveys. Data analysis will be carried out by an exploration of the identifying features of participants’ experience and key assertions pertaining the way something may be said or done.
EXPLORING RACIAL BIAS WITHIN CLINICAL SUPERVISORY RELATIONSHIPS:
THE EXPERIENCES OF SUPERVISEES OF COLOR

BY
TONYA C. DAVIS

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A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE
DOCTOR OF PHILOSOPHY

DEPARTMENT OF COUNSELING, ADULT AND HIGHER EDUCATION

Dissertation Director:
Dr. Teresa A. Fisher
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First and foremost, I must acknowledge the brave participants who were willing to share their personal experiences with racial bias within their supervisory relationships. Without you, there would be no study. I am forever grateful to each of you for your willingness to use your voice to champion the change that we all need to see. I believe the seeds you planted will flourish beyond measure, impacting many generations to come. The field of counseling is a much better place because you are in it. Thank you for your personal sacrifice in forging ahead despite the difficulties you have faced. Again, I say thank you!

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Thank you to my mommy (Sandy). Look Ma, no hands!!! You have no idea how much I admire your steadfast and unmovable faith. Your strength is beyond attainable for most humans. You are my inspiration, my rock, the wind beneath my wings. I have watched you rise above your circumstances with children on your back. Thank you for being an example of greatness. I love you, mommy; thank you for showing me how to be the woman that I am! Thank you to all my siblings (Felicia, Cameo, Nessa, and Jimbob). I know that it wasn’t always easy putting up with me growing up…you better not laugh or say ONE word either! I wanted to say thank you for putting up with me anyway. I love you guys beyond measure. I would not be the person I am
today if it weren’t for our fights, our laughs, our talks, our cries, our time together when things were up and down. At the end of the day, I got you! Thank you to my Dad, who is smiling down on me. I’m glad we had time to make wrong things right. I love you! Thank you to the rest of my family (Bobbie, Sharon, Carmel, Momma Lottie, Risha, and all my nephews, nieces, and great niece), family and friends for your sacrifices. I’m sorry that I missed so many family dinners, girls’ night out, and functions, but you already know that we’re gonna party like it’s 1999. I love me some ya’ll and ain’t nobody leaving nobody!!
DEDICATION

This dissertation is dedicated to my Granny Eleanor.

May you know that your love for books, learning, and the unknown continues to live on in me with every stone I look under and every question I ask…

I will love you a bushel and a peck, and then some, until the 12th of never, forever and a day … roger dodger, over and out!
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CHAPTER 1
INTRODUCTION

Throughout the ages, racial bias has shown itself to be an indisputable entity in society and has had an enormous impact on humanity. According to Brooks (2014), the director of outreach for the Southern Poverty Law Center, establishing an atmosphere conducive to understanding racial bias aids in creating an antidote for racial harmony. Brooks (2014) illuminates the process of understanding in her commentary that

…[T]ragedies…such as the fatal shooting of Michael Brown in Ferguson, Missouri, have rightfully sparked a national conversation about racial bias. But too often, such conversations focus solely on people consciously acting on their prejudice. This approach is a mistake. It oversimplifies the issue by portraying any act of bias as a conscious decision, the work of someone with overtly racist beliefs.
That is not always the case.
The fact is, we live in a world filled with messages that teach and reinforce stereotypes and biases. Even if we disagree with these messages, we see them, we are aware of them and we absorb them.
And, yes, we can be affected by them (paras. 2-5).

What emerges from Brooks’s statement is an example of how racial bias is multidisciplinary, as it relatable to many fields of study regardless of any area of research or learned philosophy (Wallace, Wilcoxon, & Satcher, 2010). This consideration also takes into account individual realities and perspectives, the world people live in, where and how people learn, and what is or is not culturally acceptable (Denevi & Paston, 2006). The field of counseling education and supervision can be regarded as a microcosm of the world around us. Thus, the field might either willingly or unknowingly exacerbate the entrenchment of racial biases or take measures to ameliorate the concerns and issues surrounding them (Berryhill & Bee, 2007).
In this study, I looked at the personal experiences of supervisees of color (SOCs) with reference to racial bias within their clinical supervisory relationships. Racial bias is often viewed as having a disparaging interpretation of an individual based on race. It is possible for a clinical supervisor to knowingly or unknowingly halt the advancement of a SOC due to racial bias. This type of suppression might be easily identifiable or found beneath the surface of one’s awareness, as evidenced by microaggressions, microinvalidations, or microassaults (Sue, 2010). Because an inadvertent portion of the clinical supervisory role is to enhance, elevate, and promote supervisees of color (SOC), the power differential becomes a factor, as it has potential to hinder the proper professional growth of a SOC. More specifically, in this exploration I sought to understand whether SOCs experience racial bias within supervision and, if so, how this influences the SOCs’ work with clients. The effects of racial bias can be seen in a supervisee’s inability to establish the following key areas of clinical astuteness: rapport and trust, clinical effectiveness and multicultural competence, cultural sensitivities, and awareness of power differential.

Limited research exists that directly pertains to the experiences of racial bias for supervisees of color within the clinical supervisory relationship, but I drew from across the disciplines (i.e., sociology, psychology, nursing, etc.) and looked at the potential implications for and of bias in various helping professions. By examining racial bias experienced by supervisees of color within the clinical supervisory relationship, we can extrapolate a deeper understanding of ways in which harm can be continuously perpetuated (Wallace et al., 2010).
Background of the Problem

Racial bias is historically noted and deeply rooted in a multitude of relationship types. In this research study, I examine the fundamental nature of experiences shared by supervisees of color (SOC) with regard to racial bias within the clinical supervisory relationship. According to Wallace et al. (2010), if undetected, racial bias has the potential to promote clinical shortcomings experienced by SOCs within the clinical supervisory relationship (i.e., lacking the establishment of rapport, trust, and clinical effectiveness). Establishing trust and clinical effectiveness for the SOC within the supervisory relationship serves three purposes (Wallace et al., 2010). First, it enables the supervisees to become more effective counselors because they have learned how to work through the conflict of racial bias with their supervisor (Wallace et al., 2010). Next, this aids in facilitating a healthy counseling relationship established between the SOC and clients by reducing the potential harm that clients might experience due to the SOC’s cultural insensitivities or lack of cultural awareness (Andrews & Hindes, 2009). Finally, it provides a “big picture” outlook regarding overall competence for the SOCs, who may go on to become professional counselors, educators, and/or supervisors and sound contributors to the field of counseling (Denevi & Paston, 2006).

Another part of the problem refers to the notion pertaining to the power differential that exists within the clinical supervisory relationship (i.e., clinical supervisors hold power and authority over their supervisees) (Constantine & Sue, 2007). Supervisors may not be aware of or willing to acknowledge racial bias within the supervisory relationship, and consequently they may not be privy to the negative impact this power may have over SOCs (Schroeder, Andrews, & Hindes, 2010). Because of this power, it would be ideal for supervisors to demonstrate a
willingness to understand the culture representative of supervisees of color. These differences in cultural dynamics (i.e., expectations, criticism, passivity, and initiative) have the potential to negatively impact the supervisory relationship (Schroeder et al., 2010). Additionally, the SOC may overlook or dismiss the experience of racial bias within the supervisory relationship because of the identified power and authority. For this reason, clinical supervisors have a responsibility to protect the supervisory relationship to prevent this potential mishap. Researchers indicate “students who perceived supervisors to be more culturally competent reported greater satisfaction with the supervisory relationship, more trust and willingness to self-disclose, and greater cultural sensitivity to the needs of their client” (Schroeder et al., 2010, p. 300).

Constantine and Ladany (2001) posit that supervisors who have multicultural training are more likely to be culturally sensitive and willing to establish an open environment that is conducive to addressing the concerns of racial bias within the supervisory relationship. A lack of thoroughness regarding multicultural training for supervisors (i.e., not enough classes and experiences offered or available to counseling training programs) may not only have an enormous impact on SOCs and their professional growth but on their prospective clients’ growth as well (Bruhn & Henriksen, 2013; Denevi & Paston, 2006; Schroeder et al., 2010). Researchers warn that if the counseling profession as a whole does not look at deepening its understanding regarding these concerns, there may be ethical implications within the supervisory relationship and the clinical treatment provided to clients (Hird, Cavalieri, Dulko, Felice, & Ho, 2001).

These ethical implications are aligned with the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009), which requires supervisors and supervisees to meet professional competency requirements. Supervisors who display multicultural
competence also exhibit self-awareness (Wilkinson, 2011). These supervisors, in particular, have effectively established a capacity to identify and understand their own limitations, and to seek appropriate assistance when needed (CACREP, 2009). This awareness is important because supervisors need to understand racial bias and how lack of awareness can be detrimental to the supervisory relationship. By doing so, according to CACREP (2009) supervisors must be willing to identify and “Understand the effects of racism, discrimination, sexism, power, privilege, and oppression on one’s own life and career and those of the [supervisees]” (p. 31).

According to Schroeder, Andrews, and Hindes (2010), the concept surrounding the establishment of a cohesive clinical supervisory union is created by the supervisor’s ability to accept the existence of the SOC’s truth pertaining to lived individual experiences, values, and beliefs.

Statement of the Problem

Racial bias within the supervisory relationship may impede professional and personal growth for supervisees of color. This potential barrier may in turn be damaging to therapeutic relationships between the supervisee of color and their prospective clients (Schroeder et al., 2010). Because of the power differential within the supervisory relationship, the proper guidance and encouragement can expressly impact the counseling relationship between the supervisee of color and their prospective clients (Hird et al., 2001). Supervisors exhibiting a lack of awareness regarding racial bias within their clinical supervisory relationships with SOCs can be detrimental to supervisory relationships as well as the field of counseling education and supervision because this impacts the SOCs’ counseling relationships (CACREP, 2009; Hird et al., 2001).

This research study is important because it is essential that supervisors identify, understand, and resolve racial bias within the supervisory relationship. Also, this study has the
potential to provide supervisees of color personal insights regarding their identification of possible racial bias, the lack of multicultural competence, and the struggle with the power differential and the impact this may have on their therapeutic relationships.

Critical Race Theory (CRT) Rationale

Issues of race and racial biases are deeply rooted in the fabric of American culture, critical race theory (CRT) will be used to address some of these associated problems (Delgado & Stefancic, 2000, 2012; Dixson & Rousseau, 2005). According to Razack and Jeffery (2002), CRT has the capacity to provide a careful look at these challenges in connection with multicultural competence and clinical effectiveness Hence, the focus is placed on educating supervisees of color with the necessary understanding to respond meritoriously to institutional racism (Razack & Jeffery, 2002).

Critical race theory (CRT) functions as the research foundation and theoretical lens pertaining to this study. CRT highlights race and racism and acknowledges that racism is deeply entrenched within the fabric of America (Delgado & Stefancic, 2000, 2012; Dixson & Rousseau, 2005). CRT provides the understanding that racism exists within the human race, is systemic, and has proven to be an inescapable entity within society (Delgado & Stefancic, 2000, 2012; Dixson & Rousseau, 2005). Through an investigative frame of reference, CRT is utilized in the analysis of power differentials within relationships and the marginalization of people of color (Delgado & Stefancic, 2000, 2012; Dixson & Rousseau, 2005). CRT is definitive in its stance on racism and power and therefore it is relevant to this study because it focuses on understanding supervisees of color and how they experience racial bias and the power differential within the clinical supervisory relationship
Research suggests that, to get a better understanding of racial biases, one must consider the tenets of critical race theory (CRT) (Delgado & Stefancic, 2012). Delgado and Stefancic (2012) shared five fundamental principles of CRT and how each of them pertains to concerns associated with racial biases within the clinical supervisory relationship. The first states the significance of race and racism, that it is widespread, and its deeply embedded roots serve as a permanent fixture in daily living. The second notion looks to confront the views held by majority groups in society that line up with individuals taking a neutral stance, being impartial, and not standing up for what may be right versus what is politically correct. The third refers to the significance of understanding marginalization as it relates to people of color, racial bias, and racial disparity. The fourth tenet states that CRT is interdisciplinary and that learning takes place from many aspects. The final principle maintains an obligation to social justice, and CRT provides a solid outline that pledges its core concepts to a solid sense of egalitarianism with the hopes of eradicating all methods of oppression (Delgado & Stefancic, 2012; Solórzano, Ceja, & Yosso, 2000; Malagon, Huber, Velez, 2009; Chapman, 2005).

Research also suggests that a change in behavior can modify beliefs and attitudes. It would seem logical that a conscious decision to be egalitarian might lead one to widen one's circle of friends and knowledge of other groups (Chapman, 2005; Delgado & Stefancic, 2012; Malagon, Huber, Velez, 2009; Solórzano et al., 2000). Such efforts may, over time, reduce the strength of racial bias. It can be easy to reject the results of the tenets as “not me” when you first encounter them (Delgado & Stefancic, 2012). To ask where these biases come from, what they mean, and what we can do about them is the harder task (Greenwald & Banaji, 1995). Recognizing that the problem is not only in many others but also in ourselves should motivate us
all to try both to understand racial bias and to act (TT, 2015, para. 41-42). An examination of our familial systems and ourselves, as well as how they function, is vital. Based on this concept, society is living by a what-we-know-we-teach mentality regardless of whether it is right or wrong, good or bad. The reality is that if we do not remediate this pattern of thinking, we risk its continued replication (Tatum, 1997).

Purpose of the Study

The purpose of this qualitative research study was to explore the lived experiences of supervisees of color (SOC) regarding racial bias within clinical counseling supervisory relationships. In this exploration, the researcher sought to determine whether SOCs experience racial bias within supervision, and if so, how this affects the SOCs’ work with clients. I looked especially closely at SOCs’ ability to establish rapport and trust, acquire clinical effectiveness and multicultural competence, and develop cultural sensitivities when working with clients. Also, as part of its relation to racial bias, I considered whether the power differential within the supervisory relationship influenced the counseling relationship between the SOCs and their prospective clients.

Research Questions

This study was guided by the following four research questions:

1. *How do supervisees of color describe their lived experiences with racial bias in their clinical supervisory relationships?*

2. *How do supervisees of color describe how racial bias has influenced their professional and personal development?*
3. After experiencing racial bias in supervision, how do supervisees of color describe how racial bias may have impacted their relationship with clients from different cultural backgrounds?

4. How does the supervisee of color describe the power differential in clinical supervision during the racial bias experienced?

Definition of Terms

Client: an individual seeking or referred to the professional services of a counselor (ACA, 2014, p. 20).

Clinical Supervisor: “counselors who are trained to oversee the professional clinical work of counselors who are trained to oversee the professional clinical work or clinical skill development of counselors and counselors-in-training” (ACA, 2014, p. 21).

Critical Race Theory (CRT): Refers to race and racism and acknowledges that racism is deeply entrenched within the fabric of America (Delgado & Stefancic, 2000, 2012; Dixson & Rousseau, 2005). CRT provides the understanding that racism exists within the human race, is systemic, and has proven to be an inescapable entity within society (Delgado & Stefancic, 2000, 2012; Dixson & Rousseau, 2005).

Counseling: a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (ACA, 2014, p. 20).

Cross-Racial Supervision: supervisory relationships in which the supervisor or student come from different racial or ethnic backgrounds (Daniels et al., 1999).

Culture: membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are co-created with others who share
similar worldviews comprising biological, psychosocial, historical, psychological, and other factors (ACA, 2014, p. 20)

*Discrimination*: “is behavior that treats people unequally because of their group memberships. Discriminatory behavior, ranging from slights to hate crimes, often begins with negative stereotypes and prejudices” (Teaching Tolerance, 2015. para. 4).

*Diversity*: the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities (ACA, 2014, p. 20).

*Micro-assaults*: “Conscious and intentional discriminatory actions: using racial epithets, displaying White supremacist symbols—swastikas, or preventing one's son or daughter from dating outside of their race” (Sue, 2010, p. 4)

*Micro-insults*: “Verbal, nonverbal, and environmental communications that subtly convey rudeness and insensitivity that demean a person's racial heritage or identity. An example is an employee who asks a co-worker of color how he/she got his/her job, implying he/she may have landed it through an affirmative action or quota system” (Sue, 2010, p. 4).

*Micro-invalidations*: “Communications that subtly exclude negate or nullify the thoughts, feelings or experiential reality of a person of color. For instance, White people often ask Latinos where they were born, conveying the message that they are perpetual foreigners in their own land” (Sue, 2010, p.4).

*Multicultural/Diversity Competence*: “supervisors’ cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge are applied effectively in practice with supervisees and supervisee groups” (ACA, 2014, p. 20).
Multicultural/Diversity Counseling: “counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts” (ACA, 2014, p. 20).

Prejudice: “is an opinion, prejudgment or attitude about a group or its individual members. A prejudice can be positive but in our usage, refers to a negative attitude. Prejudices are often accompanied by ignorance, fear or hatred. Prejudices are formed by a complex psychological process that begins with attachment to a close circle of acquaintances or an "in-group" such as a family.” Prejudice is often aimed at "out-groups" (TT, 2015. para. 4)

Racial Microaggressions: “are the brief and everyday slights, insults, indignities and denigrating messages sent to people of color by well-intentioned White people who are unaware of the hidden messages being communicated. These messages may be sent verbally ("You speak good English"), nonverbally (clutching one's purse more tightly) or environmentally (symbols like the Confederate flag or using American Indian mascots). Such communications are usually outside the level of conscious awareness of perpetrators” (Sue, 2010, p. 2).

Racial Bias: “An innate tendency to categorize objects and people into groups” Glaser, Spencer, and Charbonneau (2014) p. 89. (Allport, 1954; Bruner, 1957), prefer things (and people) merely because they are familiar (Zajonc, 1980) or because they belong to our group (Tajfel & Wilkes, 1963), simplify a complex world (e.g., with stereotypes; Fiske & Taylor, 1991), and rationalize inequities (Eagly & Steffen, 1984). Glaser, Spender, and Charbonneau (2014) posit that, although most people shun racial bias, racial discrimination remains prevalent because prejudice can influence our judgments and behaviors in subtle, unexamined ways. Most biases can operate outside of conscious awareness and control, nevertheless distorting our judgments and making discriminating all the more difficult to avoid, p. 89).

Stereotype: “an exaggerated belief, image or distorted truth about a person or group — a generalization that allows for little or no individual differences or social variation. Stereotypes are based on images in mass media, or reputations passed on by parents, peers and other members of society.” Stereotypes can be positive or negative (Teaching Teaching, 2015. para. 4).

Supervisee: “a professional counselor or counselor-in-training whose counseling work or clinical skill development is being overseen in a formal supervisory relationship by a qualified trained professional” (ACA, 2014, p. 21).

Supervision: “a process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s)” ACA, (2014, p. 21).

Training: “the instruction and practice of skills related to the counseling profession. Training contributes to the ongoing proficiency of students and professional counselors” (ACA, 2014, p. 21).

Chapter Summary

The concept of racial biases is not a new one. In this chapter I have discussed core concepts and definitions relevant to understanding this notion. There are important ideas pertaining to the way in which racial biases are shaped or formed and the hope here is to uncover
many of the answers that may elude the field of counseling education and supervision. The purpose of this qualitative research study is to explore the experiences of supervisees of color (SOCs) regarding racial bias within clinical supervisory relationships. In this exploration, I seek to understand if the existence of racial bias hinders supervisees of color from establishing rapport and trust, acquiring clinical effectiveness and multicultural competence, and developing cultural sensitivities when working with clients. I also wish to determine whether the power differential within the supervisory relationship has an influence on the counseling relationship between supervisees of color and their prospective clients.

Before identifying the themes that materialized as a result of delving into the experiences of SOCs, we begin with taking a look at four specific areas regarding the clinical supervisory relationship: racial bias from a multidisciplinary perspective, cross-racial supervision in clinical settings, multicultural competence related to supervisory and counseling relationships, and the theoretical framework used to view this study found in critical race theory (CRT).
CHAPTER 2  
REVIEW OF THE LITERATURE

As evidenced by reports on national and local news channels, in recent years, the emergence of various types of social justice movements have increased across the country. These movements have primarily been aimed at the needs of the masses combined with the longstanding history of racial/ethnic issues in America (Freire, 2007). Regarding the notion of “supply and demand,” in this research study I consider the increased need for culturally competent counselors as well as culturally competent and sensitive clinical supervisors (Schroeder et al., 2009). Persistent exposure to psychosocial stressors, such as racial bias and discrimination, continues to negatively impact marginalized communities (Reid & Radhakrishnan, 2003). Authors like Williams and Braboy-Jackson (2005) and Reid and Radhakrishnan (2003) argue that there is a plausible correlation between repeated exposure and the negative impact of racial biases experienced by supervisees of color (SOCs) within their supervisory relationships. Potentially a budding microcosm of what is going on in the world around us, the field of counseling education and supervision may be moving toward the front lines of the helping professions. The need to assist numerous individuals with the difficulties they face regarding racial inequity in this country is an unfortunate reality (Schroeder et al., 2009). Answering the call to meet those needs may begin with a candid look at the experiences of SOCs, the clinical supervisory relationship, and ways in which racial bias exists in such relationship. Such an approach can serve as a beginning to a greater sense of mindfulness and compassion toward diversity issues (Schroeder et al., 2009). Research also suggests that when
supervisors are culturally competent they produce culturally competent supervisees, which ultimately produces culturally competent counselors (Lee, McCarthy-Veach, & LeRoy, 2009).

While at present it is impossible to identify the themes that may emerge regarding the individualized experiences of SOCs, the researcher is curious to know which ones may arise. Four specific areas regarding the clinical supervisory relationship are therefore viewed in detail to gain a broader understanding. The first area to be discussed is racial bias and how research has characterized it across the helping professions (i.e., counseling, social work, and psychology). The second part of the literature review focuses on cross-racial supervision in clinical settings. The third section considers the role of multicultural competence related to the role of the supervisory and counseling relationships. The last part of the literature review considers critical race theory (CRT). This section also discusses the context of CRT’s integration into counseling and related fields.

The Psychology of Bias: Multidisciplinary Perspectives

Research specifically relating to racial bias and the experiences of SOCs within the clinical supervisory relationship is largely unaddressed by the literature. To grasp another level of meaning, the researcher begins with a broad question and will work from there: What is racial bias? In attempting to answer this question it is important to note that there has been an ongoing debate between scientists, psychologists, and sociologists (Quinn, 2013). Some researchers propose that bias is an unconscious phenomenon and because we are unaware of it, we don’t have direct access to it, and are thus unable to regulate it (Duster & Quillian, 2008; Holder, 2008; Kiyokawa, Dienes, Tanaka, Yamada, & Crowe, 2012; Quillian, 2006; Quinn, 2013). Other researchers have suggested that bias is based on a level of consciousness. According to Quinn
bias is “a conscious rational phenomenon that can be addressed by examining one’s belief system and values for bias and then trying to act in an ethical and unbiased manner” (p. 277). In the field of psychology, some major considerations have been produced regarding bias and how it comes into existence. Quinn (2013) reports,

Scientists in the field of psychology have studied bias and how it is manifested in behavior. Rather than approaching bias from the standpoint of ethics, reason, and logic, these studies tend to utilize a scientific and empirical method, which relies on evidence [that is] derived from experimentation and observation. How then does psychology account for the causes and mechanisms of bias in the human mind, and how does it influence behavior? (p. 278)

The exact science of how behavior is determined by what occurs within the mind has been quite difficult, considering that behavior and thoughts are uniquely personalized (Duster & Quillian, 2008; Quillian, 2006; Quinn, 2013; Reid & Rahakrishnan, 2003; Ross, 2014).

A stark contrast to the more scientific definition of bias has been identified as “implicit bias.” This type of bias refers to a specified negativity regarding one’s thoughts, ideas, behaviors, and its all-encompassing reality (Arkes & Tetlock, 2004; Brooks, 2014; Duster & Quillian, 2008; Gilbert & Malone, 1995; Tetlock & Mitchell, 2008). Attempts to measure and regulate implicit bias have been a challenge (Tetlock & Mitchell, 2008), and the literature sparse regarding specific studies pertaining to bias experienced by SOCs within the supervisory relationship. However, Tetlock and Mitchell (2008) postulated that many well-known social psychologists and sociologists do believe that a sizable amount of racial bias begins within the unconscious mind. In looking at another aspect of these experiences, we look at the hidden places of the mind. Moustakas (1994) posited that “structural knowledge” is a recognized aspect of this hidden nuance that speaks directly to racial bias. It is identified as having two components: what is known and what is not known. The aspect of what is not known is largely constructed by
thoughts and ideas that have been formulated within one’s retained impressions of one’s uniquely individual environmental experiences (Scott & Dienes, 2008). What this tells us is that, essentially, one has no control over what is learned and retained; it results from being a product of one’s environment (Scott & Dienes, 2008).

Supervision

This specific area of the literature focuses on the previously listed ideas specific to the SOC’s individualized experiences of racial bias. In reiterating these ideas, it is important to note that they are merely a starting point for discussion and are by no means all-encompassing. First, the literature looks at clinical supervision as well as cross-racial supervision, and how they are delineated. Next, the literature focuses on the supervisory relationship along with the counseling relationship between supervisees and clients (i.e., ability to establish client rapport and trust, clinical effectiveness, and multicultural competence and sensitivities). Last, the research looks at whether or not the construct of relational power within the supervisory relationship has an influence on the counseling relationship between the SOC and their prospective clients. All these areas in the literature consider the notion of racial bias and the role it may play in the supervisory relationship.

Regarding the role of supervision, its impact on SOCs, and their prospective experiences with racial bias, the literature looks at the definition of clinical supervision provided by the ACA Code of Ethics:

Aspiring to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students in both face-to-face and electronic formats. They have theoretical and pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of counselors, students, and supervisees. (p. 12)
When considering the evaluative component in supervision as it relates to the standard of care concerning counseling services provided by the SOC, it becomes necessary to envision the potential impacts to be had (Bernard & Goodyear, 2009). Based on this necessity, the literature recognizes that it becomes requisite to identify how SOCs are systemically evolving and what is informing their ability to do good work with their clients (Bernard & Goodyear, 2009; Carlson & Lambie, 2012; Smith, 2009). An example of concerns that may arise during supervision can aim directly at transference or countertransference found in some family-of-origin concerns. Bernard and Goodyear (2009) agree that

[t]he activation of family-of-origin dynamics is a supervision issue because they affect the degree of objectivity and emotional reactivity that counselors have with their clients and hence their therapeutic capabilities … This speaks to whether supervisees should participate in their own counseling as a means of better understanding themselves. (p. 86)

To be culturally sensitive, competent, and aware, the supervisor must be able to identify these attributes within oneself. Instrumentally, it is the willingness to understand oneself as a supervisor to assist SOCs in the same understanding that they could in turn assist their clients to do the same. As mentioned by Carlson and Lambie (2012), the “parallel process can be used in the supervisory relationship to help the supervisee and supervisor gain insight into transference and counter-transference within the client/supervisee relationship” (p. 31).

