Lived Experiences of Counselor Educators During their Supervisory Relationship with International Counselors in Training

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ABSTRACT

LIVED EXPERIENCES OF COUNSELOR EDUCATORS DURING THEIR SUPERVISORY RELATIONSHIP WITH INTERNATIONAL COUNSELORS IN TRAINING

Vera Lucia Chimbanda, Ph.D.
Department of Counseling and Higher Education
Northern Illinois University, 2021
Teresa A. Fisher and Melissa Fickling, Co-Directors

Relational cultural theory (RCT) offered a lens for understanding clinical supervisors’ perceptions of working with international counselors in training (ICTs). All 10 participants were professional counselor educators in the role of clinical supervisors and trained in the United States who worked with ICTs by regularly providing clinical supervision for at least one semester within the last three years. They all participated in a virtual interview using an encrypted HIPAA-protected audio-conferencing platform. The findings suggest the clinical supervisors perceived their overall experiences working with ICTs led to growth-fostering relationships and cultural awareness that enriched their lives. The growth was a result of cross-cultural adjustments and learning how to overcome challenges due to their biases and power and privilege compared to their ICTs. Exposure to other cultures, racial identity development and personal clinical work were also significant components for reducing the disconnection during cross-cultural interactions. In addition, there is a need for a theoretical approach that meets the requirements of the ICTs and facilitates preparing ICTs to work in their home countries.
NORTHERN ILLINOIS UNIVERSITY
DEKALB, ILLINOIS

MAY 2021

LIVED EXPERIENCES OF COUNSELOR EDUCATORS DURING THEIR SUPERVISORY RELATIONSHIP WITH INTERNATIONAL COUNSELORS IN TRAINING

BY

VERA LUCIA CHIMBANDA
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A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE DOCTOR OF PHILOSOPHY

DEPARTMENT OF COUNSELING AND HIGHER EDUCATION

Doctoral Co-Directors:
Teresa A. Fisher
Melissa Fickling
ACKNOWLEDGEMENTS

First and foremost, I want to thank God because “I can do all this through him who gives me strength” (Philippians 4:13). “That’s why we can be so sure that every detail in our lives of love for God is worked into something good” (Romans 8:28).

I want to say a special thank you to my dissertation co-chair Dr. Teresa A. Fisher. She has been my program advisor, mentor, and inspiration. Dr. Fisher’s reputation transcends any need for introduction. When I was looking for a doctoral program in counseling education and supervision, I met some of her former students who encouraged me not to look any further because Dr. Fisher would provide unwavering support and guidance, doing research and presenting in conferences together. I feel honored and privileged to join the many students you love and support. The opportunities that enriched the doctoral experience working alongside you have left a lasting impact on my life. I am glad this is a journey in which we can work together to support counselors in training and advocate for diverse populations. You were God-sent. Thank you, Dr. Fisher!

My deepest gratitude to Dr. Fickling, my other co-chair, for all your support. When I tried to make sense of how this important topic could become a dissertation during our classes and discussions. Your desire and investment in multiculturalism led you to always be open to listening and providing encouragement as we presented together. That conference opened many doors and helped me reach out to most of the participants in this study. Thank you, Dr. Fickling!
I would also like to thank my amazing committee member Dr. Suzanne Degges-White. All your support throughout the program has always been so welcoming and provided numerous opportunities for me to teach, facilitating the income for me to conclude this program. As a servant leader, you were always available to talk or support with encouraging words, instrumental feedback, and recommendations, even with aspects of my personal life. Thank you, Dr. Degges-White.

What a fantastic committee. I felt so supported and encouraged by you and inspired to provide the same acceptance and warm welcome in all the opportunities the future will bring. Thank you!

I want to say thank you to Dr. Judy Skorek; she has been a great mentor since my master’s program and a great example of what it means to be a clinical supervisor of an international counselor-in-training. Thank you!

I want to say thank you to Gail Jacky, director of the University Writing Center. Gail’s support and countless hours helping me complete writing a second-language dissertation can never pass unnoticed. I was encouraged when she decided to help me directly to this triumphant moment. Thank you!

Thank you to all of the participants for your genuine interest in this study, your vulnerability, and the generosity with your time. I am proud of the counselor educators in this study. They are out there promoting social justice and eroding the systemic oppression so pervasive in this and other countries. Thank you.
I also want to thank all my professors, mentors, colleagues, doctoral students, my students, and the amazing staff of the Counseling Department at Northern and the support they have provided along the way.

Last but not least, I want to say thank you to my family’s dearest daughter, Carolina. You motivate me to be my best and give me immense joy. I am so proud to be your mom. Thank you for your patience and support during this dissertation process. Thank you for your delicious cooking and for waiting as I finished for the day to eat together and watch our favorite shows. I love you so much. Thank you to my precious mom, always an encouragement and support. Mom, I am so grateful for you. My brothers Paulo and Wanderley and great memories join. For all your support, my dearest church family, the meals, the babysitting, cards, notes, text, emails; you are my family outside Brazil. Thank you! Thank you all, here in the United States, Brazil, and Africa; God bless you all.
DEDICATION

This dissertation is dedicated to my dear daughter Carolina, my joy.

May God give you a long and prosperous life.

Love you, Mom
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>xi</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF FIGURES</td>
<td>xii</td>
</tr>
<tr>
<td>LIST OF APPENDICES</td>
<td>xiii</td>
</tr>
</tbody>
</table>

## Chapter

1. INTRODUCTION ........................................................................................................ 1
   - Background of the Problem .............................................................................. 4
   - Significance of the Study .............................................................................. 6
   - Relational-Cultural Theory as a Theoretical Framework ............................... 7
   - Research Goals ............................................................................................... 8
   - Research Questions ......................................................................................... 8
   - Definition of Terms ......................................................................................... 9
   - Summary ........................................................................................................... 11

2. REVIEW OF LITERATURE ......................................................................................... 13
   - Understanding the Experiences During the Supervisory Relationship ........... 15
   - Challenges for the Clinical Supervisor ....................................................... 19
   - Power Differences .......................................................................................... 23
     - Professional Ethical Support ....................................................................... 26
     - Effective Multicultural Supervision ....................................................... 27
     - Role of a Clinical Supervisor ...................................................................... 29
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiculturalism Within the Clinical Supervisory Relationship</td>
<td>30</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>35</td>
</tr>
<tr>
<td>Summary</td>
<td>38</td>
</tr>
<tr>
<td>3. METHODOLOGY</td>
<td>40</td>
</tr>
<tr>
<td>Introduction</td>
<td>40</td>
</tr>
<tr>
<td>Interpretative Phenomenological Analysis</td>
<td>40</td>
</tr>
<tr>
<td>Participants</td>
<td>42</td>
</tr>
<tr>
<td>Recruitment of Participants</td>
<td>42</td>
</tr>
<tr>
<td>Data Collection Procedures</td>
<td>43</td>
</tr>
<tr>
<td>Semi-Structured Interviews</td>
<td>44</td>
</tr>
<tr>
<td>Member-Checking Interviews</td>
<td>44</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>45</td>
</tr>
<tr>
<td>Ensuring Trustworthiness/Confirmability</td>
<td>46</td>
</tr>
<tr>
<td>Transferability</td>
<td>47</td>
</tr>
<tr>
<td>4. PARTICIPANTS’ DEMOGRAPHIC AND BACKGROUND INFORMATION</td>
<td>48</td>
</tr>
<tr>
<td>Introduction</td>
<td>48</td>
</tr>
<tr>
<td>Participants</td>
<td>48</td>
</tr>
<tr>
<td>Participants’ Racial Identity, Ethnicity, and Cultural Background</td>
<td>51</td>
</tr>
<tr>
<td>Participants’ Age Range and Geographic Information</td>
<td>51</td>
</tr>
<tr>
<td>Participants’ Work Experience, Education, and Credentials</td>
<td>52</td>
</tr>
<tr>
<td>Individual Participants’ Supervision Experience with ICTs</td>
<td>53</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Paula</td>
<td>53</td>
</tr>
<tr>
<td>Divina</td>
<td>55</td>
</tr>
<tr>
<td>Taylor</td>
<td>57</td>
</tr>
<tr>
<td>Joao</td>
<td>60</td>
</tr>
<tr>
<td>Serena</td>
<td>62</td>
</tr>
<tr>
<td>Mario</td>
<td>64</td>
</tr>
<tr>
<td>Joana</td>
<td>66</td>
</tr>
<tr>
<td>Ted</td>
<td>67</td>
</tr>
<tr>
<td>Inez</td>
<td>70</td>
</tr>
<tr>
<td>Alex</td>
<td>72</td>
</tr>
<tr>
<td>Summary</td>
<td>74</td>
</tr>
</tbody>
</table>

5. ANALYTICAL FINDINGS .......................................................... 76

Research Question 1 .................................................................. 78

Theme 1: Growth Enhancement ................................................. 78

  Challenges .......................................................................... 79

Cross-Cultural Adjustments .................................................. 83

Enrichment ............................................................................. 86

Theme 2: Emotional Responses ................................................ 87

  Sense of Meaning and Purpose ........................................... 87

  Learning Curve .................................................................. 90

Theme 3: Responsibility to Create Safety ................................. 94
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restoration and Support</td>
<td>94</td>
</tr>
<tr>
<td>Humility</td>
<td>95</td>
</tr>
<tr>
<td>Authenticity</td>
<td>98</td>
</tr>
<tr>
<td>Research Question 2</td>
<td>101</td>
</tr>
<tr>
<td>Theme 1: Professional Development</td>
<td>101</td>
</tr>
<tr>
<td>Supervision and Training</td>
<td>102</td>
</tr>
<tr>
<td>Self-Education</td>
<td>104</td>
</tr>
<tr>
<td>Cultural Responsiveness</td>
<td>106</td>
</tr>
<tr>
<td>Lack of Theoretical Inclusiveness</td>
<td>110</td>
</tr>
<tr>
<td>Theme 2: Personal Development</td>
<td>113</td>
</tr>
<tr>
<td>Self-Awareness</td>
<td>113</td>
</tr>
<tr>
<td>Racial Identity</td>
<td>116</td>
</tr>
<tr>
<td>Transformative Cultural Encounters</td>
<td>119</td>
</tr>
<tr>
<td>Research Question 3</td>
<td>121</td>
</tr>
<tr>
<td>Theme: Acknowledge Cultural Diversity</td>
<td>122</td>
</tr>
<tr>
<td>Cognizance</td>
<td>122</td>
</tr>
<tr>
<td>Integration</td>
<td>126</td>
</tr>
<tr>
<td>Chapter Summary</td>
<td>127</td>
</tr>
<tr>
<td>6. DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS</td>
<td>131</td>
</tr>
<tr>
<td>Contributions</td>
<td>131</td>
</tr>
<tr>
<td>Overall Experiences of Clinical Supervisors Working with ICTs</td>
<td>132</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Overall Attitude Toward Cross-Cultural Issues During Supervisory Relationship</td>
<td>133</td>
</tr>
<tr>
<td>Overall Experiences with Transferability Across Cultures</td>
<td>135</td>
</tr>
<tr>
<td>Overall Experiences of the Former ICTs</td>
<td>136</td>
</tr>
<tr>
<td>Relational-Cultural Theory as the Conceptual Framework</td>
<td>137</td>
</tr>
<tr>
<td>Overall Lived Experiences of Counselor Educators</td>
<td>142</td>
</tr>
<tr>
<td>Recommendations</td>
<td>149</td>
</tr>
<tr>
<td>Counseling Preparation Programs/Administrators</td>
<td>149</td>
</tr>
<tr>
<td>Counselor Educators in the Role of Clinical Supervisors of ICTs</td>
<td>152</td>
</tr>
<tr>
<td>Limitations</td>
<td>154</td>
</tr>
<tr>
<td>Recommendations for Future Research</td>
<td>154</td>
</tr>
<tr>
<td>Researcher Reflections</td>
<td>155</td>
</tr>
<tr>
<td>Conclusion</td>
<td>158</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>159</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>175</td>
</tr>
<tr>
<td>Table</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>1. Participants’ Demographic Information</td>
<td>49</td>
</tr>
<tr>
<td>2. Research Questions Themes and Categories</td>
<td>77</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Relational-cultural theory</td>
<td>37</td>
</tr>
<tr>
<td>2. Relationship of RCT tenets and the research themes and categories</td>
<td>138</td>
</tr>
</tbody>
</table>
## LIST OF APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. INTERVIEW PROTOCOL/QUESTIONS</td>
<td>175</td>
</tr>
<tr>
<td>B. DEMOGRAPHICS AND BACKGROUND QUESTIONNAIRE</td>
<td>178</td>
</tr>
</tbody>
</table>
CHAPTER 1
INTRODUCTION

In recent years, globalization has increasingly impacted higher education. The Center for Academic Mobility Research and Impact notes that while the current U.S. political climate has changed, the United States remains one of the top countries hosting international students seeking higher education, continuing an increase for 11 consecutive years (Institute of International Education [IIE], 2018). The IIE reported that in 2016 and 2017 colleges and universities in the United States hosted more than one million international students, with a record high of 1.08 million in the past three years, resulting in a 1.5 percent increase and revealing a new record of 1,094,792 students based on the Open Doors Report. Counseling education is one of the fields experiencing an increase in international students (IIE, 2016).

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2017), an organization formed to promote the advancement of quality educational programs in counselor training, reported that international counselors in training (ICTs) seeking education in the United States are enrolled in nearly 50 percent of counselor training programs accredited by CACREP. In the same document, CACREP reports that the master’s students’ demographic information does not have all the programs included in the results, but the Vital Statistics Survey shows 33,800 students currently enrolled in CACREP-accredited master’s programs and 1.29% of those are ICTs. The number of ICTs almost doubles when the number of
doctoral students are added, increasing the number of ICTs seeking counseling training in the United States (CACREP, 2017).

The International Registry of Counselor Education Programs (IRCEP, 2018), one of the CACREP divisions, reported that in the fall of 2016, 45,475 international students in higher education were attending United States institutions as distance learners. This represents 1.5% of students, confirming that international students are enrolling in counseling programs, which leads to unique challenges for clinical supervisors working with ICTs and increases the need for supervisors to be multiculturally competent when preparing ICTs for the field of counseling in the United States and in their home countries.

Leung and Chen (2009), Leong and Wagner (1994) and Ng and Noonan (2012) suggested that was not enough to increase cross-cultural professional activities to deal with the globalization of counseling in higher education, but the profession lacks agreement on strategies to train ICTs in culturally specific elements relevant to the population they will work with back home. Additionally, these researchers referred to the need for counselor educators, specifically clinical supervisors, to speak the same language and further advance the discourse and movement within the counseling and higher education fields regarding the training of ICTs. However, little is known about the experiences of clinical supervisors working with ICTs. Limited research has scratched the surface regarding the importance of clinical supervisors developing multicultural competency and strategies to address cross-cultural issues during their supervisory relationship with ICTs (Dao et al., 2007). Therefore, the researcher of this study aimed to understand counselor educators by examining their role as clinical supervisors:
exploring their experiences with cross-cultural interactions as well as their self-efficacy in
dealing with those interactions during the supervisory relationship with ICTs (IIE, 2018).

Ng and Smith (2009), Scarborough et al. (2006), and Hays and Neuer (2010) described
ICTs’ difficulties in navigating program expectations that, in the name of ensuring high-quality
supervision, question ICTs’ abilities to counsel based on cultural differences. D’Andrea and
Daniels (1997) and Ng and Smith (2009) noted that ICTs reported several cross-cultural
problems: language barriers, conflicts during the supervisory relationship, and discrimination.

Sangganjanavanich and Black (2009) also examined the challenges of ICTs within
supervisory relationships and described issues related to supervisors’ insensitivity, interpersonal
isolation, cultural confusion, stereotypes, and learning experiences. Nayar-Bhalerao (2014),
Tochkov et al. (2010), and Jacob and Greggo (2001) argued for the need to understand clinical
supervisors’ experiences with cross-cultural issues and how they deal with various stressors
faced by the ICTs during the supervisory relationship, such as psychological stress, missing the
support of their family, difficulties with the new academic system and assignments, financial
hardships, misunderstanding of cultural differences, acculturation issues, and other complexities
regarding their with legal status and law requirements.

The impact of internationalization on higher education is leading to increased attention to
the cross-cultural aspects in the supervisory relationship, especially with ICTs. Scholte (2014),
Lago (2011), D’Ardenne and Mahtani (2010), Jaidka (2010), Garcia et al. (2003), and Arredondo
et al. (1996) all noted that the field of counseling education and supervision needs to develop
multicultural counseling competencies to respond to the increasing diversity in the United States
and the difficulties clinical supervisors of ICTs experience when contextualizing the sociopolitical realities of ICTs. These researchers argued that clinical supervision in counseling needs to be part of global collaboration and a reciprocal process of learning that leads to positive social transformation, which can only be possible if clinical supervisors take a holistic approach, foster interconnected dialogue, and give equal value to each part involved during the supervisory relationship.

Leung and Chen (2009), Hird et al. (2004), and Priest (1994) identified the clinical supervisors’ lack of multicultural competence in cross-cultural issues and the lack of understanding of the worldviews of ethnic minority students, particularly ICTs. Cultural awareness in clinical supervisory relationships influences supervisors’ choices of appropriate approaches related to theories and models for these specific populations. Supervisors face other complexities, including ways to resolve conflicts that can be intensified by language barriers, role ambiguity, and lack of rapport during the supervisory relationship (Nilsson & Anderson, 2004). Supervisors face challenges because ICTs are dealing with issues of acculturation or other ethnic conflicts (Nelson et al., 2001).

Background of the Problem

The increasing number of international students in counseling education programs is leading to challenges for clinical supervisors, often derived from their lack of understanding of the unique needs facing ICTs (Dao et al., 2007; Ng, 2006b; Reid & Dixon, 2012). The literature reveals that ICTs have a difficult time understanding the nuances of English and have insecure nuances that inhibit their communication (Park-Saltzman et al., 2012; Wedding et al., 2009).
ICTs can develop depression and anxiety as they adjust to a new culture, language, financial issues, or a sense of inadequacy, as some are well recognized in their country of origin but are identified as being unable to communicate and/or suffer from peer pressure in the United States (Andrade, 2006; Lee & Rice, 2007; Yang et al., 2015). Therefore, clinical supervisors might need to adjust their way of dealing with ICTs based on the level of acculturation, life experiences, or even traumatic issues.

Lau and Ng (2012) examined supervisors’ low level of support for ICTs, leading to isolation and lack of cultural sensitivity. They also found that clinical supervisors of ICTs might experience language barriers, lack understanding of the ICTs’ worldview, be unaware of ICTs’ levels of acculturation or isolation, and/or lack perception of power differences within the supervisory relationship.

Sanggnjanavanich and Black (2009) identified the challenges ICTs face and described issues related to supervision insensitivity, interpersonal isolation, cultural confusion and stereotypes, and learning experiences. However, the discussion does not take into consideration how the clinical supervisors of ICTs experience cross-cultural interactions during the supervisory relationship and how they deal with challenges in terms of interventions and strategies.

Ng and Noonan (2012) describe an increased interest related to the development of a global vision for the counseling profession in the United States and among counselor educators who want to provide training overseas. Ng and Noonan also emphasize the importance of studies on a clinical supervisory approach with ICTs to advocate for the global advancement of the counseling profession and to develop training for ICTs. Clinical supervisor training is offered only at the doctoral level and in some professional development seminars and workshops. This
training can vary depending on the institution and might differ for a clinical supervisor who is not from CACREP-accredited institutions, preventing the supervisors from developing the instructional strategies and tools they need to work with ICTs (Forrest et al., 1999). This researcher’s interest was in better understanding the clinical supervisors’ experiences with ICTs and the complexity of the cultural dynamics during the supervisory relationship.

Significance of the Study

In this qualitative study, the researcher aimed to understand clinical supervisors’ experiences working with ICTs during their supervisory relationship. The focus of the study was broad enough to explore supervisors’ awareness of the benefits and challenges of their practices as well as their self-efficacy during the supervisory relationship with ICTs. The core principles of the counseling profession promote strength-based practices and wellness approaches, not only when working with clients but that also need to be modeled during clinical supervision with ICTs.

Davis (2017), Bernard and Goodyear (2013), Carlson and Lambie (2012), Schroeder et al. (2010), Smith (2009), Ng (2006a), McDowell et al. (2012), and Leung (2003) identified that the current practices of clinical supervisors of ICTs do not provide opportunities for their supervisees to speak about their own cultural perspective, resulting in issues of ethnocentricity, cultural encapsulation, isolation, and issues related to mental health. Zhu and Degeneffe (2011) reveal a discrepancy between recognizing the importance of intellectually learning about multiculturalism and the lack of practicing those values during the supervisory relationship (Zhu & Degeneffe, 2011). Additionally, Lau and Ng (2012) and McDowell et al. (2012) describe a
need for research that explores clinical supervisors’ awareness of, competency in, and inclusion of cultural discussions when assessing the needs of ICTs during the supervisory relationship.

The field of counselor education and supervision has been significantly impacted by the number of ICTs seeking education in the United States. However, existing research overlooks aspects of clinical supervisors developing multicultural competency and strategies to address cross-cultural issues during their supervisory relationships with ICTs (Dao et al., 2007; Ng, 2006b; Nilsson & Wang, 2008; Reid & Dixon, 2012).

In this study, the researcher hoped to understand the lived experiences of clinical supervisors during their supervisory relationship with ICTs by investigating clinical supervisors’ perceptions of their cross-cultural experiences during the supervisory relationship with ICTs and their self-efficacy in dealing with those issues.

The theoretical framework that guided this study was Relational-Cultural theory ([RCT] Baker-Miller, 1986; Jordan, 2010; Miller & Stiver, 1998). RCT offered the following relevant aspects: multicultural and social justice approaches that explore socialization-related issues addressing power, marginalization, and subordination that affect mental health and relational development of all people (Comstock et al., 2008). Supervisors are between the ICTs and the diploma that will tell the world they are good enough in this country to do the job; supervisors are also there to advocate for the profession and for the ICTs.

Relational-Cultural Theory as a Theoretical Framework

The role of a clinical supervisor in the supervisory relationship was examined through the lenses of several theories in counseling. It was essential to understand the supervisory
relationship is a triad in which the client, along with the supervisor and supervisee, is the focus of the session (Bernard & Goodyear, 2009; Falender & Shafranske, 2004; Watkins, 1997). However, taking the manifestation of various cultures during the supervisory relationship into consideration to facilitate the work and acquisition of knowledge in a positive relationship between the supervisor and supervisee is essential (Bhat & Davis, 2007; Constantine, 1997; Duffey et al., 2016; Ramos-Sanchez et al., 2002). Therefore, the theoretical framework that guided this study is RCT (Baker-Miller, 1986; Jordan, 2010; Miller & Stiver, 1998). RCT offered the following relevant aspects: multicultural and social justice approaches that explore socialization-related issues addressing sex roles, power, dominance, marginalization, and subordination that affect mental health and relational development of all people (Comstock et al., 2008).