**Cross-Racial Supervision**

Attention is also placed on cross-racial supervision because it points toward the rationale of a strong coalition within the supervisory relationship when supervisors are culturally competent and receptive (Schroeder et al., 2009). Schroeder et al. (2009) state that cross-racial supervision “Refers specifically to supervisory relationships in which the supervisor or student
come from different racial or ethnic backgrounds” (p. 296). The literature also uses the term *multicultural supervision* interchangeably. Past research in cross-racial supervision points towards a strong coalition within the supervisory relationship when supervisors are culturally competent and receptive (Duan & Roehlke, 2001; Schroeder et al., 2009). Leong and Wagner (1994) have alluded to the limitations in cross-racial issues in the literature going back 20 years beyond their research on the matter. More specifically, Leong and Wagner (1994) posit that part of these limitations and issues occurring over the last 20 years stem from the notion that “[g]eneral theories and models based on White middle-class male values have been challenged as inappropriate for American Minorities who may not share the assumptions, norms, and worldviews of the majority” (p. 117). Also, according to the research, one of the biggest gaps in the literature is specific to cross-racial/multicultural issues in supervision (Constantine, 1997, 2003; Constantine & Ladany, 2001; Falender & Shafranske, 2004; Milville, Rosa, & Constantine, 2005; Neufeldt, 2007). As a researcher, inquiring about variations and distinctions pertaining to the previously mentioned worldviews Leong and Wagner (1994) spoke of, aligned with the cross-racial supervision in the clinical supervisory relationship, my study may be able to add to the field of counselor education.

**Understanding Racial Bias and the Clinical Supervisory Relationship**

In attempting to identify the parameters of racial bias, what is not known is if there is a correlation between the concept of awareness and how supervisors may supervise SOCs (Neufeldt, 2007). The implications pertaining to this concept are unlimited. In economics, there is an idea called the trickle-down effect. Merriam-Webster defines this phenomenon as “relating to or being an effect caused gradually by remote or indirect influences.” This thought runs
parallel to the knowledge supervisors have and how this knowledge (i.e., positive or negative, known or unknown) impacts SOCs and potentially the clients they work with. The literature acknowledges concern that a lack of awareness regarding multicultural knowledge collected through lived and learned experiences may theoretically have potential ramifications for supervisors and supervisees alike (Constantine & Ladany, 2001; Neufeldt, 2007). The literature acknowledges that personal multicultural awareness is critically important to supervisors’ effectiveness, and what they know or do not know about themselves can have an adverse effect on supervisees and their prospective clients (Constantine & Ladany, 2001; Neufeldt, 2007). The literature also states that some of the thoughts established by the possible adverse effect are geared toward identifying whether SOCs are able to establish and maintain client rapport and trust, clinical effectiveness, and multicultural competence and sensitivities (Constantine & Ladany, 2001; Neufeldt, 2007). Understanding racial bias and whether it has been perpetuated within the clinical supervisory relationship is a good start. As mentioned from the research thus far, racial and implicit bias have a tendency to rise past the surface of one’s awareness (Capodilupo et al., 1994; Duster & Quillian, 2008; Quillian, 2006; Tetlock & Mitchell, 2008). Both supervisor and supervisee must be willing to be mindful of this. As the field of counseling evolves, so do the needs of supervisors, supervisees, and clients (Constantine & Ladany, 2001; Neufeldt, 2007). To keep up with the changing times, the profession as a whole may need to give careful consideration to where it all begins: the counseling preparation programs (Neufeldt, 2007).
Differentials and Difficulties within the Clinical Supervisory Relationship

Bernard and Goodyear (2009) state that while a goal of supervision is to be impartial, truthful, and precise pertaining to the aspects of appraisal, that may not be the actual experiences of SOCs. Nelson and Barnes (2008) posit that supervision in and of itself encompasses an uneven aspect of control or superiority. This idealized “control” possibly obstructs communication between the clinical supervisor and supervisee and speaks to existing causes of apprehension (Nelson & Barnes, 2008; Sametband & Strong, 2013). One way to manage conflict and difficulties found within the supervisor/supervisee relationship is to look at its root causes (Nelson & Barnes, 2008; Sametband & Strong, 2013). This will most uniquely be identifiable via case-by-case interactions (Nelson & Barnes, 2008; Sametband & Strong, 2013).

The historical role of supervisees must also be taken into consideration (Nelson & Barnes, 2008; Sametband and Strong, 2013). A silent expectation exists for supervisees to be unquestionably accepting of the criticisms and advice provided by the supervisor regarding proficiencies, insufficiencies, and methods used in supervision (Nelson & Barnes, 2008). Such practices have and will continue to inherently produce unease for both parties, thereby triggering a high probability of interpersonal struggles (Nelson & Barnes, 2008). In addition to the power differential and evaluative piece, Nelson and Barnes (2008) suggest that we consider the skill level of the supervisor and the problems that arise if that person lacks adequate experience or multicultural training and is unable to diffuse conflicts or difficulties. Moreover, considering the willingness of both parties to acknowledge and address concerns openly and with a sense of deepened insight could prove to be helpful.

Additional difficulties are outlined by Grant, Schofield, and Crawford (2012), in that
[t]he supervisory relationship can also raise strong counter-transferential feelings within supervisors. Sources of supervisor counter-transference, identified in previous research, include the supervisees’ interpersonal style, the supervision context, [and] unresolved supervisor issues…. (pp. 528-529)

Effectively managing these interpersonal dynamics between supervisor and supervisee is no small feat, but it does correlate directly with the concept of clinical and cultural competence (Constantine & Ladany, 2001; Neufeldt, 2007). This idea is related to an identified willingness to be an effective supervisor (Neufeldt, 2007). Several features are embodied in the concept of effectiveness. The use of ancillary involvement such as demonstrating, genuine inquiries, attending skills, and speculative and systematic considerations is quintessential in the navigation of efficacy (Grant et al., 2012). The idea of interpersonal dynamics and effective management of conflict and difficulties is expressed through studying the issues embedded within the concept of supervision. This knowledge is beneficial for both supervisor and supervisees (Wallace et al., 2010).

Another thought pertains to Takeuchi and Williams’s (2011) idea that past events, in conjunction with power differentials, have a tendency of molding individuals. Takeuchi and Williams state that “Each racial and ethnic group has a different history, with some groups indigenous to this country, others voluntarily migrating, and still others seeking refuge to avoid genocide, wars, and political persecution” (p. 235). When considering the long-standing struggles in this country regarding the concept of power differentials, it is fair to note that this is potentially a microcosmic aspect of what is or has been going on in the world (Takeuchi & Williams, 2011). This struggle, if left unaddressed or unidentified, will have the power to negatively impact the supervisory relationship (Takeuchi & Williams, 2011).
Last, also shared in the literature are references to the power that the SOC may have pertaining to the dynamics of the supervisory relationship (Feong & Lease, 1997). Specifically, Feong and Lease (1997) point out that the SOC has a choice to withhold thoughts and ideas within the supervisory relationship. This concept of suppression may stem from the perception of an unsafe environment (Wallace et al., 2010). SOCs may be unable to verbally express why they need to suppress thoughts and ideas, but the need can be felt. That feeling could stem from the possibility that racial bias may exist within that environment (Duster & Quillian, 2008; Quillian, 2006; Tetlock & Mitchell, 2008). The racial bias may extend to both sides of the supervisor/supervisee equation as well (Duster & Quillian, 2008; Quillian, 2006; Tetlock & Mitchell, 2008). The presence of transparency—the willingness to recognize power on both sides within the supervisor/supervisee relationship—engenders a potential shift in forward movement, productivity, growth, and development. This shift coincides with the supervisor’s knowledge of self and how to help others (Constantine & Ladany, 2001; Neufeldt, 2007).

Multicultural Competencies and the Clinical Supervisory Relationship

Schroeder et al. (2009) posit that,

In order for supervisors to be culturally competent, they must be aware of their own values, prejudices, and biases, as well as the differences between them and their students. Differences can include values, styles of communication, cognitive orientation, and emotional reaction. (p. 300)

Supervisors must also be willing to discover SOCs’ cultural differences and be aware of the influence this experience has on the supervisory relationship (Constantine & Ladany, 2001; Neufeldt, 2007; Schroeder et al., 2009). This influence looks at what Banaji and Greenwald (2013) describe as “blind spots,” which is metaphoric for the aspect of the brain that accommodates obscured biases (Turnbull, 2011). Developing a sense of professional and
personal preparedness is vital as well. As SOCs begin to feel embraced and genuinely understood, they view the supervisor as more ethnically engaged, aware, and capable of the work that is to come (Schroeder et al., 2009). With that, the goal is that SOCs and supervisors will begin to confide in each other and trust the supervisory relationship (Schroeder et al., 2009).

The literature provides an idea of what it takes to be a multicultural supervisor, stating that it is an ethical necessity and an inherent obligation (Schroeder et al., 2009). Crockett and Hays (2015) posit that “The presence of cultural differences in supervision requires counseling supervisors to demonstrate multicultural competence to facilitate supervisee development” (p. 258). This idea is based on the need for supervisors being trained to become multicultural competency (Crockett & Hays, 2015; Nueufeldt, 2007). There is also the idea based on the supervisor’s willingness to do the work that they are requiring of their supervisees (Banaji & Greenwald, 2013; Turnbull, 2011). Multicultural training and competence can possibly aid in creating an awareness of unconscious or implicit bias (the blind spots exhibited daily, as described above), as well as establishing and sustaining the relationship (Banaji & Greenwald, 2013; Turnbull, 2011). Where there is a racial/ethnic difference there may be discourse (Banaji & Greenwald, 2013).

Also important to consider is the cultural match of the supervisory relationship. According to Burkard et al. (2006), this match may play a role in the level of comfort, disclosure, and trust between supervisor and SOC (Burkard et al., 2006). This match also has the capacity to speak to the satisfaction within the supervisory relationship and how it can be maximized between both parties (Burkard et al., 2006; Crockett & Hays, 2015). Crockett and Hays suggest that, “In particular, supervisees who are satisfied with their supervision accept supervisor
feedback, strive to cooperate, and willingly self-disclose. Researchers have found that supervisee satisfaction with supervision is positively related to perceived supervisor multicultural competence” (p. 260).

In addition to the previously mentioned concept of the power difference in the supervisor/supervisee relationship, it is also important to look at additional angles of power along with cultural differences within the context of the supervisor/supervisee relationship (Nelson and Barnes, 2008). These cultural differences cannot be ignored or dismissed. Murphy & Wright (2005) assert,

Collaborative supervision power is more overtly acknowledged but managed in a way that is beneficial to supervisees. Supervisors can use their power productively to enhance the supervisory relationship. For example, they can teach supervisees about relationship dynamics or demystify power. (p. 284)

If this idea is to fully develop, a safe environment must be formed for both supervisors and supervisees (Murphy & Wright, 2005). Safety comes from identifying truths (Murphy & Wright, 2005). The truth here is the reality that racial bias may be partly the cause of the “unsafe” environment. Again, if supervisors are willing to do the work they require of their supervisees and take a deep look at their own unfinished business, this may make for a much more robust and genuine supervisor/supervisee relationship.

The supervisory relationship can be further understood through the American Counseling Association (ACA) Code of Ethics (2014). In particular, Section F.3.a states,

In supervisory relationships counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs. (p. 11)
A part of this potential “judgment” may fall in direct line with unconscious or implicit bias and finds itself nestled in section F.2.b., described as “multicultural issues/diversity in supervision counseling [in which] supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship” (p. 11). One interpretation is that this awareness suggests that supervisors do the work and take a deeper look within themselves as well as helping their supervisees in doing the same (Neufeldt, 2007). The research also examines the lack of knowledge supervisors may have of self. A few opinions suggest this lack of knowledge on the part of supervisors may be due to an unawareness of their own racial identities and multicultural competence compared to that of their supervisees (Bernard & Goodyear, 2009; Cook, 1994; Fong & Lease, 1997).

The consequence of not identifying or addressing the aforementioned concerns found within clinical supervisory relationships is two-fold. According to the ACA (2014), one concern is the potential to create less than clinically and culturally equipped supervisees of color. Another consequence is the potential for harm within the therapeutic relationship established between the SOC and the client (i.e., non-maleficence). The American Counseling Association (ACA, 2014) has established a number of ethical codes that are geared toward the protection and safety of the supervisory relationship, the clients that SOC’s are working with, and the competence thereof. The following codes are listed, to name a few: A.1 speaks directly to the welfare of the client and the primary responsibility for them; A.2.c refers to cultural sensitivities; B.1.a refers to the significance of multi-cultural/diversity considerations and development; F.1 addresses the concerns related to the counseling supervisory relationship and client welfare; F.2.b (as noted above) relates to the multi-cultural/diversity issues in supervision; F.3 manages the supervisory
relationship; and F.1.1. addresses the concept of multi-cultural/diversity competence required in counselor education and training programs (ACA, 2014).

Based on the ethical guidelines delineated by the American Counseling Association, (2014), irrespective of the racial identities found within the supervisory relationship, the training and relationship goals within that clinical supervisory relationship would most likely be very similar across the board. However, with the consideration of cross-racial supervision, there are additional perspectives that this study seeks to discern. One that may come into play is whether racial variances in clinical supervisory relationships obstruct effectiveness when teaching supervisees of color how to incorporate values into the counseling process if supervisors themselves have not yet acknowledged or identified their own values, particularly the ones that deal with racial bias and cultural identity issues (Daniels, D’Andrea, & Kyung Kim, 1999).

According to Merali (1999),

If neutrality is a theoretical ideal rather than a practical reality, these ideas can bring the counseling profession into disrepute. If values are an integral part of counseling, competence and skillfulness becomes equated with counselors’ [supervisees’ and supervisors’] abilities to articulate and appropriately disclose the value systems underlying their intervention preferences, and to critically examine the consequences of interventions stemming from different value positions. (p. 35)

The concept of what is idealized as neutrality is not beneficial to the field of counseling, supervisees of color, supervisors, the supervisory relationship, clients, or the counseling relationship thereof. When clinical supervisors are unaware of racial biases and are unable to address racial conflict within the supervisory relationship, they cannot imbue the necessary values needed to establish an environment that facilitates therapeutic growth within the supervisee and client relationship (Daniels et al., 1999).
Studying racial bias as it relates to supervisees of color within the supervisory relationship is a significant way to explore how the field of counseling education and supervision can have a profound impact upon the future of supervisees. Williams and Mohammed (2013) assert, “We know discrimination when we see it, but cannot prove it beyond our own private encounters” (p. 1154). Many people experience some form of discrimination in some capacity, big or small, every day (Williams & Mohammed, 2013). Collectively, the helping professions can form a thoughtful understanding of this occurrence and it carries the power to positively impact the supervisory relationship. There are several articles and books pertaining to racial bias, although the majority comes from across the disciplines (i.e., nursing, sociology, neuroscience, law, social work, etc.). Exploring racial biases can potentially affect the supervisory relationship. The potential evidence of this observable fact may be found in microaggressions, micro-insults, micro-assaults via the category of questioning, nonverbal and verbal responses and/or reactions, along with the need to explain or self-disclose (Constantine & Ladany, 2001). Critical Race Theory (CRT) can be a functional lens through which to view the aspects of the clinical supervisory relationship that focus on the SOCs and their diverse cultural experiences, including those experiences relatable to racial bias (Constantine & Ladany, 2001; Delgado & Stefancic, 2012; Neufeldt, 2007).

**Critical Race Theory (CRT)**

**Historical Overview and the Field of Counseling**

CRT contests the existing theoretical framework that overlooks or disregards the influence of racial bias in the lived experiences of people of color (Solórzano & Bernal, 2001). The research looks at CRT and the field of counseling and the supervisory relationship. The
initial beginnings and well-founded principles of CRT are defined by Delgado and Stefancic (2012) as:

A collection of activists and scholars interested in studying and transforming the relationship among race, racism, and power. The movement considers many of the same issues that conventional civil rights and ethnic studies discourse takes up, but places them in a broader perspective that includes economics, history, context, group and self-interests, and feelings and the unconscious. (loc. 217)

Delgado and Stefancic (2012) shared five fundamental tenets of CRT and how each of them can focus on what is most relevant across the disciplines. Haskins and Singh (2015) share the five tenets of CRT in a way that more specifically correlates to counseling education and related fields: (a) racism is widespread and is deeply embedded within the roots of American culture; (b) a long-standing view of superiority held by the dominant culture does exist with regard to people of color, and according to Haskins and Singh (2015) it can be found in the dominant culture’s minimization of such experiences or dismissing the idea that this very concept does exist; (c) members of the dominant culture have benefited from the marginalization of people of color, and counterstorytelling can be empowering for people of color as well as challenging deep-rooted mindsets for the dominant culture (Haskins & Singh, 2015); (d) CRT looks at how members of the dominant culture may have benefited from civil rights by establishing more of a positive reputation, which is referred to as an example of interest convergence (Haskins & Singh, 2015; Milner, 2008); and (e) the final principle maintains an obligation to social justice in that CRT provides a lens through which to see where power and/or oppression occurs (i.e., White privilege versus the denial of equitable experiences for people of color) (Chapman, 2005; Delgado & Stefancic, 2012; Haskins & Singh, 2015; Malagon, Perez Huber, & Velez, 2009; Solórzano et al., 2000).
According to Solórzano and Bernal (2001), those who have been marginalized have found that the sharing of their experiences via storytelling has proven essential to their self-determination and endurance. One approach previously mentioned stems from the concept of *counterstorytelling* established by Richard Delgado (Solórzano & Bernal, 2001). Essentially, counterstorytelling speaks to people of color and the sharing of stories directly related to one’s lived racial experiences (Dixson & Rousseau, 2005; Ladson-Billings, 1998; Solórzano & Bernal, 2001). Ladson-Billings (1998) and Milner (2008) state that the depth and breadth of this type of understanding begins to take shape when people of color are provided a chance to speak up for themselves regarding their lived racial experiences and that many can benefit from this type of verbalization (Haskins & Singh, 2015). Delgado and Stefancic (2012) suggest that CRT has long been considered an area of social action, and that includes being willing to stand up where injustice or discrimination exists, regardless of how subtle (Delgado & Stefancic, 2012). Sue et al. (2007) and Sue (2010) posit that microaggressions are oftentimes small and subtle in nature. According to Solórzano et al. (2000), CRT has had a hand in leading the way towards the study of microaggressions. Haskins and Singh (2015) observe that micro-aggressions have been known to be directly interrelated to benefiting members from the dominant culture.

**CRT and Microaggressions**

The problem that racial bias often presents is that it is a concept not easily identifiable to the naked eye (Duster & Quillian, 2008; Quillian, 2006; Tetlock & Mitchell, 2008). It is something that far surpasses the physical aspect of seeing but more accurately speaks to the heart and soul of an individual (Duster & Quillian, 2008; Quillian, 2006; Tetlock & Mitchell, 2008). Racial bias is often found in what is *not* said directly or indirectly (Duster & Quillian, 2008;
Quillian, 2006; Tetlock & Mitchell, 2008). It can be found in micro-aggressions meant to be compliments, micro-ininvalidations meant to make you feel less affected, as well as the micro-assaults that are meant to openly and intentionally wound you (Sue, 2010; Sue et al., 2007). It is the way in which we were socialized within our own cultures and environments, and the one of the biggest things we can do is to become aware, and be willing to acknowledge wrongs, whether committed intentionally or unintentionally (Sue, 2010; Sue et al., 2007). As stated earlier, the idea of racial bias is immersed in a notion that seeks to identify, acknowledge, and understand the awareness of unintentional and intentional prejudice/discrimination (Sue, 2010; Sue et al., 2007).

In observing common parallels across the disciplines, the literature reveals specific instances of implicit (i.e., unspoken/implied) bias toward women in academia. Easterly and Ricard (2011) report:

An examination of letters of recommendation, essential for new jobs and for promotion and tenure, revealed gender bias. Women were two and a half times more likely than men to receive short letters of minimal assurance; these letters were twice as likely to contain “doubt raisers” such as negative language, faint praise, or irrelevancies, and more likely to include references to personal life. Attention to training and teaching was more common in letters for women, whereas research, skills and abilities, and career received more attention in letters for men. Recommenders unknowingly stereotyped on the basis of gender when writing the letters. (p. 65)

As with these examples of implicit bias toward women, according to Sue (2010) and Sue et al. (2007), it would not be a stretch to identify similar examples connected to implicit bias in relation to racial bias, culture, and ethnicity. Sue (2010) defines micro-aggressions as “commonplace verbal or behavioral indignities, whether intentional or unintentional, which communicate hostile, derogatory, or negative racial slights and insults” (p. 278). Sue (2010) defines three additional types of current racial transgressions:
(1) micro-assaults: Conscious and intentional discriminatory actions: using racial epithets, displaying White supremacist symbols—swastikas, or preventing one's son or daughter from dating outside of their race; (2) micro-insults: verbal, nonverbal, and environmental communications that subtly convey rudeness and insensitivity that demean a person's racial heritage or identity. An example is an employee who asks a co-worker of color how he/she got his/her job, implying he/she may have landed it through an affirmative action or quota system; (3) micro-invalidations: communications that subtly exclude, negate or nullify the thoughts, feelings or experiential reality of a person of color. For instance, White people often ask Latinos where they were born, conveying the message that they are perpetual foreigners in their own land. (p. 274)

Parker and Lynn (2002) emphasize the importance of understanding these terms and state that such understanding aids in the construction of meaning.

**CRT and the Research in Counseling or Related Fields**

Relevant studies have utilized the lens of CRT in conjunction with counseling research and other related fields. Parker and Lynn (2002) delineate three approaches that can help counselor educators integrate the five tenets of CRT within teaching and instruction. The first approach looks the specific experiences that people of color have as they relate to racial bias. The second approach focuses in part on the permanent removal of this type of suppression. The third approach is related to understanding dissimilarities and the potential subjugation experienced by marginalized individuals (Parker & Lynn, 2002). Understanding these goals is helpful when considering the many studies that corroborate the validity of CRT, how it may be incorporated into higher education, and how research can be viewed through the lens of CRT (Haskins & Singh, 2015).

**People of Color, Experiences with Racial Bias, and Education**

Solórzano et al. (2000) provide insight into the plausible consequences of racial micro-aggressions and the importance of exploring atmospheric conditions pertaining to race or racial
bias in higher education. These researchers used the tenets of CRT as the foundation of their study, and observed how they directly correlate with one another. Their results revealed that

[the] CRT framework in education is different from other CRT frameworks because it simultaneously attempts to foreground race and racism in the research as well as challenge the traditional paradigms, methods, texts, and separate discourse on race, gender, and class by showing how this social construct intersects to impact on communities of color. Further, it focuses on the racialized, gendered, and classed experiences of communities of color and offers a liberatory and transformative method for examining racial/ethnic, gender, and class discrimination. It also utilizes transdisciplinary knowledge and the methodological base of ethnic studies, women’s studies, and the law to forge better understanding of the various forms of discrimination. (p. 63)

According to Abrams and Moio (2009), CRT shines a light on the many ways that educators may be inadequately equipped to navigate the lived experiences of diverse learners. Embedding CRT within the foundation of what educators are trained to do has shown some success in challenging the dominant culture regarding “difference as deficit” or “minority education” frameworks. As for additional areas pertaining to CRT across multidisciplinary lines, Abrams and Moio (2009) claim, “Although CRT has been incorporated into the scholarship and practice of multicultural teacher training, existing literature contains very limited applications of CRT to social work theory or pedagogy” (p. 252).

Removal of Suppression

Ladson-Billings (1998) shared a Toni Morrison quote stating that “race is always already present in every social configuring of our lives” (p. 9). And McMorris (1999) observes that CRT critics argue

that its [CRT] recognition of race identification perpetuates racism by reinforcing stereotypes. They suggest that Individualism, or “colorblindness,” will cure problems of racism by ignoring race. This is first accomplished by perceiving the individual not as a member of an identifiable racial group, but as an individual. Second, the “raceless” individual would then be evaluated on his or her merit. (p. 697)
According to McMorris (1999), the aforementioned quote speaks directly to the dichotomous way of thinking that is often the roadblock preventing forward movement. Abrams and Moio (2009) posit that the permanent removal of oppression may be unattainable, but if it were to occur it would be based on two distinct levels: the institutional and the personal. These two levels involve challenging the individualism that exists beneath the surface of policies and procedures by advocating for change as well as looking at critical reflection and defensive denial of unearned privilege (Abrams & Moio, 2009).

**CRT and Understanding the Differences in Education**

Parker and Lynn (2002) assert that understanding differences and the subjugation experienced by marginalized individuals is an important step to integrating CRT into the field of counselor education and related fields. When considering some of the differences between the lived experiences of people of color and the dominant group, one area regarding the term *interest convergence* emerges. *Interest convergence* speaks to how members from the dominant culture may find themselves benefitting from civil rights victories furthering their agenda (i.e., changes to policy and procedure regarding discrimination) (Haskins & Singh, 2015). According to Milner (2008), “Interest convergence can offer teacher education added language and tools to discuss race, its presence, its pervasiveness, and its consequence in the field” (p. 333). Milner (2008) adds that a characteristic pertaining to interest convergence speaks directly to the concepts of perceived as losses and gains: specifically, what usually occurs is that someone in a particular group will be placed in a position to make sacrifices or give up something in order for interests to line up. Abrams and Moio (2009) postulate that educators who find CRT appealing and are
interested in its incorporation at this level will need to be resourceful and creative in order to aid students in constructing meaning and identifying the linkage between racial bias and other areas of repression in the lives of clients as well as SOCs.

**Summary**

CRT proponents have been promoting the need for more researchers of color in the field of education (Chapman, 2005). Regarding the five tenets of CRT, this researcher seeks to focus on the counterstorytelling aspect of the research as it pertains to the lens of CRT and the lived experiences of SOCs, with reference to their clinical supervisory relationship (Haskins & Singh, 2015; Ladson-Billings & Tate, 1995; McMorris, 1999).

Research in the field of counseling education and supervision is expansive, and has contributed much thus far to our knowledge regarding multiculturalism. According to Leong and Wagner (1994), however, missing from the literature is in-depth research on cross-racial supervision (Schroeder et al., 2009). The missing component more specifically relates to the lack of sustained development of strong coalitions within the clinical supervisory relationship because of the supervisor’s insufficient cultural competence and/or receptiveness to it (Leong & Wagner, 1994; Schroeder et al., 2009). Because I have found limited research on racial bias and cross-racial supervision specific to the field of counseling, I find it difficult to articulate what the literature states, and my hope is that this study will fill in the gap. The goal of this study is to look closely at the experiences of SOCs regarding to their clinical supervision and explore whether or not racial bias is a part of said relationship.

The researcher chose to look at this specific relationship because it is one that is universal in the field of counselor education and supervision. It is inevitable that counseling professors will
supervise their students. Given the present state of race relations in the country, one cannot assume that SOCs are experiencing racial parity within their clinical supervisory relationship. Solórzano et al. (2000) conjecture that “Critical race theory names the racist injuries and identifies their origins” (p. 63). The optimism is that clinical supervisors possess the willingness to engage in self-reflection pertinent to identifying and understanding the invisible wedge that is may exist (Abrams & Moio, 2009). Sue (2010) and Knapp and Vandecreek (2007) agree that most people view themselves as reasonable individuals and therefore engaging in transparency, openness, and honesty is where authentic dialogue can take place (Knapp & Vandecreek, 2007; Sue, 2010). Sue (2010) posits that one of the reasons these ideas might cause cognitive dissonance is based on one’s own opinion of self. To simply accept or concede to wrong or skewed thinking would disrupt one’s perceived image of self (Sue, 2010). The hope is that this study can provide some discussion on this matter and that it is considered a discussion worth having. The key may be found in the existence of knowledge and sensitivity concerning culturally relevant trepidations and possession of a willingness to resolve it. With that being said, this researcher was interested in a phenomenological approach to understanding “what” SOCs experience regarding racial bias within their supervisory relationships and “how” they experience it (Moustakas, 1994).
CHAPTER 3

DESIGN AND METHODOLOGY

Research Questions

The purpose of this phenomenological qualitative study was to explore the supervisee of color’s (SOC’s) experience with racial bias within the clinical supervisory relationship. The SOC was currently enrolled in a doctoral-level counselor training program at a public or private university within the United States. The focus of this study was solely geared towards the SOC. The researcher looked at how racial bias is experienced and what is experienced by the SOC within the clinical supervisory relationship (Moustakas, 1994). This study was guided by the following research questions:

1. How do supervisees of color describe their lived experiences with racial bias in their clinical supervisory relationships?
2. How do supervisees of color describe how racial bias has influenced their professional and personal development?
3. After experiencing racial bias in supervision, how do supervisees of color describe how racial bias may have impacted their relationship with clients from different cultural backgrounds?
4. How does the supervisee of color describe the power differential in clinical supervision during the racial bias experienced?
To assist the reader in understanding how this phenomenon was experienced by SOCs, the next section presents the rationale for qualitative design, the researcher’s philosophical assumptions pertaining to a phenomenological approach, her worldview, and the theoretical framework regarding the lens through which this study was viewed (Creswell, 2007). The remainder of the chapter describes participant selection procedures, the data collection and analysis process, and aspects of trustworthiness, ethical considerations, and researcher bias.

Rationale for Qualitative Design

The rationale for utilizing a phenomenological approach for this study corresponds directly to the understanding of “what” SOCs experience regarding racial bias within their supervisory relationships and “how” they experience it (Moustakas, 1994). It may prove difficult to pinpoint racial bias within the clinical supervisory relationship due to the existing power differential; however, that which is felt based upon personal and societal history in conjunction with lived experiences regarding what has been learned cannot not be dismissed (Duster & Quillian, 2008). One’s thoughts and ideas about race will often emerge when taking into consideration individuals who may be different from oneself. Amongst these generational ideas that are related to differences pertaining to race/ethnicity, despite longstanding desire for a change, lives the possibly of racial bias (Duster & Quillian, 2008). Kiyokawa, Dienes, Tanaka, Yamada, and Crowe (2012) posit that the speculation surrounding how people unconsciously process awareness and knowledge is that oftentimes, individuals have developed a predisposition regarding race and culture, whether articulated verbally or not. Regarding race, racial bias, and culture, people process a sense of what is viewed as fair, as well as equalities or inequalities (Kiyokawa et al., 2012). Duster and Quillian (2008) suggest that a willingness to explore SOCs’
experiences of racial bias within the clinical supervisor relationship and consider ways in which the effects can be limited is fundamental in establishing positive change. Phenomenological methodology was the best means for this study because this researcher was looking at unique lived experiences and not comparing them alongside another form of objective measurement or standard. Also, a phenomenological methodology was the most appropriate because in this study I was asking expository questions aimed at identifying and understanding the hows and whats pertaining to the participants’ lived experience regarding the phenomenon (i.e., racial bias) (Hayes & Singh, 2012).

Philosophical Methodological Assumptions

Guba and Lincoln (1988) suggest that many assumptions exist within a phenomenological approach (i.e., ontological, rhetorical, epistemological, axiological, and methodological). As demonstrated in this study, ontological issues look at several actualities, how lived experiences can be quite varied, and the significance of capturing this distinction (Creswell, 2007; Denzin & Lincoln, 2000). Rhetorical assumptions utilize words such as exploring, understanding, meaning, etc. (Creswell, 2007; Denzin & Lincoln, 2000; Schwandt, 2001). Epistemological assumptions will objectively look at the connections between researcher and participant (Creswell, 2007; Denzin & Lincoln, 2000). Axiological assumptions will be examined within the context of the researcher’s biography and biases (Creswell, 2007; Denzin & Lincoln, 2000). Finally, methodological assumptions will ensure this qualitative research provides procedural steps concerning valid information before broad overviews are engaged (Creswell, 2007; Denzin & Lincoln, 2000).
Worldview

Informing this research study is a social constructivism worldview. This worldview, held by the researcher, is the foundation of her interest in this study regarding how the realities of participants are understood (Cottone, 2001). From this perspective, the researcher was attempting to seek an understanding of how supervisees of color experience racial bias within their clinical supervisory relationships and the process thereof (the what) (Creswell, 2007). Based on this worldview, an objective in this study was to depend upon the interpretations of the SOC’s personal experiences (Creswell, 2007). My hope was that a thoughtful awareness of racial bias will emerge from this study, as well as how it may impact the clinical supervisory relationship. My assumption was that racial bias does exist; I wanted to learn how one can objectively assess this phenomenon and obtain a resolution.

Theoretical Framework

The theoretical framework is the lens through which this researcher sees the study (Moustakas, 1994). Specifically, for this research study, critical race theory served as a guiding view, as the possibility existed that the data may have revealed additional views. Additional impressions can be viewed through this lens and may comprise a deeper exploration of the SOC’s understanding of these concepts (Creswell, 2007). Moreover, the understanding that emerges may stem from the expansion of how and what the SOCs experience within their clinical supervisory relationship (Creswell, 2007).

Following is a discussion pertaining to participant selection, data-gathering methods, data analysis, trustworthiness, ethical considerations, and researcher biography and bias.
Participant Selection

According to Polkinghorne (1989), an effective phenomenological qualitative research study will have identified 5 to 25 participants. For this study, I identified 5 to 15 non-gender-specific supervisees of color (SOCs) who had experienced the occurrence of racial bias within their clinical supervisory relationship. SOCs were asked to describe one specific incident of racial bias having the most impact on their professional and personal growth. The criteria for participants included doctoral-level SOCs from across the United States currently completing their studies in counselor training programs within public and/or private universities. In addition to the definition provided in Chapter 1, racial bias was also viewed by participants as having a disparaging interpretation of an individual based on race (Sue, 2010). Additional criteria included an experience with racial bias during supervision from a doctoral-level clinical supervisor. Examples of the criterion questions asked are as follows: How do you define racial bias? Have you experienced racial bias within the clinical supervisory relationship? If so, how did you differentiate between the existing power differential within the clinical supervisory relationship and racial bias?

Because of this prearranged specification, the researcher utilized criterion sampling, as it was based on the particulars of the criteria as well as trustworthiness. This type of purposeful sampling is useful because individuals selected in this manner will be able to contribute to an understanding of the phenomenon under study (Creswell, 2007; Patton, 2002). Participants were asked to describe their most impactful experience with racial bias within the clinical supervisory relationship, whether past or present. In recruiting from across the United States, the researcher also utilized reputational and snowball sampling. Per Schreiber and Asner-Self (2011),
“Reputational case sampling is when the person is chosen or a recommendation is made based on specific criteria” (p. 96). Snowball sampling occurs when a participant is asked to provide recommendations of individuals to complete the study based on a personal knowledge of how well they meet participant criteria (Schreiber & Asner-Self, 2011).

The researcher sought to verify participants via CESNET, a listserv created for counselor educators and supervisors that contains well over a thousand professional and graduate-level counseling students. This researcher was optimistic in finding 5 to 25 participants (Polkinghorne, 1989) to fit the requirements of this study (http://www.cesnet-l.net/FAQ/index.html). The researcher also utilized professional networks (i.e., contacts from past professional conferences, word of mouth, and reputational/snowballing). Although the study had specific criteria, the researcher was aware that vast differences of experiences pertaining to the phenomenon may have emerged.

Data Collection and Procedures

Three areas of data collection were utilized in this phenomenological study: demographic information, semi-structured phenomenological interviews, and memoing (Groenewald, 2004). An email containing the introduction letter with criteria and description of the study was sent out in two ways: (a) through the listserv CESTNET, and (b) through emails sent directly to individuals by way of reputational/snowballing (see Appendix A). When participants became interested in participating, they contacted the researcher via email, as the contact information was provided in the introduction letter. The researcher sent an email with the informed consent agreement and the demographic data sheet. We had a brief discussion about these two items to clarify any questions or concerns. During this discussion, criterion questions were asked (i.e.,
How do you define racial bias? Have you experienced racial bias within the clinical supervisory relationship? If so, how did you differentiate between the existing power differential within the clinical supervisory relationship and racial bias?). The participant filled out and signed the demographic data sheet and the informed consent agreement and returned them to the researcher via email (see Appendices B and C). The demographic data sheet provided preliminary information prior to the interview (i.e., age, gender, race/ethnicity, years in current program, years of clinical experience). The information letter explained the study’s purpose, participants’ rights, the procedures of preserving confidentiality, and the storage of data (Bailey, 1996) (see Appendix D).

Next, the researcher and participant proceeded to schedule the interview during a noise- and distraction-free timeframe (Groenewald, 2004). These interviews utilized a Skype format allowing interviews to take place within the researcher’s privately secured Adobe Connect meeting room. Each interview lasted 60-90 minutes and was digitally recorded (audio and video), and transcribed for themes (Creswell, 2007; Patton, 2002). The first ten to fifteen minutes of the interview was devoted to establishing trust and rapport (Patton, 2002). Each participant was assigned a code like “SOC - A, March 1, 2017” which identified the participant as “SOC,” their identification letter as “A,” and the date the interview took place (Groenewald, 2004).

Finally, the researcher also utilized memoing as a part of the data-collection process. Memoing provided the researcher another opportunity to capture what was observed and/or experienced during the interview via field notes (Groenewald, 2004). Equally essential to memoing is the importance of maintaining a balance between descriptive and reflective notes (i.e., intuition, beliefs, feelings), as this type of imbalance could prevent a thorough assessment
of what is occurring (Groenewald, 2004). Therefore, when considering what is actually “occurring,” Creswell (2007) advocates “Using the constant comparative approach [in the data collection process, in which] the researcher attempts to saturate the categories, to look for instances that represent the category, and continue interviewing until the new information no longer provides additional insight” (p. 160).

The researcher entered participants in a pool for a $100 gift card to be pulled at the end of the data collection process. Each participant was randomly selected per their assigned confidential code. The remaining participants each received a $15 gift card. All gift cards were provided electronically through a viable email address. The total amount of time that participants spent with the researcher, including going over the demographic and consent forms and the data collection process via interviews, was estimated at two hours. Because SOCs’ experience with racial bias was identified as past and present, examples of past and present open-ended questions are listed in Appendix E.

Data Analysis

According to Sargeant (2012), “The purpose of qualitative analysis is to interpret the data and the resulting themes, to facilitate understanding of the phenomenon being studied” (p. 2). The phenomenological approach to data analysis is achieved by organizing the data within the transcripts and establishing themes (Creswell, 2007). For this study, I chose to follow the guidelines listed by Madison (2005). This approach to data analysis is based on “the need to create a point of view, [which is] a stance that signals the theoretical perspective in the study” (i.e., critical race theory) (p. 148). This analysis strategy consists of identifying themes via a coding process (Creswell, 2007; Patton, 2002). The reduction of codes to themes is by
identifying significant patterns, establishing a point of view, and displaying the data by way of
Tables and quotes (Creswell, 2007). An objective of analyzing the data is to create in-depth
Meanings of the data and provide a thorough representation of the data (Creswell, 2007).

Also taken into consideration for this study was how the analysis may be represented by a
Phenomenological approach. Creswell (2007) suggests that data management, memoing,
Describing, classifying, interpreting, and representation look different among the various
Research approaches. For this phenomenological approach, these terms are therefore described
Next. First is data management. This step looks most like varied qualitative approaches, as it
Seeks to establish effective and efficient protocols for the data collection (i.e., realistic timelines,
Transcription procedures, storage of data, and streamlined confidential coding of participants)
(Creswell, 2007). Memoing also looks quite similar to most qualitative approaches, and provided
The researcher another opportunity to capture what was observed and/or experienced during the
Interviews via field notes (Groenewald, 2004).

Because this study was a qualitative phenomenological exploration, arranging and
Consolidating data was important. Where the phenomenological approach may vary slightly from
Other qualitative approaches is in regard to analyzing, as it behooves the researcher to take great
care when describing, classifying, interpreting, and representing the data so as to not allow
Personal assumptions or theoretical concepts to intertwine with the lived experience of the
Participant and potentially affect the purity of the data (Creswell, 2007). The researcher reviewed
The transcripts and field notes and annotated the margins with significant groups of meaning,
Thereby developing themes and categories (Creswell, 2007). The researcher also provided a
description of personalized participant experiences as well as the fundamental nature of the
phenomenon. Additionally, the researcher sought to make meaning of the participants’ personal declarations, as these played a role in grouping themes and categories. Last, the researcher provided a written expression of “what” and “how” the SOC experienced racial bias within the supervisory relationship.

Trustworthiness

The concepts of quality, credibility, and conformability within a qualitative research study are what trustworthiness is based upon (Given & Saumure, 2008; Sargeant, 2012). Sargeant (20012) suggests, “Elements to consider when assessing the quality of analysis include an analysis process such as, was it clearly described? What was done? Is it clear how the themes were developed? Does the process reflect best practices?” (p. 3). Comparing/contrasting the findings from the transcripts and memos was a way to ensure the quality of the study (Sargeant, 2012). Also, “member checking” was utilized to further establish quality and creditability (Given & Saumure, 2008). In completing member checks, the researcher directly asked the interviewees for feedback regarding the accuracy of information gathered and was careful not to impose her point of view or judgment on the data. Transcripts were shared and exchanged via email correspondence (Given & Saumure, 2008).

Ethical Considerations

Addressing the ethical issues in this study begins with a definition by Bogdan and Biklen (2007) that “Ethics in research are the principles of right and wrong that a particular group accepts at a particular time” (p. 48). Researchers have a responsibility to acknowledge their point of view and know that despite this view, the data collected belongs solely to the participants and should in no way be compromised (Creswell, 2007). Regarding human subjects, ethical
considerations involve the approval of institutional review boards (IRBs) (Bogdan & Biklen, 2007). Other ethical considerations in qualitative research involve the process of the researcher gathering informed consent, assuring confidentiality, and protecting participants by assigning participant codes, providing continuity of care via a referral list for mental health assistance as needed, and remaining cognizant of the power differential that exists between the interviewer/researcher and the interviewee/participant. (Creswell, 2007, Kvale, 2006). The digitally recorded interviews and field notes were encrypted on a flash drive designated for the sole purpose of this study. Bitlocker drive encryption allowed this researcher to safely store the data and prevent unauthorized access. The proper storage of data was considered essential to the study and was done by backing up computer files and encrypting data (Davidson, 1996).

Researcher Biography and Bias

Personal

Due to the nature of this study, a brief researcher biography is included. The researcher is a 46-year-old Black female born and raised in Chicago, Illinois and a surrounding suburb of Chicago. I grew up with both parents until I was eight years old. Their relationship was tumultuous at best. When my parents divorced, times became “really hard.” I presently identify my feelings about the divorce as happy and am finally able to experience a home with peace (i.e., exempt from parents fighting or arguing). As a mother today, I believe that I was exposed to “much too much” as a child and would certainly never want my children or any child to experience those things. My mother raised my siblings and me single-handedly. Through this upbringing, I saw love and compassion as well as hardship and want. My mother was and is a hard worker. To get us off government assistance and out of food pantry lines she went to
school, learned a trade, and became an owner and operator of a well-respected business (i.e., one that she still owns and operates today, 32 years later).

My mom was my hero, my Wonder Woman. Her strength, tenacity, and fortitude never ceased to amaze me. I am who I am today despite my environment. My mother modeled how I could “be” in my skin and in this world, every day. I hear her words echo in my head daily: “Don’t quit; if you want something, go get it. When you feel like quitting, keep pushing.” She showed my siblings and me how to thrive and survive despite our circumstances. My mother’s stance on her core values and beliefs showed my siblings and me the proverbial light. She showed us what core values and beliefs put into action looked like, what it meant to survive without hurting anyone in the process, and how to love and accept love unconditionally. I am strong despite the many negative environmental factors that surrounded me (i.e., my physically and emotionally abusive, drug- and alcohol-addicted father).

I believe what makes me such an open-minded and accepting individual is based on the many experiences I have had at the hand of someone who was closed-minded and non-accepting towards me (i.e., a high school counselor who told me I had better learn a trade because that was all I was capable of). In hearing my mother’s words and voice, I could hush my school counselor’s voice in my head and go on to be the first in my family’s history to graduate from college, the first and only to get to a master’s degree, and get to the doctorate level. In all my “getting,” my mother always told me to “get an understanding” first. With that understanding I have come to know who I am. My identity is wrapped up in the notion of loving myself while being an imperfect human with flaws and perfect imperfections, and I accept others in the very
same way.

**Professional**

As I have grown personally, my professional growth has expanded as well. My sense of identity stems from what my mother taught me, and how and what she invested within me. Her vested interest in me has motived me to do all I can to make a difference in this world. I innately care about people regardless of race, SES, sexual orientation, or religious beliefs. I embrace differences and try to inspire others to as well. I am genuine, transparent, empathic, a good listener, and my sense of humor has served me well. I challenge individuals when ideas or concepts are incongruent with previously stated ones. I am big on providing a platform in which one can be heard. I am gentle in my approach yet unyielding.

As part of this biography it is important to note the rationale behind my selection of this dissertation topic. The researcher has personally experienced racial bias within a clinical supervisory relationship. Because of this experience, the researcher answers three of her proposed interview questions. (1) *What has been the conflict in supervision surrounding racial bias?* The conflict surrounding racial bias within the clinical supervisory relationship arose when I asked my supervisor why he continuously gave all the clients of color to me. He felt that the question was inappropriate and I was told to “ask another question.” In that interaction, I identified the power dynamic in conjunction with racial bias. (2) *What was your experience in navigating through the conflict pertaining to racial bias in clinical supervision?* When I asked “how” the question was inappropriate, he told me that he didn’t “like” what I was insinuating. When I asked him what it was that he felt I was insinuating, he said, “Don’t pull the race card on me.” That was the moment I realized that I was experiencing racial bias. It had become about
race and the racial distinctions between us; I was in an uncomfortable space. Based on my race, the clinical supervisor viewed me as incapable of providing counsel to clients from the dominant culture. (3) What was the most impactful experience pertaining to observing your supervisor navigate through conflict regarding racial bias? My experience was based on a need to protect myself and comply, in conjunction with curiosity about why my supervisor reacted in that manner. This researcher never received a sense of resolution or closure, and my time as supervisee with this specific supervisor eventually came to an end. This exchange stayed with me, so much so that I decided I wanted to know if this phenomenon has been experienced by other SOCs, what they experienced and how they experienced it. It is important to note that, while racial biases may exist within the clinical supervisory relationship, they may not occur in the same manner, or affect/impact SOCs in the same way.

Because most researchers play a role within their own research (Creswell, 2007), I must also be aware that my assumptions about the existence of racial bias within the clinical supervisory relationship are intertwined with my identity, race, and ethnicity along with my personal and professional experiences. These assumptions speak about my observations regarding the climate in the world today as it relates specifically to racial bias and the field of counseling education and supervision. I love the field of counseling, counseling education, and supervision. It is my life’s purpose. My goal in this study is therefore to examine experiences of racial bias within the supervisory relationship and create a space for understanding.

Chapter Summary

There is much research available pertaining to racial bias, the clinical supervisory relationship, race, critical race theory (CRT), culture, multicultural competence, supervision,
implicit bias, and blind spots. However, no studies currently look specifically at the supervisee of color’s experience with racial bias within the clinical supervisory relationship. Something else to consider is the landscape of racial tension in today’s social climate; in that context, this study may serve as a microcosm of what is going on in society and race relations.

After embarking upon this study, the researcher acknowledged that there were numerous variables at play (i.e., distress, disengagement, cultural competence, need for self-care, recognition of race/ethnicity, unspoken power differential, inequitable impositions, etc.). The researcher discovered how participants responded to the specifics of this study. As a result, the researcher believes that what surfaced will be useful to explore as it relates to the field of counseling education and supervision. Because of the parameters surrounding this study such as researcher assumptions, worldview, and theoretical lens, the researcher trusts that “the relevant Gestalt will emerge.” This researcher is also hopeful that the specifics surrounding the data collection and analysis in using a phenomenological approach informed by CRT will provide a deeper understanding of the essence regarding this phenomenon.
CHAPTER 4
PARTICIPANT DEMOGRAPHIC AND BACKGROUND INFORMATION

The purpose of this chapter is to provide an individualized synopsis focusing on supervisees of color (SOCs) having one or more experiences of racial bias within clinical supervision. All the participants self-identify as supervisees of color (SOCs) and are current doctoral students spread across many major U.S. regions. SOCs were recruited using the CESTNET-L listserv as well as reputational and snowball sampling. My findings revealed that all the participants had in fact experienced racial bias in some capacity outside of their clinical supervisory relationships, in what was considered everyday living. This overall occurrence spoke to their ability to identify and define racial bias when it emerged within their clinical supervisory relationships. In this chapter, the researcher will also include a description of a racial bias experience. Racial bias was also viewed by participants as having a disparaging interpretation of an individual based on race (Sue, 2010). During the selection process, the researcher asked participants how they could differentiate between the existing power dynamic in the clinical supervisory relationship and racial bias. Based on this description, all participants provided narratives surrounding their observations regarding preferential treatment of peers from the dominant culture as well as conversations that were had (i.e., receiving email communication that was not received by students of color, later due dates, differing expectations and assignment
qualifications, access to academic opportunities and resources). All participants were provided a copy of their transcripts and an individualized list of themes and categories for member checking purposes. No one responded negatively to the information provided to them. Also, important to note is that saturation began to emerge between the fifth and sixth interview. The researcher found that after the seventh interview, new information was no longer provided.

Table 1 provides a brief snapshot of the participants’ demographics. Participants are provided a pseudonym to safeguard confidentiality. There were six female SOCs and one male SOC all having White female supervisors; two female SOCs each had White male supervisors; and one female SOC had an African American male supervisor. Two SOCs were from the Southeast region, two SOCs were from the West, five SOCs were from the Midwest, and one SOC was from the Southern region. All the participants had counseling experience, and nine participants had experience as clinical supervisors. Seven participants were fully licensed to provide clinical supervision; three participants had not attained full licensure at the time of this study. The participants’ experience as a clinical supervisor ranged from zero to 16 years.

To be noted, the researcher had two SOCs volunteer for the study, met all the criteria, but withdrew unexpectedly with no additional information provided. There were also two SOCs that were referred to the researcher via reputational sampling; however, it was discovered through further communication that they did not meet all the required criteria for this study.

Participants’ Individual Profile

In this portion of the chapter, the researcher will provide a summary of each participant as well as description of a racial bias experience using the participant’s words. An alias is provided throughout to make certain that participants’ identity is unrecognizable. The criteria to
<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Race/Ethnicity</th>
<th>Age</th>
<th>Gender</th>
<th>Number of Racial Bias Experiences in Supervision</th>
<th>Regional Location of Program</th>
<th>Counseling Experience</th>
<th>Credentials/Licensure</th>
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<td>F</td>
<td>3+</td>
<td>South East</td>
<td>Yes</td>
<td>LPC, MFT, MHC, NCC</td>
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<td>MHC</td>
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<tr>
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<td>M</td>
<td>2</td>
<td>Midwest</td>
<td>Yes</td>
<td>MHC</td>
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<tr>
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<td>F</td>
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<td>West</td>
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<td>LMHCA</td>
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<td>LPC-S, NCC</td>
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<td>F</td>
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<td>South East</td>
<td>Yes</td>
<td>LPC-S</td>
</tr>
</tbody>
</table>
be included as a participant for this study spoke to the following conditions: currently enrolled in a doctorate-level counseling program, self-identifies as a person of color, and has had at least one impactful racial bias experience within clinical supervision provided by a doctorate-level supervisor.

**SOC-A**

SOC-A is a 31-year-old African American female who is currently enrolled in a counseling education and supervision program in the Southeast region. She is a licensed marriage and family therapist (MFT) and mental health counselor (MHC) and currently works at a substance abuse agency where she receives supervision for internship. She has been fully licensed for four months. SOC-A stated that she has had many experiences with racial bias within her clinical supervisory relationships past and present, from faculty and peers in the program. SOC-A stated, “I did not keep count, but I recall incidents where it was true from faculty and students.” SOC-A’s current clinical supervisor at her internship site identifies as a White female. SOC-A also has a group of master’s-level supervisees that she is currently supervising in her doctoral program, and receives clinical supervision from another supervisor for the group of supervisees that she oversees as part of her clinical training as a supervisor as well. In regard to one particular incident that occurred at her internship site, SOC-A described her thoughts pertaining to her racial bias experience with her internship site supervisor during individual supervision:

I think I started to predict and have automatic thoughts pertaining to frustration because I was like, why do I have to teach someone that what they’re doing, what they’re saying, you know, is inappropriate, socially inappropriate about cultures and I know that everybody doesn’t know everybody in that people are not monolithic, we are not all the same as much as people generalize. However, I just feel like there’s a part of me that was just like, how do you not know and it’s always like this overbearing emotion of
frustration and anxiety where it’s like, why do I always have to be the teacher and the victim? Why do I have to play a double role to get you to understand what has transpired? To be the victim and the teacher is a lot of stress, that’s a lot of stress….

This interaction was surprising for SOC-A because she described her relationship with her internship site supervisor as one that initially began with a perceived sense of mutual respect. SOC-A explained how, during her preliminary interview at the internship site, her supervisor made her feel uncharacteristically comfortable and reassured, which she found to be a rare occurrence during the interviewing process. SOC-A really felt like this was the site for her and that she could learn a lot from this supervisor. Over time, these thoughts and feeling eventually dissipated and SOC-A later reported that she came face-to-face with many more of these types of interactions with her supervisor:

But the mere fact that I am bringing this issue up to you, even though it’s painful, in the most honest way, I’m not cursing at you, I’m not putting you down, I’m not attacking your character, I’m merely talking to you about the interactions of the cultural differences that exist between us and that may affect our relationship or establish a therapeutic alliance. This doesn’t need to be an issue; it can be a good thing, and if we claim we are all human beings and we’re a part of the human race, then it shouldn’t be an issue….

This was identified as problematic for SOC-A because she felt, despite her willingness to bring this up in supervision and have a difficult dialogue, her supervisor did not aid in working through their interactions pertaining to cultural differences within the clinical supervisory relationship or with the client SOC-A was assisting at the time. SOC-A said, “It would have been nice to discuss it, but I didn’t…I was just like, I’m going to move on, unfortunately, because it probably wouldn’t have been any better.”