Research Goals

In this study the researcher examined the lived experiences of clinical supervisors during their supervisory relationship with international counselors in training as well as explored the clinical supervisors’ perspectives of cross-cultural experiences with ICTs and the clinical supervisors’ self-efficacy regarding the challenges and strengths derived from their experiences during the clinical supervisory relationship with ICTs.

Research Questions

The study investigated the following questions:

1. How do clinical supervisors describe their experiences during the supervisory relationship with ICTs?
2. How do clinical supervisors of ICTs perceive their level of self-efficacy in addressing cross-cultural experiences during the supervisory relationship?

3. How do clinical supervisors of ICTs facilitate the translation of counseling skills across cultures?

Definition of Terms

The following terms were used in this research:

**Broaching**: “[A] counselor’s ability to consider how sociopolitical factors such as race influence the client’s counseling concerns” (Day-Vines et al., 2007).

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

**Cross-cultural experiences in supervision**: The supervisor and supervisee are adjusting to the interaction of their different cultures; it might include values ethnicity, language, race, or other aspects of diversity such as values, beliefs, biases, and assumptions of worldview and idiosyncrasy that can complicate the supervisory relationship (Constantine, 1997; D’Andrea, 1997; Pope-Davis et al., 2003; Sue & Sue, 2003).

**Cultural humility**: “Incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations” (Tervalon & Murray-Garcia, 1998).

**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; Davis, 2017).

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

**Globalization:** The terms *globalization* and *internationalization* have been used interchangeably throughout the literature. However, for the purpose of this study globalization has been defined as an expansion of counseling practices to the international community through numerous interactions between nations and integration among national economies, societies, and cultures (Hohenshil et al., 2015; Lorelle et al., 2012; Rothenberg, 2003).

**International Counselor-in-Training (ICT):** An individual born outside the United States, not a native English speaker, who may or may not hold a temporary student or non-immigrant visa status and is enrolled in Counseling Education and Supervision classes in a higher education counseling program in practicum or for counseling internship clients (Paige, 1990; Seyeneh, 2018).

**Internationalization of counseling:** An understanding of human development in a broad context where counselors in professional relationships take into consideration that people from diverse cultures experience counseling in different ways. Consequently, because how counseling services will be implemented differs remarkably from country to country, this requires counselors to be equipped with tools to promote mental health, wellness, education, and career goals to maneuver through life in the highly interconnected world of the 21st century (Hohenshil, 2010; Lorelle et al., 2012).
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; Davis, 2017).

Prejudice: “Is an opinion, prejudgment, or attitude about a group or its individual members. 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” (TT, 2015 para. 4, see also Davis, 2017, p.11).

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).

Understanding the lived experience: The experiences in which an individual is immediately involved, a pre-reflective consciousness of life (Dilthey, 1985; Rasheed, 2015; Van Manen, 1997).

Summary

The field of counselor education and supervision has been significantly impacted by the number of ICTs seeking education in the United States. Current statistics indicate that in 2017 international students were enrolled in nearly 50 percent of counselor training programs accredited by CACREP (2017; Ng and Noonan (2012). However, existing research overlooks aspects of clinical supervisors developing multicultural competency and strategies to address
cross-cultural issues during their supervisory relationships with ICTs (Dao et al., 2007; Ng, 2006b; Nilsson & Wang, 2008; Reid & Dixon, 2012).

In this study, the researcher aimed to understand the lived experiences of clinical supervisors during their supervisory relationships with ICTs by investigating clinical supervisors’ perceptions of their cross-cultural experiences and their self-efficacy in dealing with those issues using relational-cultural theory. RCT offered the following relevant aspects: multicultural and social justice approaches that explore socialization-related issues addressing power, marginalization, and subordination that affect mental health and relational development of all people (Comstock et al., 2008).
Ng and Smith (2009) determined the number of ICTs in CACREP-accredited counselor preparation programs and found that at least 41% of CACREP-accredited programs had international students. The most recent data from the Institute of International Education (IIE, 2018) found that enrollment increased by 5.3% in the United States between 2015 and 2018, with a direct impact on the number of ICTs in the field of mental health. The increasing number of international counselors in training (ICTs) in the United States called for research to understand the cross-cultural interactions of clinical supervisors during their supervisory relationship with ICTs. However, Pendse and Inman (2017) found that between 1980 and 2014 the studies on clinical supervision of ICTs were only 1.37% of the research related to supervisory training.

This literature review drew attention to the relevant research and theory regarding clinical supervisors of ICTs and their supervision practices working with ICTs, seeking to understand the clinical supervisors’ perceptions during the supervisory relationship.

Empirical studies of advanced supervision competency by Ng et al. (2012); Ægisdóttir and Gerstein (2010); and Heppner et al. (2009) identify that regardless of increasing interest in the internationalization of the counseling professions, the existing research does not have enough information to guide clinical supervisors of ICTs in how to provide a supervisory
relationship that can prepare the ICTs to provide effective clinical work with clients in the United States and abroad.

Son et al. (2013) and Fouad et al. (2009) agree that the increase of globalization calls for an adjustment of counseling training as well as the training of clinical supervisors of ICTs. This became evident when they compared 191 South Korean and 187 United States supervisees. Son et al.’s findings demonstrate more similarities than differences within the supervision practices between the two countries but suggest the need for future studies to clarify the influence of cross-cultural clinical supervision during the supervisory relationship and how this knowledge could support clinical supervisors’ cultural awareness and sensitivity when working with ICTs.

Gerstein et al. (2012), Ng and Noonan (2012), and Ng (2006b) sought to clarify the meaning and scope of the internationalization of the counseling profession in which counselors all around the world adopt clear standards and a code of ethics. Szilagyi (2013) and Gonsalvez and Milne (2010) identified an increased interest in the clinical supervision of ICTs as a result of the International Interdisciplinary Conference on Clinical Supervision events. The conference’s main focus was to highlight the practice of clinical supervision in Botswana, Portugal, and Korea, among other countries, and demonstrate the internationalization of counseling and multicultural competency for clinical supervision as an essential professional requirement. The American Counseling Association (2014) as well as Davis (2017) defined multicultural and diversity competence as clinical supervisors’ awareness and knowledge of cultural differences between themselves and others and the diversity of themselves and others. Consequently, this awareness and knowledge will have a direct impact on the effectiveness of supervisors’ work with supervisees, particularly ICTs, and their ability to deal with cross-cultural issues they
experience during supervisory relationships. In addition, Bernad and Goodyear (2009), Constantine (1997), and D’Andrea and Daniels (1997) as well as Pope-Davis et al. (2003) explain clinical supervisors are facing what can be defined as cross-cultural experiences with ICTs who are adjusting to their interactions with different cultures.

The vision for globally expanding the counseling profession has captured the attention of the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016), which has developed guidelines for training ICTs and has incorporated standards for counseling services on a global scale by creating the International Registry of Counselor Education Programs (IRCEP). The standards also include requirements for ICTs to be able to apply their counseling skills to a culturally diverse society in their home countries.

Understanding the Experiences During the Supervisory Relationship

In this study, the researcher examined the literature review regarding experiences during the supervisory relationship and aimed to understand some of the circumstances and dynamics that might influence the work of clinical supervisors with ICTs. A number of researchers have acknowledged that it is important to consider challenges related to ICTs’ professional and personal development (Nelson et al., 2008). Nelson et al. found that while the supervisory relationship should foster the development and growth of the ICT supervisee and consequently benefit the client, the contrary could be true (Ellis & Douce, 1994; Loganbill et al., 1982). As a result, the negative impact on ICTs, because of the lack of clear communication and mistrust among other stressors, can impair the ICTs’ learning experience during the supervisory relationship.
Seyeneh (2018) described the lived experiences of international counselors in training as an empowering journey through their professional development. However, Seyeneh noted this journey can also be a stressful and challenging process because of the lack of a culturally responsive educational environment. Seyeneh emphasized the great need for a support system conducive to self-care and guidance in successful integration to overcome educational and cultural barriers as well as ICTs’ language abilities and cultural mannerisms to alleviate anxiety and insecurity in a culturally responsive and sensitive manner.

Zhou et al. (2019) explained that at the beginning of training ICTs feel accomplished when the supervisor comments on their English proficiency but frustrated toward the end of the program when the supervisor still compliments them on their English proficiency rather than the growth of their clinical skills. Zhou et al. explained a parallel process is happening in ICTs’ development: they are developing as they integrate into the new culture, for instance adjusting to the country and language, but they are also developing in their professional skills and competency that can be overlooked.

Similarly, Lee (2018) explained that ICTs’ experiences in the counseling program, particularly during the supervisory relationship, reinforce cultural differences and language barriers, and create social isolation. Lee noted that those factors also are affected by the clinical supervisors’ cultural perceptions of the profession, so consequently, the multicultural discussion does not have a holistic perspective.

Lee (2017), Delgado-Romero and Wu (2010), Killian (2001), Lau and Ng (2012), McDowell et al. (2012), and Mittal and Wieling (2006) identified that the experiences of ICTs create perceptions of having an inferior status, along with feelings of inadequacy as well as
feeling like an outcast because of cultural differences. These perceptions can lead to insecurity, anxiety, and dissatisfaction with their experiences as they interact with the clinical supervisor and clients.

Sangganjanavanich and Black (2009) also identified the ICTs’ challenges and described issues related to supervision insensitivity, interpersonal isolation, cultural confusion, stereotypes, and learning experiences that have led to ICTs reporting they felt pressure and expectations from their peers and supervisors to assimilate to the American culture.

McAuliffe (2008) explains that ICTs are undergoing another process called acculturation. Through acculturation, “individuals take on some of the manners, speech patterns, dress, values, and tastes of a culture to which they have been exposed while also maintaining some of the original culture’s expression and norms” (McAuliffe, 2008, p. 87). Lee (2017), Ng and Smith (2012), and Nilsson and Anderson (2004) define acculturation as the minority culture encountering the dominant culture and address not only how they are integrating into the new culture but also clarify that this definition puts the responsibility on the minority to integrate into the dominant culture. Even though it is important to integrate into the new culture, ICTs should not have to devalue their culture and identity to the point of having a negative perception of themselves as they perceive the cultural differences.

Majcher and Daniluk (2009) emphasize the importance of establishing a relationship that is genuine and honest between supervisor and supervisee. The consensus among researchers and theorists about the benefits is that “good supervision is about the relationship” (Ellis, 2010, p. 106). However, an inadequate supervisory relationship can also be detrimental to the professional development of the ICTs. The negative impact on the supervisee, such as confusion
because of a lack of clear communication, mistrust, and other stressors can impair the learning experience (Nelson et al., 2008). Sangganjanavanich and Black (2009) examined ICTs in regard to understanding and explaining effective and ineffective multicultural supervision, with the goal of giving a voice to ICTs and providing recommendations that can help supervisors conduct multicultural supervision for this unique population of supervisees.

Zhou et al. (2019) observed that ICTs’ clinical supervisors should consider the importance of the acculturation and its influence in the clinical supervisory relationship. Zhou et al. explain that ICTs are undergoing what they call dual development processes because both the supervisors and supervisees are dealing with personal and professional development and the ICTs are adjusting to the new culture and may feel self-conscious about their language abilities and cultural mannerisms, which may be a source of anxiety and insecurity. They need a clinical supervisor who incorporates culturally responsive and multicultural competence approaches.

Zhou et al. (2019), Johns (2001), Hensley et al. (2003), Kim and Abreu (2001), and Sam (2006) state that ICTs are not only developing as professionals but also in their personal growth, awareness, knowledge, and values. Furthermore, their acculturation development is increasing as well as their clinical skills. The ICTs are changing as they interact with their clients and reflect on their emotions and practices, which can lead to more empathy and care for their clients. Still, the clinical supervisor is not considering that aspect when assessing ICTs during the supervisory relationship.

Zhou et al. (2019), Smith and Khawaja (2011), Berry et al. (2006), Wang et al. (2012), Ward et al. (2001), Mori et al. (2009), Ng and Smith (2012), and Nilsson and Anderson (2004) identified ICTs’ acculturation as a complex process influenced by psychological and cultural
changes as well as their level of socialization and English proficiency. Some ICTs may be able to achieve psychological and sociocultural adaptation over time, but no one size will fit all. However, ICTs who do not adjust may experience an impact on their mental health, and, consequently, in their professional development and the supervisory relationship. Haynes et al. (2003) argued that all ICTs undergo a process of development during their professional training and the clinical supervisor’s cultural competence will impact their ability to be aware of not prioritizing the development of clinical skills and neglecting personal development and growth as they understand the dual process of acculturation.

Haynes et al. (2003) call attention to the fact the current supervision models focus on clinical skills as the main priority regarding the training of ICTs. Therefore, professional development requires considering the personal growth and mental health needs in the ICTs’ acculturation development. However, the literature does not explore clinical supervisors’ perceptions of cross-cultural interaction, self-efficacy, or multicultural competence to broach those discussions during the supervisory relationship. Therefore, in this study the researcher explored clinical supervisors’ perceptions of cross-cultural experiences during their supervisory relationship with ICTs and their self-efficacy in dealing with those issues.

Challenges for the Clinical Supervisor

Sangganjanavanich and Black (2009) describe how the lack of clinical supervisors’ multicultural competence can lead to ineffective supervision and cross-cultural issues during the supervisory relationship. Additionally, the findings reveal that clinical supervisors’ inability to deal with multicultural issues leads to insensitivity, failure to understand ICTs’ cultural
backgrounds because of lack of depth and meaning in the supervisory relationship due to dismissal of cultural issues by the clinical supervisor, and/or failure to understand ICTs’ struggles and obstacles adjusting in the United States. Therefore, literature (e.g., Majcher & Daniluk, 2009) emphasizes the importance of establishing a genuine and honest relationship between the supervisor and the supervisee.

Bernard and Goodyear (2009), Constantine (1997), D’Andrea and Daniels (1997), and Pope-Davis et al. (2003) agree that the relationship between the supervisor and supervisees can be a source of conflict. The list can be extensive and includes miscommunication, misunderstanding, hidden agendas, assumptions, disconnections, mistrust, and cross-cultural issues, especially when the supervisor and supervisee have different ethnicities, languages, or cultural diversity.

Hill et al. (2016) emphasize the importance of clinical supervisors’ role in the success of counselors-in-training effectively working with clients. Their study showed positive results among 15 advanced doctoral students interviewed about their interactions with clinical supervisors and how those experiences helped them promote client change. Additionally, Hill et al. described how clinical supervisors can facilitate case conceptualization focused on personal challenges and help ICTs set expectations based on the reality and the needs of the clients.

Bambling et al. (2006) also examined the impact of clinical supervisors and positive therapeutic outcomes for clients. Their study demonstrated that clients who received treatment from ICTs who were under supervision were more satisfied than clients who received treatment from ICTs without supervision. Bernard and Goodyear (2013) identified the positive impact of clinical supervision for ICTs’ competence and the influence of supervisors on supervisees’
personal issues such as anxiety, self-efficacy, and countertransference as well as case conceptualization, skills, and strategies. Similarly, Heppner and Roehlke (1984) emphasized the importance of clinical supervisors helping supervisees assess their strengths and boost their confidence. Watkins (2011) reinforced the importance and benefits of clinical supervision on counselors-in-training and the crucial contribution of the supervisory relationship toward the enhancement of clinical skills, self-awareness, and confidence through providing performance feedback. He identified the possible difficulties during the supervisory relationship when dealing with the complexity of tracing how clinical supervisor input is processed by the supervisee while highlighting the importance of assessing the effects of clinical supervision on ICTs’ clinical work outcomes. Gray et al. (2001) also addressed the detrimental aspect of the clinical supervisory relationship related to a lack of empathy and lack of interest in the supervisee as a person.

Bernard and Goodyear (2014), as well as Sue et al. (1992), addressed the issue of supervision and multicultural competence from the perspective that most relationships are at one level or another multicultural. It is a phenomenon that permeates the sphere of clinical supervision and is characterized as three-dimensional because it involves the counselors’ attitudes and beliefs, knowledge, and skills as well as counselors’ self-awareness, understanding of clients’ worldviews, and culturally appropriate treatment. Sue et al. (2007) and Haley et al. (2015) emphasize that clinical supervisors of ICTs have layers of complexities that go beyond the scope of clinical skills and development. ICTs have different worldviews based on their contextual cultural backgrounds and their level of adjustment to the new country, and clinical supervisors cannot make assumptions based on stereotypes such as English proficiency. Zhou et
Sue and Sue (2003) observed that only 30 to 40 percent of interpersonal interaction and communication happens verbally and that 60 to 70 percent occurs nonverbally. Although traditional mental health and clinical supervision approaches are mostly verbal and commonly known as a talking cure, Sue and Sue call attention to the fact that cultures outside the United States depend heavily on nonverbal communication, which leads to possible discrepancies unique to ICTs.

Worthington and Allison (2018), Hwang (2019), Li (2016), and Sue and Sue (2003, 2012, 2016) describe situations in which traditional Asians may not make eye contact as a sign of respect, which can lead to a misinterpretation of being shy, passive, not telling the truth, being resistant, or not trusting the process. Additionally, Worthington and Allison (2018), as well as Sue and Sue (2003), contend that counseling and psychotherapy traditionally depend on the accuracy of communication focused on the problem to be solved, a typical characteristic of the Western ways of communication but not necessarily characteristic of other cultural groups that value subtlety and indirectness. Additionally, Bernard and Goodyear (2014) explain that the supervisor should consider the multicultural aspects of clinical supervision, including the intrapersonal (person’s identity, gender race, and sexual orientation; culture; social-political levels of privilege and oppression) and interpersonal (cultural identity and behavior) as well as interpersonal biases and prejudices or personal expectations.
Power Differences

Inman et al. (2008) and McDowell et al. (2012) argue that issues with language barriers can be exacerbated by cultural differences in communication, especially in the presence of power differences between the clinical supervisors and ICTs. Hird et al. (2001) acknowledged that power differences play an important role in the relationship during supervision and in the environment in which the relationship takes place. Hird et al. also explain that this type of power struggle makes it difficult for ICTs to be open about multicultural issues that occur during the supervisory relationship. Mittal and Wieling (2006) observed that ICTs tend to shut down when the supervisor fails to integrate culture as part of the relationship or when the clinical supervisor expresses a point of view with a high emotional level. ICTs can be silenced in the supervisory dynamic and can be intimidated into not addressing cross-cultural issues because of the power differences (Ng & Smith, 2009), consequently affecting the opportunity for a positive learning environment. Hays (2001) and Molinsky (2007) explain that power dynamics can affect the supervisory relationship because ICTs who come from a cultural background where humility and reverence for authority are highly valued can be misunderstood by clinical supervisors who value autonomy as the only way to evaluate professional development. Brown (2016), Ng and Smith (2012), and Nilsson and Anderson (2004) suggest that the clinical supervisor should be the one initiating multicultural discussions during the supervisory relationship. Molinsky (2007), as well as Zhou et al. (2019), found clinical supervisors should take a humble approach: they should be curious about the ICTs’ background; and be reflective, open, and respectful toward the ICTs. Mori et al. (2009) found that cultural discussions are associated with a high level of satisfaction with the supervisory relationship.
The obstacles facing ICTs (e.g., language barriers and cross-cultural issues) are often left out of mainstream research related to training clinical supervisors to work with this population. Language can be perceived as a barrier to clinical work, especially with clients from different backgrounds. Lee (2018), Park-Saltzman et al. (2012), Wedding et al. (2009), and Ng (2006a) suggest that another stressor related to the language barrier is that language use connects to culture, so when ICTs learn a second language, the struggles go far beyond language proficiency. The lack of context to read between the lines or understand the nuances of English required during interactions with clinical supervisors and clients can lead to insecurity and anxiety for ICTs. ICTs have a concern regarding their language proficiency when communicating with clients and determining the appropriate and culturally accepted performance of clinical tasks, but at the same time, they do not want to be stereotyped since some ICTs grew up in the United States but were mostly immersed in their native culture until their college years. They cope through an additional process of translating and retranslating processing clinical skills, concepts, and the clients’ needs between English and their native language. This process can be even more complex when nuances of the language and lack of understanding of social and cultural background add to the mix, such as looking, or not looking, into clients’ eyes, hugging, or overly smiling at a client.

Olivas and Li (2006), Smith and Khawaja (2011), Sue et al. (2007), Georgiadou and Jasonos (2014), and Li and Lee (2018) describe ICTs’ challenges such as accommodations difficulties, dietary restrictions, financial stress, social isolation, lack of support from their domestic peers, cultural misunderstandings, and racial discrimination. Lau and Ng (2012), McDowell et al. (2012), Mittal and Wieling (2006), and Zhu and Degenneffe (2011) found that a
positive and accepting environment has a direct impact on ICTs in that cross-cultural issues that lead to cultural insensitivity affect ICTs’ relationships with their peers, clients, and clinical supervisors, so they tend to isolate themselves. Those researchers also describe results in which a welcoming and supportive environment leads to better ICT experiences during the supervisory relationship as well as a better quality of life and integration into the new culture and educational system. However, those studies also show that only half of ICTs in the United States felt supported by their peers and clinical supervisors, and this phenomenon is exacerbated by the expectations of their support systems in their home country in that their families and communities are expecting them to succeed and provide financial and emotional support, leaving the ICT feeling isolated. Furthermore, McClure (2005) and Mittal and Wieling (2006) explain that social norms and relationship interactions can affect the supervisory relationship in a negative way, causing a clinical supervisor who lacks multicultural awareness and sensitivity to think ICTs are not capable of performing, which can also lead to discrimination.

The literature describes the negative impact of discrimination and racial bias experienced by ICTs as somewhat similar to experiences of supervisees of color facing discrimination during the supervisor relationship, which can be a representation/microcosm of what is happening worldwide and within the United States today (Davis, 2017; Reid & Radhakrishnan, 2003; Schroeder et al., 2009; Williams & Braboy-Jackson, 2005). Although these researchers mentioned significant struggles relevant to ICTs’ experiences, they still do not address aspects of cross-cultural experiences during the supervisory relationship with ICTs.

Davis (2017) and Schroeder et al. (2009) observed the need for a forthright look at the experiences of supervisees of color and clinical supervisors related to racial bias during the
supervisory relationship. Davis and Schroeder et al. recommended a culturally responsive and sensitive approach during the supervisory relationship. However, the experiences of the ICTs go beyond racial bias because they include, among other issues, the acculturation process, cultural and language adjustment, restrictions caused by immigration, and lack of support from family and friends in their home country.

**Professional Ethical Support**

The code of ethics for the American Counseling Association (ACA, 2014), American Psychological Association (APA, 2002), and Davis (2017) explain the importance of providing purposeful, respectful, professional, and ethical learning environments for supervisees. Therefore, clinical supervisors need theoretical and pedagogical bases for their work as well as knowledge of supervision models to guide their approach when assessing supervisees, including cultural competency as part of their standards. The American Counseling Association (ACA) *Code of Ethics* (2014), specifically in Section F.2.b., refers to multicultural/diversity in clinical supervision where supervisors are required to be aware of and intentionally address multiculturalism and diversity during the supervisory relationship (p. 11). This section seems to call for clinical supervisors to model self-awareness as well as call on supervisees to do the same (Neufeldt, 2007). Bernard and Goodyear (2009), Cook (1994), and Fong and Lease (1997) call for an examination of clinical supervisors’ perceptions and awareness of their personal values and beliefs related to culture and multicultural competency as well as those of their supervisees. The ACA and the Council on Accreditation of Counseling and Related Programs (CACREP, 2016) emphasize the importance of clinical supervisors recognizing and removing barriers,
prejudgment, and processes of intentional and unintentional oppression and discrimination to help clinical supervisors work with diverse populations, in particular ICTs. The counseling profession in the core of its principles seeks to promote wellness and strength-based perspectives. Therefore, the supervisors’ responsibilities include continuing to develop professionally and to be in tune with new trends that call for advocacy and social justice for culturally diverse groups.

**Effective Multicultural Supervision**

Sue and Sue (1990, 2008, 2019) defined multicultural competence as an understanding and awareness of one’s biases, values, and assumptions as well as knowledge of the characteristics of culturally diverse clients and the skills for appropriate interventions, strategies, and techniques. Sue (2003, 2010) and Sue et al. (2007) explain that a multicultural approach takes into consideration the life experiences and cultural values and competence demonstrated in utilizing universal and cultural-specific strategies that incorporate a balanced approach toward individualism, collectivism, and assessment. Sangganjanavanich and Black (2009) observed that the ICTs participating in their study agreed they could have benefited from a clinical supervisor who was culturally competent and could have developed a more supportive environment. Nilsson and Anderson (2004) observed that empirical studies are still limited for clinical supervisors of ICTs regarding multicultural counseling training and ways to adjust curriculum, teaching strategies, and training for clinical supervisor ICTs. According to Bernard and Goodyear (2014),

*Key for supervisors [is] to continue to revisit identity models to challenge themselves and stimulate increased development. Whether one is a counselor or a supervisor,*
multicultural competency is not easily attained; the will to attain such competence and the trust that can be engendered by such commitment may be the most powerful operative variable within the supervisory relationship to move both the supervisor and supervisee toward increased cultural competence. (p. 109)

Sato (2014), Beaumont (2010), Fukuyama (1994), Mori (2010), Mori et al., (2009), and Zapata (2010) argue that clinical supervisors’ levels of multicultural competency tend to influence their supervisory relationship with ICTs. A high level of multicultural competency will lead to confidence in broaching cultural discussions, resulting in positive rapport, improved work alliances, self-facilitated case conceptualization, and overall satisfaction during the supervisory relationship. Additionally, clinical supervisors who are multiculturally competent have the ability to handle multiple realities or experiences from multicultural lenses to create a safe space conducive to addressing cross-cultural issues and modeling cultural discussions. Cultural discussions encompass the ability to process multicultural aspects of a case or situation, with an aim to develop an awareness of how those issues can influence the supervisory relationship and counseling dynamic (Ancis & Ladany, 2010, Ancis & Marshall, 2010; Christiansen et al., 2011; Estrada et al., 2004; Fukuyama, 1994; Sato, 2014; Toporek et al., 2004).

Cardemil and Battle (2003) noted that while clinical training has been incorporating multicultural issues into the course work, many professionals are still not sure how to implement multicultural awareness in their day-to-day work. Cardemil and Battle recommend open discussion and conversations about race and ethnicity as a way to foster multicultural components into the counseling sessions and build a strong alliance and promote better outcomes for training future counselors. They also concur that cultural discussions, although important, do not often occur, and when they do occur, they are complex and can result in tension and anxiety. Consequently, there is less opportunity to have cultural discussions and a vicious cycle is
established, resulting in challenges for the clinical supervisor and the ICTs. Clinical supervisors have an important role in facilitating and modeling these multicultural discussions, so more research needs to focus on the clinical supervisors’ experiences.

Role of a Clinical Supervisor

The literature emphasizes the importance of establishing what could be identified as a genuine and honest relationship between clinical supervisors and ICTs (Majcher & Daniluk, 2009). Furthermore, there is consensus among researchers and theorists that “good supervision is all about the relationship” (Ellis, 2010, p. 106). The supervisor’s role is to foster the development and growth of the supervisee, which consequently will benefit the client (Ellis & Douce, 1994; Loganbill et al., 1982).

The dynamics of this relationship can be very complicated and involve other parallel processes among clinical supervisors, ICTs, and peers. All those parallel processes need to be taken into consideration (Bernard & Goodyear, 1992). Urbani et al. (2002) also identified the direct correlation of a positive relationship with the clinical supervisor, counselor self-efficacy, and the amount of supervision received by the ICTs.

The role of the supervisor involves aspects of teaching, but not as a regular teacher with an established curriculum (Freire, 1994). Instead, it should be based on the specific needs of the supervisee to provide underlying reassurance the supervisor is present through instructor-learner dialogue to engage in and clarify uncertainties as well as shape the professional identity (Shulman, 2005). The supervisor also has a role as a counselor when supervisees are frustrated. The clinical supervisor is also responsible for the gatekeeping of the profession. There is a
limitation to this therapeutic process, especially because the goals are more toward removing barriers for them to be more efficient as counselors-in-training (Bernard & Goodyear, 2014). Being a consultant is also part of the supervisors’ role. The supervisees are eager to do the right thing by constantly reviewing their practice with the supervisor (Bernard & Goodyear, 2014); therefore, the supervisors must also bring themselves as cultural beings the same way the ICTs bring their cultural perspective. However, the literature does not examine how clinical supervisors conceptualize the cross-cultural issues in their supervisory relationships with ICTs in a collaborative effort to benefit the client.

Multiculturalism Within the Clinical Supervisory Relationship

The concept of supervision is not new, and many professions use what Shulman (2005) described as a signature pedagogy in which a more experienced practitioner in a particular field trains novice practitioners. We can observe this dynamic in a community-based civilization in which the elderly pass on their knowledge to the younger ones and give input as they venture into practicing a new skill. In some African communities, for instance, the young tag along and learn basic survival skills as they observe their elders performing daily activities (Tedla, 1992, Freire, 2007). Paralleling this idea, Bernard and Goodyear (1998) explained that supervision is, in fact, an intervention in which the most experienced guide the novices into the profession of counseling, but they also provide guidance for those who are struggling with acquiring the necessary skills or provide other alternatives outside the counseling profession. Powell and Brodsky (2004) state that “clinical supervision is a disciplined, tutorial process wherein
principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical and supportive” (p. 1).

Sue and Sue (2003) reiterate the value of the standards and code of ethics as important, especially the ones developed by the American Counseling Association (ACA) and the American Psychological Association (APA). However, Mittal and Wieling (2006) explain when multicultural aspects are not incorporated or lack intentionality and exclude other important aspects of cross-cultural awareness and culturally sensitive techniques and interventions, they do not provide ICTs’ clinical supervisors with strategies for how to deal with cross-cultural interaction. Mittal and Wieling explain that when cross-cultural issues are not addressed in the supervisory relationship, the lack of satisfaction can affect both the clinical supervisor and the ICTs. Schwarzbaum and Thomas (2008), Sue and Sue (2016), Vera and Speight (2003), and Speight et al. (1991) contend it is vital to consider individual traits, universal human traits, and cultural backgrounds as well as how those variables guide choices, capabilities, behaviors, worldviews, and/or beliefs. Focusing on one aspect will lead to failing to embrace the whole person and their complexities and consequently fail to provide effective multiculturally responsive and sensitive clinical supervision, especially when working with ICTs who will be working with diversity in the United States and back at home.

Bernard and Goodyear (2014), Bernard and Luke (2015), Mori et al. (2009), and Sodowsky and Plake (1992) explain that despite clinical supervisors providing practical and professional support, ICTs’ unique needs are being overlooked regarding multicultural training, especially related to cross-cultural interactions during the supervisory relationship. Consequently, ICTs who perceive more acceptance and can express themselves in English
during the supervisory relationship without reservations described a better work alliance with clinical supervisors.

Nevertheless, those studies revealed that ICTs perceive a high level of prejudice that leads to high levels of role ambiguity and, therefore, lower quality levels in the working alliance, affecting the clinical work and satisfaction for both supervisors and ICTs. Schwarzbaum and Thomas (2008), Katz (1985), and Trickett (1994) described some challenges to cross-cultural supervision as well as how multicultural theories illuminate biases regarding perspectives of traditional approaches in counseling theories. Sue (2003, 2010) and Sue et al. (2007) found the lack of multicultural competence leads to premature termination of services of diverse clients or to inadequate treatment. Schwarzbaum and Thomas (2008), Sue and Sue (2003, 2010), and Arredondo and Perez (2003) argue that the multicultural competency of clinical supervisors is not only based on the ability to interact and engage positively with ICTs but on awareness of oppression and how to eliminate the negative impact of cross-cultural interaction during the supervisory relationship. However, Fox (2003) and Fouad et al. (2006) observed that oppression still is reinforced by providing guidance to fit an established traditional theoretical approach instead of promoting practices and interventions that integrate inclusion, social justice, and advocacy and lead to ICTs being participants in the learning process during the supervisory relationship. Similarly, clinical supervisors of ICTs can perceive some aspects of disposition, professionalism, and engagement as dysfunctional due to their biased cultural lenses.

The ACA (2014) defines multicultural and diversity competence as clinical supervisors’ awareness and knowledge of cultural differences between an individual and others. Consequently, this awareness and knowledge have a direct impact on the effectiveness of
supervisors’ work with supervisees, particularly ICTs, and their ability to deal with cross-cultural issues they can experience during the supervisory relationship. In addition, Bernad and Goodyear (2009), Constantine (1997), D’ Andrea (1997) and Pope-Davis et al. (2003) explain that clinical supervisors face what can be defined cross-cultural experiences with ICTs who are adjusting to the interaction of different cultures. Haynes et al. (2003) argue that all ICTs undergo a process of development during their professional training and suggest clinical supervisors’ cultural competence level can impact supervisors’ ability to be aware of not prioritizing the development of clinical skills and neglecting personal development and growth as they understand the dual process of acculturation. Haynes et al. call attention to the fact that the current supervision models are focused on clinical skills as the main priority in ICT training. Therefore, professional development requires considering more than personal growth; consequently, mental health needs and the ICTs’ acculturation development are essential. Ladany and Inman (2008), Stoltenberg and McNeill (2011), and McNeill and Stoltenberg (2016) stated that the integrative developmental model (IDM) has demonstrated effectiveness as a framework for integrating acculturation development into a supervisory relationship with ICTs. The IDM provides stages of development for the supervisees: awareness of self and others, motivation, autonomy. Those stages guide clinical supervision interventions as they choose a role of facilitator or authority with an appropriate balance of support and challenges that lead to supervisees’ reflections on their knowledge and action pertinent to self-evaluation of their therapeutic relationship with clients. Additionally, there is a need to develop supervision theory and models for clinical supervisors preparing ICTs to utilize counseling skills with clients in the United States as well as
clients from the ICTs’ home countries (Choudaha & Chang, 2012; Duan & Roehlke, 2001; Hird et al., 2004; Killian, 2001; Priest, 1994).

Arredondo et al. (1996) and Sue and Sue (1999, 2003) emphasize that the future of the counseling profession rests on training counselors who are multiculturally competent. Consequently, the need for clinical supervisors who are culturally responsive and sensitive is crucial, especially when working with ICTs. Arredondo et al. and Sue and Sue caution that clinical supervisors who provide counseling training based on Westernized, Eurocentric, traditional approaches are likely not meeting the needs of ICTs. Sue and Sue (2003) describe five relevant commonalities regarding potential barriers to effective multicultural and cross-cultural counseling (they use those terms interchangeably). The first is the Western perception of the relationship as primarily one-to-one, individual-centered, and focused on fostering autonomy and independence while being unaware of culturally diverse groups who base decisions on their families, community, and a collectivist orientation.

The second is mainly providing services through conversations or verbal behavior, which becomes a barrier if English is not the primary language. The third provides support and training seeking to achieve changes and develop insight based on a theoretical orientation that might not be highly valued by diverse cultural groups and that approaches life issues through introspection and analysis. Fourth is the emphasis on interventions based on mental health practices and principles that are also based on Westernized, Eurocentric values and which do not necessarily integrate the cultural aspect of clients in this area.
Theoretical Framework

It is essential to understand that counseling during supervisory training is a triad in which the client is the focus of the session along with the supervisor and the supervisee (Bernard & Goodyear, 2009; Falender & Shafranske, 2004; Watkins, 1997). Therefore, the theoretical framework that guided the research was Relational-Cultural Theory (RCT; Baker-Miller, 1986; Jordan, 2000; Miller & Stiver, 1998). RCT offers the following relevant aspects: a multicultural and social justice approach that explores socialization-related issues (e.g., sex roles, power, dominance, marginalization, and subordination) that affect the mental health and relational development of all people (Comstock et al., 2008). RCT addresses issues not only regarding relational experiences but also to the understanding of the importance of mutual empathy for relational connections to identify and remove barriers to relationships among diverse groups. Woskett and Page (2016) contend that supervisors provide support and models for best practices for ICTs but sometimes they are not always aware that their expectations and core model are based on their personal experiences and worldview as they prepare ICTs to provide clinical services. Woskett and Page explain that the theoretical approach chosen by the supervisor needs to take into consideration members of society who do not represent the dominant culture and find models to fit their life experiences.

RCT offers a framework for conceptualizing relationships and provides a perspective on problems derived from human connections and disconnections as well as personal and professional development (Jordan (2000). According to Baker-Miller (1986), Miller and Stiver (1998), Duffey et al. (2016), and Jordan (2008a, 2008b, 2010), humans are relational beings and they are always seeking significant others to have a meaningful part in their lives; consequently,
the disconnection from those relationships can lead to discontentment, anguish, pain, loneliness, and isolation.

Miller and Stiver (1998) explain that growth-fostering relationships in which both individuals grow occur through human connections. The key concepts of RCT are that (1) people grow through and toward relationships throughout the lifespan; (2) movement toward mutuality rather than movement toward separation characterizes mature functioning; (3) relational differentiation and elaboration characterize growth; (4) mutual empathy and mutual empowerment are at the core of growth-fostering relationships; (5) in growth-fostering relationships, all people contribute and grow or benefit, so development is not a one-way street; (6) therapeutic relationships are characterized by a special kind of mutuality; (7) mutual empathy is the vehicle for change in therapy; and (8) real engagement and therapeutic authenticity are necessary for the development of mutual empathy (Baker-Miller, 1986; Miller & Stiver, 1998; Jordan, 2001, 2010, 2011, 2017a, 2017b).

In this study, RCT was a framework that gave insight into the complexity of cross-cultural problems between clinical supervisors and ICTs regarding the development of growth-fostering relationships. Comstock et al. (2008) explain that RCT has been utilized across disciplines to examine social justice, cultural issues, and supervisory relationships. In this qualitative study, the researcher utilized RCT as a framework to understand clinical supervisors’ experiences during the supervisory relationship with ICTs. In addition, the researcher explored clinical supervisors’ self-efficacy in dealing with those issues (see Figure 1).
In assessing literature on the conflict that can occur in the supervision process and the role that culture plays in the perception and resolution of conflict as a whole, several patterns emerged. First, even if there is an increasing awareness of the need for cultural competency among supervisors, there appears to be very little research in this area in terms of theory and clinical findings. Most advances in the literature of conflict resolution and the role that culture plays in the perception and resolution of the conflict have occurred in fields such as communication, politics, and business (Heitler, 2003). Second, current clinical supervision models are embedded in a Western worldview. There is insufficient research looking at the cultural dynamics in supervision, which leads to variance in communication styles, view of
proper behaviors, expectations, values, beliefs, and preferences. Third, the preponderance of research regarding cross-cultural supervision has not been conducted between university supervisors and ICTs (Colistra & Brown-Rice, 2011). Findings obtained in educational settings may not generalize well to other supervision site settings such as family counseling services or outpatient mental health centers. Additional research is needed to examine how field supervisors address diversity issues at other counseling sites. Fourth, there is a lack of research related to addressing problematic supervisee behavior in cross-cultural supervision.

Summary

In this literature review, it was important to understand the supervisory relationship and aspects such as power differences, obstacles, and benefits encountered by ICTs and clinical supervisors. In addition, relevant components regarding multicultural and cross-cultural supervision as well as clinical supervisors’ roles and their impact on ICTs professional and personal development were presented.

The clinical supervisor and the ICTs typically come from different cultural and ethnic backgrounds, which may result in culturally conditioned beliefs about each other’s cultural group (Jordan et al., 2002). These beliefs and attitudes can positively or negatively impact their relationship. When negative beliefs exist in the supervisory relationship, they can lead to conflict and impede the supervisees’ personal and professional growth throughout the supervisory process. Moreover, these beliefs may negatively impact the relationship between the supervisee and the client (Jordan et al., 2002; Riley, 2004). In an effort to understand the supervisory relationship between ICTs and clinical supervisors, the researcher utilized relational-cultural
theory as a framework, aiming to provide a perspective on clinical supervisors’ perceptions regarding cross-cultural experiences, awareness, and self-efficacy in dealing with these interactions and their related issues.
CHAPTER 3

METHODOLOGY

Introduction

This study examined the lived experiences of clinical supervisors during their supervisory relationship with international counselors in training (ICTs) through an interpretative phenomenological process (Smith et al., 2009). This chapter describes the qualitative methodology used for this research as well as the role of the researcher and the data collection and analysis procedures. Exploration of the clinical supervisors’ experiences were guided by the following research questions:

1. How do clinical supervisors describe their experiences during the supervisory relationship with ICTs?
2. How do clinical supervisors of ICTs perceive their level of self-efficacy in addressing cross-cultural experiences during the supervisory relationship?
3. How do clinical supervisors of ICTs facilitate the translation of counseling skills across cultures?

Interpretative Phenomenological Analysis

A qualitative research design approach and, more specifically, interpretative phenomenological analysis (IPA) was selected because it fits research questions that seek to
explore the lived experiences of clinical supervisors working with ICTs (Smith et al., 2009). IPA is useful when the researcher wants to see what is beneath the surface of a lived experience. The researcher intended to investigate clinical supervisors’ perception of cross-cultural interactions and their self-efficacy in dealing with those experiences with ICTs due to the different cultural backgrounds and consequently different worldviews. Additionally, Schreiber and Asner-Self (2011) as well as Smith (2004) explained that, to understand an individual’s perceptions of a relationship, a qualitative study can provide insights—in this case, on the dynamics between clinical supervisors and ICTs of different cultural backgrounds and with possible cross-cultural issues during the supervisory supervision.

Giorgi and Giorgi (2003) explain that IPA focuses on individuals’ perceptions of objects or events to make sense of research participants’ personal experience. The researcher wanted to provide an opportunity for clinical supervisors to examine their lived experiences and share insight into how they construct and assign meaning to those lived experiences (Denzin & Lincoln, 2000; Lau & Ng, 2012; McDowell et al., 2012; Merriam & Tisdell, 2016; Mittal & Wieling, 2006).

Schreiber and Asner-Self (2011) explain that studies exploring patterns and meaning from individuals’ experiences benefit from utilizing a qualitative research design to perceive the intended purpose of that phenomenon. IPA is a qualitative design usually used in social science studies exploring the relationship among individuals within a social and/or psychological field that can help to explore ICT clinical supervisors’ multifaceted roles during the supervisory relationship (Palmer, 1969). This research focused on clinical supervisors’ perceptions of their
experiences and cross-cultural interactions working with ICTs during the supervisory relationship.

Participants

This research focused on the lived experiences of clinical supervisors of ICTs working in universities across the United States. The goal was to interview clinical supervisors of ICTs until saturation was reached, which means the new data no longer provides new insights or reviews new components for the research (Creswell, 2018). Participants were selected based on the following criteria for inclusion:

- have worked with ICTs by regularly providing clinical supervision for at least one semester in the last three years,
- have been trained in the United States,
- have been in a professional role as a counselor educator within the last three years.

Recruitment of Participants

A purposeful sample was required through the utilization of a snowball method to focus on participants who had experience working with ICTs (Creswell, 2006; Patton, 1990, 2002; Rahimi, 2017; Schreiber & Asner-Self, 2011). The snowball sample was drawn from the researcher’s past professional contacts and lists of universities throughout the United States. Additional participants were recruited through the Counselor Education and Supervision Network Listserv (CESNET-L). The prospective participants received a description of the study, IRB approval information, and conditions for participation via email. The researcher’s contact information as well as an informed consent document and an offer to participate in a raffle for a
Data Collection Procedures

This qualitative study involved one semi-structured interview with each of the participants. Interviews lasted up to 90 minutes. The data collection started with the first contact with the participant via the email that explained the research. The researcher provided an informed consent form via email before the interview (Bogdan & Biklen, 2007). The researcher also emailed participants the interview questions prior to conducting the interview (see Appendix A). The rationale was that participants may benefit by receiving the questions ahead of time to reflect on their practice and provide more concrete examples and thoughtful narrative about their practices as a supervisor (Creswell & Creswell, 2016).

IPA offers researchers the opportunity to observe the data in three distinctive aspects: the idiographic, inductive, and interrogative (Smith & Osborn, 2003). In this study, the idiographic character of IPA helped the researcher examine each participant’s interview in detail so the clinical supervisor’s lived experiences of cross-cultural issues with ICTs during the supervisory relationship could be comprehended in-depth. Following Smith and Osborn’s suggestion, all participants’ interviews followed the same process. IPA also guided the inductive process in which aspects may emerge beyond the semi-structured interview through instances in which the participant shared more insights into their experiences (Smith et al., 1999). The researcher also developed themes and coded this information to check for patterns.