SOC-B

SOC-B is a 28-year-old Latina female who is currently in her 5th year in a counseling psychology program out West. SOC-B has counseling experience as well as supervising
experience as a doctorate-level student supervisor. SOC-B did not provide the details of her current place of employment—only that she is finishing up the requirements for her doctorate degree. As a practicum student during her first year as a doctoral student, SOC-B received one hour of weekly individual supervision and 2-3 hours of group supervision per week. Her clinical supervisor, who also served as SOC-B’s program advisor, was an older White male. It was common practice to bring in video clips with questions for group case conceptualization and processing. SOC-B spoke about her first clinical experience with this supervisor:

I was providing therapy in Spanish. It was my first clinical experience. No one in the clinic spoke Spanish at that time, so it was really me and another peer; we were the only two that spoke Spanish. So, I would translate—try to—and then he wouldn’t really want to see the videos, but he would be like, “I don’t understand anyways,” and I felt like he could still get a lot out of it. Because there was body language and things that I’m not picking up, so there was a lot of responsibility. And me and my other peer that spoke Spanish, we were kind of providing supervision, except it was our first clinical training and experience.

When SOC-B was asked to describe her thoughts and feelings surrounding the behaviors exhibited by her supervisor, she stated, “I was very frustrated. Very frustrated. It was also my first clinical supervision experience. I didn’t know better.” SOC-B came to the realization that even though her supervisor did not speak Spanish, there was some feedback he could provide that would have been helpful for her, as she stated:

Because the problem was just the language barrier. That was one of the layers, but the peer supervisors would be watching us technically for body language and they would provide useful feedback: “Did you notice that she pulled away when you said ‘__’? I’m not sure what you said, what was it? But look at the change in body language.” Things like that. That was sort of like, wait, there’s a different way despite the language barriers. It kind of confounded [me] because he would say things about—with my own identity, my own experience, then I started to feel judged.

SOC-B shared that the very things that her supervisor dismissed or condemned in regard to her client’s actions, SOC-B and her family would have made very similar choices from a
cultural standpoint. In an effort to speak up about this during supervision, SOC-B stated, “[I would say] ‘I’m not sure, but in my experience, with Latinos and in my own culture …’ and he’d be like, ‘Yes, but the literature shows’—and he would kind of revert back to the literature.” Because SOC-B mentions that she did not feel like this supervisor was willing to make clinical supervisory provisions for her, she felt compelled to advocate for her needs. SOC-B stated, “And what I did end up doing is talking to the clinic director. Even though she didn’t speak Spanish, she was very, very, multiculturally focused. And I ended up having more supervision meetings with her…and kind of [felt] more supported.”

SOC-C

SOC-C is 43 years old and describes his ethnicity as Trinidadian American, but refers to himself as an African American and/or Black. SOC-C is a doctoral student in a counselor education and supervision program located in the Midwest. He has counseling experience and is currently a mental health counselor working as a court counselor. At present, SOC-C does not have clinical supervision experience and has not attained licensure to practice as a clinical supervisor. SOC-C mentioned that he had two experiences of racial bias in the clinical supervisory relationship but preferred to speak in depth about one in particular.

I started to notice it when we had staffing and there would be microaggression[s] thrown around during the staffing and sometimes she [my clinical supervisor] was the instigator of these microaggressions and they may not have been directed at me, they were directed at clients and so I wouldn’t laugh, I would just put up my eyebrows like “whoa,” and there would be other people in the staff meeting just laughing…saying things like, “Oh yeah, you know he’s all hood,” or “He was so ghetto” and nonverbal gestures, and I’m just like, there would be times when it was hard for me to swallow because that wasn’t what I saw in those clients.

SOC-C shared that this experience was really upsetting to him because he took the initiative and asked this individual to be his clinical supervisor. He had heard incredible things
about her, how knowledgeable she was, how she could help him grow professionally but when it
was time to help him, SOC-C felt dismissed. SOC-C stated, “She really didn’t want to supervise
me, or mentor me, or assist me in building my competencies…when it came time to supervise
me, she didn’t want to be bothered with questions and what not; it was very strange.”

Shortly after he joined the internship site, SOC-C began to see the insensitivities
occurring in staff meetings. SOC-C became bothered and sought support outside of his internship
and processed his experience with peers in his doctoral program. He also mentioned that since
that incident, the site had some trainings. SOC-C stated, “A lot of times now things are not said
that used to be said because where I’m at now, they’ve had trainings about trauma, diversity, and
microaggressions, and it’s not thrown around as much, or at least in my presence.” SOC-C
shared that he felt like his colleagues were essentially complying with the new policies but that
he still felt like something was amiss. SOC-C mentioned that while his colleagues and supervisor
at his internship site may not put it in his face like they did before, he cannot say with confidence
that they are no longer doing the things they used to do in staff meetings. SOC-C explained:

It’s not overt, it’s covert, if you ask me. I’m ostracized; now that I’ve been hired on, I’m
ostracized a lot, and so when I call upon people or try to connect with them on certain
issues [that relate] to clients, they won’t be responsive.

When SOC-C was asked if he had any regrets in terms of not mentioning this experience with
that supervisor, SOC-C stated:

Well, I’m used to dealing with it. Um, I would say to a certain degree, well, I’m a Black
man, so I know what discrimination and racism looks like. I know what barriers look
like…I’ve have barriers before me all my life, so I just look at this as one more barrier
that I have to overcome, whether it’s a psychological barrier or a physical barrier.
SOC-D

SOC-D is a 44-year-old Japanese female who is currently in a counselor education and supervision program out West. She has counseling and supervision experience and currently works as a mental health counselor in private practice. SOC-D receives clinical supervision from her place of employment once or twice a month, depending on the need. She is also receiving clinical supervision from her doctoral program every other week, as she is in her practicum year. SOC-D mentioned that she would prefer to share her experience of racial bias as it relates to her practicum year. She refers to a time when she went to her supervisor to discuss apprehension surrounding her effectiveness with a client due to the difference in spoken language between them. SOC-D stated:

This was very early, in the beginning of supervision, the supervisory relationship with my supervisor. I was seeing him [my client], seeing my clients and I spoke about my concerns with communication. Yes, I do understand what people say but sometimes, I do feel clients are feeling uncomfortable with me because of this language barrier. And I addressed these concerns with the supervisor. And I don’t think she really understood what I was trying to say and she assigned a mentor for me. She was also Japanese, a counselor trainee…I tried to tell her [my supervisor] it was not purely a language issue…I felt like she [supervisor] was looking down on me and it was very difficult to build a rapport. I tried to explain that, but I think her mind was shut and that was very difficult, but I think this was my cultural belief too.

SOC-D also felt it was difficult to decline the supervisor’s suggestion to have a mentor. This mentor was also a Japanese supervisee in training. Despite SOC-D’s reluctance, she accepted the mentor and the two met. SOC-D proceeded to share her concerns with the mentor regarding the language barrier and cultural differences between herself, the client, and the supervisor. SOC-D believes her cultural viewpoints may have had something to do with her supervisor’s inability to empathize with SOC-D’s experience. SOC-D stated:
I appreciated her offer to [have a mentor]; [it was] a creative way for doing this, so I said yes to her and then I met with another supervisee of hers [supervisor]. I explained what happened; of course she [mentor] got it, what was going on. I went to talk to her [supervisor], but she still didn’t get it and that was the very beginning of my experience with her [supervisor].

After this statement, the researcher reflected the meaning of what SOC-D was sharing: that she felt her supervisor was unconsciously minimizing her experience, and SOC-D’s difficulty in communicating this in an effective way to her supervisor continued to worsen.

**SOC-E**

SOC-E is a 31-year-old African American female. She is currently enrolled in a counselor education and supervision program in the Midwest and has counseling experience as well as 3 years of clinical supervision experience. SOC-E is a fully licensed clinician, an approved clinical supervisor, and a certified alcohol and other drug abuse counselor working in an agency setting. At her university, clinical supervisors, for practicum or internship, will often interchange roles and at times serve as both clinical supervisor and program advisor. In her interview, SOC-E used the terms supervisor and advisor interchangeably. SOC-E described a typical supervisory hour, “Meeting with my supervisor and basically giving her a nice package detail about clients…or experiences at my internship, or anything that’s going on with me personally that might be impactful toward my development as a counselor.”

When asked about a specific impactful experience with racial bias within clinical supervision, SOC-E said, “The one incident that comes to mind is an incident that is long-standing. And what I mean by that is it isn’t one particular incident, it’s, like, over a two-year span.” According to SOC-E, these interactions with her supervisor are a compilation of exchanges and are considered to be one big impactful incident throughout her time from a
practicum student, to an internship student, and now a doctoral candidate. This experience has left her quite perplexed. As an example of what SOC-E has experienced as it relates to a specific occurrence of racial bias in her relationship with her supervisor/advisor, SOC-E stated:

There have been many times I’ve tried to reach that supervisor and set up meetings and talk to her but I haven’t gotten any responses up until very recently from her, so meeting for evaluations or talking about the deterioration of our relationship, she has not made herself available and is kind of avoidant when it comes to meeting me…I had a particular[ly] difficult time getting the final feedback that I need from my advisor [supervisor]….however, other people, other classmates around me, who were not people of color, got feedback.

The researcher added a clarifying statement for the purpose of understanding the previous statement and in fact, SOC-E was saying that she noticed other students, who were not supervisees of color, were getting their feedback in what seemed like a timely manner, but that SOC-E, being a supervisee of color, was not receiving feedback at all. SOC-E replied, “Yes, and it was a struggle for me to kind of look at that. And I was just hoping that it wasn’t that. But really recently, it’s just become kind of clear.” The researcher asked a clarifying question about how SOC-E came across the information regarding how her peers received the feedback that seemed to elude her. SOC-E stated:

Some of these individuals are in my cohort, so we talk about everything. We have group meet, and we kind of share what’s going on, where we are in the process, and I just noticed that some people would get feedback and were moving along regardless, you know, even if they just contacted the person [supervisor] one or two weeks ago, compared to I’ve been waiting three or four weeks […] the first thing that comes to mind is why? Especially if I am…doing my end of the agreement…If I’m doing exactly what I’m asked…why aren’t you responding? Am I doing something wrong? I’m having these type of thoughts…

As SOC-E shared her experience, which has been ongoing over the course of a two-year timeframe, she stated, “After reflecting on this and kind of thinking about the reasons behind some of the behaviors that I’m noticing, it seems like the closer I get to finishing my program,
the harder it is for me...just why [is that]?” SOC-E went on to describe to the researcher that it feels as though the supervisory relationship that has been established seems like perpetual feelings of inconsequentiality.

**SOC-G**

SOC-G is a 38-year-old female and identifies as African American. She is currently enrolled in a counselor education and supervision program in the Midwest and is currently a school counselor. She also has 3 years of experience and credentials as a clinical supervisor. SOC-G also acknowledged that she is biracial in that one parent is German and the other parent is Nigerian, both born and raised in their perspective countries. When asked to describe a typical supervision hour, SOC-G stated, “Basically we come in and kind of do an overview of the last time to see if anything has changed. Then we talk about action items that [were] assigned, then go into new business or any type of new situation.” SOC-G described the type of bias and assumptions that typically occur for her, whether at work or school. She reported:

> So, I get the benefit of the doubt at least until I start talking. And then people say, “OK, she’s not White, maybe Puerto Rican, 35% African American,” because that’s how I acknowledge myself, as an African American. They say, “Oh excellent, because now she can be seen as the token African American.” So, whether it’s at work or [school], “OK, she’s the African American we are talking about. She’s light-skinned, she’s gonna be, you know, non-confrontational.” So, that’s the kind of bias I get....

When asked to describe a specific incident where she experienced racial bias within clinical supervision that was most impactful, SOC-G chose to share about a time during her clinical supervision when her supervisor required her to do something that had never been implemented during her supervision before and this took SOC-G by surprise. SOC-G stated:

> I like to role play. I use it for my students, I think it’s a great tool. Especially when people are coming into an uncomfortable situation. Okay, I say, let’s role-play the situation and see how it plays out. In my supervision, we had never done that before, and I consider
that a safe space. And what I noticed was when my supervisor said, “OK, let’s role-play the situation. How would you actually do it?” at first I was under the impression like, oh, she wants to rehearse it. But then I realized, no, it wasn’t that; it was, “I need to make sure that you don’t become the angry Black woman, so I need you to rehearse this and what are you going to say to this student or this person to make sure that it is appropriate.” Because she was under the assumption that it would not be. And so, I asked…OK, let’s talk to this person. She said, “No, no, no, no, we need to role-play this because I need to see if this person came to you right now, what would you say? Because I want to make sure that it’s appropriate.” So, that was my experience of, it was no longer a safe learning environment and the role-play wasn’t to help build me, it was to make sure I was appropriate.

When the researcher asked SOC-G to clarify if that experience involved a microaggression or microinvalidation, she said, “That’s exactly what it was.” SOC-G shared that had stunned her and that she didn’t see it coming, nor did she know what to do once it occurred. She recalls having a couple of thoughts occurring in that moment. SOC-G said, “When it first happened I was like, oh, this is excellent. But then I started realizing what was happening and I felt insulted. I remember being insulted….” SOC-G mentioned having thoughts of uncertainty. Because she had not experienced anything like this in a space such as this, one that she had previously identified as being safe, she began making attempts to understand exactly what she was experiencing. SOC-G reported, “I remember having a quick conversation with myself, saying, ‘Do you stop and confront what’s happening? And does that feed into what they think you may be doing? Or do you downplay what you’re feeling and just move through it?’” When the researcher asked SOC-G what she decided to do in that moment, she said, “In that instance, I decided to just get it over with.”

**SOC-H**

SOC-H is a 31-year-old Japanese female. She is currently enrolled in a counseling and family therapy program located in the Midwest, has counseling experience, and is a full-time
student. She also has clinical supervision experience but specifies that it’s solely at the doctorate level. For the last two years, SOC-H has been providing clinical supervision to master’s-level counselors-in-training. It is important to note that at the very beginning of the interview, the researcher expressed gratitude for SOC-H’s willingness to share her narrative, along with a desire for her voice to be heard. SOC-H began the interview with a heartfelt, “Thank you, I am excited for that.” To have her voice heard was something she very much appreciated.

SOC-G mentioned that she had two experiences during clinical supervision, with two very different supervisors. One supervisory experience was good; it occurred in an individual supervision format, and it was with an older African American female. SOC-H said, “I had a positive experience, it had a positive impact…she recognized my racial background, my culture, and she…kind of like made me feel hopeful that I could bring different perspectives and differences of culture with my supervisees.” Sharing this positive experience was important for SOC-H because she wanted to remind herself that there are some good supervisors out there. In the other supervisory relationship, SOC-H shared about a racial bias experience with a White female supervisor during group supervision. She reported:

I had a really weird experience with my one supervisor…I don’t know if [it] was, like, racial, or other factors but maybe because of my given cultural background, I try to be more humble, especially with authority. That’s what was really hard with my supervisor and so that was hard for me when I was meeting with other supervisees in the same room with one supervisor, the supervisor tried to take her time…and she tried giving each of us a turn to speak about our experiences. It was group supervision and that was a little hard for me to participate [in]. I feel like I didn’t really have a chance to talk about my concerns because after she was done, talking a lot, taking up so much time, talking about their [supervisees’] experiences, and jumping in and explaining their opinions and stuff, with this supervisor I didn’t really have a chance to step in. I wish the supervisor could have stepped in and at the same time I know that culturally, it is my responsibility. Well maybe not in supervision but in other classes I find it hard for me to jump in and share my opinions and interrupt or [maybe] if she [could have] structured the class [group supervision] for me in a certain way [I could be included/validated].
When SOC-H was asked to clarify if she thought that other supervisees’ experiences were valued more so than hers, that her thoughts and feelings during supervision were not valued or validated during supervision, and if she felt shut out of the group supervision experience, SOC-H said, “Yes, I think you were hearing it right. I think in American culture, you really need to speak up from your mind, otherwise you might get left. . . I feel like I’m sometimes, I am invisible to my supervisor.” SOC-H described her experience as not having an opportunity to express her concerns about her supervisees, how she may be experiencing them, and how she could be more effective as a supervisor. SOC-H also shared the idea that she felt like her supervisor did a poor job of identifying what was needed within the group supervision setting and either the supervisor couldn’t see that SOC-H was being silenced or the supervisor didn’t care. SOC-H said, “Yeah, and so that is what I feel. Yeah, definitely a racial related experience in supervision, with that supervisor.” SOC-H described feeling minimized and isolated, with no one able to relate to her. She said:

I was the only Asian student in the whole program at the time…that was a little hard to find where I fit in and when I try to speak about my cultural background and experiences, and how that might impact me as a supervisee in training, I felt like I might miss some point and since they [peers and supervisor] do not have the same experiences, they may not understand what I’m talking about.

SOC-I

SOC-I is a 37-year-old African American female. She is currently enrolled in a counselor education and supervision program in the Southern region. She has counseling experience as well as 8 years of clinical supervision experience. SOC-I is a fully licensed clinician and a board-approved supervisor. She is also employed at an outside clinical agency in addition to being a full-time student. When asked about what a typical clinical supervision hour looks like, SOC-I
shares that at her university, at the doctoral level, group supervision is the primary format for clinical supervision. SOC-I said, “…it’s approximately 1.5 hours and I am currently in a group with 4 other students. There are Caucasian Americans and I am the only woman of color, and the only Black woman within that supervision group.” In addition to sharing the demographic breakdown of the group, SOC-I also noted that group supervision “is facilitated by a Black male.” In her interview, SOC-I used the terms supervisor and professor interchangeably, as her supervisor is the professor on record.

When asked about a specific impactful experience with racial bias within clinical supervision, SOC-I mentioned that she had two examples, one of which she experienced while supervising a supervisee who was not a person of color. The other experience had the most impact on her as a supervisee of color. SOC-I said, “One of them is more or less my experience being a supervisee when one of my professors [supervisor]… I at times can be boisterous and it was more or less about my mannerisms… that I needed to tone things down.” SOC-I shared that she wasn’t entirely sure she understood what she was experiencing and said, “I wanted some more clarification and feedback on what you mean by ‘toning it down’? Like, I didn’t know if it was my approach or, like, the interventions I was employing with the supervisees.” SOC-I had great difficulty with the conversation she found herself having with her supervisor and several aspects of the situation exacerbated her difficulty: her supervisor is male, moreover a Black male, and someone she highly respected. SOC-I went on to report:

I was told to “tone down ‘that Southern thing’ I do”…and I’m, like, “What do you mean, ‘that Southern thing’?” [Supervisor speaking], ‘Well, you know, with you being from [city in the South] and you know how other people from [city in the South] know what that is, where it could be considered odd.’…I became very hypersensitive and what I did was, I scheduled a meeting with that supervisor individually to seek more clarification …but in the program, I’ve been an outstanding student and received all these accolades,
but in this process I’m trying to figure out where this is coming from and that’s when the professor [supervisor] spoke to me about being a Black woman and about how sometimes individuals may view you as being less intelligent with you being Black, and I was like, wait, what?!!

I wanted more information because I was, like, perhaps I’m looking through the wrong lens, maybe I misinterpreted, had my own biases coming through, that’s what I was, like, thinking and so I’m a note taker and I’m writing down some things and realized, like, what was just said and it took me, like, 2 minutes to absorb it because when it was first said about, you know, I may not necessarily get taken seriously, you know, being this whole Southern thing, I was thinking more from a cultural perspective with regional differences, that’s what I was hoping. I thought, you know, as far as my worldview and that’s when the big whammy came down and that’s when the professor [supervisor] talked to me about [pause] grooming.

SOC-I shared her confusion pertaining to her supervisor’s insinuations that she would present herself in a less than professional manner. She noted that she is quite intentional in her professionalism and presentation thereof, regardless of whether she’s teaching or supervising, and is impeccable in doing so. SOC-I said, “And the professor [supervisor] started talking to me about how I need to do extra things being Black, as far as making sure that I am well-dressed ALL of the time, whereas my classmates tend to wear jeans and shirts…” SOC-I went on to express her confusion on the topic and reported:

…but you want me to dress up every single day!?? And then the professor [supervisor] was telling me that this is exposing the other students to what’s expected at that next level. So then, this is when the professor [supervisor] talked to me about my hair. So, I am natural, kinky, coily, curly, and that’s when the professor [supervisor] talked to me about, ‘Well, I know you’re planning to graduate this fall, and what are you planning to do with THAT for interviewing?’ [SOC-I pointed to and touched her hair]. Informant word was ‘THAT.’ Now keep in mind that the original appointment was about supervision, you getting feedback on how to adequately provide supervision to my supervisees. So, I was really, really feeling disillusioned, hurt, rejected, judged, and vulnerable all in the same moment.

SOC-J

SOC-J is a 51-year-old African American female. She is currently enrolled in a counselor education and supervision program in the Midwest and in her 3rd year. SOC-J has counseling
experience as well as 16 years of clinical supervision experience. SOC-J is a fully licensed
clinician, working in an agency setting. At her university, clinical supervisors, for practicum or
internship, will often interchange roles and at times serve as both clinical supervisor and
professor on record. In her interview, SOC-J used the terms supervisor and professor
interchangeably. When asked about a specific impactful experience with racial bias within
clinical supervision, SOC-J shared that she’s had three specific incidents of racial bias with the
same White male professor/supervisor. The first experience was during her first semester in her
doctoral program with this professor. The second occurred during SOC-J’s second semester with
this professor during a study abroad trip overseas. The third experience was during her practicum
year when this professor became her clinical supervisor. SOC-J shared all three experiences and
began with the following:

I was not the only African American student in that class, but I was the oldest. Meaning I
had been perceived as having more experience in the counseling field because I have
been there a little longer than the other students in the class. There were several questions
about African Americans in that particular class session and I can remember him
[professor/supervisor] always, during the one particular class, looking to me to answer or
to respond to question[s] around African Americans as a group. And I was like, “Okay,
I’m not the expert on African Americans.” And I remember wanting to cry in the class.

I remember walking out at some point, going to the bathroom and kind of like, “Is
this really happening or is it just me?” Maybe I’m, you know, “What’s going on?” I had
not experienced that before in undergrad or at the master’s level and I was kind of like
second-guessing myself, and self-reflecting, and saying, “Okay, maybe I’m reading too
much into this and this isn’t really happening.” I remember my heart beating really fast,
my hands were sweating, and I had to take a few minutes to just calm myself down and I
was like, “I think my professor thinks I’m an expert on African Americans.”

SOC-J expressed the difficulty in her experienced duress and confusion. After gathering
herself and going back to class, SOC-J shared that the professor picked up where he left off. At
that time, SOC-J said she decided to voice her concerns to the professor in the moment and said,
“You know, professor, I’m feeling a little uneasy with some of the statements and direction
towards me; there are others in this class that could speak to our discussion. I would rather just listen and learn.….” SOC-J went on to say that “He [supervisor] got a little angry about it.”

Picking up on the professor’s anger, SOC-J decided to try to smooth things over with him. She said, “I sent him an email just to say, you know, [what] I had experienced—including the anxiety attack—and he did not respond to that….I’m coming up with excuses and internalizing that maybe it’s me regarding what is wrong, what’s happening.”

SOC-J recalls that her experience went from bad to worse and she reported, “I do remember after that, things really got challenging in his class. In terms of assignments, I remember having to write one paper with over almost 10 edits.” It was then that SOC-J came to the realization that this professor/supervisor did not place any importance on the relationship between student and professor. SOC-J said, “I knew at that point he didn’t REALLY value who I was as a student or my experience clinically. Being African American, I talked a lot about how I served in various community areas…and he didn’t like that at all.”

Even though SOC-J didn’t think the class would ever end, it did, and she went on to share a bit about her second experience of racial bias in the second semester of her program during a study abroad trip overseas. She said, “I went on a study abroad trip to [named country] and was with a lot of other professors, master’s, and doctorate-level students…and he [professor/supervisor] was presenting and he actually presented pieces from my paper.” SOC-J was confused and felt like she had been taken advantage of. She went on to say:

He never said “great job”; I mean, there was nothing, and I just sat back, and I just took it. I never spoke of it, I never confronted him….I was so ashamed… but I always wondered, if it had been one of the other students [non-person of color], would he have acknowledged them and given them credit and I believe he would have, absolutely I believe that and so that was very difficult.
SOC-J recalls her third experience of racial bias with this professor, who is now her clinical supervisor for her practicum year. SOC-J shared:

In practicum, we had to actually bring taped sessions with clients and we had to get up in front of the [supervision group] class, pull up the PowerPoint and [show] the class [supervision group] the video of the session and have a discussion about it. And I remember him [supervisor] embarrassing me so bad and again, I had another anxiety attack and again, I had never experienced an anxiety attack before…of course I knew what the symptoms look like…but I presented a case of an African American young man [specifics removed] that I was working with [specifics removed] and I thought it would be a really great learning experience and not only because of his diagnosis but culturally because again, most people in my cohort had not had a lot of experience working with people of color and I was excited about it….but I remember him saying, “You’re going to get sued. You should be scared to serve that client; if you’re not scared, then something is wrong with you.” I’m like, this is the population we work with every day; what are you talking about?

The researcher asked a clarifying question pertaining to how SOC-J may have felt after that experience and SOC-J confirmed that she had felt demeaned, that he had humiliated and demoralized her in front of everyone for reasons unknown. She said, “Yes, yes he did…and my cohort, at the time, they were like, ‘He was just trying to help you look at it from a different lens’ and no one saw it from my perspective, that I felt belittled and shamed."

SOC-K

SOC-K is a 44-year-old African American female. She is currently enrolled in a counselor education and supervision program located in the Southeast region. SOC-K has counseling experience as well as 14 years of clinical supervision experience. SOC-K is a fully licensed clinician and successfully owns and operates a private practice, where she is currently supervising several counselors seeking full licensure. At her university, clinical supervisors will often interchange roles and at times serve as both clinical supervisor and program chair. In her
interview, SOC-J used the terms supervisor and program chair interchangeably. When asked to describe what a typical clinical supervisor hour looks like, SOC-K said:

What it looks like? Or what it feels like? Just kidding [laughter]…it looks like my supervisor not knowing how to answer my question. It looks like her putting me off on someone else or always referring me. And I’m thinking, “You’ve been doing this for 20-something years and you pride yourself on that.” I don’t understand I can’t be the first with questions…it looks like that. And it feels like this thing, that I’m trying hard to describe. It looks like she’s busy and I know she is and I know that it’s not just about me. I don’t know. It looks like a dance but you know, I just can’t describe it.

When SOC-K was asked about a specific impactful experience with racial bias within clinical supervision, she said, “There are so many, Oh my God!” SOC-K shared that there were well over 10 experiences of racial bias that she’d had throughout her program, but specific to this particular supervisor, SOC-K said,

Racial bias, it’s crazy because my supervisor is LGBT, identifies as LGBT; I would think that she would be a bit more sensitive to this but this is two different kinds of a minority experience. Racial bias, I don’t have any one overt experience…you know, nothing is overt…I just thought of an example. I was in [supervision] class with her [supervisor] …I’m working on my computer because my classmates called someone the “N-word” so they are processing it in class. I’m having a reaction, so what I do is just disengage. And I just start working on my computer. So, during the break she [supervisor] comes up to me and says, “You think you’re so important. You think that you say something and everybody listens. And when they are talking, you don’t have to say anything.” She kind of scolded me for being on my computer. I said, “Oh, you know, I’m very sorry that [I] gave you the impression that I wasn’t listening, but I would hope you that you could see from my perspective that I have White peers in here talking about the ‘N-word’ and I thought it was best for me to disengage and just kinda distract myself.” So, she [supervisor] just kinda went on to say, “So while that may be true for you, I need you to not work on your computer in my [supervision] class.”