In addition, IPA allowed the researcher to have dynamic participation in the process, using an interrogative approach to understand what it is like to be the participant (Packer &
Addison, 1989; Palmer, 1969; Smith & Osborn, 2003). Just as the participant was seeking to understand their world, the researcher was seeking to understand the participants’ perceptions of their world. Therefore, utilizing IPA helped the researcher understand the clinical supervisors’ perceptions of working with ICTs (Smith & Osborn, 2003). To help the process, the researcher kept a reflective journal, recorded reactions to the interviews, and avoided possible biases (Creswell, 2018). Creswell and Creswell (2016) recommend that a reflective journal be included in a qualitative study; this facilitates the researcher to take notes of personal experiences throughout the study. These notes and observations were not only used to process possible reactions or bias during the interviews with participants, but also helped the researcher outline the development of codes and themes during the data analysis.

**Semi-Structured Interviews**

The interview questions explored the experiences of clinical supervisors who have been working with ICTs in counseling education programs. The interviews were conducted at a mutually convenient time for the researcher and each participant. After they arranged a date and time for the interview, the participants received a secure link via email. Interviews used Zoom Pro, which is an encrypted HIPAA-protected audio-conferencing platform. Recording the interviews facilitated the transcription, and collected information was de-identified and stored under the participant’s pseudonym to protect confidentiality (Creswell, 2018).

**Member-Checking Interviews**

This study utilized member checking, in which the participants were asked as part of the initial interview if they were willing to provide feedback and reactions to their transcripts as well
as themes resulting from the data analysis. In addition, participants had the opportunity to supplement or clarify the themes based on their perspectives (Creswell, 2018).

Data Analysis

Smith et al. (2009) contend that interpretative phenomenological analysis provides an opportunity to combine the voices of the participants and the researcher’s interpretations, which leads to conclusions about responses to the research questions. Smith et al. (2009) observe that researchers should base the results on the process of interaction with the data as they read, take notes, transcribe, code, and find emerging themes and researcher interpretation of the data. The themes need to be apparent throughout the participants’ interview data. The information resulting from these themes can visually represent the lived experiences of the participants (in this case, clinical supervisors of ICTs) through a diagram or chart (Creswell & Creswell, 2016).

Maxwell (2013) recommends organizing the data into categories through coding and identifying themes by topics related to the research questions to connect the information gathered through the process of listening, reading, and thinking about the information in the transcript. Smith et al. (2004) suggest facilitating the exploration of the details of the participants’ lived experiences and to make sense of those personal experiences as a means to interpret the data. Braun and Clark (2006) observed that thematic analysis is the basis of qualitative methodology, and in this study, data analysis was based on themes pulled from the data set. The data was coded into themes that are not overlapping in content (Smith et al., 2004). The researcher included detailed note-taking and writing comments directly on the data transcript, which led to a more comprehensive understanding and identification of themes. Notes in the margins of the
transcripts were utilized as a form of describing the information through conceptual comments and organizing notes and themes in the first-round coding to provide context and expansion of the data (Smith et al., 2009).

Ensuring Trustworthiness/Confirmability

Creswell (2018) explains the concept of reflexivity in the qualitative researcher, which describes the researcher’s reflection on their personal background, culture, and experiences that can lead to biases during the interpretation of themes and influence the direction of the study. A reflective journal can help researchers, as the notes about reactions written during the research process can keep personal experiences in check to minimize researcher bias and avoid researcher past experiences that may “shape” the direction of the study and thus ensure trustworthiness (p. 183). Therefore, it was essential to consider that the researcher has a background as an international counselor-in-training and is currently a clinical supervisor of ICTs. She is also a researcher committed to developing best practices in the field of counselor education and supervision for working with ICTs.

Creswell (2018) and Glesne and Peshkin (1992) introduce the notion of “Backyard,” which refers to the importance of researchers being aware of the relationships between the researcher and the participants, especially when studying their workplace and/or coworkers (Creswell, 2018, p.184). The researcher had interacted with some of the participants in the past. However, the researcher was clear about how the information was utilized so as not to place the participant in a risky situation as well as to demonstrate strategies for validation of the data. The
researcher also took steps to protect the trustworthiness of the findings by journaling throughout the process to check for transference or countertransference (Creswell, 2018).

Transferability

Creswell and Brown (1992) recommend a holistic account characterized by the researcher’s attempt to provide different aspects of the data and report multiple perspectives to reflect how events happen in the real world and provide the multiple facets of the participants’ perspectives and experiences. This study utilized excerpts with rich and descriptive information from the interviews to provide insight into the clinical supervisors’ perspectives of their work with ICTs.

Creswell (2018) observed that it is crucial to aim for understanding rather than generalization across persons or settings. In this study, validity was based on reporting the participants’ perspectives and the saturation of those perspectives across the data set. Also, the researcher’s self-reflection via the reflective journals provided an honest view of the researcher’s experiences through comments about how the findings may have had an impact on them throughout the research process. This study also utilized member checking to ensure the validity of the research findings by providing participants a final and polished description and themes to check for accuracy. In addition, the researcher worked to ensure the findings were dependable and could be replicated by other researchers (Creswell, 2018).
CHAPTER 4
PARTICIPANTS’ DEMOGRAPHIC AND BACKGROUND INFORMATION

Introduction

This chapter provides individual descriptive summaries of the counselor educator participants in this study. All the participants self-identified as clinical supervisors of international counselors in training (ICTs) at universities across the United States. They all had held a professional role as a counselor educator within the last three years, had regularly worked with ICTs through providing clinical supervision for at least one semester in the last three years, and had been trained in the United States. The participants were given pseudonyms, and care was taken to remove personal identifiers to protect their confidentiality.

The goal was to interview clinical supervisors of ICTs until saturation was reached (Creswell, 2018). While data from the interviews reached saturation after the seventh interview, the researcher decided to interview three more participants to ensure the saturation process was complete and to add more aspects of diversity regarding participants’ demographic backgrounds.

Participants

The participants’ demographic information is shown in Table 1. There were 10 participants. Four self-identified as White or Caucasian females, two self-identified as Black Americans females, two self-identified as White or Caucasian males, one self-identified as an Asian male, and one participant self-identified as White or Caucasian but preferred not to self-
<table>
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<th>Pseudonym</th>
<th>Gender and Preferred Pronouns</th>
<th>Race identity</th>
<th>Ethnicity/ cultural identity(s):</th>
<th>Age</th>
<th>Origin/ Country</th>
<th>Years of clinical experience supervising ICTs</th>
<th>What training have you had to work with ICTs?</th>
<th>CACREP-accredited</th>
<th>Credentials/ Licensure</th>
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<td>Ph.D./LPC, NCC</td>
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<td>Hispanic and Latino Americans</td>
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<td>Ph.D./LCPC</td>
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<td>Black American</td>
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<td>U.S./Midwest</td>
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<td>Ph.D., LCPC, LPC, PEL:SC, NCC, ACS</td>
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<td>LCPC</td>
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(Table 1 continued)

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<th>Age/Region</th>
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<th>Experiences with ICTs</th>
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</table>
identify their gender in the demographic survey but toward the end of the interview as we discussed various identities’ intersectionalities, the participant self-identified as a lesbian.

**Participants’ Racial Identity, Ethnicity, and Cultural Background**

In terms of racial identity and ethnicity/cultural background, one participant self-identified as White or Caucasian; two self-identified as Black or Black American; one self-identified as White or Caucasian, Polish and German; one self-identified as White or Caucasian and Norwegian, one self-identified White or Caucasian and Non-Hispanic/Latinx; one self-identified White or Caucasian and Italian; one self-identified as Asian/Chinese and Han Chinese the largest ethnic group in China and worldwide); one self-identified as White or Caucasian and Polish; and another self-identified as White or Caucasian and Turkish.

**Participants’ Age Range and Geographic Information**

The age of the participants ranged from 30 to over 56 years old. Of the participants, eight were born in the United States: six were born in the Midwest, and two were born in the Southeast. Two of the participants were born outside the United States: one was born in Turkey and another was born in China, and both self-identified as former ICTs. The participants were asked about the geographical region(s) that had the most influence on them personally and/or professionally. The question was intended to reveal the level of multicultural exposure to others’ social and cultural influences that could affect participants that was different from place of birth, racial, social, and cultural background. One responded Midwest/East Coast, three mentioned the Midwest, one Central/South America, one Africa, two responded their influences came from
outside the United States, and two responded to the Southeast of the United States. In total, four participants responded they were born and raised in the same region without experiencing other regions of the United States or traveling outside the country. Among the eight participants born in the United States, only two mentioned that they had had experiences outside the country.

Participants’ Work Experience, Education, and Credentials

All the participants had clinical experience ranging from 3 years to 40 years. Three of those participants have a private practice. Although the participants all had experience providing clinical supervision for international counselors in training, their experiences ranged from 2 to 20 years. Overall, the participants held other responsibilities outside being clinical supervisors working with ICTs. One participant had the role of a Department Chair of Clinical Training, another was a Program Director for School Counseling, three of the participants were Clinical Directors, and another participant was a Graduate Program Director for Ph.D. & Admissions, Counseling. Five participants were associate professors, and three were assistant professors.

The participants were all from CACREP-accredited programs. Eight had a doctorate in Counseling Education and Supervision and one had Ph.D. in Counseling Psychology but worked in the role of a counselor educator. Two of the participants had a Doctor of Education (Ed.D.) degree and eight had a Ph.D. All the participants were trained in the United States. All participants were licensed clinicians, and regarding their credentials three are fully licensed LCPC, three LPCs, two PEL: School Counseling and two CCMHC, five NCCs, and two ACS.
In terms of training to work with ICTs, none of the participants had specific training, but they had received training in clinical supervision in their doctoral program. One participant had published research on the topic and two attended workshops related to working with ICTs. All participants were serving in the role of counselor educators and clinical supervisors of ICTs, but they were also responsible for other roles within their university.

Individual Participants’ Supervision Experience with ICTs

This section describes the participants’ backgrounds and recounts their supervision experiences as counselor educators working with international counselors in training (ICTs) by using the participants’ own words. The participants were given pseudonyms, and care was taken to remove personal identifiers to protect their confidentiality.

Paula

Paula is in the 30- to 39-year-old age range and identifies as female. Her race is white or Caucasian with an ethnic and cultural identity of Polish, French, Native American, and Christian. Paula earned her Ph.D. in Counseling Education and Supervision in 2018 in the Midwest, works as an assistant professor at a university located in the northeastern United States, and has been providing supervision for ICTs for the past two years. Paula also has six years of clinical experience as a Licensed Professional Counselor. Paula did not receive any specific training to work with ICTs but was trained in supervision and multiculturalism during her doctoral program and has participated in workshops addressing diverse populations. Paula describes her experience with ICTs as a learner who is still in the early stages:
I will be very transparent that I’m a new, newer Professor only for two years and even a new supervisor. I was one of the doc students who came with not a ton of clinical experience; I am learning that piece. Still, I have had at least two ICTs supervisees through this university. Actually, the university I am working at now. Also, case consultation supervision, and it’s like their last three quarters in their program. And I specifically remember two students who I’ve had that are internationals. I’ve also had a couple of first-generation students and then teaching at a university that had many international students...I had a student from Jordan; I had a student from China, a student from Syria, and then two students—I believe they’re from Nigeria.

Paula recalled a significant experience with one of her ICT supervisees involving cross-cultural interactions that led to self-reflection on her practice as a clinical supervisor as well as some emotional reactions and uncomfortable feelings that surprised her during one of her supervision seminars.

I remember my own kind of parallel processing as a supervisor; there was an issue that a student had who would call her Fatima But she was a supervisee, and she identified as Jordanian, and she wore her hijab. And she was working with a young woman who was experiencing some domestic abuse. And I remember some of the other students in the group supervision. Were you … talking about, you know, autonomy? I really appreciated Fatima because she said, you know, is there kind of something lingering in the room about providing autonomy? Because maybe people are stereotyping that because I have a hijab, I’m more submissive. As a supervisor, I remember it was like, wow, why didn’t I pick up on that. And I just thought that student was so strong and to share that, and then I kind of, I validated Fatima: I said here, right, so let’s keep this discussion going. And so I think that a lot, in a lot of ways that was more attributed to that student, but I think I needed to see in myself, What was it about me that didn’t pick up on that, or what was it about me that felt a little uncomfortable with that, you know what I mean. And I needed to feel that discomfort to see how I could make it [more] inclusive next time for Fatima or other students.

Paula described the situation and her emotional reaction, but at the same time, she was glad the ICT was able to bring up the topic and advocate for herself. Paula became aware of her lack of insight and started to recognize how her own worldview had an impact on the ICTs, on Fatima, on the supervisory relationship, on Fatima’s classmates, and consequently on the client who needed services. Paula said,
Yeah, I think one thing that I’m trying to change is not putting international students into a monolith because I think sometimes we, you know, we say, “Well, international students, this [or] that” [but] I mean, every international student is unique.

**Divina**

Divina identified as a black female with Hispanic and Latino American ethnicity and cultural background. She is in the 40-55 age range. Divina was born and raised in the Midwest United States. She graduated from a Midwest CACREP-accredited program with her master’s in Counseling and her doctorate in Counseling Education and Supervision, which she earned in 2019. Divina is a Licensed Clinical Professional Counselor (LCPC) with 15 years of clinical experience as well as a National Certified Counselor (NCC). In her role as a counselor educator, Divina has had the opportunity to supervise master’s and doctoral-level ICTs for the last 10 years. She has also held the role of Clinical Director at her university. Divina is an avid advocate and researcher, focusing on diverse populations.

It is really important for supervisors of any race, ethnicity, culture, or background to be willing to understand the differences of the folks that they’re attempting to supervise or help. Multicultural competence is not enough, right. Cultural humility is not enough, your research about cross-racial cross-ethnic supervision. It’s not enough. Right. What is it that you’re willing to do to take action? There has to be action because of all of the papers that we write, all of the research that we do. If we’re not taking action, or if we’ve not identified actionable items, we’re not doing anything; we’re just talking. Right, let’s get to work.

Divina has been working with master’s and doctoral-level ICTs for the past 10 years. She did not receive specific training to work with ICTs outside her general multicultural and supervision classes during her doctoral program except for attending workshops. Divina did not specify where her ICTs originated from in terms of countries, racial or ethnic background;
however, she shared that in her work with ICTs, she intentionally broaches multiculturalism right at the beginning of the supervisory relationship because it is important to her to understand their worldview. She said:

Well. I have the opportunity to work with international counselors in training and international supervisors in training. And so, one of the things I have been intentionally mindful of is understanding their purview. Right, understanding their lens and how I can get the best sort of use of our clinical supervisory space to invite their voices to invite their lenses and have them experience the feeling of being heard and seen. I think that’s very important because what I think of when I am being seen and heard can look different for different people for various reasons.

Divina shared that over the years she has had various situations involving cross-cultural interactions with ICTs. She mentioned one in particular that had a significant impact on her, the ICTs, and consequently, the client receiving services at that time.

You know, so I can precisely remember when there was a clash between the ICT and the client. And it was around the holidays. [The] ICT … celebrated in one way, right, and the clients … celebrated in another way. And there was a clash. Unbeknown to the ICT, they offended the client. There became a need for us to examine the rupture and the repair process of that relationship. And it was a pretty big rupture because the ICT had in essence dismissed … the client’s beliefs and belief system. Just by happenstance, it was really sort of brushed past right when I looked at the tape. I think the ICT, because it’s just a lot of words and the ICT, [I] don’t think they realize[d] how dismissive they were. And I saw it immediately in the client space. When we were watching the video, I asked the ICT, “What do you think is happening non-verbally for this client and why do you think that’s happening?” And once the ICT took a second look, right, they were able to see why the session went downhill from there. And we were able to strategize a way to identify the rupture, that was the key, and then sort of strategizing as a way to build or formulate an effective sort of a repair process for that client, and the ICT. And I think that overall, it was helpful. The client did come back to see the ICT another two or three times, if I remember correctly. So it wasn’t a complete abrupt break. But for them to come back two or three more times, and then the relationship terminated: I think it was a good eye-opener for the ICT to realize how the tiniest of slips can have the biggest impact that I’ve seen, bigger sure, but this one was a really good learning experience for the ICT, indeed.
Divina also shared some of the emotional reactions related to her work with ICTs. She shared that her experiences have challenges and benefits and that she operates based on her principles and her commitment to helping others. She said,

Oh, it’s exhausting! Let me just put it out there. Because there are many, many moving components to this. Right. The one thing that I tell my ICTs, my supervisees is I do not profess to know everything. But I will say two things: I know where to get it, right, and I’m okay with not knowing everything, right. And those are the realities that are part of who I am…. It is an internal reward. I think it’s a selfless act; it’s a calling. I don’t equate this. Yes, it’s hard work, yes, it’s difficult, yes, it’s exhausting. But anything worth it is going to be right. And when you go about the business of pouring into humans. It has to be a calling because it’s a thankless job, right? It’s something that we do because we are compelled to do it. I got up, turned on my computer at 6:50 this morning. I’m driven. Right. Do I get tired? [Yes,] I’m human. Do I need a break? Yes. Do I take self-care? Excuse me; you better believe I do.

Taylor

Taylor identified as a black female with a Black American ethnicity and cultural background. She is in the age range of 30 to 39 years old. Taylor was born and raised in the Midwest United States. She earned her master’s and doctorate from a Midwest CACREP-accredited institution. She earned her doctorate in Counseling Education and Supervision in 2019. Taylor is a Licensed Clinical Professional Counselor (LCPC), National Certified Counselor (NCC), and has a Professional Educator License (PEL) in School Counseling and is a CCE Approved Clinical Supervisor (ACS).

Taylor did not specify how many years of experience she has as a clinician, but during the interview, she mentioned she has been working with ICTs for the past six or seven years. And, similar to Divina, Taylor also held the role of Clinical Director at her university.
Taylor did not receive specific training to work with ICTs outside of the general multicultural and supervision classes during her doctoral program except for attending workshops. However, over the years she has had the opportunities to work with a “handful of ICTs.”

Yeah, I have worked with a handful of international counselors in training. There’s actually a couple in the program that I am currently teaching as they move through the programs and even level students. So I would have to give it a term number, probably about 4 I’m thinking of. And you mentioned background, so one more recently is from India, and did their undergraduate [work] in the U.S. Before that, a student I’m thinking of was from China and came over to the U.S. to complete their master’s and had intentions to return to China afterward to take their counseling work there. Another student currently is, I don’t know which country, but in the Middle East and plan[s] to return post-graduation completion and personally [do] school counseling specifically. A few years back, another student wants to return to Pakistan, pursuing school counseling. And another student, a few years back a few, by the way, whenever I use a few years since I am talking about but probably maybe six or seven years ago, not that long, four or five years ago from Africa. I again don’t remember which country specifically, but, yeah, those are the 4 students and I am thinking about the ICTs that I had the opportunity to work with.

Taylor explained that she can relate to and had familiarity with the ICTs’ issues with discrimination and dismissiveness and as part of a minority group, she thinks of herself as in “the middle,” because she has had similar experiences and can relate to some of those interactions. She has also become more aware of ICTs’ struggles as she has had the opportunity to work with them over the years.

Taylor described a significant occurrence regarding cross-cultural issues involving one of her ICT supervisees during one of the supervision sessions.

The big thing was learning the accurate pronunciation of the student’s name, and I remember, actually, the very first time that we spoke. I had asked them how to pronounce their name, but I had offered a pronunciation, I remember. They’re like yeah, well, they really the real response was actually everyone knows me this how they call me and then sort of gave the short version of their name. It was until a couple of weeks ago ...I was joining the conversation where they were talking about their names and the accurate
pronunciation of their names, and it was not what I had offered before. It was thinking about what got in the way of just sharing that with me at the time... the mini experiences of people not pronouncing your name correctly, not more so the frustration of people not trying, or not giving, what I would consider sufficient and important will be to the accurate pronunciation of someone’s name and identity. Therefore, the ICT over time has disowned trying to help people learn because their level of investment was low essentially. I look forward to continuing work with ICTs... a further space of empowerment for the ICTs not to settle for the power differential status quo of our culture and our commonalities. In this regard, to get their perspectives and only regard to their cultural narratives, others to learn more about your culture, connecting with clients, also as a peer, a colleague, and a merged encounter to be able to honor their cultural perspective as well.

Taylor expressed her emotional reaction to that occurrence and how it fostered not only professional but personal growth, as she reflected on her own lived experiences.

I did feel surprised and guilty or ashamed. And I know those are common feelings, but the surprise of learning something new that I thought I had already. I guess getting some clarity about the disappointment, I think, maybe that it was more so, a disappointment for the ICT and also setting sadness for the student that they have had a number of experiences, by which they sort of disowned the attempts [to] make themselves be seen a little like the way that I worded that right there. Yeah, just sadness and disappointment for what had been perceived as numerous experiences of being disregarded, … for their particular cultural perspective and background….

... I tend to be very action-oriented, like when I was hearing them I was sort of surprised by the shock crash ... so that, like, crap, I got it wrong. I’m not sad; it’s not anger, not ashamed, I feel like I didn’t do anything wrong. It was an unknown that became illuminated… the active speaker, so in my head, I’m trying to say her name accurately, the pronunciation, the accent ...that sense of dedication and wanting to honor, even if it’s something is the name, you know, but to be able to create a space of honoring who this person is in this space in the counseling program.

Taylor started to recount her own experiences, which in her perspective had some similarities to the ICT. She said,

I think some of my empathy is retroactive, came to me later, more recently as I analyze and reflect on my life in my past. And also, conversations with others, you know, other individuals have a diverse background or they are individuals of color who are uniquely aware of and have talked about and share their own experiences of [feeling] invalidat[ed], different, microaggressions and insults—all of the discrimination against folks from international backgrounds ...or, I mean, I don’t know what the common word, you know, would be for “immigrant-ism”—make up words as we go. So that awareness piece, and I
think you know myself as a black woman, is like I’m in the middle of it in a sense, I’m choosing to focus on and be aware and attentive to you, and attuned to listening or looking for, when are those invalidations being told so that I would say, not regardless of, but even if you were to control my own ethnicity and gender to admit to listening core focusing on stories and narratives and observations of othering and inferiority/superior, superiority, sort of dynamics. I think it’s what helps me attend to and then be empathetic to ICTs.

Joao

Joao self-identified as a White or Caucasian male from a Polish and German ethnic and cultural background. Joao’s age was in the 40 to 55-year-old range. Joao earned a Ph.D. in Counseling Psychology from a Southeastern CACREP-accredited institution in the United States in 2010 after completing his master’s in Counseling Psychology in 2006 in the Midwest. Joao had four years of clinical experience and has been working with ICTs for the past nine years. He held a position as an Associate Professor.

Joao mentioned he had noticed the ICTs’ adjustment in the counseling program has a significant correlation with their acculturation to the United States and their ability to adjust to the new environment and educational system, as they have a different worldview. Joao said,

Yeah, I have been doing practicum seminars since, like, 2012. I had some international students in my practicum seminars here at the university. I have had two ICTs who have also supervised their clinical work in their fieldwork….In my experience, depending on student acculturation to the United States and the counseling models, which are mostly Eurocentric, it can be a challenge for the ICTs, especially trying to apply these models because they have a different worldview and try to look through these largely Eurocentric models. Sometimes they feel like an odd fit, so I know that having people try to find models that fit them can be more challenging for those students than for their U.S.-born peers from the same culture where those counseling models are developed.

Joao described his experiences working with ICTs as a collaborative effort. He realized that sometimes during the practicum seminar, ICTs attempted to use theoretical approaches that were not necessarily the best fit for what they are trying to accomplish in preparation for being
an effective counselor. Joao explained that he attempts to facilitate the process by providing options and guidance. He recounted a particular instance in which he was trying to facilitate this process with an ICT he supervised. He said,

Yeah, I’m specifically thinking of some scenarios where ICTs can pick theories that are an odd fit for them. A lot of the theories [or] at least some of the theories are very linear. I’m thinking about dichotomies and categories and things, so for somebody who comes from a culture that is not that way, especially the non-Western cultures that are more holistic and not linear, it is an odd choice of theory. For example, CBT is so linear and logical basically, and trying to play it from a perspective that’s not so linear in it doesn’t translate as well. It shows the limitation of the theory cross-culturally. It’s like helping the ICTs figure out how to apply this theory or realize that this theory is not a good fit for their style and approach... Yeah, in one sense, you know, that is like a very multicultural moment where somebody from one culture is trying to learn a theory from another culture. On the one hand, it is a good opportunity. But on the other hand, they might be taking it on a theory that I don’t view as the most multicultural.... I am giving opportunities to them to reflect on, to make suggestions if it seems like they’re more naturally orienting towards another theory that might fit them better, whatever that is. If somebody wanted to learn CBT, but their way of presenting in class is oriented more around stories and things that are not so linear, I can suggest looking into constructivist or narrative approaches that are more story-based and capture those nuances.

Joao also had the opportunity to experience firsthand clinical work in one of the countries in Africa. He mentioned that he used more research in anthropology than counseling due to the cultural gaps he noticed on the implementations of what he called “imported from the U.S. counseling style.” Joao said:

I’ve done some international work, and for example, there were no graduate-level Psychology programs or counseling programs there in some countries in Africa. And then, when they finally got one, it was because somebody took a CACREP program and just implemented the U.S.-based CACREP program there, which I think is a terrible idea. But then that’s supported by ACA. Yeah, when I travel internationally, I bring more from anthropology than psychology or counseling. Just because the psychologists and counselors haven’t done anything that came from that culture, it’s all stuff they’re bringing there that is not based in that culture...I think, especially with our diagnostic systems, it is definitely a kind of colonization of the mind. I’m not somebody who very much favors exporting U.S.-based development psychology or counseling anywhere else in the world.
Joao offered a unique perspective as he reflected on his experiences with ICTs through the lenses of his opportunity to visit another country and see the different needs they have compared to individuals in the United States. He stressed how important it is to cater to the individual needs and worldview of the population of that particular cultural background to be an effective counselor.

Serena

Serena self-identified as a White or Caucasian female from a Norwegian ethnic and cultural background. She is in the age range of 56 years old and older. Serena was born and raised in the Midwest United States. Serena graduated from a Midwest CACREP- accredited program for her master’s in Counseling, graduating in 1976, and later earned her Doctor of Education (Ed.D.) degree.

Serena was a Licensed Clinical Professional Counselor (LCPC) with 40 years of clinical experience. She has had the opportunity to supervise master’s and doctoral-level ICTs for the last 10 years. She explained that she did not have specific training to work with ICTs but had learned aspects of multiculturalism and supervision in her doctoral program. However, she had also traveled outside the country several times, which provided her with an opportunity to immerse herself in various cultures, especially in Central and South America, which has influenced her work with ICTs and provided both personal and professional development. She had also held the role of Clinical Director at her university for many years. Serena is an Associate Professor at a Midwest university.

I started supervising when I was doing my doctoral [program]. And that was, like, in 2006. But since I shifted to another university, I also was in another university for a year, and I also was an adjunct at another university, all in the Midwest. And still, my full-time
job since 1998 has been at the university now for twenty-three years. And I was additionally a Director of Training, which means I met everybody. And I worked with everybody, but I also have always taught there. And I’ve ever taught supervision, practicum supervision because I love supervising. It’s one of my favorite things, which is why I’m like, [oh] yeah, I got to participate in this study. And so, I love that, and that’s just who I am; if I could use animals as a tool for supervision, that [would] be fun. I have had many international students, and I can figure it out from a variety of things I had on the list. Like, I’ve had people from Canada, Argentina, Korea, Pakistan, China, England, Mexico, Saudi Arabia, Germany. And then, of course, although they’re part of our country, Puerto Rico and the Virgin Islands as well, even though they’re not, you know, they’re U.S. Commonwealth. Right. So that’s been my experience, and I was thinking about what’s the difference, and I think, you know, a lot of it has to do with where the students themselves are coming from, obviously.

Although Serena had many memorable experiences to share and was passionate about her work with ICTs, she did share one occurrence that significantly impacted her personally and professionally. Serena said,

I had a girl from Japan. And she was tough, and she was very abrupt and forward with people. And with her clients and it was difficult for me to talk about how is that working for you? and for me to be very careful about my nonverbal, tone of voice, and how I asked those kinds of questions. “And tell me about a time when it did work for you?” So I always go back to looking for strengths and things that work well so that I can say, “What would happen if you did more of that?” And it’s like, well, Maybe I can’t wait for her. She worked on being gentler with herself and not being so tough. Yeah. And that was really important. Yes. We talked about how her coming to our country and trying to get a degree and do the right thing was a lot of pressure. And then some of her anxiety came out, and so when anxiety came out, it came out with clients as well. So she came to my door one day and just burst out crying and suddenly said, “I’m so mad at you.” I said, “Okay. Okay. And let’s talk about it. What happened? and what did I do? Please help me understand, so we process it together and get through it” and it was good learning for her and me. And to be able to know that I don’t have all the answers. And sometimes things are a little off base, and that there is not rapport in this relationship, and that you have to repair it. And then, we actually were a lot closer after that and this was good. I had to have my counseling hat on. First of all, I was like, “Dang! Good for her to be able to say that out loud. Right. Yeah!” And the second, I had my counseling hat on … without a doubt. “What made a significant difference? What [did] you need from me that you didn’t get?” And it was a matter of fact that I had talked about some skills I wanted her to use more yet. And it rubbed her … the wrong way; she got mad. Good for her to say that to me. So again, it’s not about me; it’s about how I can help her. And how can I do that from a kind, compassionate counseling point of view, and I did it, thanked her, I said, “Thanks for sharing that.”
Serena explained her emotional reaction to this occurrence and how this situation helped her to see her own biases because she assumed that everything was right, as she tried her best to be intentional about being culturally sensitive and to consider the ICT was under pressure transitioning to a new country with the desire to be successful. However, she also wanted to provide input to foster a safe environment for the ICT and the client. She noted it was challenging, disturbing, and surprising. She was called on to self-reflect but also not take things personally through “using her counseling hat,” which was the expression she used at the time.

Mario

Mario self-identified as a White or Caucasian male and from a Non-Hispanic/Latinx ethnic and cultural background. Mario’s age ranged from 30-39 years old. He completed a master’s in Counseling in 2012, and earned a Ph.D. in Counseling Education in 2015; both degrees were from CACREP-accredited programs in institutions located in cities in the Southeastern region of the United States.

Mario had five years of clinical experience and was a Licensed Mental Health Counselor (IMH) and a National Certified Counselor (NCC). He shared that in his role as an assistant professor and clinical supervisor, he has had many opportunities to work with ICTs. Mario said, Yeah, I’ve worked with a couple of ICTs. So I’m at the university, which is based in the southeastern region of the United States. Still, we also have an online program, and we have campuses, like satellite campuses throughout the southeastern region. But when I have supervised, I have pride in being on that campus, which is the main campus, and it’s a very diverse student body, and it’s a Hispanic-serving institution. So I have supervised students predominantly from Hispanic or Latinx areas but also the Caribbean. So, just last semester, I had a student that was an international student from Jamaica and Canada.
Mario had been working with ICTs for the past three years. He did not have specific training to work with ICTs outside of the multicultural and supervision courses during his doctoral program, but since then he has participated in workshops and learned from his experiences as he continued to work with ICTs. He described his experiences working with ICTs as an ongoing satisfying experience. However, he shared some challenging and significant moments during the supervisory relationship. Mario said,

Yeah, I think some of the biggest challenges for me have been how do I support ICTs, what they need, and what I’ve learned to ask, but also just sort of remaining on, not on guard but remaining on my toes. Throughout supervision, I don’t just “Let’s talk about it” once and let something slide. I had an ICT who wanted to go home over winter break to see family. Some of the hurricanes that had gone through during the fall … created a landslide that made it difficult for her to get home during winter break. We talked about how we processed it; you know, we talked about what she needed … but it for me is a challenge. How do I support this person in the long run—you know, like, what do I do with those ICT challenges? I think another challenge is just the learning curve, which I also love. You know, when we talk about just multicultural competence, there’s that lifelong learning process. And that’s a fun challenge for me, but I could think back to my very first semester at this university. It was a similar setup to last semester, where I had a group, but it was interns. There were six of them. All were women, and all were from various countries throughout Central or South America; not all were ICTs. They were somewhere from the Southeast of the U.S., who were having a conversation about one of their clients. The client was Jamaican and was Christian; the mother practiced Voodoo. The client was identified as Latina and was Catholic, and I just had so many layers of religion and culture intersecting in this conversation. And I was like, I don’t know how to be helpful at all. What do I say to this intern? Right now, to help them, you learn through this, so that was an illustration of some of the challenges, working also with ICTs…. What we don’t know is bad, or what we can’t allow stereotypes are things that we’ve heard in the past to sort of cloud our understanding of what’s going on here, so there’s a lot of processing that was going on, and educating that we had to do for ourselves, so we did: we went and learned a little bit about Voodoo and learn[ed] how incredibly diverse it is within that culture and for this particular ICT.
Joana self-identified as a White or Caucasian female from an Italian ethnic and cultural background. She is in the age range of 56 and older. Joana was born and raised in the Midwest region of the United States. She graduated from a Midwest CACREP-accredited program for her master’s in Counseling, graduating in 1998, and then earned her Doctor of Education (Ed.D.). Joana held a Professional Educator License (PEL) in School and had 20 years of clinical experience. She had had the opportunity to supervise master’s and doctoral-level ICTs for the last 27 years. She explained that she started backward, meaning she first started supervising ICTs and then went on to get specific training and participate in workshops. Although she had an incredible supervisor to help her work with ICTs, she had also held the role of Program Director of School Counseling at her university for many years.

Joana described how she started her work with ICTs. She spoke about her experiences with enthusiasm and passion and noted that after 27 years she is still advocating for and supporting the work with ICTs in her university and following up with them as alumni.

I started in the early 90s: … my first student was a master’s student from Hong Kong. She was a graduate assistant in our office. She saw individual clients, she developed programs, and we co-facilitated groups together. Later in that same setting, I had a graduate student from Japan, and there were similar circumstances where she was seeing individual clients, developing workshops and programs, and then we facilitated groups together. So, in another circumstance, I’ve worked with graduate students from Brazil and Nigeria.

Joana recounted one of the impactful experiences with ICTs that led her to reflect on her approach to supervision and ways to support ICTs and be more aware of her own assumptions. Joana said,
Please let me give you an example from the classroom right now because, in my mind, which may be disappearing a little from what we’re supposed to talk about, but I’m currently teaching a foundation course. And I have a brand-new student who just came here from China. In September, this course has an advocacy assignment. And I should have thought about this with the assignment but didn’t. They don’t advocate in China. [She] had no clue. When you see one. And so, that brought kind of a whole ‘other dimension even to her presentation. She was very honest and the presentation basically said “our voices are not heard in China.” So that to me has translated to some of the things that could also get in a supervisory relationship because people are coming in with all their stuff and I should have been more conscious of the circumstances and classroom and I was not and I felt kind of it.[pause and gasp] And I think that same kind of thing sometimes happens in supervision, if that makes sense.

Joana explained that this incident with the ICT was eye-opening to the importance of being intentional about incorporating cultural humility into her work with ICTs as well as letting their voices be heard during the supervisory relationship.

Ted

Ted self-identified as a male, East Asian Chinese, and Han Chinese ethnic and cultural background. Ted’s age ranged from 30 to 39 years and he had been living in the United States for the last six years. He completed a master’s in Counseling in 2016 and earned a Ph.D. in Counseling Education in 2020; both degrees were from Northeastern CACREP-accredited programs.

Ted had five years of clinical experience and was a National Certified Counselor (NCC) and an Assistant Professor with two years of experience working with ICTs. Although Ted did not have specific training to work with ICTs, he had conducted research and written publications related to the topic of cross-cultural relationships in counseling.
Ted was one of the two participants born outside of the United States. He offered a unique perspective regarding his experiences with ICTs. As a former ICT himself, his experience brings an interesting insight into the investigation of clinical supervisors’ experiences during the supervisory relationship with ICTs.

Well, I think this is one of the sorts of tension attention that I noticed when I received your interview [request]. When people talk about supervisors of ICTs, they’re usually talking about someone who’s U.S.-based and working with someone who’s not U.S.-based, right? ... But as an international person, in a sense, I feel like all the supervision that I do as an international person is international because I very rarely actually get to work with people from my own culture or my own sort of home country. So I want to contextualize what I’m about to say, like, in that because it’s not maybe what I’m describing is somewhat not typical. Suppose the majority of the participants are U.S.-based…. I have two counselors who identify who were not U.S.-born; one was born in China, and the other was born in South Korea. They both came here to pursue graduate-level education, which means that most of their cultural upbringing was in their home country. So I believe these are the two sorts of ICTs that I’ve personally worked with. There are some other sorts of vicarious experiences, sort of case discussion and classrooms and consultation, but that’s, I wasn’t in the role of a clinical supervisor.

Ted recounted a memorable experience involving one of his ICT non-U.S.-born supervisees and provided insight into how his background as a former ICT and his previous experiences were utilized to problem-solve the cross-cultural issues faced by the ICT. Ted said,

My experiences, I think, are both … actually pretty memorable, and I think it was funny because, for master’s students, they typically would sometimes like to receive one semester...I was kind of curious how I, as an international person, one of the few international doctoral students in a program, got actually assigned to be a support of those students, and I think the rationale was I’m more able to relate to those in that cultural background. Some of their struggles are indeed connected to their cultural worldview. So I think both are quite memorable.

I’ll give you an overview of one of the students born in South Korea. The ICT was in the last semester in the program, but this ICT [was] having a lot of trouble. Being able to do case conceptualization. The ICT seems very friendly and supportive and very sort of—just, I mean having a pretty accommodating interpersonal style, but having trouble really doing any intervention per se. Some of the previous interventions some of the previous sorts of supervisors [they] have had struggled because the ICT was receptive to everything and did not ask questions or anything, just like, “Sure, I’ll do that” and then it doesn’t happen. I think we’ve had excellent work together, but I was having the same
struggle because the ICT was very sort of like, “Sure, that makes sense. I’ll try that.” The ICT would do whatever assignment that I gave to read or whatever, but there’s not much change. Even though, despite the work that we did together. And during one of our last sort of meetings, I was like, “So I wanted to process this a little bit, what this feels like to you. Does this feel helpful? Does it feel different? [Are you] feeling that it adds? [Is it] working?” And then we got to talk a little bit, and then one of the first things that the ICT said was like, “Well, you have the video on, because we have to video-record our sessions, so I sometimes … don’t feel really like I’m able to say things with that video on.”

So, the backstory is that the ICT actually has had multiple occasions of the remediation sort of plans and efforts from the faculty side because, you know, obviously, everybody perceived the ICT to have the same struggles [such] that people want to give the ICT a second chance. The ICT was such a nice person, so nobody wanted to actually fail the ICT, but things weren’t really improving or happening. Hence, the ICT grew cautious, over time, about what to say because there are always implications. And, as an international student, there are much more significant implications if you don’t pass the program or you’re not able to graduate. What does it mean to your immigration status in the U.S., for your student visa—all these things? So, there’s a lot at stake for this particular person....The deeper layer, I believe, is always cultural, always relational, and the communication style—there are people from a particular group accustomed to. We cannot just ask them to break that habit because that’s how they’re raised. That’s what they are in their world. What is considered respectful and thoughtful, and, you know, all of these things and what they’re supposed to do, that, yeah, I think these are some of the memorable things that stood out to me.

Ted explained his emotional reaction to this occurrence and how this situation impacted him personally and professionally as a former ICT.

Well, let me start with feeling sort of kind of concerned for the ICT… understanding. I sure felt very sad. And I don’t know if this is the feeling and empathetic. I feel like there’s because, as I was talking about these things. I see myself in them. Even though we’re not struggling exactly with the same thing, or maybe that’s the struggle that I could overcome throughout my journey because I’m maybe here a little bit longer than them. Or, you know, I was, maybe I’m not someone who is struggling with being assertive. Still, they were, you know, like, but regardless, this type of struggle, I can see the under layers, … all of the layers that that sort of constitutes their struggle, and I think I feel a little bit torn between, sort of, because there is tension, right? [They] are not in their home country. There is a particular sort of quota that they need to do, but I can’t simply tell them they need to do things differently here. That’s kind of also not respectful of where they’re coming from, but there is this tension of, okay, how much do I encourage and as a supervisor, you know, when we thought about, for example, that discrimination model. I think, you know, there’s so much you can do, only so much you can do using a consultant role, asking them to reflect, you know, providing examples, but, ultimately
when do you switch to a more forceful “maybe”? That’s a wrong word. Still, like more of a kind of behaviorally oriented, like, “Okay, I know all these things, so I want—I need you to try this, this and this.” … When do you switch to that, that is respectful and thoughtful and sort of consistent with what they need in a moment? And like being supportive, empathic, there is a problematic requirement of whatever they’re expected to do. So I think that’s probably where the tension comes from, and I don’t; I don't think there’s [ever] a clear answer in terms of “This is what I need to do.” It’s always been “Okay, let me find the balance between the different options and see what feels right in [the] moment” because, in my mind, one thing that I always want to prioritize is relationships. And by that, I don’t mean the relationship being we’re still like each other or, like, that’s not what I mean; the relationship being there is this alliance or bond between us to keep the work going. So I think that’s probably the most important; whenever I’m trying to …weigh different options that may be one of the primary criteria.

Ted could relate to some of the situations the ICTs were going through and tried to be intentional to access the cultural aspect of communication and struggles the ICT was facing as he dealt with his own feelings and reflection of the situation at hand.

Inez

Inez is in the 40- to 55-year-old age range and identified as a white or Caucasian female of Polish descent. She completed her master’s in Counseling in 1990 and earned a Ph.D. in Counseling Education in 2005 from CACREP-accredited programs located in cities in the southeastern region of the United States. Inez had 30 years of clinical experience and was a Licensed Professional Counselor (LPC) and a National Certified Counselor (NCC).

Inez had 20 years of experience working with ICTs. She did not have any specific training to work with ICTs. She was an Approved Clinical Supervisor and over the years had conducted research on supervision and had participated in workshops. Inez described her experience with ICTs as follows:

It was around 2000 when I began working for a university as their clinic supervisor, as an approved clinical supervisor, and NCC and an LPC state. I had my first ICT, as we’re
calling them, from South Africa, and she was a student who had come to the United States to study and play tennis. That was my first experience with international students, so that would have been 21 years ago. Over the years, I have supervised dozens, if not more, students who are either international and in residence in the U.S. or studying and working in their home country. So I have some supervisory cultural considerations with both, and ICTs as supervisee and then as a clinician-to-client cultural considerations, but [saw more] with the student who has come to the U.S. and [is] studying outside of their home country.

Inez remembered many situations involving cross-cultural interactions with her ICT supervisees, but she also shared an occurrence that enlightened her. She said it was transformative and impacted the way she saw herself and her career and consequently her work with ICTs. Inez. said,

In my first clinical work outside of my work, working as a clinician pulled me up short. Sometimes, I can remember one of my favorite client stories: I worked with this wonderful woman who had a severe mental illness that required her to live in an assisted living facility. Hence, she had to have a little help with her living arrangements. She was knowledgeable but not formally educated. She read a lot, just very intelligent. And when I would see her. I was a green master’s counselor; I was ready only to share my wisdom with this woman and, you know, be that professional voice she needed. And I don’t know what I said. But one day, she looked at me, and she said, “I need you to break it down the redneck.” And I thought, “What am I doing here, who am I trying to be? Why am I trying to bring this uptight professional to mind?” It was just insecurity imposter syndrome, all of that on my part.

So when she called me out, she stayed with me when I met with people. My thought is, “break it down redneck,” meaning: I need to get out of this professional Dr. space and be real with this person, whether it’s a client or supervisee, and meet them where they are, meet them at their point of meeting, so it has not gone smoothly, Vera, or perfectly. I’ve made many missteps, I might have some cultural humility, but I also have some ego, and I say stupid things. The difference is, I usually hear them as they come out of my mouth, and I can correct them at the moment. And I am always open to feedback. I really have worked hard not to get into a position of defending myself before listening. It is just taking a lot of work.

Inez shared that her level of self-awareness that day helped her work with ICTs and other diverse populations and also helped her U.S.-born students.
Oh my goodness, I am such a better counselor and counselor educator, because of my experiences with diverse students. I really keep going back to my first academic appointment, but it was a small-world area of Mississippi where I called my students mushrooms because they had grown up there. They came to school there, a lot of them were teachers [or] case managers there, they got trained to be school or mental health counselors there, and they mushroomed right back out into the community to serve their own. So it was just real organic, everything very tightly meshed …. Then you throw in a South African, or even we had a young woman from Vermont, you kind of shook things up a little bit. And it was very challenging for the group to think differently than a conservative Bible Belt primarily, African American, or white view in Mississippi. And that makes me grow right and gives me license to say, “What about this other side?” whether I, whether it’s for my culture or not, you know, “What about—are we sure we’re meeting this person? So I learned a lot about working with clients and working with supervising and teaching and training, then I got to work for a university that serves students all over the world. So, I had the privilege of having students who were international but maybe living in Washington State, working within a trans shelter; that would be something I would have been able to do previously in my work experience and so it has been. I have grown so much. I don’t even know how to describe it; it has been one of the most exciting parts of my career.