SOC-K felt like she was being singled out because of her race. She said, “On the other side [of the room] there is a White student in the same room, working on her computer. I don’t know if she addressed the White student, but I know she addressed me, so….
Chapter Summary

While supervisees of color (SOCs) may have had many experiences with racial bias within their clinical supervisory relationships, in this chapter, the researcher shared the experiences having the most impact upon the SOCs. The participants’ ages ranged from 28-51. Their geographic locations span from West to Southeast, Midwest to South. This chapter provided a description of a typical clinical supervision hour, the number of racial bias incidents experienced by the SOC, and a context surrounding the particulars of their most impactful racial bias experience.
CHAPTER 5
FINDINGS

The purpose of this qualitative research study was to explore the lived experiences of supervisees of color (SOCs) regarding racial bias within clinical supervisory relationships. In this exploration, I sought to understand four specific research foci regarding what was experienced and how it was experienced. Themes and categories emerged as a result of identifying the what and the how. The following four foci describe the thematic findings, and the categories that emerged have been formulated parenthetically.

The first research area of focus communicates how racial bias was experienced within clinical supervision. Four themes materialized relating to this research focus: (a) Distress in the clinical supervisory relationship (i.e., fear and compulsion to comply); (b) disappointment (i.e., regret and lack of trust); (c) disengagement (i.e., avoidance, minimizing experience, and exiting the program); and (d) emotional reaction to experience (i.e., anger, anxiety and frustration, and humor). The second research area of focus relates to how participants’ experiences with racial bias impacted their professional or personal development. Three themes emerged relating to this area of research focus: need for self-care, significance of cultural competence; and call to action.

The third research area of focus concerns how the work that was done between SOCs and clients from varying backgrounds was affected. Three themes emerged relating to this area of research focus: responsibility to ensure a safe environment; recognition of race/ethnicity; and unconditional positive regard. The fourth research area of focus looks at the power differential within the supervisory relationship and how participants defined their encounter in this context.
Three themes were identified: unspoken power differential (i.e., authority, being judged, dismissiveness, and respect for supervisor); emotional response to power differential (i.e., self-doubt, humiliation, expectation of failure, cautiousness); and inequitable impositions (i.e., White privilege, microaggressions, and stereotyping). Table 2 presents these findings conceptually. Throughout the interviews, participants often referred to what they experienced and how their experience with racial bias within clinical supervision impacted them as supervisors-in-training as well as how it may have impacted their work with their clients and/or supervisees.

Based on these four research focus areas, the findings are presented in a two-part format. First, as a result of the data analysis, the themes and categories that emerged are listed in Table 2. Next, according to the research focus, the findings are presented in an in-depth manner which includes excerpts of the participants’ lived experiences. The definitions of themes and categories expressed by participants are provided for clarity.

Research Focus Area One

*How do supervisees of color describe their lived experiences with racial bias in their clinical supervisory relationship*

**Distress**

Many participants describe this theme as a form of distress when sharing their experiences about racial bias in their clinical supervisory relationships. Participants have defined this thematic perspective in two categories: having an unexplainable fear regarding their clinical supervisors and compulsion to comply to over accommodate their clinical supervisors (i.e., complying with supervisor requests at the risk of stifling personal values and beliefs). As
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described in many of these experiences, participants will often remain silent or feel voiceless to try to avoid any type of conflict. Participants may also be unwilling to challenge supervisors for fear of losing opportunities (i.e., passed over for clients, supervisees, graduate assistantships, moving from practicum into internship, etc.) or be stripped of the opportunities already earned. 

*Distress* is the theme identified and *fear* and *compulsion to comply* are the categories that emerged from this experience.

**Fear**

When considering their experiences that surrounded racial bias within clinical supervision, several participants described a feeling of fear regarding their interactions with their clinical supervisors. As an illustration of this categoric point, SOC-A speaks to the notion of positive self-talk in navigating the apprehension as she feels it’s important not to give into the fear of having an opportunity taken away from her. SOC-A also feels that being fearful or overly concerned about such things is not a productive use of her time and energy. SOC-D posits, “I think the relationship, looking back at the relationship, what we had, I think I wasn't able to share. If I didn't feel the fear that much…[then] yes.” SOC-B also spoke about this concept of fear and stated,

…but it's a big layer of fear of wanting to please him, and knowing that I'm going to have to be with him for 5 years, so I don't want to have a complicated animosity between us. I think that made it harder for me to speak up.

In addition to the fear creating a sense of being silenced, feeling like you cannot speak up for yourself, and finding yourself out of place, SOC-I stated, “[I was] afraid that maybe it would be seen as inappropriate, like using . . . free speech, and I was worried that I had violated some kind of code or some type of norm.” SOC-G took into consideration opportunities that could be
taken away, and the fear that exists in one’s thoughts. She said, “…Right, there’s different factors: You need your class, you need your internship hours, you need your supervision hours, you need your grade. I mean, there’s a lot of factors that go into why you don’t self-advocate.”

When asked about feelings of trepidation regarding voicing concerns with the supervisor, SOC-C stated,

It depends on if I don't have the need to make money, but I think it’ll depend. I think I would start documenting from day one because now, I'm more aware that things do happen. Even in the counseling profession, people are people and they carry their own biases and sometimes they carry their own unconscious negative behaviors.

There is also this fear related to using your voice and taking a risk that might potentially prevent participants from being able to graduate. SOC-E said, “I don’t really know how to … bring it up in a way where I could feel – get[ting] out of this program – but also express[ing] my concerns. I don’t want to be jeopardized because of my thoughts or what I say.” This aspect of fear, coupled with feeling voiceless, expressed the concern that in an instant, all of the things that participants had worked so hard for could be taken away. SOC-J stated, “I didn't want to ruin my chances of staying in the program…. I wanted to get through the program [voice shaking, wiping tears]. I wanted my doctorate, I saw this person as someone who could potentially take that away from me.”

The mere thought of challenging the supervisor brought about the aspects of fear and the difficulty it would bring, as asserted by SOC-H, “Oh, someone actually addressed it, changed it, tried to change it? So, yeah, but it's hard to imagine that I'd be doing that with my supervisor.” This fear permeated throughout all ten of the interviews, and, in many ways, spoke directly to this impression of power. And while that will be discussed in research focus area four, SOC-K sums it up in that, “I need this woman, right?!? And I need to talk to her…. I’m afraid, you
know.” It has been noted that all the participants reported this intangible feeling of fear. The rationale behind this described fear and the decision to keep quiet spoke largely to concerns that ranged from being viewed negatively to experiencing unfathomable consequences.

**Compulsion to Comply**

The magnitude of fear was in relation to either dreams deferred or unattained personal and professional goals. Because of this fear, many participants described how their experiences with racial bias manifested as being motivated to comply with their supervisor’s requests. For example, when there is a fear of losing a way to provide support for loved ones as well as sustaining programmatic expectations, a compulsion to comply emerges, as in the following example. SOC-C shared about having internship requirements in conjunction with being paid, having a child, needing to be able to stay in a position to ensure familial needs are met and having no choice but to comply because the risk of loss was too great. SOC-I reflected on a time when she complied out of fear of losing what she had worked hard for: “I came to the supervision meeting wearing a brand-new black suit and I pressed my hair, realizing that I had conformed.” SOC-I was upset with herself that she had compromised her values, beliefs, and that she went that far to make sure her supervisor was pleased with her. SOC-I believed that she was an outstanding student and that her work with clients and supervisees spoke for itself. How she chose to wear her hair or weather she wore a suit or business dress, she was still quite capable of doing what was asked of her professionally.

SOC-K also shared her thoughts pertaining to compulsion to comply and her choice to overaccommodate (i.e., minimizing her thoughts, feelings, and beliefs) was based on her concern that she would experience a removal of opportunities: “I’m having to humble down…stroke their
egos. Like, um, ‘Oh, you’re so smart,’ ‘You’re an awesome teacher.’ I’m having to say things a different kind of way…be humbled in their [estimation] so that I can get what’s needed.” There were times when there was a compulsion to comply because the uncertainty of being penalized in some way existed for the participant. SOC-D alluded to the sense that the experience oftentimes was not verbalized by the supervisor. SOC-D stated, “It was a very unspoken rule there, and I don't know if I made the rule, or if she made the rule, but that was the unspoken rule—there, existing, and I had a reality of not breaking it.” There is a correlation between fear and compulsion to comply. With a choice between the riskiness of challenging the clinical supervisor and the attainment of goals, participants often felt silenced and unable to address their concerns regarding racial bias within the clinical supervisory relationship. It was often perceived as an attempt to make their journey as trouble-free as possible, instead of making it much more difficult.

**Disappointment**

The invisible choices that were presented to participants often brought about a sense of disappointment. In addition to flat out disappointment, categories in this theme frequently emerged as a lack of trust pertaining to the clinical supervisory relationship. It also revolved around concepts of regret as it relates to how participants navigated their experiences of racial bias. There are several examples of how participants experienced disappointment. SOC-C revealed his disappointment shortly after asking his supervisor to supervise him:

> When I asked her to be my supervisor she said, “Sure; why not?” and then she never really gave me feedback or that experience of working with someone one-on-one in a supervisor/mentoring [kind of] way or helping me enhance my competencies when working with clients or how to navigate situations, and on being aware of the protocols for following up with the client; it was never really provided.
SOC-G referred to a specific incident pertaining to the racial bias experienced, stating, “It was definitely disheartening because I had felt we had built a relationship. And so to transform or go in that direction was definitely - disheartening. When describing feeling like the supervisor lacked empathy, SOC-H said, “I felt abandoned. Disappointed in my supervisor.” When considering the profession and the negative behaviors witnessed from her supervisor, SOC-I mentioned that “I just didn't expect this from counseling students and counselor educators….” SOC-J expressed disappointment in a system that she presumed to be safe, only to discover the protected nature of this space did not include everyone,

I am studying counseling and so I am going in expecting people to be at another level that I'm trying to be at, and you know that was my experience…I had never experienced this in an educational setting before, that has always been a good place for me.

Summary of Themes and Categories

Lack of Trust

With these disappointments in tow, participants shared how a lack of trust developed and what it looked like. SOC-C described how a lack of trust developed within his supervisor relationship: “Well, there were times when I felt that she would put out a small olive branch…but I’m very reserved…So, that kind of made me a little bit more distrusting, [as] far as collaborating with her or even seeking guidance from her.” SOC-E provided a description of what a loss of trust looks like from an internal perspective:

It’s been an experience where my eyes are [a] little bit open. You know what I mean? I tend to go into things with just [my] all—you know, I believe that people are good, but sometimes you have to be able to use your intuition and your gut when it’s telling you that something’s not right. So, listen more to my alarms, and not rationalizing people’s behaviors, and excusing people for when they don’t do what they need to do. It’s not okay.
As it relates to the connection between supervisor and supervisee, the loss of trust became another factor as it relates to racial bias. SOC-G spoke about how she experienced the loss of trust within the clinical supervisory relationship and what was done as a result:

You never go to an interview; your representative does. So now when I showed up for supervision, it was my representative. Because I could no longer entrust that if I say these things this way to you, that I would not say it that way to the client. I could no longer entrust that you had that much faith in me to understand the difference between being professional and being nonprofessional. You took both of those and said because of this, your bias, I was going to always be unprofessional.

Although it was difficult, the clinical supervisory relationship was not destroyed, but it would never be all that it could have been. SOC-D said, “It didn't break the relationship. However, I think the trust toward her didn't go well either....”

Regret

Disappointment also spoke to participants’ experience with regret. The decision to not use their voices to be heard has impacted many participants in various ways. Taking measures to speak with their supervisors about how they were affected by the racial bias experienced has been something that still weighs very heavily and very differently on several participants. SOC-B provided an example of what this regret looked like for her: “Yes, a hundred percent. I wish I would've spoken up more. I ended up, actually, a year later, switching advisers [supervisors] for many reasons. One of them was because of the difficulty of passive aggression and difficulty [having] conversations.” SOC-H disclosed a regret with not speaking up:

What I wished I could’ve done was actually confront [supervisor]. I think that [my] supervisor would have understood, and maybe thought about it, you know...I don’t know. It’s hard, I feel like it is the whole program; the system is corrupt. The best solution is change the system. But changing the system takes a long time—years.
There are also times that participants felt like they couldn’t share due to varying circumstances. SOC-D stated her regrets: Now I wish I could share this because I feel like I grew a little bit from there. And I think I have the language to share my thoughts with her, because I really processed a lot about what happened….I think the relationship—looking back at the relationship, what we had, I think I wasn’t able to share....And this is really identifying things—she passed away…but that is why my regret is even, like, stronger.

SOC-J- had a similar experience of regret, as her clinical supervisor from her practicum passed away as well. With tears in her eyes, wiping them away slowly, she said, “I do [have regrets] because he may not have been aware of how he impacted me, or had he done this to other students, maybe he wasn't aware, or it wasn't intentional, but this was just his experience, right?” In that same vein, wondering what kind of impact supervisors may have on supervisees that come along after them is yet another concern. SOC-G mentioned, “I maybe should have advocated more for myself because now that supervisor is still a supervisor, and is still a supervisor to people of color, it may be somebody else….I had the opportunity to do something and I didn’t.” There was also regret found in the actual choice when considering a specific supervisor. SOC-K said, “Yes, I made a mistake in choosing her and if I had chosen differently, I imagine that I would be with a supervisor that makes time for me....”

Disengagement

Quite a few participants revealed a theme of disengagement. Participants defined this theme as pulling away or retreating from the moment or the space to provide protective barriers around them. Feeling as though no one else would provide protection, participants felt like disengaging was the best-case scenario, in their experience. The following three categories were defined under this theme: avoidance; minimizing the experience; and exiting the program.
Avoidance

Avoidance refers to participants distancing or isolating themselves from supervisors to escape the racial bias that was occurring. Participants describe it as a characteristic of self-defense, relief, or an alternative way to get clinical needs met. SOC-C shared that “It’s still a distance between us. More like, okay, you do your thing over there and I’m going to do my thing over here.” SOC-J said, “I withdrew from a lot of participation in that practicum group and I even disconnected from my cohort members during that semester. I just kind of went into a shell.” SOC-E stated, “It makes me put a wall up. I feel like I don’t want to open up. I feel I have to walk on eggshells. I’m a little guarded.” SOC-A described how she’s identified avoidance due to her experience with racial bias within her clinical supervisory relationship:

I also avoided her a lot and I think that what I did was I made a lot of our interactions very short …. Where I was very task-oriented when I started to talk to her, [rather] than being very free-spirited as I usually am. I found myself kind of switching the way that I wanted to interact with her as my supervisor….

SOC-B described her experience with avoidance in the following excerpt:

It got to a point during supervision where we were to have our laptops open, and we would be group chatting, like, supportive things. It wasn't like we were going at him [supervisor], but we were saying things we didn't agree on, but we didn't feel comfortable saying anything. We would just be chitchatting and having our own mini support sessions, which again, it’s probably not the most mature way of responding to it. It was a very avoidant way.

In her experience with racial bias, there became a need to establish a level of self-protection in order to remain effective in the moment, SOC-K said, “I’m so very sorry; I’m going to go ahead and sit down. I think this is where I need to disengage. I’m no longer able to articulate or intelligently engage in the conversation, so I just need to disengage.”
Minimizing Experience

Participants defined minimizing as a way to lessen or curtail the impact of the racial bias within the clinical supervisory relationship. SOC-A identified this early on as she stated, “I also think that I started to minimize a lot of my conversation with her as well.” SOC-D described her thoughts pertaining to minimizing her experience of racial bias in her clinical supervisory relationship. SOC-D found difficulty in labeling her experience as racial bias and would go on to generate excuses for the supervisor saying, “…I know it was not on purpose…” Even though SOC-D felt an enormous amount of hurt due to racial bias during her clinical supervisory relationship, she would minimize how painful her experiences were by saying, “…it wasn’t like I was hit by a car…” Instead of facing her struggles with racial bias within her clinical supervisory relationship, SOC-K would minimize how big those struggles were in her attempts to be unseen and unheard within those highly visible interactions with racial bias. SOC-K felt like minimizing her experience was the key to effective management of those struggles. SOC-C shared his experience of minimizing as sort of the norm, “I’ve gotten used to it and I’ve learned to adapt and become a little bit more fluid to everybody’s behaviors.” SOC-I shared her experience with minimizing the racial bias within her clinical supervisory relationship: “… and at the same time I had my blinders up, like I didn't want to see what was really happening.”

Exiting the Program

Participants defined exiting the program as quitting based on personal goals, being fed up, feeling tired, or wanting to drop out or quit because the experience with racial bias was becoming more than they felt they could handle. It should be noted that while many participants
felt a strong desire to leave their respective programs, at present, none of them have. In identifying the difficulty regarding racial bias within her clinical supervisory relationship and navigating the nuances of her doctoral program, SOC-K pondered if the attainment of personal goals was worth jeopardizing her mental well-being. She said, “And I’m, like, [wondering] if being a tenure-track professor is worse than this? I’m, like, why would you even go for that?”

SOC-B described a time when she contemplated quitting her doctoral studies:

> I considered dropping out of the program. I considered—even though I loved what I was doing, because of supervision, and because of [the] contentious relationship with him—it was just really hard. And in our program, it’s not really common to switch advisors. And you can’t switch supervisors either.

SOC-J shared her feelings about leaving the program while enduring the racial bias: “I definitely wanted to drop out because of that experience. I didn’t think I was going to get past this professor [supervisor]…it was just really sad.” After reconsidering the notion of leaving the doctoral program, SOC-J also said, “I’m not going to drop out of this program, I’m going to keep going….”

**Emotional Reaction to Experience**

Participants defined this theme as how they experienced the emotional response regarding their feelings. They expressed what specific sentiments they felt in terms of three categories: anger, frustration and anxiety, and humor.

**Anger**

Participants defined anger regarding racial bias as being directed outwardly as well as internally. They provided examples of anger being identified within oneself, aimed at supervisors, and systemic dysfunction found within their program of study and cohort in group supervision. SOC-A shared about a time where she discussed her choices because of the anger
she felt and her desire to control how she navigated this experience: “So, that kind of goes into the second point of being conscious, and for me it is moving past the dynamic of having anger …or even crying, because crying is a level of consciousness that is very tricky.” SOC-A was reminded of another incident when she was angry with her clinical supervisor for crossing a boundary between supervisor and supervisee: “I was feeling rage…a lot of racing thoughts.” SOC-E also described being angry with her supervisor: “I am angry. I feel slighted….I have to keep it together.” In correlation to being angry with her program of study, SOC-B describes her thoughts and feelings of anger when considering the fact that her supervisor was also her advisor and that she felt like she had no say in how she was assigned to her supervisor/advisor. SOC-B felt like she was shortchanged as it related to her level of skill acquisition in terms of who was assigned to her. She said,

It really depended who you got…And it was clear, the difference in the clinician. And so, for me, it caused a lot of anger toward my department, as to why they kept him [supervisor] on, and why, since he would get bad reviews—bad supervision reviews, bad TA reviews, bad—and he’s still here.

SOC-H recalled a dreadful group supervision experience, saying, “Yeah, I’m just thinking about how upset I was in that group supervision and I think I surprised many in my cohort on that day. It was very, it was very, yeah—I still feel the rage.” In the case with participant SOC-K, she experienced an anger directed at oneself: “I was very angry about that. He discouraged me from doing something and then ‘You turn around and take the idea?’….And I am just so angry at myself for being passive [silence… emotions emerge…tearful].

Anxiety and Frustration

Participants describe their experience with racial bias within the context of clinical supervision as anxiety with accompanying feelings of frustration. They define anxiety as
stressful with an inclination to evoke frustration. SOC-A shared about a time when she identified her anxiety and frustration, what her choices were, and how that impacted her:

I just feel like there’s a part of me that was just, like, how do you not know, and it’s always, like, this overbearing emotion of frustration and anxiety where it’s like, why do I always have to be the teacher and the victim? Why do I have to play a double role to get you to understand what has transpired? To be the victim and the teacher is a lot of stress, that’s a lot of stress, so yeah.

SOC-B described a similar frustration: “I was very frustrated. Very frustrated. It was also my first clinical supervision experience. I didn't know better.” When asked to describe some of the feelings he was having about his experience with racial bias in the clinical supervisory relationship, SOC-C shared the notion pertaining to “More frustration…just a lot of frustration…stress and anxiety.” SOC-D stated,

What I wanted to have was that place [group supervision, where] I was able to really say it or share my experience. So, I don’t remember how they responded to me, [but] I do remember clearly how I [felt]. That was very emotional. That was very frustrating feelings. I just wanted to get those negative feelings outside from my system.

SOC-E spoke to these feelings of anxiety and frustration regarding pre-established timelines as it related to skills acquisition and learning outcomes: “So, I noticed as I went further along. The anxiety and the frustration started to increase, especially when it’s involving deadlines.” The impact of racial bias presented a first for SOC-J. She stated, “I had never experienced an anxiety attack before and so I work with clients, of course, so I knew what the symptoms look like but I had never experienced one before until then.” SOC-H often wondered how many supervisees of color experience racial bias because she had a strong desire to create a space in supervision for others to be heard. She said,

I don't know how many people out there … have experienced this, but it might be another reason that I feel stressed or I feel hopeless sometimes for myself, so I tried to make a
hometown for other people, for other people who don't feel like they have one. Because I don't have one.

**Humor**

Humor, in this category, is defined as an emotional response pertaining to how participants have intellectualized the unforeseen experience of racial bias within their clinical supervisory relationship. This definition has also referred to the identification of a multi-faceted meaning. While deeper meanings spoke to hurt, anger, disappointment, distrust, uncertainty, etc., the overarching meaning spoke directly to the use of humor to make their experience more manageable or participants used as a defense mechanism in order to distance themselves from the overwhelming emotions that often emerged. For example, participants might articulate that something was funny when in fact, there was nothing funny about what was being said or experienced. SOC-I began laughing when describing her supervisor’s farfetched comments which, at the time of the experience, elicited copious amounts of anger when her supervisor made rude and hurtful comments about how her natural hair should be neatly pressed by a professional. SOC-A shared an illustration of her personal attempt to intellectualize her experience regarding the emotional response to humor when she said, “But it's just funny when you're trying your best to just say we are all connected, these are my brothers and sisters… and I’m like but how can she be supervisor and be like that?” With the insertion of a lighthearted tone as an attempt to mask the deeper meaning of her painful experience, SOC-E said, “The thing that’s most frustrating for me is, although I cannot reach this advisor [supervisor] via phone, via email, by pigeon, or any way…so I’m very, very confused on the incongruence between what she says and what she does.” When asked to describe what a typical clinical supervision hour might look like, SOC-K began laughing and said, “It looks like [laughter] What
it looks like? or what it feels like? Just kidding [laughter].” In pondering her needs within group supervision as well as the lack thereof, SOC-H spoke about the irony of how she experienced racial bias: “It’s funny that we talked about how important empathy is in our counseling sessions. I think…they do try to provide empathy…it’s like they are empathizing in a different way. Like giving empathy in a different area that I don’t need.”

Research Area Focus Two

*How do supervisees of color describe how racial bias has influenced their professional and personal development?*

**Need for Self-Care**

This theme is defined as looking at the essentials of maintaining self-care. The majority of participants described the fundamental aspects of self-care as being validated by others and finding ways to navigate their experiences. Participants further describe this theme as experiencing authentication, a confirmation that what they experienced is not in their heads but are, in fact, actual occurrences. This theme is described as achieving personal insight regarding how participants identified their personal awareness of growth and development while navigating self-care. These encounters relate to racial biases experienced within their clinical supervisory relationships. This confirmation was identified through their connection with peers and colleagues as well as this interview and the need for this study. Participants described a comfort and/or reassurance in being able to share the difficulties of their experience(s) in a non-judgmental, and substantiated space. SOC-A described a moment when two of her male peers from the dominant culture observed the exchange between SOC-A and her supervisor and
thought that SOC-A responded quite appropriately. SOC-A felt particularly validated in quite a few ways as a result.

SOC-B described validation in a shared experience with a peer, “One of the great things was there was another peer that was also a supervisee of color and...he was in my group, so we were both kind of together on that point.” SOC-I shared that being able to speak about her experiences with externally, much like her sharing during the interview was beneficial in terms of navigating how she processed her experience, “I definitely want to say THIS has been very valuable for me for me to be able to talk about...each time it's different...being able to put the words to this, create meaning from it.” SOC-K also expressed benefits from sharing during the interview, “Yes, because it does feel, you know crazy or insane, because this can’t be happening. So, I just appreciate that validation that you’ve given.” SOC-J described a time during her experience when being validated provided advantages for her, “And I'll never forget that - that was important and that also helped me to move forward. I wasn't by myself...I am now validated. I am not pretending, this really did happen.” SOC-H reflected about a clinical supervisor she had early on in her doctoral program and what that meant for her as she navigates her current clinical supervisory relationship:

That’s how I felt with my supervisor. She used her experience and talked about how it has [been] impactful for her being a female, African American, Black lady in the department and you know, how she sometimes experienced prejudice and she’s helped [me] in the supervision made me feel like someone understands my experience, that I’m not making it up or I’m not imagining things.

Participants also describe this theme as an area of growth reflective of personal and professional development. Being intentional about working through mental and emotional duress they experienced resulting from the racial bias in their clinical supervisory relationship was most
helpful. Some participants sought personal counseling and others sought supervision outside of their clinical supervisor relationship. SOC-C shared,

Even as counselors we still need to have a wellness check-in with ourselves to make sure all of our needs are being met because sometimes, stress can take on physical symptoms…having someone to talk with, to bring in thoughts and ideas to talk to me and even validate some of my thoughts and feelings and me realizing that, “Hey, I'm not crazy; this is really happening” and being able to talk about these things and that way sometimes when we talk about it, and you really know it’s happening 100 percent, that’s like a sigh of relief as well.