Inez provided insight into her emotional reaction to her work with ICTs over the years. She explained that there were many times when she felt challenged, questioned herself, and dealt with insecurities and her overall feelings.

Alex

Alex was one of the two participants who identified as former ICTs; Alex had been in the United States for the past 13 years. Alex was born in Turkey and identified as White-Caucasian with Turkish as their ethnic and cultural background. Alex completed an undergraduate program in School Counseling and received a master’s in Counseling in 2006, both in Turkey. Once in the United States, Alex earned a Ph.D. in Counseling Education and Supervision in 2012 from a CACREP-accredited program located in the southeastern region of the United States.
In terms of clinical experience, Alex explained that the opportunities for doing clinical work were basically provided through their doctoral program, with only a few clinical experiences before that. In total, they had three years of clinical experience during their doctoral work.

So, I myself am a former international counselor trainee. And so, let me give you a little bit of background information about myself. I’m originally from Turkey, so I went through my undergraduate and master’s education in counseling. We have undergraduate degrees in Turkey as well. ... Then I came here for my Ph.D. In Turkey, our training at the undergraduate level is more school counseling-oriented and more research-oriented at the master’s level. So, I didn’t have lots of clinical experience. I came to my Ph.D. program over here, so I did lots of double work—like, I did both master’s and Ph.D. clinical work even though I was a doc student. So, I had lots of experience as a counselor-in-training and as a supervisor-in-training, so I supervise master’s students as well.

Alex had had more opportunities working with ICTs: a total of 8 years at the time of the interview. While Alex did not have specific training to work with ICTs outside the doctoral program, they had a graduate assistantship position working with ICTs combined with their unique experience as a former ICT and ability to relate to some of the struggles and difficulties of this population. Alex said,

So, upon graduating in 2012, Ph.D. program, I took a position in a university in the Southwest of the U.S. I was there for three years. I trained a bunch of counselor trainees from different backgrounds, international students. If you make it easy, ICT’s, so I had students from China, I had students from Turkey. I had students from India. I’m trying to think. So, those. Of course, I was mainly teaching master’s level at the time over there. And then I took my position over here already in 2015. Now I’m teaching both master’s and Ph.D. students, but mainly, my specialty is in supervision. I’m mainly focusing on doctoral students, so again I had some of my students from the master’s program at the university in the Southwestern region of the U.S. follow me here and [apply] to the Ph.D. program. They were international students mainly. So, again, I had students from Malta. I have a student from Turkey. I graduated [one] from Colombia. Last year, she was originally from Colombia, but she was also a citizen over here, so she had been here for some time. I graduated, a student from Turkey, China, again, so I have a wide range of
experience. And I’m pretty sure I have [had] other students. I had a student from Trinidad. So, yeah, I think I have a good range of experiences with ICTs.

Alex expressed a sense of responsibility and advocacy regarding ICT supervisees. They described a specific situation with an ICT related to cross-cultural interaction when reflecting on their personal reactions during the supervisory relationship. Alex recounted the occurrence as follows.

I experienced some challenges in the past that might be coming from my projections or my, like, approaches in the area … or expecting a student to be at a different place than I had hoped. So, like, if I’m not pacing well with them. Because at the end of the day, each student is again unique and has their own pace. To me, international students are on a different journey rank compared to other students. Because there’s so much to be bombarded by and try to learn and tune in and still process that information and so I can relate to those experiences. And sometimes it is so easy to forget. And I usually catch myself, or sometimes [I do]. It is being challenged by so many different things to pay attention to. It might also be students-based as well. And it might be too much that ICT might be feeling overwhelmed and … putting their walls up to protect themselves, and do whatever they could do at the moment, rather than having a steady pace to keep growing and understanding, learning, becoming aware, again, that to me ICTs have a lot of opportunities … which could quickly turn out to be the most significant overwhelming components of their training that their … native counterparts may not need to go through. My own funny, funny experiences like not knowing specific words and assuming it meant something else and, like, so I like to share some of those pieces too. But again, it might be related too sometimes. Also, it might be me. It might be the student-specific developmental challenges and not being able to [keep] pace with them. Sometimes [I get] wrapped up in my expectations rather than seeing where they are at. I try to do my best to reflect on those experiences, and that is one of the main components of my research agenda is reflective practice. And I believe it is so critical.

Summary

The purpose of this chapter has been to provide descriptive summaries of the individual counselor educator participants in this study. All the participants were in a professional role as a counselor educator and self-identified as clinical supervisors of international counselors-in-
training (ICTs) at universities across the United States. They had all held a professional role as a counselor educator within the last three years, had regularly worked with ICTs through providing clinical supervision for at least one semester in the last three years, and had been trained in the United States.

This chapter examined the lived experiences of the 10 clinical supervisors during their supervisory relationship with international counselors in training as well as explored the clinical supervisors’ perspectives of their cross-cultural experiences with ICTs and the clinical supervisors’ self-efficacy regarding the challenges and strengths derived from those experiences working with ICTs. In addition, the individual information of the ten participants regarding the demographic aspects mentioned above as well as significant experience with ICTs were presented using the participants’ own words.
CHAPTER 5
ANALYTICAL FINDINGS

This study focused on clinical supervisors’ lived experiences during their supervisory relationship with international counselors-in-training (ICT). The data originated from the interviews, reflective journals, and members’-check feedback. All the participants reported satisfaction with the transcripts and the developed themes and categories. Six out of the ten complimented the researcher for the accuracy of the themes and categories. One asked to change one of the ICT’s names because, during the interview, she used a letter as she was referring to that ICT. Still, after reviewing the transcripts, she offered names instead; this chapter reflects the modifications made to honor the participant’s request and protect that ICT’s confidentiality.

Interpretative phenomenological analysis (IPA) was the research design utilized for analyzing the findings. The research questions that guided this study follow:

1. How do clinical supervisors describe their experiences during the supervisory relationship with ICTs?

2. How do clinical supervisors of ICTs perceive their level of self-efficacy in addressing cross-cultural experiences during the supervisory relationship?

3. How do clinical supervisors of ICTs facilitate the translation of counseling skills across cultures?

An overview of the themes is provided as well as a detailed explanation using the participants’ own words. Table 2 illustrates a conceptualization of the themes and categories.
Table 2

Research Questions Themes and Categories

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<tr>
<th>Research Question</th>
<th>Theme</th>
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<tr>
<td>Clinical supervisors’ experience of the supervisory relationship with ICTs.</td>
<td>Growth enhancement</td>
<td>Challenges</td>
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<td>Cross-cultural adjustments</td>
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<td>Emotional responses</td>
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<td>Clinical supervisors’ perception of Self-Efficacy addressing cross-cultural experiences</td>
<td>Professional development</td>
<td>Supervision and training</td>
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<td>Lack of theoretical inclusiveness</td>
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<td>Personal development</td>
<td>Self-awareness</td>
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<td>Racial identity</td>
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<td>Transformative cultural encounters</td>
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<td>Clinical supervisors’ experiences facilitating translation of skills across cultures</td>
<td>Acknowledge cultural diversity</td>
<td>Cognition</td>
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<td>Integration</td>
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Research Question 1

Research Question 1 focused on understanding the counselor educators’ roles as clinical supervisors and their experiences in the supervisory relationship with ICTs. Three themes were identified guided by the above research question:

- Theme 1: growth enhancement (three categories: challenges, cross-cultural adjustment, and enrichment);
- Theme 2: emotional responses (two categories sense of meaning and purpose; learning curve); and
- Theme 3: responsibility to create safety (three categories: restoration and support, humility, and authenticity).

Theme 1: Growth Enhancement

Many participants expressed that the opportunity to work with ICTs led to growth enhancement, advancing their work with ICTs. Their supervisory relationships with ICTs’ experiences were perceived as ones that broadened their view of and understanding of cultures and their ability to work not only with ICTs but with all their supervisees as they developed their skills to work with diverse populations, encounter new learning opportunities, build supervision skills, and have experiences with people from all over the world.

Numerous participants perceived their experiences during the supervisory relationship with ICTs as an authentic opportunity for growth and enhancement. Here are some quotes from participants’ own words:
I learn more about their stories and their lives. That’s so rich...But the bigger picture is that it broadens my thinking and my horizon of our worlds. So what a wonderful way to do it. So I always feel like it’s a collaboration... when I have a chance to work with somebody different culturally that means so much, to learn so much. (Serena, 2020)

My work with ICTs makes me grow right and gives me license to say, “What about this other side?” whether it’s from my culture or not... I got to work for a university that serves students worldwide. So, I had the privilege of having students who were ICTs....I have grown so much. I don’t even know how to describe it; it has been one of the most exciting parts of my career. (Inez, 2021)

Challenges

The first category that emerges from the theme of growth and enhancement was challenges. Clinical supervisors described challenges very broadly, including the length of time involved in working with ICTs as well as learning the correct pronunciation of a name, understanding personal biases, assumptions, blind spots, microaggressions, and microinsults during the supervisor relationship that the ICT receives from peers and even from them as supervisors. Challenges involved language barriers, immigration law issues, lack of support systems for the ICTs and for themselves. Challenges also included ICTs’ social isolation, acculturation, fear, social anxiety, and feeling overwhelmed and bombarded with so many moving pieces.

Many of the clinical supervisors shared those challenges during the interview. Taylor shared being intentional in her work with ICTs, but it is a time-consuming activity, and I can see from some of the situations that this effort is not always a successful one:

I mean, it does take time, proper intentionality does take time—you know, five minutes that we spend trying to get the ICT name correct, or background, their perspective, history, culture and looking at how it’s showing up in the room; that takes time.
Taylor also shared that she does not just want to give directives to shorten the time because, from her perspective, sometimes ICTs do not understand the nuances of the culture of some of the context of that directive, and it can be more waste of time. Other participants like Joana perceived their experience with challenges as an opportunity to grow. She said,

I think of challenges as opportunities for new learning and growth... I think, in any supervisory relationship there are going to be challenges, and to be honest I welcome challenges. I also think there’s always a learning curve in any supervisory relationship for both the supervisor and the supervisee. So I think the cross-cultural issues add a beautiful dimension to the whole circumstance. (Joana, 2020)

Multiple participants also described several challenges in their work with ICTs regarding microaggressions and microinsults. Many participants mentioned challenges related to language barriers, describing times that they were unable to understand what the ICT was trying to say or what they wrote on a clinical document or assignments. They noted the need to be cautious, empathic, and authentic but also not ethnocentric and dismissive towards the ICTs because English is not their first language when helping the ICTs, which as they mentioned occurs more often than one might think in the ICTs’ experiences. Mario related his challenges with ICTs regarding the immigration law system that is hard for the ICTs to navigate and directly impacts their personal and academic life. Mario also seemed to be affected by his limitations in supporting the ICTs regarding those issues. He said,

And then I had one ICT, a young girl... from China... concerned about her Green Card being renewed... a hard worker—that’s stressful for her. She would stop and say to me, “I’m a little concerned about this class. What if I don’t pass?... I [would] say, “You’ll be fine. The most important thing is to acknowledge that, to deal with it and be self-aware.”

A significant number of participants described similar concerns as they witness, semester in and semester out, some of the various challenges ICTs are facing, such as isolation and fears of the uncertainties and dangers of living in the United States, while knowing that some of these
supervisees were quite successful in their home country. Another challenge associated with this category that participants reported is that as a clinical supervisor, they would not always know what the ICTs are going through unless they feel comfortable self-reporting. Serena explained that she thinks ICTs might not be completely open about their hardships. She said,

I think that that happens more than we hear; it’s just that, if you have that relationship you are going to hear it, [but it won’t] unless we have a rapport with them.

Alex and Ted, who were former ICTs, had a unique insight into the challenges faced by the ICTs; they could relate because they went through similar struggles. For example, Alex observed that “ICTs are on a different journey rank compared to other students...bombarded…and try[ing] to learn and tune in and still process that information...feeling overwhelmed and putting their guard...up to protect themselves.” I could see in their facial expression a genuine concern and some disturbance as they spoke about projections and expectations of the ICTs and also feeling overwhelmed as they were trying to support them and help them succeed. Alex continued:

[What] I experienced in the past usually might be coming from my projections...my expectations [for] the ICT to be at a different place than I had hoped. So, like, if I’m not pacing well with them...I can relate to those experiences. I also feel challenged by so many different things to pay attention to.

Ted concurred with Alex and shared a situation in which one of the ICTs had many opportunities within the program with various supervisors but was no making progress even though he was trying hard. The faculty thought of him as a good person, so they thought because Ted had a similar cultural background, he was asked to be the ICT’s supervisor. Still even after many interventions, the issues persisted, so Ted decided to meet with the ICT to understand his backstory. Ted learned the several remediations resulted in fear, particularly when the
supervision session was video-recorded, because of the ramifications if he failed the program.

Ted explained,

The ICT was such a nice person, so nobody wanted to actually fail the [him], but things weren’t really improving and the ICT grew cautious over time....As an ICT student, there are much more significant implications if you don’t pass the program or you’re not able to graduate. What does it mean to your immigration status in the U.S. on a student visa? So there’s a lot at stake for this particular person.

The findings also showed an interesting aspect of growth enhancement through these challenging situations. The participants seemed to become more aware of the dynamic of lives outside of their own; some of them were right there with the ICTs as they went through those difficult times. Many shared that those challenges were beneficial for them as they went through those experiences during the supervisor relationship. Joana expressed this sentiment. Clearly, she said,

I think actually, sometimes the challenges can be beneficial...learning for everybody that is involved. And so I think it’s a gift. You know, because different minds get to come to the table and share different experiences and different thoughts about things, huh.

Many of the participants also shared that they were able to enhance their ability to work with ICTs through their experiences learning about, understanding, and witnessing the challenges ICTs undergo to complete their education in the United States. Those challenges include the internal difficulties the ITCs face as they try to adjust to the new culture, and the external pressure of their families’, U.S.-born peers’ and supervisors’ expectations, and immigration status issues directly connected to program evaluation outcomes, just to mention a few.

Multiple participants also mentioned the ICTs’ challenges regarding family expectations, especially the parents who did not think counseling was an option in their family because they would rather have their son or daughter become a medical doctor or an engineer, thus creating
more pressure for the ICTs to prove their value. They also cautioned that ICTs are not always upfront about their challenges; they can be dismissive about what they are going through. Serena mentioned one of her supervisees from Toronto who was anxious to go back home and apply her newly acquired counseling skills because the system there was different from that in the U.S. “I think part of the secret, not secret ... is to be able to help people understand what their strengths are, not just as a person, but also culturally as a whole,” but Serena explained that it is still a challenge to work with ICTs when you don’t know what is going on in their minds.

**Cross-Cultural Adjustments**

Another category related to growth enhancement was clinical supervisor enlightenment about some of the root causes of cross-cultural adjustments that were unique to the ICTs and that tended to add stress beyond what minorities face who are born in the United States. The clinical supervisors were able to solve some issues or reflect on the incidents afterward as lessons learned to gain awareness but not without challenges, and some supervisors were feeling overwhelmed. Some of the cross-cultural adjustment issues mentioned above encompassed cross-cultural misunderstandings and miscommunications, such as a story Ted told about one of his ICT site supervisors who could not get the ICT to follow her directives. The ICT failed to understand what the site supervisor was asking her to do because of the language barrier, context, and cultural nuances that the ICT could not comprehend. The ICT did not want to offend the site supervisor by saying the site supervisor’s directions were not clear to her. As Ted put it, “The site supervisor is a very task-oriented person...so the ICT didn’t verbalize [her] … frustration internally as well.” Ted reflected that in similar situations, it is not uncommon for the ICT’s behaviors to be assessed or evaluated as lack of assertiveness, imposter syndrome, or other
labels. Ted’s perspective is that there is a deeper layer, and it is always cultural, relational, and communication style issues. He explained that ICTs’ conceptualization of respect and authority has deeper roots, and their responses are based on their worldview. He also added the following regarding his experience as a former ICT:

I think the struggle every student brings is different...which part of that dynamic could be attributed to culture. It is a struggle because there’s no formula to say, well, it is, let’s say this part is 30% … cultural, 20% is personal—like, there’s no way to do that. People would say, “Oh, Chinese culture is this … or that; there’s 1.5, 1.4 billion people in China, like, what culture you’re talking about.” So like, Brazil is a big country as well...There’s no way to—I can’t even claim expertise on my own culture...the biggest struggle is every case is new...it takes time.

The participants also related other aspects regarding cross-cultural adjustments, such as acculturation-related issues. Joao mentioned that some ICTs had not been exposed to racial diversity in the U.S. and seemed confused about racism and classism, as the systems in their country were based more on colorism regarding race and racism...they might come to us and see there’s not a racial hierarchy...just different social classes, and then, in the end, they don’t show how it’s racially isolated and how things were designed that way.

Many participants also mentioned the opposite could happen where the ICT has many experiences, speaks different languages, and carries points of view that other U.S.-born individuals do not have because they never had the opportunity to travel to other countries or be exposed to or immersed in different cultures.

Another aspect of awareness experienced by the supervisors regarding cross-cultural issues or adjustments was the microaggressions and microinsults ICTs suffered from their peers, even by the clinical supervisor themselves—like a microcosm of what is currently happening in American society. Paula related an incident where an ICT from China was having a difficult time because of the pandemic and the stereotypes against people from China. It was stressful to the
point that it was affecting her in class, so what was happening in society was impacting the ICT academically. Paula said, “I mean discrimination, it’s always happened in America but [it’s] even more inflamed with Chinese individuals because of the pandemic.” Other participants also shared similar experiences.

Most clinical supervisors mentioned having to support ICTs with family stressors as part of the cross-cultural issues. Inez shared her experiences with ICTs whose families do not think counseling is an actual degree like a doctor or an engineer and the ICTs therefore had to work hard to prove themselves to their families. Alex reflected that ICTs are still dealing with family issues back home, missing their support system in a different time zone, along with the fact that the family is also expecting results from them, and—adding to the stress—the family also needs their support. They might be so far away, creating much anxiety. They said,

one of my current students came here with her daughters, and her husband was back at home. They could not see each other for quite some time, then the nephew got diagnosed with something. And she was unable to access so much anxiety happening. So then, the family is not in the States. Yes, it would help if they could afford [it] and flew to see them. I mean [here], even if you get in the car, like in three to five days, you might be able to access [family] without going through borders and this and that. I think this brings in different additional stressors. And when we go through the covert pandemic issues. They’re still going through it. That is one stressor, and on top of that, there are the stressors of not being able to access the family, not being able to have your support system in the same time [zone].

Another important aspect the clinical supervisor experienced in terms of cross-cultural issues with ICTs was the lack of institutional systems to support them regarding the navigation through immigration laws, green cards, and visas, all of which connect directly to their educational results to determine their ability to plan a move forward to practicum or internship. Mario shared his experience of having to support ICTs regarding visa issues. Mario explained that one ICT was stressed about the possibility of not being able to enroll in practicum because
of issues with her visa renewal, and some ICTs also have to deal with language barriers as they work with the immigration department. Mario has learned a lot as a result of helping ICTs navigate those issues.

Many participants spoke about the cross-cultural issues regarding programs that bring in ICTs because their diverse background looks good for the program. Still, those same institutions do not take the time to help the ICTs adjust to the new culture. Alex, a former ICT, was very candid. She said,

I will tell you: ICTs are a lot of work. It is not easy to work with ICTs because ICTs come with different challenges. So, I think, very frequently, it may be forgotten that bringing international students might look good [for] the program. At the same time, the program really needs to sit and think and make these people feel welcome and supported. ...Yes, tell me this should be done with all students. Yet, [with] ICTs it is even more critical for [them to] learn and grow and become aware...And instead of recognizing that, you know, it may not be completely them. It is also one of the ICTs’ characteristics to take ownership of so many different outcomes and not recognize things outside of their control.

**Enrichment**

The category related to growth enhancement was clinical supervisor enrichment; some participants expressed their experience during the supervisory relationship resulting in improvement of themselves professionally and personally through the interaction they had with ICTs.

Many of the participants expressed that they learned a lot working with ICTs. Inez, said:

So I learned a lot about working with clients and working with supervisees and teaching and training, then I got to work for a university that serves students Worldwide.

Another essential aspect shared by the participants was the opportunity to grow through the challenges and the awareness of the difficulties of the ICTs, which lead to self-awareness,
empathy, and compassion and consequently the development of cultural sensitivity and intentionality utilizing approaches that took into consideration the cultural difference between them and it.

Once I became aware of what whiteness is and, as an identity, what it means to be a white male. You go through the anger like how I can do this to people, and then there's the guilt you feel for being privileged. But then I think I've kind of reached a place where I recognize there's a privilege that I have that I can't just get rid of it. I can't deny that I have it. How can I use it for good and I think one small way to use it for good is to broach it, own it, broach it, and make sure that I'm not letting my experience define other people's experience (Mario, 2021)

Theme 2: Emotional Responses

The second thematic area for Research Question 1 was the participants’ emotional responses. They described a wide range of positive and negative emotions during supervision relationships and experiences with ICTs. This theme’s categories are a sense of meaning and purpose and the learning curve.

Sense of Meaning and Purpose

The participants expressed many positive emotions regarding their supervisory relationships. Many seemed to be passionate, enthusiastic about the exciting aspects of working with ICTs. Additionally, their empathy, satisfaction, and rewarding experiences were evident. The findings regarding this category related to the sense of meaning and purpose that the participants encountered in their work with ICTs. Mario expressed pride in his opportunity to work in a very diverse institution primarily serving the Latino and Hispanic community from the Southeastern United States and the Caribbean. Mario perceived his experiences working with
ICTs as beneficial, especially for him, as he mentioned, “I checked all the privilege boxes,” referring to his being a white male, born in the South of the United States, and the fact that he understands he can use this same privilege to serve others. He said,

I step back and think about counseling in general. You know, for me. There’s a quote that comes to mind, and it’s from a man named John Coykendall, And it’s “Uniformity is the plague of sameness.” If everybody were the same, it would be really boring. Yeah. So I think that people coming into supervision and the counseling profession from all walks of life just add a spice and fun level to this whole thing. It’s sort of a microcosm of what we do as counselors. We help people from all walks of life and all backgrounds.

The participants expressed other positive emotions regarding their supervisory relationship with ICTs. Many seemed to be enthusiasm and vision, fascination, and the exciting aspects of working with ICTs. Also, empathy, satisfaction, and rewarding experiences due to their work with ICTs were evident.

The findings regarding this category related to the sense of meaning and purpose the participants encounter in their work with ICTs. Among those participants was Paula. She said,

Oh my gosh, I mean, I’m sure some of this was biased, that I love “M”; she’s a great, great supervisee. But I also think there are benefits outside of that .... We have group supervision, but seeing the met alone, because I didn’t want to reveal a token out of what she wanted to say, I think she almost felt ashamed for the language gap. And I said “M, for you to know two languages is amazing; you’re going to be more efficient with clients because you can share their native language.”... I think helping her build that confidence that she has something that people who are just English speakers don’t have to deal with regarding language barriers, I guess selfishly, was rewarding for me ...watching her grow with that confidence...as her supervisor for three semesters...I felt personally awarded to collaborate in her success. She is an excellent supervisee.

The majority of participants expressed satisfaction with being supervisors. Serena said she loved it to the point that she had to participate in this study. She said she had so much passion and zeal for her ICTs and thinks it is because she grew up surrounded by folks from
other cultures, and later on when she could afford it, she traveled, which made her work more effective and more interesting: “

Clinical supervision, it’s one of my favorite things, which is why I’m like, “[Oh] yeah, I got to participate in this study.” And so, I love that, and that’s just who I am. It is fun. I have had many ICTs.

Inez, among other participants, described her work with ICTs as a source of excitement, and said she was surprised on one occasion when she observed the effectiveness of nonverbal communication utilized by one of her ICTs. She said,

You know, it’s really funny… the ICT … wearing a full burka, I was only able to see this one’s nonverbals able; she was incredibly expressive with the way she [used] her body. She put herself in that proximal space with the client. In fact, that was one of the big glaringly obvious differences. I could watch her work with a client, and she was right there with the client.

As former ICTs, Alex and Ted found a sense of meaning and purpose different from other participants because they felt they could relate to some of the ICTs’ experiences. Those emotional responses were validation, in a sense; they paved the way for new ICTs. Alex shared that they bring compassion when working with ICTs, which they called “the protective piece of my compassion.” They confessed their biases in their work with ICTs as well: “But I think I might be a little bit more soft-hearted [with] the ICTs. Yes, knowing that international students may not have their primary support systems.” Ted also acknowledged how he prioritized his relationships with his ICTs; he said,

The one thing that I always want to prioritize is relationships...meaning … There is this alliance or bond between us to keep the work going. So I think that’s probably the most important whenever I’m trying to...weigh different options, that may be one of the primary criteria.
Learning Curve

Many of the participants also expressed negative emotions. They seemed to be exhausted, confused, and sad; they exhibited self-doubts, and questioned their work with the ICTs. They reflected on these experiences of trial and error and consequently the awareness that what they were doing was not enough, as they became aware of their own biases and assumptions getting into the supervisory relationship with ICTs as they tried to problem solve some of their experiences and learn from them not to make the same mistakes.

Some of the emotional responses resulted from their assumptions, biases, and blind spots and being unaware during the supervisory relationship with ICTs. Joana and some other participants wrestled with the fact that she did not consider cultural aspects in planning assignments about advocacy, causing more stress for the ICT from China: “I should have thought about this with the assignment, but I didn’t. They don’t advocate in China. She had no clue what to do.” Joana made a comparison of this experience with her supervision work. She said,

So that to me has translated to some of the things that could also get in a supervisory relationship because people are coming in with all their stuff and I should have been more conscious of the circumstances in the classroom and I was not, so I felt kind of it [pause and gasp]. And I think that same kind of thing sometimes happens in supervision, if that makes sense.

Some participants felt ashamed of their lack of multicultural competence and self-awareness in their work with ICTs. Mario shared that he was embarrassed to realize that he worked with individuals and only later found out they were ICTs. But he was even more concerned as he became aware that he was not the only one; he said,

If somebody is not self-aware, it’s shocking to me how many counselors and counselor educators lack self-awareness. I mean, I do too. Sometimes I catch myself going, “Oh, where did that come from?” or “I shouldn’t have said that.” But I think it has to start with
some self-reflection level on a person’s background, their own identities, and an openness to exploring that and owning it.

Many participants described some of their experiences regarding their assumptions and biases in their work with ICTs. They were upfront about their biases, judgments, preconceived ideas regarding ICTs’ cultural background, and some even compared ICTs’ acculturation level that sometimes appeared to be highly developed because they dressed like an American but were still very rigid regarding their worldview values, which surprised many of the participants. Recounting one of her experiences, Inez said, “Of course; I have biases. Of course, I make judgments” as she referred to her ICTs from the Middle East who seemed to be at different acculturation levels and how surprised she was to learn that her biases and assumptions led to a work judgment of the ICTs’ counseling skills and abilities. She said,

So I went in with the complete bias that my Yemeni students who chose to practice a religion wearing a full burka would be more conservative [and] maybe have difficulty talking about tough topics, sexual topics, etc. And the other in her cute Western outfits and hair and makeup, this westernized girl would probably be more progressive, and I could not have been more wrong...So, that shook me to the core.

Some participants’ emotional reactions to their experiences with ICTs were sadness, concerns, and feeling somewhat torn. Ted expressed his concern and sadness as he witnessed some of the ICTs going through challenges similar to those he went through as a former ICT. He was “concerned for the ICTs that are struggling...I don’t know if this is feeling empathetic. I feel as if they were talking about these things. I see myself in them.” Ted explained that he has been in the United States longer than some of his supervisees, and even though he did not struggle at being assertive, he could see under what he called “layers of their struggles.” He said,

And like being supportive, empathic, there is a problematic requirement of whatever they’re expected to do. So I think that’s probably where the tension comes from, and I don’t think there’s ever a clear answer in terms of “This is what I need to do.” It’s always
been “Okay, let me find the balance between the different options and see what feels right in the moment,” because in my mind, I think, you know.

Many participants who were U.S.-born also felt this concern and emotional anguish at trying to do the right things and being culturally responsive. Similarly, they were faced with experiences they did not know how to respond to, which was the same tension felt by Ted and many others. Serena shared that one of her ICTs was under a lot of pressure and anxiety that was affecting her work with clients. “When [an] ICT comes to our country and [is] trying to get a degree and do the right thing [there] is a lot of pressure.” Serena explained that the ICT’s interactions with the clients were very rough, and as the supervisor, she tried to provide feedback. She said,

I like to acknowledge I have biases. It is important to acknowledge it because I’m not perfect, but I don’t want to be perfect. And you better believe I like to say it. I got these biases, or that’s not so positive...and that’s what bothers me when people make assumptions. I had a girl from Japan. She was tough, and she was very abrupt and forward with people and with her clients and it was difficult for me to talk about “How is that working for you?”...and for me to be very careful about my nonverbals, voice, and how I asked those kinds of questions...She worked on being gentler with herself and not being so tough...So she came to my door one day and just burst out crying and suddenly said, “I’m so mad at you.” I said, “Okay, let’s talk about what happened and what did I do? Please help me understand.” So we process it together and get through it, and it was good learning for her and me. And to be able to know that I don’t have all the answers. And sometimes things are a little off base, and that [includes] the rapport of this relationship and that you have to repair it.

Inez provided her shared learning experiences when she had anticipated a feeling of awkwardness, but it ended up being a great learning curve for her as a clinical supervisor. “This is going to be so hard and awkward.” Her supervisor was, according to her, a male Hasidic Jew. Based on his religious beliefs, he would never counsel women—only the men and boys of his fellowship. However, as part of being a counselor, he had to do it, so he had permission. Inez shared what happened,
I don’t know the Orthodox level, so there’s orthodox, ultra-orthodox, etc. I don’t know the exact level, but he would never counsel women in his culture [except for] our training program. He had to. And he received permission to do this from his church and from the people that wanted him to get his master’s degree in counseling. I thought, “Oh, he’s going to struggle. What is he going to do? This is going to be so hard and awkward.” And he was really quite good.

Some participants shared emotional responses due to examples of microaggressions and microinsults happening during their supervisory relationship. Paula shared that during a discussion, the ICT had to advocate for herself because some of her U.S.-born peers were assuming that because she wore a hijab, she was submissive and unable to help a client.

I appreciated Fatima because something was lingering in the room about providing autonomy...people are stereotyping that because I have a hijab, I’m more submissive... As a supervisor, I remember I was like, wow, why didn’t I pick up on that or what was it about me that felt a little uncomfortable with that, you know what I mean. And I needed to feel that discomfort to see how I could change things next time for Fatima or other students.

Taylor had a similar situation as she explained how important it is for her to take the time to learn student names with correct pronunciation, but later understood that a student did not correct her when she used the wrong accent. But she overheard others and noticed that what she perceived to be right was wrong and that her perception of being approachable was in question, as well as the sadness to see that the ICT letting go of their name was perceived as assimilation. Taylor sighed, expressing how sad and disappointed she was because it reminded her of her past experiences with dismissiveness, disregarding her minority background. Taylor was also surprised because she thought of herself as a culturally sensitive and approachable supervisor, making her feel guilty and ashamed.
The third theme identified by analyzing responses to Research Question 1 was participants’ responsibility for creating safe environments for the ICTs. Many participants had genuine concerns about providing environments that fostered learning and healthy interactions between ICTs and U.S.-born peers. The clinical supervisor wanted to make sure the ICTs were safe from their clinical supervisors’ biases. The following categories emerged from this theme: restoration and support, humility, and authenticity.

**Restoration and Support**

Many participants related to the responsibility to create a safe environment by taking action and advocating for the ICTs or others involved in the process, especially clients. Many clinical supervisors saw the need to provide interventions and restore ruptures in relationships, misunderstandings, dismissiveness between the ICTs, their peers, and the clinical supervisor. Multiple participants shared occurrences and cross-cultural issues where the connection of the relationship needed to be repaired and resolved in such a way that the individual involved felt fair. Divina recounted a situation between an ICT and their client, a rupture that needed to be restored so the healing process could continue and they were able to collaborate. The client came to two or more sessions before termination. Divina said,

> And I think that overall, it was helpful. The client did come back to see the ICT another three more times if I remember correctly. So it wasn’t a complete abrupt break. But for them to come back two or three more times, and then the relationship terminated: I think it was a good eye-opener for the ICT to realize how the tiniest of slips can have the biggest impact that I’ve seen, bigger sure, but this one was a really good learning experience for the ICT, indeed.
Many participants also used the restoration process to rebuild an ICT’s confidence in themselves and their clinical work. Observations were made of supervisees who had a hard time participating in supervision group discussions. Instead, they wrote clinical notes due to language barriers. One such strategy a participant used to solve the problem of note review during the large group was that she had to be less evaluative and consider the cultural context: “Say, ‘Hey, let’s talk about this. How could you write this in a way that can build the insurance?’” was able to honor the ICT’s clear understanding of the counseling sessions without shaming the ICTs for English not being their first language. It was an adequate opportunity to restore the ICT’s confidence. Also, Taylor (who had the issue with one ICT not correcting her in the proper pronunciation of their name) decided to make an effort to take the time to learn the correct pronunciation of all ICTs’ names. She said,

I look forward to continuing work with that student, trying to create further space of empowerment instead of settling for the power differential status quo of our culture and our commonalities. In this regard, to get their perspectives, their cultural narratives, to learn more about their culture so that they are connecting with clients, peers and colleagues, and merged encounters, to be able to honor their cultural perspective as well.

Humility

Related to the responsibility to create a safe environment, some participants took an approach of cultural humility in their work with the ICTs. Many of the clinical supervisors saw the need to disclose their identities to promote a safe environment. Some used the concept of deconstructing the stereotypes that ICTs might have of them and being intentional about being approachable and initiating cultural differences between them and the ICTs.
Some of the participants saw a clinical supervisor’s role as that of a servant leader and were willing to be vulnerable and open with their supervisees. Inez saw the importance of providing her ICTs with what she called an invitational approach to supervision. She said some of her faculty colleagues call her a student whisperer, but she attributed that to her willingness to listen and her years of trial and error: “Being willing to be wrong is such a valuable asset in supervision and creates that safety.” She discussed power and privilege at the first meeting because she understood that “I hold power and that pen and paper that I sign at the end of our time together. They’re going to be a little nervous; they don’t want me to view them as failing at this.” During our interview, she explained,

You can’t tell, but I’m also tall. So I’m a tall blonde white woman with a Ph.D. that carries a lot of power with a lot of the primary women that I was teaching. And I need to descale myself that I am approaching them invitational[ly]. I hope to be an Invitational supervisor to create a space where my supervisees are comfortable being real and safe. Suppose I can’t make that clear in the first week. They’re not going to learn as much because they’re going to hide from me or be afraid of me, and I don’t want that, so deconstructing the supervisor’s self is one of my approaches...I have to do what I can to right-size myself in the relationship. Because to me, there’s nothing more offensive than the sage-on-the-stage approach, meaning the teacher-centered education instead of the student-centered. I got that from one of my former supervisors, and I don’t want to be that.

Similarly, Paula wants to address cultural differences right at the beginning and utilize the syllabus and her disclosure: “I talked about wanting a safe environment and enjoying an equitable environment.” Paula also makes clear to her supervisees that she welcomes feedback. “I hope it can be safe for you, and in fact, you’re guaranteed a safe space, so if I’m doing something culturally that could be hindering that, let me know.” Serena also is intentional about creating a safe environment. Still, she expressed that she knows that does not happen overnight. Each ICT has their own pace: “As you well know, developing that rapport takes some time.”
Serena said that she tries to be respectful and is quite supportive along the way and that it is something that, in her perspective, is beneficial not only to the ICT but also to her as the supervisor.

Taylor shared her intentionality not to reproduce the sense of superiority so pervasive in the United States, which is quite challenging, according to her, because the culture of superiority in America is something that she even grew up with, embedded in her like the sand and concrete part of your formation. She strives not to reproduce what she sees in society in her work. Taylor said,

Then as a black woman, I’ve spent 37 years in this country. The culture of superiority is a thing. It’s just: this is the foundation. It’s like the sand that makes concrete....It’s only in there; you can’t see it; you almost don’t know if they’re in a relationship assigned to the composition of concrete. But you can’t make concrete without it...So it’s like throwing that off, deciding, we’re not going to have superiority, sand; we’re going to have humility and build the foundation... to say I want to approach the conversation with folks with humility, such that I can ask the questions and not feel like I’m going to crumble.

In the attempt to create a safe environment for the ICTs, the participants also related to broaching cultural differences. Some preferred doing it right away, as soon as they met the ICTs. Some looked for a point of entry; others worked through the teachable moments when they discussed clients and multicultural aspects related to a case and reflected on similar issues in the lives of the ICTs. Mario is an example of the participants who discussed multiculturalism regularly with the ICTs as they discussed clients’ issues. Still, he thought this was normalized because he initiated it during the first session by self-disclosing about his racial and cultural background. He said,

Because in the first supervision session, I sort of broach that I’m a white male. I’m from the South. I was born and raised in the South. I was raised in a Christian household. You know that those check a lot of privilege boxes, and I make that, you know, front and
center, and [show] that I’m aware of it and that it’s work that I have to do...so it really sparked a conversation about our identities and how they intersect, which brought out those two ICTs...from Jamaica and Canada, in particular. Some of the stuff that ICTs have to deal with as an international student that even someone who might be from a marginalized group doesn’t even think about, you know, making sure that their paperwork is in order so that they can stay here in the U.S....regardless of the supervisor’s cultural background there’s a power differential, just by nature [of] the supervisors evaluating, gatekeeping—there’s grading at the university, so it creates a hierarchy...power and privilege, marginalization. It’s something that I’m always thinking about in terms of “How can I give this supervisee or … this group of supervisees the safe space that they need?”...I know that I can’t get rid of the power differential but we can talk about it.

Multiple participants explained that the initial broaching of humility and intentionality enabled the ICTs to feel comfortable asking questions and showing where they are in terms of their development. Mario discusses with the supervisee that encouraging the ICTs to let it go of perfectionism, so common in supervisees in the early stages of the development but even more so in the ICTs due to internal pressures due to acculturation levels in the new culture and external pressures such as having good grades to maintain the student visa status, family’s expectations, and other stressors. As an example of that dialogue with ICTs, Mario said,

You don’t have to pick and choose your best work to show off and hopes of boosting your grade. I want you to be able to say “I’m struggling” or “I’m stuck.” Or “Hey, this session that I just had, it was awful. And I need help.” And that’s not going to make me think less of you, you know that...if you only bring in your best work, I’m going to get bored. I’ve got nothing to do.

**Authenticity**

Many participants intentionally created an atmosphere in which they were honest and genuine. They expressed a sincere commitment to their work as a clinical supervisor to promote an environment of safety in their work with the ICTs within the supervisory relationship.
From their perspective, being authentic in their work was a means to model integrity and respect for the counseling profession to the ICTs and their peers as they built their own counseling identities. In essence, they were aiming to develop not only the professional skills of their supervisees but also to help them develop as individuals, true to themselves, open to grow and become their genuine self. They therefore focused on personal development as a critical component to foster authenticity and openness as the ICT is developing their counseling identity. Among them was Taylor, who shared that her goal is to foster an environment of transparency that will lead to growth on professional and personal levels. She said,

The ultimate goal is to instill openness because I can teach you skills and knowledge. But the person is not changing. External things are changing but the nature of the core of who you are as a person does not change if we only talk about knowledge and skills. So, I think that the level of openness is what I emphasize the most…the supervisor needs not only to model but to embody that openness....be willing to see, eager to [act] whenever there is a discrepancy [or] there’s a miscommunication—you’re ready to lean into those incident occurrences and see what is going on, not trying to fix it so soon but if there is a disconnection between us...allow yourself to be patient and curious about those things and I think that’s probably the best way to approach this....I don’t think there’s any formula to this super complicated cross-cultural dynamics, but I would say openness and humility, willingness to modify and revise [your] approach.

Some participants utilize authenticity and self-disclosure about their own experiences as they went through similar challenges during their training to become counselors. One of them was Alex, a former ICT herself, who said, “I like to disclose my own experiences from the doctoral program....I feel like that diminishes the power differential.” From Alex’s perspective, being a former ICT already diminishes ICTs’ hesitation and encourages them to approach her as themselves and be open about what is going on in their lives. They added, “I’m usually cautious when I point things out and choose my words carefully so that they wouldn’t come across [as if] there’s something they need to fix...I’m intentionally inquisitive and curious.
An interesting parallel aspect of the findings shows Taylor’s authenticity with ICTs from India, sharing her upbringing as a Black woman born in the Midwest:

where there are impoverished neighborhoods ... where kids go through to school where is full of gunfire and people trying to sell them, drugs, ... saw people digging in trash cans and connecting with their ICT community where impoverished living was dynamically different from the others impoverish living...conversation that maybe help[s] the ICT conceptualize and be less confused and that also diminish power differential and foster authenticity.

Serena also shared a similar perspective and explained another strategy and how she goes the extra mile to make sure the ICT feels comfortable and appreciated for who they are and that they are not alone and let them know that she is also learning from them in this process:

I think bear if anything because I love, love 100 cultures...I work hard at noticing non-verbals and how non-verbal skills are important. You don’t necessarily speak the same language [but] a look or a smile or frown is meaningful in any language. And so I think for me that’s important.

Multiple participants explained that sometimes ICTs might say that everything is alright, but deep inside, they are not open about their struggles. Hence, they look to build that authentic relationship as they take into consideration ICTs’ non-verbals. Serena was one of the participants who provided insight into this matter. She attributed her understanding of ICTs’s nonverbals to her travels in Central and South America as she observed other cultures and noticed the nonverbals and how important they are to comprehend the authenticity of what someone is communicating: “I love the indigenous people that I encounter because I learned from them...in my travels.” Joana concurred with Serena and explained the importance of creating opportunities to work in partnership with the ICT supervisees and learn together along the way as a collaborative partnership where authenticity was the key for meaningful exchanges. She said,
I had a graduate student from Japan….We worked together as she was seeing individual clients, developing workshops [and] programs and then we facilitated groups together. So my goal is to create a safe supervision environment, where there could be open exchange of questions, conversations and ideas... I would usually preface [with] “Please tell me if you don’t want to talk about this.”...something similar to a counseling session ....to give the person an opportunity to say yea or nay, but sometimes there were things that we had to talk about anyway so sometimes, it was not an option to not speak about things. I also would encourage the ICTs to bring things to me, and I’m hopeful that they did; I mean, I can’t speak for them. But it appeared to me when there was something that needed to be discussed, if I didn’t bring it up, they brought it on.

Research Question 2

Research Question 2 focused on understanding clinical supervisors’ perception of their self-efficacy level in addressing cross-cultural experiences within their supervisory relationship with ICTs. This section presents an analysis of findings regarding the second research question.

Two themes were identified that guided the research question.

The first theme was professional development, from which four categories emerged: supervision and training, self-education, cultural responsiveness, and lack of theoretical inclusiveness. The second theme was personal development, from which three categories emerged: self-awareness, racial identity, and transformative cultural encounters.

Theme 1: Professional Development

Many participants explained they did not have specific training to work with ICTs and had to build knowledge from past and new experiences, trial, and error, use of creativity, intuition, research for further information, feedback, aha moments, workshops, etc. Many participants expressed the importance of professional development, and they mentioned
opportunities to attend seminars and conferences. However, most of the content was not tailored to ICTs specifically. Also, a significant number of the participants sought self-education, which they mentioned was made in silos, which can be detrimental. One might miss other clinical supervisor perspectives and the opportunity to collaborate, which could benefit the entire counseling profession.

Multiple participants described their professional development as something significant because it opens oneself to the opportunity for growth and prepares one to work with a more diverse population; however, they also reported that they were frustrated with the lack of opportunity to receive supervision and training pertinent to ICTs. The findings show that it seems an unfulfilled desire. Paula said,

I know that at ACES and ACA, all these things that we go to, ICTs should be part of the conversation and [we should be able to] talk with people about it. I mean not to be silly, but this is why I think it’s so crucial that you’re doing this research because this is something I do want to grow in.