SOC-G also stated what she viewed as helpful in terms of navigating some of the concerns pertaining to her experience:

To get supervision outside of that [supervisory relationship]. To get counseling outside of that. To try to process what is happening. To make sure that what we are seeing, is what we are seeing. Now everyone should know perception is their reality. So, to process that to say this is what is actually going on…

SOC-E shared similar sentiments in her way of navigating concerns: “Just to have someone… to converse with and kind of talk about some of these experiences, to bounce it off someone else. Just to see if you… kind of reflect to see if this is exactly what’s going on…”

SOC-B spoke to the advantages of personal counseling, especially when navigating racial bias within the supervisory relationship: “I love therapy, and I think it was really helpful to be in therapy. And actually, my therapist was instrumental in helping me realize that I was not happy, with him as my supervisor….“ SOC-I also referred to the importance of self-care. “I've been doing more journaling, and it helps. You [are] sitting in that chair [counseling], and what I mean by that chair is checking in from time to time, and taking care of my needs.” When speaking about her need to make sure she was okay, SOC-J said, “I did participate in counseling for about 4 months to really help me understand…that's what led me to seeking out counseling…and how to identify and to work through my experience, and that helped me.”
Cultural Competence

Within this theme, participants defined it in relation to how important it is to have a clinical supervisory relationship that included the tutelage of a culturally competent clinical supervisor. Participants frequently shared that the lack of cultural competence within their clinical supervisory relationships was visible and how they could see the importance of cultural competence for their own professional and personal development. None of the participants identified this adverse impact on their clients but they could see how it could be problematic. They also expressed what it looks like when that integral aspect of competence is missing. The clinical relationship that participants most often described was based on a lack of cultural competence altogether. This bare minimum or absence of cultural competence voiced participants’ motivation of becoming a culturally competent counselor and supervisor. Through this lived experience, participants illustrated how this aspect of their personal and/or professional development was fundamental. SOC-A described her thoughts surrounding why she believed that her clinical supervisor exhibited a lack of cultural competence:

Some of that is laziness, because you know how to become culturally aware to get the things that you need and those are behavioral issues and there is such a thing as learning to unlearn. That is an actual thing…but learning how to unlock it takes a longer time in addition to the person's ability and desire....

SOC-B expressed her concerns regarding hidden expectations pertaining to cultural competence: “I think it’s such a mistake to assume that we’re ready just because we’re Latino. And I guess that happens with any other minority clinician and client, that they just get thrown together—‘Oh, because you’re blank, you’re ready.’” SOC-D shared her struggle with incongruity in her clinical supervisory relationship which formed her resolve to be
multiculturally competent for her clients and supervisees: “She usually talked about multiculturally, multiculturally, so in my mind, her understanding was quite, you know, competent, with regard to multicultural issues. Yeah, so that was very difficult to really associate with what was going on for a while.” Because of her experience, SOC-G is mindful not to repeat her encounter with racial bias and the lack of cultural competence in clinical supervision with her clients or supervisees:

I’ll give you an example. I was working with a Muslim American client and her first thing she said was, “I’m sure you’ve seen what’s on TV about Muslims?” And I told her, “I see what’s on TV, yes, about Muslims, but I don’t see what’s on TV about you. So, I don’t make a connection of the two. We are all connected. I need to learn more about you. I do that intentionally because of what I went through.

Like SOC-D, after experiencing a lack of cultural competence in her clinical supervisory relationship and program, SOC-H has a fortified resolve to promote cultural competence: “They might value my experience differently, maybe a little bit more. They might find it more sympathizing and encouraging.” SOC-I is also determined to promote cultural competence with clients and supervisees: “It fuels multiculturalism as far as being [a] more culturally competent counselor educator and supervisor in the future. That's something that I noticed from this [experience], and it would help in being sure that I'm aware.” SOC-J spoke to her role as supervisor, the impact of a culturally inept supervision experience, and how that has led her to be a part of the solution in helping to fortify future counselors:

And while in the process of learning to serve, you are learning to become counselors. It is your responsibility; you are accountable for participating and also challenging any biases that you may have. And I’m going to challenge you, and I’m going to challenge them [biases] as well.
Call to Action

Participants described this theme as providing considerations that can be found in taking some form of action pertaining to forward movement. These thoughts are shared to benefit other SOCs finding themselves in similar predicaments as they navigate less than desirable racial bias experiences within the clinical supervisory relationship. These thoughts are also based on how participants felt from individualized perspectives. SOC-A posited,

A couple things that I have learned overall, what I have uncovered in my professional development, is being able to utilize a sense of self-compassion. Because when you care about yourself enough, you don’t have to get to the point where someone else’s behavior is seen as some form of attack, or a threat to you.

SOC-B shared, “I think a big piece of advice from me would be, if you’re uncomfortable, do something…You deserve better supervision. Feeling like you’re wasting your time the whole year is not fair to you, it's not fair to your clients.” SOC-D said,

What helped me was always sharing my experience with other people that surrounded me. I wasn’t able to process this by myself without sharing. I just wanted to have someone to really be there and listen to me, what I have experienced…but it was helpful to externalize my experience.

SOC-C commented on prioritizing and finding a healthy balance, “…going to the movies or working out… or socializing with friends—you know, catching up and doing other things than just spending time in a place where you’re not being appreciated.” SOC-G disclosed her thoughts surrounding a need to “self-advocate. Ask the question: ‘Where is this coming from?’ ‘What did I do?’ or ‘What do you feel I did to make you feel the need to go this route with me?’” SOC-I revealed some specifics regarding forward movement: “I definitely recommend more research, like writing about it…fill in that gap with research in various journals. In addition to that…share
our stories, because if we don’t share the stories or share the knowledge then it’s like it hasn’t existed.” SOC-K imparted a final thought based on her personal experience:

Would I advise them like I’ve been advised? Close your mouth, tuck your tail because you know they’ve got something that you need? Considering that I have not formulated a response, you know that is probably my advice. Your best weapon is to get out of there and fight after....

Research Focus Area Three

After experiencing racial bias in supervision, how do supervisees of color describe how racial bias may have impacted their relationship with clients from different cultural backgrounds?

Responsibility for Safe Environment

In many instances, participants described feeling unsafe and not protected within their clinical supervisor relationships. As a direct result of these feelings, participants defined this theme as having a sense of responsibility in response to a lack thereof. A calling in terms of intentionally establishing a safe space for their clients and supervisees alike. SOC-B spoke directly to having these feelings as a supervisee and being mindful to make changes as a practicing clinician and supervisor, “So, it was not a great feeling of a safe environment in which you could really question or have a different opinion.” SOC-G had no qualms about sharing her thoughts about this: “I wanted to make sure that no matter who I’m working with, they understand that this is safe space unconditionally...I want that client to know right up front this is a safe spot.” SOC-A spoke to the importance of establishing a safe environment for one’s clients and supervisees because she didn’t feel like her well-being was safeguarded, valued, or considered during an particular exchange:

To me, that felt like she didn't take into account anything that I said, like she had stepped over my experience. And I get it; as a supervisor your goal is to protect the well-being of
the client but you’re also supposed to protect the well-being of me as a supervisee. You cannot lose me in the cycle.

SOC-J recalled her own experience with feeling unsafe in supervision surrounding her work with clients. She stated,

My main goal is to provide a safe space in supervision so I believe that that experience I had really prepared me to be more thoughtful about clinicians and even counselors-in-training because I supervise interns as well, and that's a delicate balance for them because they're just embarking upon this field—Is this what they really want to do?—and so I really provide the time and the space making sure that that time is protected within the supervision,

SOC-C shared aspects regarding how mindful he is: “When I’m working with a client it’s like closing myself off and putting myself in a space where not only am I safe from outside interference but my clients are safe from outside interference as well.” SOC-D spoke about what it takes for her to create a safe environment for her clients and if that meant withholding specific information to do it, then so be it:

I have a responsibility for my clients to be better, and if I followed what she said to me, it would probably harm my client. She was a supervisor, I had to follow whatever she said. But that would harm my client, and if I knew I’m the middle person, I would struggle. Then I had a responsibility to my client and my supervisor, so it’s better to not say real issue[s] to her….

SOC-K identified comfort in knowing that she is providing a safe environment for her clients and supervisees, despite safety eluding her: “I’m very proud of that to have a safe place for African Americans to come. They look for that…I don’t practice, I just manage, I just get to groom my staff at this point.”

Recognition of Race/Ethnicity

Participants shared thoughts regarding the specifics of how recognizing race/ethnicity impacted the counseling and/or supervisory relationship. The supervisor’s unwillingness to
broach participants race and ethnicity and the differences thereof, often made participants pause for thought and consider their feelings regarding their work whether with it’s with clients and/or supervisees. SOC-C had a firm stance on ensuring that what happened to him would not happen to his clients. He said, “Just because I’ve had these negative experiences with supervisors… I don’t let it affect the work that I need to do with clients. I kind of push that to the side and focus on what the client’s needs are.” SOC-A shared that her experience has created a need to pause and reflect on how she sees history intersecting with her present experience with racial bias. She stated, “It really made me pull back a bit and think about how things are, in some ways, still the same…. I think that I do have a little bit more compassion by saying something or pulling people to the side....” SOC-B spoke to a level of consciousness that she has identified as it relates to her experience with racial bias within the clinical supervisory relationship. She said,

I think it has made me a little bit more…so I work a lot with diverse clients, but it's made me more aware of the big brother situation. Like if there’s someone watching, especially if there are cameras. And it's weird just thinking about that layer- not just: How is what I'm doing impacting the client? How are they going to receive it? But also, what’s big brother or sister going to think? and What lens are they going to see it from?

SOC-D described how her experience impacted her work with clients who may come from a different cultural background than hers. She also reflected on how recognizing the differences of race and ethnicity helped her to identify where she is strong as well as where she may have blind spots. She stated,

I think I increased my fear toward this—White clients, especially someone who was older than I. I was a little bit more neutral before that with seeing this type of clients before that…that was my difficulty and challenges for a while. But at the same time, I also felt like more - understanding with the culture like me, or someone who comes from a minority culture.

The ideas surrounding doing things to help her be the best counselor possible is one of the main factors pertaining to what is going to be most helpful for her clients. SOC-E said, “I
don’t feel like I have let this situation impact my ability to work with clients. I feel like I practice really good self-care. So, as of right now, I haven’t seen it bleed into those relationships….”

SOC-G was pretty clear about her work with her clients or supervisees. She felt her experience was not something anyone should have to endure. She said, “And even though it happened to me, I don’t want any of my clients or supervisee to ever feel the way I felt.” When looking at whether this experience with racial bias impacted her work with clients from different cultural backgrounds, SOC-J said that her work with clients was not affected but she did find herself much more intentional about her work with supervisees. She felt that her clients would be cared for in a way that is most helpful and encouraging. SOC-J felt that when it comes to working with her supervisees, she would be much more intentional about providing opportunities for her supervisees of color with regard to professional and personal development, whether that was finding their voice within research and scholarship, programmatic changes, and/or working with clients.

Unconditional Positive Regard

This theme is defined as genuine acceptance and concern for others regardless of how negative participants’ experiences may be. Participants described ways in which they regard others (i.e., clients, supervisors, or supervisees) with unrestricted compassion despite how they may have been treated. As a direct result of being denied, the motivation to ensure the work they do with clients or supervisees is quintessential. SOC-A shared an experience about a client who treated her with unwarranted disrespect because of the color of her skin and she in turn treated him with unconditional positive regard. When SOC-A brought this experience up during supervision, SOC-A expressed that her supervisor became doubtful of the experience, chose to
downplay her experience altogether, and expressed that she was more than likely exaggerating with regard to how the client treated her. SOC-A felt minimized, unvalued, dismissed and hurt. As a result of what happened when her supervisor did not provide a safe space for her, SOC-A reflected on her thoughts and feelings about what her experiences have shown her, and had she not had that bad experience with that supervisor, she might not have been able to recognize what great supervision looks like. Her resolve to practice with unconditional positive regard is based on what she has learned from the racial bias she’s experienced in clinical supervisor.

SOC-B stated, “I think there’s less of [a] chance that I’m going to be that kind of supervisor. Hopefully because of what I’ve experienced, what I’ve seen, it will be the type [of] supervisors I seek out, and the supervisor I hope to become.” In considering his experience, it has made him want to be much more intentional about the regard towards his clients, SOC-C shared:

I would say, I don’t want to be putting anyone in the position that the people put me in, so I am very attentive to that. [As a matter of fact, it may even make me more attentive to my clients because I have to focus in on it and make sure their needs are being met as much as I can, and make sure I’m tapping into these other resources, so you know, in a way maybe it makes me more attentive, I guess.

SOC-G reflected on her journey to be her authentic self and provide an authentic space without conditions for her clients and supervisees; she described the need to keep herself safe and that she would often attend supervision with an inauthentic façade that she referred to as a “representative,” she said:

I think it goes back to—coming from past experiences. Things happening to me with conditions or made with them. So, when that happened to me, I said, okay, I see what this is...because I had to show up with a representative every day; I felt supervision is a place where you could take your representative off and hang up and come as your authentic self.
When pondering on aspects of needs that have gone unmet, SOC-H explained that her motivation for providing an authentic space with a high regard for supervisees comes from a place of lack in her own experience as a supervisee of color. She said, “I’m leading group now for master[‘s] degree students in the counseling program to provide something I didn’t have…I wanted to [provide this], because I didn’t have it.” SOC-J reflected about how her experience had bolstered her resolve and regard for her clients and supervisees. She stated, “When I think of serving, I think of EVERYONE; no matter what the … differences are, we need to be able to serve all persons … whether that’s [the] LGBTQ community, those affected by HIV/AIDS, those with disabilities, the homeless population….”

Research Focus Area Four

*How does the supervisee of color describe the power differential in clinical supervision during the racial bias experienced?*

**Unspoken Power Differential**

Participants defined this unspoken power differential as what is experienced via observation within clinical supervision. The next sections present examples of the four categories supporting this theme: how participants experienced this power of authority, being judged, respect for supervisor, and dismissiveness.

**Authority**

Participants commonly viewed supervisors as authority figures, and did not go against this perspective. SOC-B reflected on when she first identified that her supervisor was aware of his power and took steps to maintain it as well. She said,

Now that I think about it, he definitely has a type with supervision and his advising. And he always would admit the same type of student, which is interesting. Usually female, usually pleasant, complacent, very polite and three out of five were Latina. So, if I think
about the power dynamics, all female. One student who transferred, because the person who left was a male, Latino—they had a horrible time together. Because he would stand up and say: No, this is not right, I do not agree. So, I think definitely there was a power differential. He felt more comfortable with either Latino women, or women that are just more meek.

SOC-D observed that her cultural beliefs play a role in her views. She shared, “I think it’s cultural. I see the supervisor as an authority figure. Therefore, even talking about my idea which is not similar to her idea was very challenging already. So, it took a lot of courage to state my opinions....” SOC-H reflected on how the relationship with her supervisor had a direct effect on her relationship with her own supervisees. SOC-H said, “Especially times when I felt like my group supervisor felt like an authority figure when I was working with master[‘s] level supervisees, as our cultures were different. That impacted me a lot, especially with the relationship between me and them.”

**Being Judged**

Participants defined this category of being judged as being evaluated by invisible considerations, based on traits or features that participants had no power to change or alter. SOC-B revealed a moment when she felt this notion of being judged during clinical supervision. She shared,

It kind of confounded [me] because he would say things about—[my] own identity, my own experiences, then I start feeling judged. Like the parentifying. I come from a big family, and I took care of my younger siblings. In my experience, everyone around me was doing the same thing, and helping out, especially the women. And when he said how wrong or right it was, you know, it just made it - the way the supervisor presented his thoughts and ideas, it didn't leave a lot of room for back and forth.

When considering how things have always been for SOC-C, he seemed to normalize this concept of being judged. SOC-C stated, “Well I’m used to dealing with—I would say to a certain degree
—well, I’m a black man, so I know what discrimination and racism look...like. All my life I’ve had to....” In recounting an unforeseen interaction within clinical supervision, SOC- I recalled how very painful it felt as she spoke about this portion of her experience. She shared, “Keep in mind that the original appointment was about supervision, you know, getting feedback on how to adequately provide supervision to my supervisees. So, I was really, really feeling disillusioned, hurt, rejected, judged, and vulnerable all in the same moment.”

**Dismissiveness**

Being waved off as insignificant and made to feel unimportant was how participants described this category. SOC-E mentioned that she felt this way many times in numerous ways during her experiences in clinical supervision. She said, “I feel dismissed in so many ways, and I feel like I can’t really express that because where I’m at, there’s not a lot of African-American students and I just noticed that about my program, compared to my White classmates.” In her description of feeling dismissed, SOC-A said, “It felt more like she [supervisor] was trying to hurry up and let’s dress this up with a band-aid because ‘I want this supervisee to let it go.’”

There was nothing hidden about the lack of interest that SOC-B described of her supervisor. She mentioned, “I would translate, or try to—and then he [supervisor] wouldn't really want to see the videos, but he would be like, ‘I don't understand anyways,’ and I felt that he could still get a lot out of it.” This was difficult for SOC-B as she sensed that if her supervisor were more engaged, both could have gotten more out of that supervision session.

**Respect for Supervisor**
Despite their experiences, participants described a continuum of respect that remains intact for supervisors. Frequently noticed was the notion of outwardly showing respect towards individuals viewed as authority figures as it related to participant’s supervisors. SOC-A shared an example of this where she stated, without any reservations, “I still saw her as a teacher; I still saw her as a supervisor, regardless [of] the grade. I would not take that from her... I still show respect for her yet I still know that there is a power difference.” Despite her experiences in clinical supervision, SOC-I had mixed feelings about the respect she had for her supervisor and the things she experienced because of him. She stated,

To me, it’s a bit unnatural but this is where I'm conflicted because I still admire him, as far as his teaching style. I respect him, as far as his accomplishments and he’s very intelligent. On the other hand, I realize there is a heightened level of arrogance.…. In considering how she might address racial bias within her own clinical supervisory relationships based on what she experienced with her supervisor, SOC-H said, “That is going to be extremely hard. I think this is because of my cultural background, but in our culture, we are taught to respect elders to an extent; we are to respect authority.”

**Emotional Response to Power Differential**

Participants described this emotional response to the power differential as an internalized experience within clinical supervision. The categories are defined as how participants managed self-doubt, coped with feelings of humiliation, and comported themselves through a heightened level of cautiousness.

**Self-Doubt**

In pondering her experience about having a supervisor who was also serving as her advisor and her difficulty navigating the duality of the relationship, SOC-B spoke to the many
aspects of self-doubt. She stated, “The personal cost, the self-doubt, the not being sure, but it’s also: How is the institution reflected? So, I think that's an important piece, and then being my adviser as well. And he’s—that is hard to blame….” The category of self-doubt emerged for SOC-D as well. She spoke of questioning herself and whether she should have kept her ideas to herself. She spoke of the difficulty in disclosing her thoughts and views with her clinical supervisor because of her cultural beliefs regarding authority figures. SOC-D shared, “Maybe I shouldn't really have said my opinion. Many thoughts were there, but at the time I didn't really think about the cultural difference when I was facing … this supervisor.” SOC-K shared the difficulty of self-doubt with her many years of counseling and supervisory experience herself, undergoing an emotional response to the power differential within her supervisory relationship: “I feel dumb, and I know it’s not even about intelligence at this point, I don't believe. But it’s certainly a blow to my confidence, my intellect, what I think—you know. It’s a blow to all of that.” SOC-J described a very similar experience with self-doubt in group supervision during her practicum year despite all her years of counseling and supervisory experience: “I am second-guessing myself, and internalizing, and beating myself up over it, like, ‘Was I supposed to be doing something else with this client?’ I have had years of experience working with young people with all kind[s] of issues….”

As she reflected on her feelings of isolation and being the only one who is like her, thinks like her because of the cultural differences, SOC-H shared how she experienced self-doubt, when considering whether or not to share her personal experience during her group supervision:

I'm the only one who's coming from [a] different racial background and that was a little bit hard to find where I fit in, and when I try to speak about my cultural background and experience and how that might impact me as a supervisee in training, I felt like I might
miss some point since they may not have the same experience, and they might not understand what I'm talking about.

Humiliation

Participants defined this category as the experience of being demeaned, embarrassed, or put down for unforeseen or unspoken reasons. SOC-J described her experience with racial bias, power, and humiliation within her clinical supervisory relationship during her practicum year: “I will admit that I have very limited experience with White men, period: professionally, academically, socially….And then—my first experience establishing an academic or collegiate relationship with a White man, my experience was so humiliating.” SOC-K spoke about an incident when she was shamed in a room full of her peers and the impact it had on her total well-being:

There was a part of me that said, “You humiliated me publicly; I wish you could do a public apology.” But again, because of who I am, I already felt like a target. I couldn’t have made that request because that would have … set me up for further experiences….They have broken me. I have never cried so much in my life. So, I’m like, “You're getting your wish—You’re getting it.”

SOC-D had a little back-and-forth about whether to share her cultural experiences in supervision and how that might impact her work with clients: “I have never really thought about sharing with anyone, like, any supervisor…It was a really different relationship. I wish I was able to share this openly. But I was too embarrassed to.”

Expectation of Failure

Participants defined this category as feeling like they are measured against unchangeable physical traits and being set up to fail because of them. There is an unspoken expectation that they will fail, all while having what oftentimes feels like obstacles, invisible to the naked eye,
thrown their way. SOC-C shared an example of what this classification looked like for him: “I know what barriers look like…I’ve had barriers before me all my life so I just look at this as one more barrier that I have to overcome, whether it’s [a] psychological barrier or a physical barrier.” SOC-G reflected on a time when she was pulled aside and thought to be incapable of doing what was expected of her because of her cultural background:

In my head [I] was thinking, like, what just happened? Why is it now an issue in figuring out what I would say, and how I would say it? And then when I said what I would say, it was, “Oh, okay.” It was a relief. In my head, I was thinking, did she think I was gonna say it in any other way? It wasn’t a little back and forth, but more of a relief. “Oh, that’s how you were gonna say it.”

A bit perplexed as she navigated her experience with the hidden innuendo of failure, SOC-I reflected on a time when her supervisor insinuated that she would have to do something about her gestures. Her supervisor went on to make a connection between where SOC-I is from regionally and how she might experience failures of some sort or be viewed unfavorably because of it. SOC-I said,

I’ve been an outstanding student and received all these accolades but in this process…I’m trying to figure out where is this coming from. I realized what was just said, and it took me, like, two minutes to absorb it because when it was first said about, you know, I may not necessarily get taken seriously, you know… I was thinking more like from a cultural perspective with regional differences, that's what I was hoping….

Cautiousness

This category of how the participants experience their emotional responses to the power differential in their clinical supervisory relationships states an implicit awareness that was described by participants regarding the need to be watchful or cautious. SOC-C remarked on this notion of being on high alert and his rationale for it:

I’m a Black man… and sometimes I have to really tread very lightly…I feel like I have to be very humble, very meek. I have to be on my best behavior. I have to talk a certain way
or whatever and I can't even really totally be myself because I don't want it to be perceived in a negative light.

SOC-I shared an example of when she felt like she had to tread lightly with her supervisor during a group supervision meeting based on the uncertainties that arose in the moment: “I was paying attention to the nonverbals, kind of like that cautionary, like the look that was like ‘Watch what you say’….” In a similar situation, not being able to use her voice, in a short but very profound way, SOC-K described her decision to be careful during an interaction with her supervisor and the difficulty thereof: “Just kind of having to bow down, and do nothing, and be passive, was very hurtful, you know.”

**Inequitable Impositions**

Participants defined the theme of inequitable impositions as undergoing experiences of unfair and unequally distributed burdens. They also defined this theme as unearned authority that supersedes a supervisory relationship. Participants referred directly to systemic oppression, racism, and prejudice. The how and what of their experience is exemplified by three categories: White privilege, microaggressions, and stereotypes. What has been observed is a staunch, unconscious rigidness in ways of thinking and doing in relation to the clinical supervisory relationship. As an illustration of this thematic point, SOC-B shared, “I don't think there was much attempting to navigate. I think it was mostly treating everyone the same...very little tailoring to cultural background. He really does believe that positive psychology can help everyone.”
White Privilege

In considering a willingness to recognize and make adjustments in reference to ways in which to her supervisor comports herself, SOC-A shared her thoughts pertaining to White privilege and how she experienced it within her clinical supervisory relationship.

It is possible to unlearn behaviors of White fragility and the whole dynamic of racism. That is a behavioral issue that can be unlearned but you have to actually want to do it...And those are the moments where I'm like, how is it that you can learn how to keep what you benefit from, but you don't want to learn how to understand how it's affecting other people that are different from you, all while you tell yourself that...you're a good person...we are different and that’s okay to embrace the difference. And that is where we need to get to.

SOC-A defined White fragility as a struggle with the challenges pertaining to unearned privilege and the stressors experienced by the dominant culture because of racial intolerance. In her description of experiencing something intangible, something she characterized as elusive and unspoken, SOC-K related an exchange with her supervisor. She expressed the many ways in which she experienced it, how it made her feel. She shared her need to protect herself and how difficult it was to navigate the nuances of White privilege while keeping herself safe:

It put me in my place, you know. That is exactly what it feels like to me. I keep having—I keep thinking post-slavery, you know? It feels like slavery. Even when I try formulating my response, I was joking with my friends, saying, ‘I gotta do the yes, master, you are so smart, master.’ That’s what it feels like to me. I better go back to the 60s and learn how they were able to deal with this, so I can know how to deal with it. I don’t—I feel powerless. I don’t feel like I can challenge it.

The aspect of being a culturally competent supervisor emerged for SOC-B as she discussed how her supervisor had been afforded privileges in many ways. He had a perspective that informed his practice and way of being. SOC-B also shared that his thoughts pertaining to the necessity to remain current about cultural diversity and the competencies thereof were indefinable. SOC-B stated,
His one way of viewing the world is how everyone else should view the world. So, that is exactly the definition of White privilege. Yeah, and I think it’s also, the multicultural competency is not really there. And he was trained in a time when [there] wasn’t [such a thing], and he did not update his training.

SOC-J spoke about observing her supervisor during his decision to stay where he was most comfortable and the privilege he garnered in terms of being in a position to not be required do anything that might have brought about discomfort: “I think about that professor [supervisor]; it’s just experience, it’s just exposure, as far as serving diverse persons. He didn’t have that. You know, he stayed where he was comfortable, and with what he knew.”

Microaggressions

Participants defined microaggressions much like most textbooks. They viewed their experiences within this category as covert insensitivities, often illustrating clear and recognizable insults and dismissals. SOC-E shared her thoughts surrounding experience and what she found to be most beneficial:

…the subtle cues and things that were going on…basically knowing what micro-aggression looks like, what all these different phenomena look like, if you can kind of know about them going in, then you can more easily identify it. So, I think educating yourself around some of this would be helpful just in case it comes up, and then you can kind of put a name to it. Which always helps to be able to name something.

In her description of one of the many affronts she encountered, SOC-K spoke about experiencing this aspect of power in direct relation to this category, as she was presenting on the topic to her peers related to supervision. SOC-K shared how her supervisor made her feel like her voice was not relevant and proceeded to provide her another topic to present on, one that the supervisor felt was more relevant. SOC-K said,
I stand up to present and I’m at the computer….This professor says, “Why would you choose that topic? Black supervisors don’t even exist, do they?” I just said, “Well, this is why my study is important, because our voices aren’t in the literature and I know that the profession is driven by the literature, so if our voices aren’t there—I understand why you are asking that question but yes, Black supervisors exist.” She gets up and moves me out of the way, literally, not quite a push or shove but moves me out of the way and begins typing on my paper, say[ing] “I have a better research question for you.”

This encounter was very difficult to endure and was quite visible to see as SOC-K recounted her narrative.

In providing thoughts surrounding her experience within the space of clinical supervision, SOC-A described a disbelief of what was perceived as a blatant misunderstanding or disregard of the differences between racism as a system and prejudice pertaining to what she encountered during an exchange in group supervision: “The interaction had a lot of microaggression, unaware type of statements and I hear…all the time, ‘Oh, well, you can be racist as a Black person; you can be racist by not liking White people.’” SOC-C described the time when he began experiencing this phenomenon with his clinical supervisor and the role she played:

I started to notice it when we had staffings and there would microaggressions thrown around during the staffing and sometimes she was the instigator of these microaggressions. They may not have been directed at me; they were directed at clients and so I wouldn’t laugh….I was like, wow, and she would comment and other people would comment and they would all look at me like I’m about to laugh but I’m not laughing….

SOC-H described a time during her group supervision when she was attempting to make sense of her experience. In that process, she could identify it, and feel a sense of validation as a result. She said, “It's really about microaggressions, because you think about it like, “Is this really happening to me or am I making it up?” So, I think it’s helped me in some way…like, “Okay, I’m not being overly sensitive about this topic.” SOC-J talked about how she was impacted by the subliminal communication that occurred with her clinical supervisor during her practicum
year. She spoke about how her supervisor would verbalize his thoughts about a specific group of people and how that made her feel. In essence, she felt that he was expressing his true thoughts regarding her. SOC-J stated,

I mean, those were the messages that I received, and kind of worked under. It was stressful because I truly believe something very different. And so, the racial bias piece was not only towards—I’m African American, the children that we were serving were African American, and my supervisor was not—and all those statements were directed towards me as well.

In her experience, SOC-I recalled a time when, during a clinical supervision meeting, her supervisor verbalized a racially derived slight. This was a bit confusing for her, as her supervisor identifies as a Black man in a position of power. While she has seen firsthand the power differential pertaining to gender, the microaggression committed by another person of color was an unexpected turn of events. SOC-I stated, “I’m trying to figure out where is this coming from—that’s when the professor spoke to me about being a Black woman—how sometimes individuals may view you as less intelligent—you being Black…” SOC-I found herself in a state of bewilderment as she reflected on being insulted and invalidated as supervisee of color at the hands of her supervisor of color.

Stereotyping

Participants defined this category as just so. Confusion and disbelief best described their experiences. SOC-H recounted a time when she wasn’t sure of how her group supervision peers, supervisor, or supervisees may have experienced her, but she shared, from her perspective, what she experienced. SOC-H said,

And I don't know if they see it this way or think this way but, you know, some people [are] coming from this, “Oh, she’s a really soft Asian lady who speaks soft[ly.] etcetera.”…a few of them start seeing me ‘oh she's a hard core Asian lady.’ I'm
wondering how they experience me if I'm a different race, let's say African American/Black? They might have a different stereotype and if I'm white Caucasian they have a different expectation too.

SOC-K spoke directly to her experiences with being stereotyped. She said, “And being well aware of the stereotype of angry Black women, I was well aware in that … moment. So, I struggled more about how do I respond? Do I respond?” SOC-E had a very similar experience with this very stereotype and described how she navigated her experience:

I have to speak a certain way, I have to dress a certain way, I have to carry myself a certain way, I have to conform to the majority. And knowing that, I don't want to meet any of their stereotypes of what an angry Black woman or a Black person would look like.

SOC-G described her experience with the same stereotype of an angry Black woman. She mentioned that she viewed her supervisor’s biases first hand because of the assumption made by the supervisor that spoke directly to how SOC-G’s client may view her during session. SOC-G shared that it was very clear that her supervisor asked her to role play how she would navigate the course of the session in order to establish appropriateness. Because role play was not something that had ever been done during supervision up to that point, that specific stereotype became visible for SOC-G.

Chapter Summary

The considerations of themes and categories in this study were based on the four research foci regarding the following: participants’ experiences of racial bias, its influence on professional and personal development, how racial bias affected relationships with clients of varied cultural backgrounds, and the manner in which SOCs defined their experiences with the power differential. These themes and categories allowed for in-depth narratives of what participants experienced and how they described their reactions to these phenomena.
The following four foci encompass the thematic findings, and the categories that emerged are listed parenthetically. The first research area of focus was concerned with how racial bias was experienced within clinical supervision. A total of four categories materialized relating to this research focus: Distress in the clinical supervisory relationship (i.e., fear and compulsion to comply); disappointment (i.e., lack of trust and regret); disengagement (i.e., avoidance, minimizing experience, and exiting the program); and emotional reaction to experience (i.e., anger, anxiety and frustration, and humor). The second research area of focus related to the impact of racial bias on participants’ professional or personal development. Three categories were identified for this theme: need for self-care significance of cultural competence; and call to action. The third area focused on how the SOC's experience with racial bias affected their work with clients from varying cultural backgrounds. This area revealed three categories: responsibility to ensure a safe environment; recognition of race/ethnicity; and unconditional positive regard. The fourth area of research explored the power differential within the supervisory relationship and how participants defined their encounter. Three categories were identified: unspoken power differential (i.e., authority, being judged, dismissiveness, and respect for supervisor); emotional response to power differential (i.e., self-doubt, humiliation, expectation of failure, cautiousness); and inequitable impositions (i.e., White privilege, microaggressions, and stereotyping). Overall, these findings provide a multitude of considerations to deliberate.
The purpose of this phenomenological qualitative research study was to explore the lived experiences of supervisees of color (SOCs) regarding racial bias within clinical supervisory relationships. This study specifically considered what SOCs experienced regarding racial bias in their clinical supervisory relationships as well as how they experienced it. This was comprehended via four research questions created to identify “what” was experienced as described by participants; in ”what” way did this experience influence professional and/or personal development; ”how” did this experience impact relationships with clients and/or supervisees from different cultural backgrounds; and ”how” participants describe their experience in relation to the power differential within supervision.

First, this chapter opens with Figure 1, as it describes how the tenets of critical race theory (CRT) were used as a theoretical framework to comprehend the themes and categories found in this study. Next, a discussion of additional findings based on the relevant research is presented. Third, are key contributions based on the research in conjunction with the findings in Chapter 5. The fourth area of discussion for this chapter will take into account implications for counseling programs/administrators, counselor educators, supervisors, and supervisees-in-training. The last three items to be discussed will include limitations of the study, recommendations for future research, and researcher reflections.

Figure 1 provides a brief illustration of how the research questions intersect with specific tenets of CRT. For example, Research Question 1 interconnects with tenets one and three,
Figure 1. Illustration of Critical Race Theory and research focus areas/findings.
Research Question 2 overlaps with tenets three and four, Research Question 3 correlates with tenets one and five, and Research Question 4 relates to tenets one through five. Additional explanations are provided in each section pertaining to the research focus area. In considering the what and the how of how participants experienced racial bias, CRT will provide another way to view their reactions to the research questions. I will first list the research question, reiterate the themes and categories found in the analysis, and provide further explanation pertaining to the tenet most appropriate for the research foci:

Using CRT for Understanding Racial Bias Experiences in Clinical Supervision

Utilizing CRT as a lens in which to better understand participants lived experience regarding racial bias within their clinical supervisory relationships was quite beneficial and made room for CRT as the most appropriate theory in which to frame this study. According to Haskins and Singh (2015), “The overarching goal of CRT is to address racism and White hegemonic societal practices that silence the voices of marginalized ethnic and racial groups” (p. 289). The grounds for utilizing CRT as a framework for this study are imbedded in the need to establish a point of view and to have a multifaceted understanding of the participants’ lived racial bias experience (Creswell, 2007). Additionally, the incidents of undetectable multicultural competence, observable power differentials, and visible social justice inequities are made visible through the lens of CRT.

As mentioned in Chapter 2, Haskins and Singh (2015) share the five tenets of CRT in a way that more specifically correlates to counseling education and related fields: (a) tenet one expresses that racism is a pervasive entity and notably emphasizes the correlation regarding the many marginalizable characteristics individuals possess, and how this tends to promote
structures of privilege and advance estrangement and hopelessness throughout educational experiences (Anderson & Collins, 2007; Delgado & Stefancic, 2001; Haskins & Singh, 2015; Solórzano, 1997); (b) tenet two disputes *colorblindness* because this concept does not leave room for the fact that longevity pertaining to the system of racism exists along with the privileges held by the dominant culture, in conjunction with the residual impact of historical subjugation (Bonilla-Silva, 2009; Haskins & Singh, 2015); (c) tenet three posits that members of the dominant culture have benefited from the marginalization of people of color, and that *counterstorytelling* can be empowering for people of color as well as challenging deep-rooted mindsets for the dominant culture (Haskins & Singh, 2015); (d) tenet four theorizes that CRT looks at how members of the dominant culture may have benefited from the triumphs of civil rights, as this enhances the image of the dominant culture; this is referred to as an example of *interest convergence* (Bell, 1980; Delgado & Stefancic, 2001; Haskins & Singh, 2015; Milner, 2008); and (e) tenet five maintains an obligation to social justice in that CRT provides a lens through which to see where power and/or oppression occurs (i.e., White privilege versus the denial of equitable experiences for people of color) (Chapman, 2005; Delgado & Stefancic, 2012; Haskins & Singh, 2015; Malagon, Perez Huber, & Velez, 2009; Solórzano et al., 2000).

**Research Focus Area One with CRT**

**Research Question 1:** *How do supervisees of color describe their lived experiences with racial bias in their clinical supervisory relationships?*

A total of four themes and 10 categories materialized relating to this research question: Distress (fear, compulsion to comply); disappointment (lack of trust, regret); disengagement (avoidance, minimizing experience, exiting the program); and emotional reaction to experience
(anger, anxiety and frustration, humor). In considering the themes and categories listed in this research area, we can look through the lens of tenets one and three. Tenet one refers to identifying and understanding what has been in existence for a very long time. When participants voice their experiences with anger, lack of trust, fear, and frustrations, it translates directly to the systems erected to promote and maintain racism and how deep and wide the roots of systemic inequities remain that are mentioned in tenet one (Crenshaw, 1991; Haskins & Singh, 2015; Solórzano, 1997). Tenet three helps explain how participants utilized the concept of counterstorytelling as it aids in the process of contesting any myths or reservations the dominant culture may have in relation to participants’ abilities based on their race and/or ethnicity (Delgado & Stefanci, 2001). Sharing their experiences of disappointment, disengagement, and emotional reactions is based on how the actual process of counterstorytelling speaks to equipping participants with a platform to validate their lived experiences. In doing so, participants can experience a sense of empowerment and healing that emerges, consequently undergoing a reconciliation perpetuated by the pains experienced via systemic oppression and racism (Haskins & Singh, 2015). Another connection and added benefit addresses how, in the sharing of their story, participants are being heard.

Research Focus Area Two with CRT

Research Question 2: How do supervisees of color describe how racial bias has influenced their professional and personal development?

Three themes and two categories were found: need for self-care (i.e., external validation, external management of concerns), significance of cultural competence; and call to action. Based on these themes related to the research question, we can look
through the lens of both tenets three and four. Tenet three addresses participants’ ability to label their experiences with reference to identifying a need for self-care because it provides an opportunity to sustain themselves via counterstorytelling. The sharing of narratives can act as restorative measures for mental and emotional duress, partly becoming a personal call to action. The fourth tenet looks at interest convergence.

Important to note is that the systems surrounding policies and practices that have been historically erected regarding the foundation of education in America are twofold (Bell, 1980; Delgado & Stefancic, 2001).

In considering supervisors in higher education, most participants felt that cultural competence took a back seat or was overlooked in their experiences because their universities looked to receive unspoken benefits of accepting marginalized individuals in order to enhance the reputation of the institutions operated by members from the dominant culture. This relates to the fourth tenet of CRT, as many marginalized individuals are accepted into higher education only to find out that progressing through their program of choice is ostensibly much more difficult than what is perceived for their peers from the dominant culture (Delgado & Stefancic, 2001). In identifying a need for self-care, participants were more apt to help their supervisees and/or clients do the same by way of a call to action. As a result, all of the participants felt very strongly about obtaining cultural competence in order to provide a healthy experience for the individuals they currently work as well as those to come. Through this lens, we discover that personal and professional development emerges amidst the personal desire for participants to achieve their educational goals, and the professional development that
inevitably surfaces by way of critical thinking and skills acquisition. Because of the depth and breadth of systems at play, what emerges is the need to advocate for change, acquire necessary competencies, and incorporate self-care with each step forward.

**Research Focus Area Three with CRT**

Research Question 3: *After experiencing racial bias in supervision, how do supervisees of color describe how racial bias may have impacted their relationship with clients from different cultural backgrounds?*

This area revealed three themes: responsibility to ensure a safe environment; recognition of race/ethnicity; and unconditional positive regard. As I considered these themes, CRT tenets one and five emerged. Tenet one relates to the many connections pertaining to participants’ lived experiences related to race, ethnicity, and systems of racism. This phenomenological qualitative research addressed participants’ described experiences of systemic inequities and, because of their experiences, participants have a fervent determination to provide a safe environment for their supervisees and/or clients, establishing cultural competence to identify race and ethnicity, and provide unconditional positive regard. Participants could visualize, from their experiences, what might provide supervisees and/or clients a safe and comfortable environment, as these themes represent what participants wished they had had in their own supervisory relationships.

Through the lens of tenet five, participants described the need to establish an environment that is safe for all supervisees, as tenet five speaks to the concepts of “Whiteness” in reference to educational systems and how these systems are most often utilized to promote privileges that are not shared with students of color. The participants in this study were doctoral students serving as supervisees-in-training as well as professional counselors. Their experiences speak to the
inequities observed within the institutions they attend regarding non-access to privileges (i.e., non-threatening and safe environments, unconditional positive regard, acceptance, etc.) afforded their peers from the dominant culture irrespective of the impact these privileges have had on participants (Ladson-Billings & Tate, 1995).

Research Focus Area Four with CRT

Research Question 4: How does the supervisee of color describe the power differential in clinical supervision during the racial bias experienced?

The fourth area of research related to the power differential within the supervisory relationship and how participants defined their encounter(s) with this phenomenon. Three themes were identified: unspoken power differential (i.e., authority, being judged, dismissiveness, and respect for supervisor); emotional response to power differential (i.e., self-doubt, humiliation, expectation of failure, and caution); and inequitable impositions (i.e., White privilege, microaggressions, and stereotyping). When looking at this study through the CRT lens, what emerges is aspects of all five tenets based on what participants have shared regarding their lived experiences. As described in tenet one, participants verbalized feeling unheard, suppressed, powerless, and helpless; these feelings stem from what they have described as institutional and systemic inequities pertaining to the lack of access to the very resources or liberties their peers of the dominant culture seem to get access to (i.e., safe and non-judgmental environments, self-assuredness, positive feedback, etc.) (Castagno, 2008). In relation to tenet two, based on the term color blindness, the findings showed that participants experienced this as being ignored, dismissed, humiliated, judged, and stereotyped by those [supervisors] who hold positions of power (Bonilla-Silva, 2009). Thus, the institutions that continue to employ or delay retirement
for people holding the power while maintaining a system that attempts to minimize White privilege and subjugation are viewed as problematic for marginalized individuals (Bonilla-Silva, 2009).

The third tenet speaks to the notion of counterstorytelling; as previously described, this provides a sense of empowerment for participants in giving them an opportunity to challenge the hurtful concepts of color blindness (Taylor, Gillborn, & Ladson-Billings, 2009). Counterstorytelling was also enabling for participants as a way to maintain a sense of self-care in protecting themselves mentally and emotionally through speaking their truth (Delgado, 1995). Themes and categories that espouse participants’ experiences (i.e., emotional responses to power differential via self-doubt, humiliation and expectations of failure) provide insight into why their stories need to be shared.

Regarding tenet four, participants’ experience with power raised additional concerns as it related to the category of being cautious of their supervisors and unsure if they could fully trust them because of the behaviors observed as well as the institutions that employ them. In considering interest convergence, this research area focus highlights how institutions of higher learning may benefit from admitting participants (i.e., establishing a favorable view of the university as accepting and inclusive) while the power and privilege of culturally incompetent supervisors tend to get overlooked, thereby establishing the potential to aid in the continuance of systemic inequities and subjugation if left untouched (Delgado, 1995). The questions, based on intentional trustworthiness, then became, would supervisees be able to trust that supervisors are authentically seeking to change their behaviors and approaches because it would be the right
thing to do? Or would change occur because supervisors’/institutions’ only desire is to be viewed more favorably? (Bell, 1980; Delgado & Stefancic, 2001).

Tenet five voices a commitment to social justice in terms of providing a perspective that enables others to see where power and/or oppression occur regarding the maintenance of White privilege and the denial of equitable experiences for people of color. Because of these experiences, categories that fall under inequitable impositions, such as stereotyping and microaggressions, emerged for participants. The benefits of Whiteness speak to a larger systemic issue as experienced by participants regarding the aforementioned practices that tend to fortify the systems that sustain the marginalization of people of color (McDonald, 2009). Participants described this connection as being in an environment of higher education that does not take objective measures to ensure culturally competent and sensitive supervisors or work towards acceptable solutions to the aforementioned problem. Addressing microagressions, stereotyping, power, and White privilege was expressed as a start in the right direction.

Research Focus Area One: Experience with Racial Bias

Provided in this section are the findings based on Research Question 1: *How do supervisees of color describe their lived experiences with racial bias in their clinical supervisory relationships?* In relation to this study, participants came to be aware of racial bias through personal observations related to their supervisor’s unwillingness or inability to identify, understand, and/or resolve racial bias. This awareness was made manifest through four main themes, for which 10 related categories were presented. The themes for this research focus area are listed with categories stated parenthetically, as follows: distress (fear, compulsion to comply); disappointment (lack of trust, regret);
disengagement (avoidance, minimization, exodus); emotional reactions (anger, anxiety and frustration, humor). All themes and categories for all research focus areas were defined in the previous chapter. What is important to mention here is that while mental and emotional distress were present during their supervisory experience, it did not render participants ineffective (Schroeder et al., 2009). Identifying the anger that emerged for most participants, coupled with feeling like their hands were tied and having no recourse, was beyond difficult for participants to navigate. Thus, what emerged was the need for self-care. This was found by seeing a personal counselor. Counseling provided external validation, as did peers, colleagues, family, and friends. This measure of self-care helped participants feel like their voices mattered and that they were heard as well (Haskins & Singh, 2015; Patsiopoulous & Buchanan, 2011).

From these themes and categories, I discovered that participants’ experiences were not indicative of what was expected. As the data unfolded, it revealed the identification of their thoughts and behaviors related to their experiences. They shared an expectation to have a supervisory relationship free of racial bias, as it was initially identified as a safe place. In my findings, I also uncovered that for most participants, their experiences of racial bias were never mentioned to the offending supervisor. Hence, the decision to move forward was made without sharing their experience with supervisors. This stemmed from the category of minimization and it was perceived that sharing these experiences with their supervisor would not have made a difference or changed anything. This notion also cemented a large portion of the regret that was experienced by participants as well. This aspect of regret uncovered a feeling that participants described as sadness: a missed opportunity to help make things better for future SOCs to come.
Also emerging from the data was what participants experienced regarding observable behaviors pertaining to their supervisors’ attempts to navigate the conflict of racial bias. Many participants noted what they observed when supervisors were caught committing a microaggression in terms of back-tracking, verbal stammering or stuttering, usage of semantics, and nonverbal behaviors (i.e., fidgeting, smiling or laughing out of context, etc.).

Research Focus Area Two: Professional and/or Personal Development

This section shares the findings regarding Research Question 2: How do supervisees of color describe how racial bias has influenced their professional and personal development? Three themes and two categories were discovered in this second area of research focus: call to action, cultural competence, and need for self-care (external validating, external management of concerns). These themes highlighted the differences in professional development and personal development. The findings revealed that none of the participants were impacted enough to experience a complete halting of their professional and personal growth and development. All participants noticed—either upfront or in hindsight—that their professional and personal growth and development continued despite their adverse circumstances.

Professional Development

In relation to professional development, the findings revealed that the outcome of participants’ racial bias experience was an internal resolve and intentionality towards the quest for clinical skill acquisition, responsiveness, and compassion for their own supervisees and clients. These highly sought-after skills were deemed essential for SOCs to be better equipped to navigate all the intricacies involved in supervision and counseling. Findings also revealed that
many participants felt a deep urge to heed a call to action or advocacy to ensure their clients and supervisees had a voice and that it was heard. This was a direct result of what participants experienced (or the lack thereof). All the participants felt compelled to enhance their own multicultural competency because of their experiences. Participants were all in agreement that they would not want future supervisees to experience racial bias and/or a lack of cultural competence within supervision. Research suggests that when supervisors are culturally competent they produce culturally competent supervisees, which ultimately produces culturally competent counselors (Lee, McCathy-Veach, & LeRoy, 2009). Also, the question arose as to whether participants would address racial bias in their role as supervisors going forward. Most shared that they would and that they would be sure to be very intentional and compassionate, yet direct in doing so. For a few participants, however, this experience was still too raw for them to have a fully fleshed out response to what addressing it might look like for them in the role of supervisor.

**Personal Development**

Participants considered their personal growth and development equally important to their professional growth and development. Most felt that both were interrelated and that to be an effective counselor and supervisor, one had to be willing and able to take care of their mental and emotional selves. Otherwise, they would be rendered ineffective in assisting anyone in any capacity. This personal development took on the shape of self-care. Participants identified the need to seek counseling to better equip themselves with abilities and coping mechanisms as they navigated their difficult experiences. For all participants, in various ways, the navigation of their experience was disheartening, intimidating, demoralizing, and exhausting. Findings also revealed
that personal development was based on participants receiving validation from external sources. Because participants often found themselves wondering if this was “really happening” or if they were overexaggerating their experience, it was helpful to have trusted and respected others to authenticate their experiences. Also discovered was the ability for participants to provide suggestions for supervisees of color who may find themselves in similar shoes. Most participants shared that what helped them to continue experiencing forward movement and growth was getting a solid understanding about their experiences, facing what they were going through, seeking the services of a personal counselor, continuing to speak their truth to peers and colleagues, and keeping their “eye on the prize” of achieving their personal educational goals. As noted in the research, persistent exposure to psychosocial stressors, such as racial bias and discrimination, continues to negatively impact marginalized communities (Reid & Radhakrishnan, 2003). Uncovered in this study was a desire experienced by all participants to complete their doctoral studies to make a difference regarding systemic inequities and injustices for marginalized or underrepresented individuals to come.

Research Focus Area Three: Clients/Supervisees from Different Cultural Backgrounds

This section presents my findings based on Research Question Three: After experiencing racial bias in supervision, how do supervisees of color describe how racial bias may have impacted their relationship with clients from different cultural backgrounds? In this area of research, findings revealed three themes without categories (i.e., responsibility for safety, recognition of race/ethnicity, unconditional positive regard). Rising to the surface of what’s been revealed was that all participants shared the sentiment that their experiences with racial bias in their supervisory relationships did not negatively impact their relationships with clients or
supervisees. In fact, their concern for the well-being of their supervisees and clients spoke to authentic and empathic relationships, ensuring their supervisory or therapeutic spaces were influenced by unconditional positive regard. Participants were all in agreement regarding the need to purposefully provide an environment that is regarded as safe for and by their clients and/or supervisees. Also discovered was the impact of experiencing a lack of multicultural competence in the supervisory relationship. In response, participants resolved to be intentionally mindful of the importance of adhering to the American Counseling Association (2014) requirements of being multiculturally competent supervisors and counselors. In some cases, participants chose not to share cultural specifics with their supervisors because of the potential of harm they perceived to be present for the participants’ supervisees, clients, and even themselves. The concept of harm is defined as destructive in nature and mentally or emotionally impactful.

Research Focus Area Four: Power Differential

When identifying the power dynamic in conjunction with their experiences of racial bias, participants described having the most difficulty. This combination created feelings of helplessness and exasperation in most and a sense of defeat in others. When considering the aspect of unspoken power, discovered were feelings of being judged or belittled. Participants also felt unimportant and therefore their thoughts or personhood were dismissed within supervisory interactions and outside of the realm of individual supervision as well (i.e., staffings, group, dyadic, and triadic supervision). There were 10 supervisors overseeing the participants in this study. Nine were described as White, with two being male, and one male supervisor was identified as a person of color. To be noted here is that not all participants experienced racial bias with a supervisor from the dominant culture. This research included a female participant of color
who experienced a racial bias incident with a male supervisor of color. Findings pertaining to female participants in supervisory relationships with male supervisors linked racial bias with male-dominated power within the supervisory relationship. Discovered was the difficulty all participants experienced regarding the power differential. Also discovered was an added layer of difficulty specific for female participants when they experienced racial bias linked with a White male-dominated power. SOCs described the combination of these two obstacles as unfathomable. According to Hird, Cavalieri, Dulko, Felice, & Ho (2001), when considering the supervisory relationship, the addition of proper guidance and encouragement can expressly impact the counseling relationship between the supervisee of color and their prospective clients.

Another significant finding was that SOCs’ emotional reaction to the power difference was the least expected. All the participants, in a variety of ways, experienced self-doubt, forms of humiliation, expectations of failure, and were extremely careful about what they said and did in and out of supervision. This was the least expected because all the participants could rationalize that their experiences were not due to any fault of their own, yet they found themselves affected in the aforementioned ways. They found themselves internalizing their experiences within the clinical supervisory relationship. I discovered that this was most disturbing for participants. They felt that, with their experience as trained counselors, they should have been able to sidestep such emotions, but that was not the case. Important to note is that despite their overwhelming feelings of despair, sadness, etc., the SOCs did not allow it to fester or deepen. All the participants could identify it, the majority were in the process of understanding it, and a few were knee-deep in personal resolutions.
The final discovery in this research focus area spoke to a theme entitled inequitable impositions. This theme carried the heaviest weight for participants to bear. It included up-close and very personal experiences with White privilege, microaggressions, and stereotyping. While most participants used these terms verbatim, a few went on to describe the essence and meanings surrounding these concepts. Many participants experienced a profound disappointment surrounding their personal attempts to make sense of their experiences with racial bias, White privilege, microaggressions, and stereotypes. Participants attempted to understand why they were experiencing such offenses, at this level of education and training, in the very field that most participants thought was full of helpers. I discovered that all participants fully understood that their supervisors were in fact human and fallible in nature but difficult to tolerate nonetheless. Important to note is that despite experiencing racial bias and these aspects of power within their supervisory relationship, the clear majority of participants still had a high level of respect for their supervisors. This respect was not diminished regardless of their experiences. Many participants felt the respect given to their supervisors was earned due to professional accomplishments and accolades because they were well-known, respected, and received within the field of counseling education.

Key Contributions

Contributions from this study emerge through the findings discovered by means of themes and categories presented in Chapter 5, the method of analysis using phenomenology, and operating through the lens of a theoretical framework found in critical race theory (CRT). The findings from my study underline three contributions to the literature regarding racial bias in clinical supervisor relationships because research specifically relating to racial bias and the
experiences of supervisees of color within the clinical supervisory relationship is largely unaddressed in the literature.

First, the findings emphasize participants’ experience as marginalized, as described by Leong and Wagner (1994) that “[g]eneral theories and models based on White middle-class male values have been challenged as inappropriate for American Minorities who may not share the assumptions, norms, and worldviews of the majority” (p. 117). The findings in this study reveal the need for clinical supervisors be intentionally mindful in considering the worldview of supervisees of color. Also, per the research, a disparity within the literature speaks directly to cross-racial/multicultural complications in supervision (Constantine, 1997, 2003; Constantine & Ladany, 2001; Falender & Shafranske, 2004; Milville, Rosa, & Constantine, 2005; Neufeldt, 2007). As a researcher inquiring about discrepancies pertaining to the worldviews Leong and Wagner spoke of, aligned with the cross-racial supervision in the clinical supervisory relationship, my study contributes to filling the gap towards addressing these concerns within cross-racial supervision.

My second contribution speaks largely to the participants’ experience with racial bias and the concerns related to a lack of cultural competence in supervision. This lack of awareness and insensitive interactions within supervision merit considerations for supervisors to refresh their knowledge and skills, as well as attitudes and beliefs, when it comes to being an effectivemulticulturally competent supervisor (ACA, 2014). Schroeder et al. (2009) suggest, “for supervisors to be culturally competent, they must be aware of their own values, prejudices, and biases, as well as the differences between them and their students. Differences can include values, styles of communication, cognitive orientation, and emotional reaction” (p. 300). With
that said, it behooves supervisors to be open to feedback and willing to make the necessary
discoveries regarding cultural differences for supervisees of color. Also, supervisors should be
intentionally mindful of the impact of multicultural competence (or the lack thereof) and how, if
modeled inadequately, it can influence not only the supervisory relationship but the counseling
relationship as well (Constantine & Ladany, 2001; Neufeldt, 2007; Schroeder et al., 2009). This
impact looks at a phenomenon described by Banaji and Greenwald (2013) as “blind spots,”
which is metaphoric for the aspect of the brain that accommodates obscured biases (Turnbull,
2011). As a result, my study would enhance the understanding and knowledge pertaining to the
intricacies involved in becoming a multiculturally competent supervisor who oversees vulnerable
and marginalized populations who, in turn, are being trained to do the very same, whether that
training be optimal, acceptable, or intolerable.

Finally, the consideration of the power differential, how my participants experienced it,
and how they were able to differentiate between the already existing power dynamic and racial
bias, is a significant addition to the literature. This distinction was addressed in participants’
ability to observe their peers from the dominant culture gain opportunities and access to resources
that participants were denied (i.e., informative communications from supervisors, opportunities
for professional development, assignment due dates extended, work load decreased, etc.).
Participants also described this distinction as being treated differently than White peers, as
evidenced by confirmatory conversations with their White peers, along with their experiences in
clinical supervision with microaggressions, stereotypes, humiliation, self-doubt, and being
minimized and/or dismissed. Next to the experience with racial bias itself, the theme of power
was described by all the participants as having the most impact on them. Without question,
participants would have never imagined being accepted into a doctoral program in counselor educator and supervision, only to have their voices silenced. Based on participants’ shared lived experiences, when considering the long-standing struggles in this country regarding the concept of power differentials, it is fair to note that this study can be viewed as a microcosmic aspect of what is and has been going on in the world (Takeuchi & Williams, 2011). From the participants’ viewpoint, addressing this area of concern within the supervisory relationship could make a big difference in salvaging the state of the clinical supervisory relationship (Takeuchi & Williams, 2011). In terms of the feelings of voicelessness, Feong and Lease (1997) point out that supervisees of color have a choice to withhold thoughts and ideas within the supervisory relationship. Also noted is that this concept of suppression may stem from the participants’ perception of a power that creates an unsafe environment (Wallace et al., 2010). Having said that, these cultural differences cannot be ignored or dismissed. Murphy and Wright (2005) assert, Collaborative supervision power is more overtly acknowledged but managed in a way that is beneficial to supervisees. Supervisors can use their power productively to enhance the supervisory relationship…. [for] example, they can teach supervisees about relationship dynamics or demystify power. (p. 284)

Counselor educators and supervisors, supervisees-in-training, and program administrators could benefit from the findings of this study. Hence, my hope is that these findings can add this phenomenon to the existing literature to begin creating awareness and making necessary changes, whether they are individual or systemic in nature.

Implications of the Study

The participants in this study were identified as helping professionals in the field, all of whom had a vast array of counseling experience and in most cases had ample supervision experience as well. These highly respected and goal-driven professionals were students in
doctoral programs across the country with unique lived experiences, having this study, and all it encompassed, in common. This common thread interwoven with my study supports the need for some changes in the counseling field specific to the clinical supervisory relationship. As previously mentioned from the research thus far, racial and implicit bias have the propensity to fall beneath the surface of awareness (Duster & Quillian, 2008; Quillian, 2006; Tetlock & Mitchell, 2008). Bonilla-Silva (2009) refers to this notion as one of the five tenets of CRT found in color blindness: that which occurs outside of the realm of discernment (i.e., disregarding systemic and institutional ideologies that carry on discrimination practices or implying that systems of oppression are no longer a concern of contention for individuals of color). Both supervisor and supervisee are obliged to be willing to be aware of this phenomenon. As the field of counseling evolves, so do the needs of those providing support and assistance to those in need (i.e., supervisors and supervisees-in-training) (Constantine & Ladany, 2001; Neufeldt, 2007). To keep up with the changing times, the profession may need to consider where it all begins: counseling preparation programs/administrators, counselor educators, supervisors, and supervisees-in-training (Neufeldt, 2007).

Counseling Preparation Programs/Administrators

As program leaders take a deeper look at the institutional and systemic practices employed, it warrants an introspective look within, at the individuals in positon, or placed in position to make decisions, particularly those who have the propensity to negatively impact students from marginalized populations. In moving forward, I challenge program administrators to take a deeper look at the four frames of color blindness as shared by Bonilla-Silva, (2009), such as overt or covert attempts to diminish racism, the dominant culture’s justifications that
speak to the dissolution of racism, cultural racism, and the dominant culture effecting the idea that racial separation or isolation occurs inherently.

Because of this introspection, program administrators may want to consider exploring the implications of dual relationships (Kolbert, Morgan, & Brendel, 2002; Pearson & Piazza, 1997) and their negative impact on all students. Many participants in this study spoke directly to the power differential as being exacerbated by the duality of their relationships with their supervisors. In many cases, their clinical supervisors were also their professors in other classes, as well as their program advisors. Also related to inward-looking, when considering gatekeeping roles from an institutional perspective, counseling program leaders may want to seriously consider the multicultural awareness and competencies (i.e., attitudes/beliefs, knowledge, and skills) during the hiring process of administrators as well as counselor educators (ACA, 2014). Important to keep in mind are the gatekeeping aspects for potential doctoral students as well. Doctoral students go on to become administrators of programs, counselor educators, and supervisors. If not identified, existing dispositional concerns related to a lack of multicultural competence would have the propensity to become problems of concern for institutions, students, and supervisees down the road. Lastly, resulting from my findings is the participants’ realization of the need to reach their educational goals. In their quest to solidify their degree and obtain gainful employment within a counselor education and supervision program, participants expressed an immense concern regarding the potential discovery of the very same cultural barriers and systems of oppression for them as faculty members.
Counselor Educators

In considering the classroom and the participants’ shared experiences, counselor educators may want to consider becoming more in tune with the nature of what and how students of color are experiencing the environment. Ladson-Billings and Tate (1995) suggest that in the context of critical race theory within education, the concept of “Whiteness” operates from a posture in which students from the dominant culture are frequently afforded liberties and freedoms more so than students from marginalized populations (McDonald, 2009). In addition, those freedoms are often connected to privileges that can negatively impact students of color and are often found to be repetitively intangible as well. While many participants shared some of their individualized strategies for coping with the difficulties of navigating systems of oppression (i.e., personal counseling, consulting with trusted colleagues, peers, family, and friends), some participants did not have the ability to share practiced coping tactics. In these situations, the hope is that counselor educators have an ability to recognize the need for leveling the playing field and provide students of color access to resources that can aid in effective coping strategies, not just with aspects of surviving but thriving as well.

Supervisors

As mentioned in Chapter 2, limited research exists pertaining directly to the experiences of racial bias for supervisees of color within the clinical supervisory relationship. Therefore, my study has pulled from other helping professional disciplines such as psychology, sociology, and nursing. Based on the experiences shared by the participants in this study, I have concluded that racial bias in clinical supervision is occurring and could very well continue to occur. As such, the implications of harm and how it would be continuously perpetuated require a deeper
understanding as well as an acceptable form of resolution for supervisors (Wallace et al., 2010). Engaging in a healthy dialogue between speaker and listener provides a space for individuals from the dominant culture to hear and understand what is being shared by a participant of color, one who has historically been marginalized. This exchange helps in the reduction of preconceived notions held by members of the dominant culture. Consequently, researchers are forewarning that if the field of counseling takes the stance of dismissing or disregarding these identifiable issues of concern regarding the clinical supervisory relationship (Inman, 2006), there may be ethical implications related to the supervisory relationship and the clinical treatment provided to clients (Hird et al., 2001). Per the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009), standards are put in position to necessitate competences expected of supervisors and supervisees.

Bernard and Goodyear (2009) describe the importance of identifying one’s own cultural awareness, and assert that there is also the need to understand the role of the supervisor. A conceptual overview can be found in the Discrimination Model, in which supervisors find themselves serving three various roles (i.e., teacher, consultant, and counselor) (Bernard & Goodyear, 2009). It can provide a solid foundation in terms of the role and focus of a supervisor. While this model is viewed as foundational, there are numerous supervision models and they are usually, but not always, rooted within the clinical theory adapted by the supervisor; hence you won’t know if a supervisor is multiculturally competent until you are knee-deep in the clinical supervisory relationship. Having so many theoretical choices could pose a problem and that is it could become too hard to manage or monitor in terms of its effectiveness. When thinking of supervision, one could recognize that supervisors cannot possibly address everyone and
everything that goes on in the world. However, it is imperative that supervisors do what it takes to be culturally competent; be aware of the power differences and privilege; and do the psychological work (personal and professional) necessary to bring awareness to implicit bias and the many parallels linked within the supervisory relationship (Inman, 2006).

**Supervisees**

Because they have direct contact with clients, it is imperative that supervisees seek multiculturally competent supervision for client welfare. Should supervisees feel like they are not acquiring multiculturally competent supervision, the need for self-advocacy speaks to ensuring the safety of their clients as well themselves. Both supervisor and supervisee are obliged to be willing to be aware of this phenomenon. Multicultural competence and awareness can be instrumental in identifying the systemic and individualized components of oppression. Recognizing and understanding personal attitudes/beliefs, what you know and do not know, as well as the identifiable acquisition of skills, is fundamental to this competence (ACA, 2014).

**Limitations**

The findings of my study were solely based on the voices and experiences of 10 participants. From this participant pool, one person identified as a Latina female, two identified as Japanese females, one identified as an African American male, and six identified as African American females. Having limited voices from a gender perspective as well as from a culturally diverse perspective is a major consideration for this study. While the demographics of this study speak to regional diversity (i.e., East to West, Midwest to South), this study largely addressed the experiences of racial bias within the clinical supervisory relationship from an African American female perspective. Given the subject matter of racial bias within the clinical supervisory
relationship and the complexities therein, attracting a larger pool of supervisees of color to the study, in order to broach such topics, proved difficult. While the age range between 28-51 years for participants may be indicative of individuals at the doctorate level in the counseling profession, the study is still limited in exploring additional perspectives of supervisees of color within this age range as well as the voices that fall above or below this range. Also, while this study had the voice of one male supervisee of color, the many voices and perspectives missing from the data include but are not limited to individuals of color with nonbinary identities. Because of this loss of diversity, the nature of my data does not allow me to make a generalized conclusion pertaining to similarities in the themes and categories discovered.

Recommendations for Future Research

From a multicultural competency and social justice lens in conjunction with the findings discovered in this study, one avenue for further study would be a deeper exploration regarding biases experienced by additional individuals from marginalized groups (i.e., lesbian, gay, bisexual, transgender, and queer). Another research area of focus speaks to how to effectively assess the coping skills of supervisees of color after experiencing racial bias within clinical supervision. Research that explores the prevalence of racial bias, borderism, and colorism in supervision may prove helpful to better understand the intricacies connected to systems of oppression and how supervisors have been socialized. Another possible area of research is to examine how multicultural competencies of clinical supervisors from the dominant culture may be identified, understood, and achieved. Related to this would be a study of how supervisors from the dominant culture describe the achievement of multicultural competencies within cross-racial supervisory relationships. Also, a look at the lived experiences of clinical supervisors, their
role in the helping profession, and how they navigate the power differential within cross-racial supervision would be useful. Future research might also compare and contrast critical race theory (CRT) through a programmatic lens and examine how it relates to systems of racism and oppression and its impact on counseling programs, the administrators in charge, counselor educators, supervisors, and supervisees alike. Warranted, then, is an investigation regarding what counseling programs might look like when utilizing the lens of a diverse theoretical framework like CRT, in comparison to what counseling programs would look like without these considerations. Taking into account the duality in relationships between clinical supervisors and their supervisees (e.g., faculty member vis-à-vis graduate student), additional future research studies could examine racial bias experienced within the classroom.

Researcher Reflections

Unfortunately, as I began the journey of becoming the researcher for this study, I had an inkling of what I would find. I expected to find that supervisees of color in clinical supervisory relationships were having racial bias experiences because I, as a former supervisee of color, had an experience with racial bias within a clinical supervisory relationship. I can recall two specific participants who began to cry as they were reliving and sharing their experiences of racial bias with me. I found myself experiencing anger, disappointment, and sadness in knowing that this phenomenon is not only occurring in a myriad of ways within society but within a profession that identifies its practitioners as helpers. I also found comfort in knowing that I could help others use their voices and be heard on matters pertaining to the importance of multicultural competence and identifying the power differential within clinical supervision specific to cross-racial supervision, as well as having a semblance of empowerment in doing so. This study has
also given me a feeling of grand responsibility, a responsibility that I do not take lightly. It involves my call to preserve the sacredness of each single voice that is represented by way of ten participants. I have agreed to share their experiences with a high regard and with an authentic thoroughness.

Being allowed to be a part of the participants’ journey as a vessel carrying their truths has been an invaluable learning experience. The understandings that I have ascertained are immeasurable. This study has required me to take another introspective look within myself as a woman of color, my role as a counselor educator, supervisor, counselor, and many personal roles I serve as well. My commitment to serve those roles from the all-inclusive lens that I have established in my personal and professional growth and development is significant. Without a doubt, I intend to further explore the effects of racial bias, other types of biases, and the potential impacts within the clinical supervisory relationship as well as society. In my newfound awareness, I am also curious to understand how my peers and colleagues from the dominant culture experience this phenomenon as counselor educators, supervisors, and counselors as well as how they envision themselves to be perceived by members of marginalized populations. This study has also encouraged me to think about other ways I can advocate for the voices of people who are largely unheard. Additionally, from a social justice perspective, I am now thinking of the many ways in which I could help make room for individuals who feel voiceless, to have a space to be heard. Lastly, I am most grateful to have been able to shed light on the need to challenge systems of racism and oppression while hopefully planting the seeds that will ultimately dismantle these systems altogether.
Conclusion

The objective of my study was to explore the lived experiences of supervisees of color regarding their experience of racial bias within their clinical supervisory relationships. This exploration revealed that racial bias did in fact exist, and it was described in the previous chapter of findings as well as this discussion. Looking at these experiences with racial bias matters because if counseling program administrators, counselor educators, supervisors, and supervisees choose to ignore or disregard the fact that this phenomenon does exist, there stands an inflated risk of irreparable harm imposed not just upon supervisees, but on the welfare, integrity, and continuity of client care as well. The notion of caring as it relates to this phenomenon regarding all parties involved speaks to the very reason why it behooves the counseling profession to be concerned. Using CRT helps to amplify the themes that emerged from the experiences participants described, and exemplifies just why there is a need to understand the stories as well as the meaning behind those themes.

This unassuming concept is certainly not to be viewed as miniscule by any means. The findings of my study reveal a lack of concern pertaining to how damaging the experiences of racial bias can be when we consider one’s interpersonal, personal, and professional development. What I found was how imperative it is to consider the themes and categories that have emerged in this study and how they correlate to establishing multicultural competencies within cross-racial supervision. In this study I looked at the multitude of reasons why the counseling profession has a responsibility to answer this call to genuinely care and act against the damaging systems of oppression that not only plague society but the counseling and other helping professions as well. A starting point for members of the dominant culture is to fully know thyself
as cultural beings (Bernard & Goodyear, 2009). Benefits could also be found in being willing to look at one’s own resistances: cognitive, emotional, and behavioral (Sue and Sue, 2016). For example, belief that people of color are inflating or overexaggerating their experiences of racial bias within clinical supervision speaks to cognitive resistance (Sue & Sue, 2016). The feelings of anger or defensiveness that may emerge in conjunction with one’s ability to be accepting and understanding refer to aspects of emotional resistance (Sue & Sue, 2016). Finally, regarding behavioral resistance, feelings of powerlessness speak to the rationale behind why one might make attempts to defend one’s lack of action, or why we have not have engaged in aspects of forward movement altogether (Sue & Sue, 2016). One must be willing to identify, understand, and disassemble those personal attitudes, beliefs, and values that continue to perpetuate inequitable impositions upon those who are oppressed (Freire, 2007).
REFERENCES


Parker, L., & Lynn, M. (2002). What’s race got to do with it? Critical race theory’s conflicts with and connections to qualitative research methodology and epistemology. *Qualitative Inquiry, 8*(1), 7-22.


APPENDIX A

EMAIL NOTIFICATION LETTER TO PARTICIPANTS
Email Notification Letter to Participants

A Qualitative Exploration of Racial Bias Within Clinical Supervisory Relationships:
The Experiences of Supervisees of Color

Hello [Participant's Name],

I am Tonya Davis, a Ph.D. Candidate at Northern Illinois University in the Counselor Education and Supervision program. I recently received your information from [List Person's Name] and he/she recommended that I speak with you about possibly participating in my study.

The research of this study is centered on exploring racial bias experienced by clinical supervisees of color (SOCs) within the clinical supervisory relationship.

Per your publications, presentations at local and national conferences, or based on [List Person’s Name] knowledge of your experiences, you have been identified as someone who may be very familiar with this topic.

Please note that as a participant, you are entitled to know that this is a research study, you will be informed of its purpose, that participation is voluntary, that you will be informed of your right to stop the interview or quit the study at any time, the risks and benefits of study will be made known along with the procedures of preserving confidentiality, and the storage of data.

I would love to communicate with you in detail about this project. If you are interested in this study, please email me your personal email address and phone number and provide and ideal timeframe to best communicate, I would greatly appreciate it.

Thank You,

Tonya Davis, M.Ed.
Ph.D. Candidate
Counselor Education and Supervision: Counseling Adult and Higher Education
Northern Illinois University
APPENDIX B

DEMOGRAPHIC DATA SHEET
Demographic Data Sheet

Name:
Current program of study:
Regional location of program:
Profession and title:
Do you have counseling experience:
Do you have clinical supervision experience:
Number of years you have practiced as a clinical supervisor: Active license/credentials held:
Number of experiences of racial bias within clinical supervision with doctorate level supervisor:
Race and/or Ethnicity:
Gender:
Age:

Contact Information
Please provide the best contact number and email address for appointment scheduling purposes and follow up.

Phone number: ---------------------------------------------------------------

Email address: ---------------------------------------------------------------

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APPENDIX C

PARTICIPANT CONSENT FORM
ADULT CONSENT FORM

I agree to participate in a dissertation project exploring racial bias within clinical supervisory relationships and the experiences of the supervisees of color. I am currently enrolled in a doctoral counseling program, self-identify as a person of color, and have had at least one impactful racial bias experience within clinical supervision from a doctoral level clinical supervisor. I am aware that the study is being conducted by Tonya Davis, a doctoral candidate in the Department of Counseling, Adult and Higher Education at Northern Illinois University which is located in DeKalb, IL. I have been informed that the purpose of this qualitative research study is to explore the lived experiences of supervisees of color regarding racial bias within clinical supervisory relationships. This exploration seeks to understand if the existence of racial bias hinders supervisees of color from establishing rapport and trust, acquiring clinical effectiveness when working with clients. This study also focuses on the power differentials within the supervisory relationship and whether it has an influence on the counseling relationship between the supervisees of color and their perspective clients.

I understand that the study will benefit the counseling field by providing an in-depth exploration of this phenomenon. I also understand that the findings of this study may serve as a meaningful exchange that can help clinical supervisors to identify, understand, and resolve the impact of racial bias within the supervisory relationship. This new-found awareness could possibly aid in the establishment of clinical effectiveness for supervisees of color, thereby minimizing the potential for negative implications within the counseling relationship.

I understand that if I agree to participate in this study, I will be asked to provide brief demographic and professional information. I will also be asked to participate in an individual interview lasting between 60-90 minutes, which will be audio-taped and transcribed for review and analysis. The interview will take place via Adobe Connect Web Conferencing at a time that is mutually agreed on. I may be asked to participate in a follow-up phone conversation for clarification and elaboration from the first interview for no longer than 10 minutes. If a follow-up becomes necessary, Tonya will send an email indicating the need for additional clarification along with a request for optimal day and time options to speak with the participant.

As part of the process, I am aware that Tonya will contact me via email within 2 weeks of my interview with a copy of the transcript so that I can review it. This review is voluntary and in no way required of the participant. To further establish clarity and credibility, Tonya will contact me within 6 weeks of my interview via email with a copy of the analyzed data (tentative themes) for purposes of member-checking.

I am aware that my participation in this study is voluntary and that I may withdraw at any time without penalty or prejudice. I also understand that if I have additional questions concerning this study, I may contact Tonya Davis at (630) 742-8023 or tonya.davis357@gmail.com or the faculty dissertation chair, Dr. Teresa Fisher at tfisher@niu.edu or (815) 753-7268. I understand that if I wish further information regarding my rights as a research subject, I may contact the Office of Research Compliance at Northern Illinois University at (815) 753-8588.
I have been informed that the potential risks of participation are minimal. While I do not anticipate any harm, the retrieval of negative memories may elicit negative feelings or difficult emotions. Should I need counseling or additional resources, Tenya will assist me in providing appropriate referrals near my preferred location. I understand that all information gathered during this study will be kept confidential. I also understand that steps will be taken to protect my identity and I will be assigned a code such as “SOC - A, March 1, 2017” which would convey me as “SOC,” receiving a random identification letter “A-Z,” and the date the interview took place.

I am aware that while the doctoral program I am currently enrolled in may be mentioned throughout the interview, the name of my school and supervisor will remain confidential and will be referred to only by region (e.g., doctoral counseling program in the Midwest, East Coast, etc. and doctoral level clinical supervisor).

I understand that all transcripts and associated records will be maintained on a password-protected computer. However, the assistant researcher who assists with data analysis may access the transcript of my account; in this case, I understand that my identification has already been removed from the transcript and my assigned code will be substituted for my personally identifying information.

Finally, I understand that my consent to participate in this project does not constitute a waiver of any legal rights or any redress I might have as result of my participation. I acknowledge that I have received a copy of this consent form.

Participant’s Name (please print): .............................................................

Participant’s Signature for Research Participation: ..............................

Participant’s Signature for Consent for Audio Recording: .................

Contact Number & Email Address: .....................................................

Date: ..............................................................................................

**Please complete the attached demographic data sheet and return with a copy of your consent form. Thank you.
APPENDIX D

INVITATION TO PARTICIPATE IN THE STUDY
July 6, 2017

Dear Doctoral Graduate Student,

Invitation to Participate in Dissertation Study

We are writing to request your participation in a dissertation study being conducted by Tonya Davis, a doctoral student in the Counselor Education and Supervision program at Northern Illinois University (NIU). Tonya is completing this study under the guidance and supervision of Dr. Teresa A. Fisher (Dissertation Chair and Professor at NIU), Dr. Lee Rush (Committee member and Associate Professor), and Dr. Lavene Gyart (Committee member and Professor).

Tonya’s dissertation will explore racial bias within clinical supervisory relationships and the experiences of the supervisee of color. The results of this study will benefit the counseling field by providing an in-depth exploration of this phenomenon thereby helping clinical supervisors to identify, understand and resolve the impact of racial bias within the supervisory relationship and potential for negative implications within the counseling relationship.

Tonya is looking for participants who are currently enrolled in a doctorate level counseling program, self-identifies as a person of color, and has had at least one impactful racial bias experience within clinical supervision provided by a doctorate level supervisor. Anonymity is provided with a random code with letters and numbers. Names of participants and their prospective universities will NOT be identified at any point of this study.

Participation will involve an audio recorded 60-90-minute semi-structured interview and will utilize a Skype format which will take place in Tonya’s privately secured Adobe Connect Meeting room during a mutually agreed time that supports your confidentiality and privacy.

If you would like to participate in the study, please contact Tonya Davis directly by the deadline July 30, 2017 at the following email address tonyadavis357@gmail.com. As a thank you for the completion of participation, Tonya will enter participants in a pool to receive a $100 visa gift card to be pulled at the end of the data collection process. Each participant will be entered in to a drawing and randomly selected per their assigned confidential code. The remaining participants would each receive a fifteen-dollar gift card. All gift cards will be provided electronically through a viable email address.

Alternatively, if you have additional questions about the research before considering your decision feel free to contact the chair of the committee, Dr. Teresa A. Fisher at tafisher@niu.edu. Your decision to participate in the study is voluntary and you may decide at any time to withdraw at anytime without penalty. This study has passed the institutional review board via NIU’s Office of Research Compliance, protocol #HS17-0153, approval period: 30-May-2017 – 29-May-2018. Thank you for your time and consideration.

Sincerely,
Tonya Davis, MS, LCPC, Doctoral Candidate
Northern Illinois University

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APPENDIX E

INTERVIEW QUESTIONS
Interview Questions

1. Describe a typical clinical supervision hour.

2. What type of experiences have you had with racial bias in clinical supervision?

3. Describe one or two specific incidents of racial bias within clinical supervision, from a doctoral-level supervisor, having the most impact on your professional and/or personal growth:
   a. Describe the context of the situation.
   b. Describe your thoughts and behaviors surrounding the context.
   c. Was the incident of the racial bias mentioned during your clinical supervision? If so, how?
   d. Was it discussed thoroughly, once, or several times?

4. Describe how racial bias may have impacted your relationship with clients from different cultural backgrounds.

5. What was your experience pertaining to observing your supervisor navigate through conflict regarding racial bias?

6. What, if any, preconceived ideas/notions did you have pertaining to your racial bias experiences?

7. Describe how you experienced the power differential in your clinical supervision during the racial bias experienced.

8. Did you have any thoughts or concerns about this occurring within your clinical supervisory relationship before you began the supervision process?

9. How might you address racial bias with your supervisor in the future?

10. What coping suggestions do you have for supervisees of color who experience racial bias (i.e., bias directed toward themselves or their clients) during supervision?