**Supervision and Training**

In terms of training, many participants expressed they had not received specific training and supervision to work with ICTs. However, they had some general education on multiculturalism and supervision in their doctoral program. Several participants thought that seeking supervision and training was a key component not only for their professional development but to make sure the work they are doing with the ICT is not harmful, mainly because some of them have what they called “blind spots” and others called “unaware spots” or “peripheral vision” that was used interchangeably. However, still, a few prefer to work in silos.
Many of the participants, like Joana, perceived self-efficacy to deal with cross-cultural issues during the supervisory relationship with ICTs is closely connected to their ability to be open to new training and to receive supervision: “I think what happens when the clinical supervisors are in their developmental piece: Sometimes people...get too much ownership of stuff and see things maybe through a tunnel, don’t have a lot of peripheral vision.” Joana cautions against becoming too comfortable with all you know and stopping your growth: “I think that’s a wonderful thing, but if you think that you know everything—you know, your way or the highway—I think there’s a problem.” Joao had similar thoughts, explaining that it will be challenging to maintain a critical perspective by yourself: “You will revert to your internal dialogue, which is going to be this: you talking to yourself is always going to confirm your existing belief.” Joao spoke of the risk of basing your judgment of things based on your assumptions contrasted with new learning or supervision to give you feedback. He said,

I think you have to maintain a critical perspective ....and looking for the blind spots, you need to invit[e] people to challenge you, on that point... or the modeling that you can use effectively as they do...just having your other outlets and places where you can check those things, as your students aren’t always able to do it because of the power dynamics; they’re not always the best people to point out your blind spots because they might not do it.

Many participants shared experiences with a supervisor in their doctoral program who made them realize the importance of a supervisor when you are in the role of gatekeeper; evaluating students makes it very difficult when you do not have outside input because you might be going to cause harm. Inez shared that her supervisor was supposed to help her with a client, but she took an older file and based her feedback on what she wanted Inez to do.

I learned at that moment that this was a supervisor that didn’t want to hear me. This is a supervisor who wanted to feel good about what they gave me. And it was sad because I
did not get adequate supervision from that person. And so part of it is I think that some supervisors never moved beyond that real didactic model.

Inez said what other participants also mentioned: that being a good counselor does not necessarily make you a good supervisor. It takes training, learning the supervision models, choosing one and practicing based on one, being reflective of your practices, and receiving supervision, because she did have one when she graduated in the 2000s. Inez said,

Now we understand that supervision is something that takes training and experience and practice and intention...just like not everyone good at their job makes a good manager at their job is [not] just a leadership issue, it’s a style issue. It’s [not] just a leadership issue. It’s a; it’s a style issue...I am working on improving my supervision, and I had a supervision group outside my university. And we would talk about our supervision, email each other, stay in contact, and have a consultation. So it’s going to be the person who goes that extra mile that does it.

Serena also agreed with all the others about the importance of seeking supervision and training, even though her prescription was slightly different from Inez’s. She thinks her years of experience as a clinician make her excellent at supervision. Serena expressed that her role as a supervisor is the essence of who she is and she spoke about it with passion. Serena said,

I think my own self-awareness regarding my strengths [and] my biases and really knowing who I am. Also, always being open to having someone approach me, and say, “I don’t quite get it, so let’s approach it in a different way.” And I’ve been lucky that I think I’ve been a clinician for a long time, so that also really helps. I think it’s supervision is to be a really good clinician really does.

Self-Education

A significant number of participants, when they spoke about professional development as a means to perceive themselves as more effective in dealing with cross-cultural issues during the supervisory relationship with ICTs, almost all the participants spoke about the importance of doing your “homework,” meaning that clinical supervisors should educate
themselves regarding their need with regard to the ICTs. This education could be interesting for learning more about the ICT’s cultural background, not depending only on the ICT to inform about their culture but to learn about it independently. A great number of participants seemed to have deep conviction and spoke with passion about the need to seek to improve yourself as a professional and continue to educate yourself. Inez agreed with them and had some thoughts about this matter. “I think it is funny. In the United States, we think that two years post master’s, you’re done; you never need training or supervision ever again.”

Joao, along with the other participants, thought self-education is essential and mentioned different books he has been reading that provide insight into many variants within different cultures and perspectives of some cultural systems. He described situations in which individuals leave their countries to support others, but because they don’t understand how the cultural system works, end up getting support from the wrong sources: “There are two books that were helpful; one was one’s called White Man’s Burden... another one, Crazy Like Us: The Globalization of the American Psyche, has some examples of where people screw things up.”

Joao broadened his understanding of these different cultures, and he travels to those countries and seeks to educate himself even through the science of anthropology to understand those cultures and he has come to the understanding that the best counselors from some cultures are the ones from that cultural perspective to avoid more conflicts and hurt.

Paula was another participant mentioning the importance of self-education. She noticed the counselor educators seeking self-education, but she would prefer if people would not do it in isolated silos but as a collaborative process. She shared an incredible opportunity to participate in a workshop at the university where she was currently employed. She enjoys the opportunity to
learn also with the collaboration of others. She commented that if her life was not as busy as it is right now, she would participate in even more of those learning experiences. She said,

We had an excellent online symposium on social justice ...and it was a professor that came and talked about racial inequities, and I just noticed that my students are like, wow, we don’t get this outside of conferences, we don’t get this outside of, that’s like clean. And I think we are telling students, hey, be multiculturally competent throughout their whole preparation, but then as counselor educators, we sometimes silo.

Cultural Responsiveness

Multiple participants raised the importance of being intentional about professional development so they could more effectively work with ICTs. Cultural responsiveness was a key component for their professional development and they sought ways to better prepare to work with diverse populations and, more specifically, work with ICTs. Many participants mentioned that they recognize how important it is to include ICTs’ cultural background as part of the process of learning. They shared their attempts to do so, aiming to learn how to be positive in their outlook as they communicate their expectations to ICTs in an inviting environment, providing culturally sensitive approaches in the way they communicate expectations but still be effective in the ways they accommodate and support the ICT. They varied as they practiced cultural humility.

Many participants shared experiences about the importance of professional development related to cultural responsiveness. Inez related an encounter she had with a client that led her to take cultural considerations as relevant aspects of an individual’s life story, and impacted how she provided supervision. Inez’s client was part of the Mennonite faith. At that time, she did not know much about their belief system, so she offered what seemed to be some reasonable
solutions. However, as she discussed the solutions with the client, she realized that what could be applicable for some people was pretty detrimental for that particular client’s cultural background and religious faith. Inez had a look of determination on her face when she described her commitment to learning ways to provide more culturally responsive solutions.

I thought, “Gosh, there seems to be an easy solution here.”...Whereas, for someone who does not have that faith, they would have done things a little bit differently. So I asked a lot of questions, but I’m also cautious, especially in light of the amount of incredible racism in our country, to not put the onus on the client or the ICT to be my teacher to do my work, to figure out what I can find to check in with the ICT more culturally accurate[ly] that does this fit...because everyone’s cultural experience is different.

Mario had a similar situation in which cultural responsiveness was correlated to his ability to seek professional development when he was in a supervisory session with ICTs from Central and South America. He broached being a white male and acknowledged all the privileges that come with because he wanted to be proactive with possible cross-cultural interaction. One of those supervisors had a client and needed help because the client was from Jamaica from a Christian faith but was facing family issues related to the Voodoo religion. Mario shared that he did not know anything about Voodoo besides the negative stereotype, which was not a good way to start dealing with the case, so they needed professional development. He also encouraged all the ICT supervisors to get some education on Voodoo as well. Mario recounted,

You know, in the US it has a sort of negative connotation...[I] didn’t know anything about it...I say, ”Hey, I have to do some reading and... make a homework assignment for ourselves to educate ourselves”...because that client had a lot of religious conflict, so we bracketed to not assume, admitting what I don’t know nothing about Voodoo and ...the ICTs, they didn’t know anything about it either except the stereotypes. So there’s a lot of processing that was going on, and educating...and [we] learned a little bit about Voodoo and how incredibly diverse it is within that culture and for this particular ICT.

Some participants had the opportunity to take their professional development to a whole other level and consequently could relate to different cultures and develop their cultural
responsiveness as they immersed themselves in different cultures, had travelled to other
countries, or had been born in other countries. There were four participants who added
fascinating insight to this research data set. Among them was Serena, who experienced different
cultures in her early years due to what seems welcoming to her family’s nature. Still, she started
to travel as an adult, which has helped her as a person and as a supervisor. Serena said,

Growing up...there was always someone from a different culture in our house. Not for
very long. And so I learned very young. Oh, that was kind of cool... So I learned about
different people... in junior high and high school, I gravitated to people that were not like
me. That’s just that natural curiosity of mine to learn more about people...it’s
fascinating...then I started to travel [but not] until later because I couldn’t afford it... I
love Mexico and have gone there many times... to Peru ...seven times, eight times...many
people that are my color anyway. I don’t want to be a white person there...so, I learn
about people. And it’s, it’s humbling, it’s humbling. And it helps me; it helps my
thinking about supervision in a whole different way. And to understand that people are so
unique and how lucky we are to have that. And it doesn’t always happen that way, so I
feel like I’m really lucky.

Multiple participants shared the same passion for learning from other cultures. One of
them was Joao. He shared that when he visits other countries, he observes more from an
anthropology than psychology perspective, as he noticed a gap in initiatives that come from
those countries. He learned firsthand the unique aspects of the different cultures: “Yeah, when I
travel internationally ...the psychologists and counselors haven’t done anything that came from
that culture, it’s all stuff they’re bringing there that is not based in that culture.” He wanted to
understand the culture and how that system works and the purpose behind some of the cultural
ways of a particular country and how counseling and psychology works in those countries: “I’ve
done some international work, and for example, there were no graduate-level Psychology
programs or counseling programs in Africa.” He explained a collaboration with the professionals
of those countries and the ones in the United States could be more productive to all involved in
the process of being culturally responsive. In his work with ICTs, he incorporated opportunities to broach cultural differences in assignments.

During case presentations or capstones or things, there are always cultural and diversity components to it. I feel like sometimes it’s hard to talk about a case in depth without becoming aware of some of your limits and blind spots...some unique insights through some of the assignments and probably less through the informal discussion but more so through building it into the assignments.

He also explained how those experiences can positively impact professional development and consequently cultural responsiveness. He said,

There are two opposite ends of the spectrum here. Sometimes you see the kind of a lazy effort to multiculturalism where we assume that whatever somebody [is] doing may [have] to do with their culture, and because of that it is fine, and I don’t know anything about that culture and it is accepted, maybe it’s okay. But the person hasn’t taken the time to understand the culture enough to figure out what’s happening.

Alex provided a unique perspective as a former ICT, especially a great experience during their doctoral program. Alex explained that their work as a supervisor of ICTs had been tremendously influenced by the university’s cultural responsiveness combined with the fact that Alex was born in Turkey.

When I was in the Ph.D. program, my cultural background was very well attended [to]. I was asked how much my culture showed up in individual responses and my cultural experience, which I prefer. How did I prefer to be approached, so my culture and where I was coming from was taken into consideration.

Alex did not follow in the same steps as their professors. They understood the need for respect, taking a culturally sensitive approach, and knew that taking into consideration ICTs’ cultural background significantly impacts the learning as well as continuing to grow in one’s cultural competency through professional development. They explained, “In the work that I was doing and how it was informed, so I do, I follow something similar.” Ted shared some similarities with Alex’s approach and explained how at his university, he had the opportunity to
learn from professors and researchers who helped him continue to improve, so now he does his research and publishes in the topics of supervision and cultural humility. Ted said,

I think this for supervisors to be willing to challenge what you know about supervision about these theories and models and research, what’s good, what’s positive qualities of supervising [and] what’s not, what do you need to change, how do you intervene. I think the ability, the willingness to question these things, and putting it in a larger context is important because it is not just for supervision; I think [it’s] for education in general.

Lack of Theoretical Inclusiveness

Many participants discussed professional development regarding the need for a theoretical approach facilitating their work as clinical supervisors to better prepare ICTs to be more effective counselors. They mentioned numerous ways the current theories are limited to meet the needs of diverse populations and, more specifically, the academic needs of ICTs.

Inez shared her experiences as she worked with ICTs’ foundational counseling skills and realized the cross-cultural issues of those experiences. She noted that “the way we teach skills is so often embedded in a white European model, a white Western European model, a white male Western European model... It’s often very Rogerian and very CBT.” Inez expressed the difficulties those perspectives present for individuals from collective cultures: “They may not at all fit with someone who’s coming from a collectivist culture, where you would not immediately jump into disputing thoughts, etc.” Joao came with a similar experience and perspective as Inez as he described his experiences, even though he thought the ICTs were doing well to acquire the necessary skills and were reflective about their practices. Still, when they had to apply a theoretical approach, it became difficult: “Those skills seem to translate more easily cross-culturally...but sometimes, in the nuances of theory and when the ICT has to translate theory into
practice. That’s where we take for granted how much worldviews are embedded in those theories.” Joao said that those experiences convinced him of the fact that if you share the same worldview of those theories, it is not a problem. Still, if you had another cultural lens, it became obvious that it was not a good fit: “I’m specifically thinking of some scenarios where people can pick theories that are an odd fit for them.” He explained that he even tried to let the ICT choose the theories to see how they will demonstrate how they use them in practice, and even this approach still proved difficult. He said,

Some of the theories are very linear. I’m thinking about somebody who comes from a culture that is not that way, especially the non-Western cultures that are more holistic and not linear, it is an odd choice of theory. For example, CBT is so linear and logical basically, and trying to play it from a perspective that’s not so linear in it doesn’t translate as well. It shows the limitation of the theory cross-culturally. It’s like helping the ICTs figure out how to apply this theory or realize that this theory is not a good fit for their style and approach that is like a very multicultural moment where somebody from one culture is trying to learn a theory from another culture...Not even the three theories that’s easiest to be multicultural are competent with it...If somebody wanted to learn CBT, but their way of presenting in class is oriented more around stories and things that are not so linear, I can suggest looking into constructivist or narrative approaches that are more story-based and capture those nuances.

Ted also spoke about the limitations of the theoretical approaches offered in the United States. However, his perspective was focused on the professional development of the supervisors. He mentioned the theoretical approaches regarding acculturation presented as a linear process. As a former ICT, his acculturation experiences were not linear, and even the concept of levels of acculturation implied hierarchy:

When you look at the acculturation [in] Berry’s theory or all those things...there’s the notion that acculturation is a linear process where it’s a one-unit directional process...I don’t think that’s the case. It’s where they are in terms of their journey or the duration of their acculturation process.

Ted went on talking about the supervision models he was trained on as a supervisor:
At least the way I received training and supervision, all of these models and theories are
developed pretty U.S.-centric model IDM, critical incident, all of these things:
competence, you know, and supervision. They’re all created by U.S. persons. I don’t
think they’re wrong or anything, but it represents one perspective.

As he thought in terms of professional development in light of that limited theoretical approach,
he also saw the opportunity to work with ICTs to create new respect as he develops his research.

He said,

So … one of my professional interests is cross-cultural ...I’m curious about what is
human nature....What assumptions are we making when we say, the supervisor should be
either a consultant or a teacher or a counselor, like, what assumption does it make about
human relationship...more likely to get more reflection, through working with culturally
diverse people. Then just implement whatever this year-old model tells you to do...I
mean, counseling isn’t like the learning outcomes; it’s not like a hard criteria like you
have to … be able to do six notes a day in order to graduate, like, there’s nothing like
that, right? Everything is pretty subjective...expecting someone who gets everything
checked before start[ing] a career...look at the bigger picture. What does that mean for
this person to have a degree and start working in the field? I do not worry about him
hurting anybody? I think in the past, there is sometimes this may be a little fixated on,
well, he wasn’t doing this in the case presentation, or he didn’t demonstrate the ability. I
think that’s pretty cultural; that’s pretty like a competence-oriented lens which I
personally don’t...so, unless there’s some ethical impairment that I see...I tend to be much
more flexible and developmental in that regard.

Mario joined the other participants and shared the same concerns as he reflected how he
is training the ICTs and even other supervisees to counsel and their interaction with people:

“First of all, therapeutically, that’s very different from how even Americans communicate with
Americans. But it’s sometimes that, you know, reflecting a feeling is countercultural, in some
ways.” In his observation, he notices that it’s unique when the client is also international; it
becomes, as he said, “weird” for the ICT as well for the client “as a cultural conversation of
some of these skills that you’re doing, they feel weird...clients respond kind of weirdly, so how
do these fit you culturally or not.”
Mario also expressed that his goal as a supervisor is not to put the ICT or any other supervisee in a mold to be like Carl Rogers, Aaron Beck, or even himself but for them to learn the skills and apply them based on their worldview, and be as valid as any other therapeutic perspective based on the United States or not: “So I don’t know if the literature backs up that feedback or not [laughter].” Taylor experienced similar situations and concerns as some of her ICT supervisees are using theories such as CBT that use worksheets as prompts to start conversations, which missed the essential skill of developing a genuine relationship with clients: “We need to sit down and keep it out of this worksheet and make it a part of life.”

The finding also reveals some clinical supervisors felt the theory offered a framework. The exciting aspect is that what the U.S.-born participants from the majority culture said were generally consistent with what the other participants were saying about the theoretical approaches being embedded in a White western European model.

**Theme 2: Personal Development**

The second theme from Research Question 2 was personal development. Multiple participants shared lessons and experiences that changed their point of view or worldview due to cultural interactions and exchanges with ICTs. This theme led to the development of three categories: self-awareness, racial identity, and transformative cultural encounters.

**Self-Awareness**

Many of the participants mentioned achieving another level of awareness in their work with ICTs. The circumstances surrounding this were not evident at first for some participants.
Still, as they reflected on their practice or other parties involved in the situation, most participants received learning opportunities and means to personal development. The clinical supervisor developed self-awareness through doing their clinical work or through their support system.

A large number of the participants shared that they were upfront with experiences of personal development. Alex was among those, sharing that while they were in the doctoral program, “as one of the professors keeps saying, there’s no professional growth unless there is personal growth.” When Alex spoke about the ICTs they supervise, they seemed secure and almost motherly regarding the supervisees, so this was brought to the discussion. Alex seemed very self-aware:

Perhaps my bias might be definitely due to my own experiences as a student and what I have been exposed to so far from different students with lots of similarities because the majority of my students ...are ICTs...my protective approach might be coming from my own experiences and how much I needed to be protected or shielded at that time...again.

It was clear to see how the participants like Alex felt a sense of responsibility for the well-being of the ICTs, mainly due to Alex’s lived experiences as a former ICT and their deeper understanding of the struggles and success of walking in the ITCs’ shoes.

Similar to another participant, Mario recounted one occurrence that had an impact on him and led to self-awareness in how we should be in tune not only with our professional development but with our personal development, as one of the faculty was asking the student what the university could do to be more inclusive. It was inviting feedback from the students, and one student responded that this was not his responsibility but the university’s. Mario was very reflective, and he said,
It’s true...I took that to heart, you know, like, I shouldn’t ask others to help me be more aware of my privilege....that holds for supervisors across the board... if you’re not doing that work, you’re at risk of harming a supervisee. And there’s plenty of horror stories out there... For me, it seems unfair to tell an international supervisee or anyone who is from a background different from mine... “Hey, if I say something that offends you or if I say something that’s culturally inappropriate, just tell me, right, and I’ll fix [it].”...I shouldn’t put that burden on somebody else...I should be working on my own to self-reflect...What does it mean to be a man in this society to work with a female supervisee? Someone who identifies as heterosexual or cisgender...how do I carry myself with those identities... How do I be careful not to miss gender as a supervisee? I should be doing that work inside but also outside of the supervisory relationship. To me, those things are so essential, to be able to go into a supervision session and be somewhat culturally competent ...I recognize as someone who has a lot of privilege. It seems privileged to walk into a supervision session and say, “Well, you know, if I mess up, I want you to tell me and let other people do the hard work for me.” Right. If I have, I should be in a place where I should catch myself if I [inflict] microaggressions or something like that and having someone feel that they should have to call me on it.

Paula mentioned that on another occasion, when she was going over the ICT client note and reflections, she started correcting everything that was not APA style. Then she stopped herself to pay attention to the content of those notes and started to listen to what the ICT was saying about the case, and she realized her precocious notions and opportunity for personal growth. She said,

So I think that was a preconceived notion, for me, was that there, their competence was lowered because they need to have more errors. So I think that was definitely a preconceived notion, for me, was that there, their competence was lowered because they needed to have less errors when it was just the language barrier.

Alex seemed to be very attentive and aware of the different approaches when working with ICTs. Alex described experiencing firsthand the difficulties as a former ICT and being very mindful of the need to support and go the extra mile to provide resources and help. Alex remembered, and it could be sensed in her tone of voice, when people were dismissive and did not think she was exposed to certain things because she was from a third-world country.
I believe those assumptions are very evident to ICTs...I try not to have those same assumptions against ICTs...so, even if I’m caught having preconceived ideas about someone, I ask myself, so what was that about? Because I don’t want anyone else to have that same negative experience.

Alex shared how significant it was to come to the United States and find a welcoming environment among her professors and be able to call them their family outside their own family.

Alex was excited about the fruits of her self-awareness, as a group of ICTs followed Alex to a new university for another job opportunity. “So, I think that speaks to the fact that I don’t forget to be fair and treat the ICT as I treat all the other students, and have additional support, if possible at all.” Joao explained he became more aware of the importance of providing mentoring to ICTs and thinking about all the resources that could be available. He believed that more time within the program to adjust to the new culture and the language with tutoring in their native language and cultural contexts from mentors could support the new ICTs. During the interview, all those ideas had become apparent, and Joao seemed to contemplate them as he looked up, pondering and processing what he was saying.

Racial Identity

The category became evident as many of the participants started to describe what seemed to be a correlation of personal development with their perception of their racial identity and how to deal with cross-cultural issues within the supervisory relationship with ICTs. The participants described the ability to be empathic, understanding, and relatable due to experiences where they were in similar situations being dismissed, or where they suffered oppression or discrimination due to their minority status. Others from the majority culture expressed how some significant
occurrence during their work with ICTs made evident the cultural difference and the power and privilege brought into that cross-cultural dynamics.

Alex spoke about two ICTs from Turkey and noted that the fact they were from the same racial and cultural background facilitated the work. Alex mentioned the similarities of the collective cultural approaches of togetherness and cohesiveness, which was great for their group identity: “I’m still Turkish in my roots, and I have some ingrained ways of looking at different things. I keep reflecting on those experiences.” Some ICTs initiated and took responsibility for the others, similar to the cultural dynamics in Turkey. Alex observed this because taking responsibility and authority with the group was also part of the cultural lens and reflection. Ted had a similar pattern of looking at racial identity being a significant component of the discussion, so right at the beginning of the interview, he contextualized his response through racial identity lenses. Ted said there was a tension because being from China, all his supervisees were ICTs with the exception of the ones from his cultural background. It was not something he has experienced often. “So I want to contextualize... as an international person...I very rarely get to work with people from my own culture or home country...[it] is somewhat not typical.” His statement provided an insight into how vital racial identity is for this discussion. Ted did work with ICTs from China and South Korea who were struggling and had been unsuccessful up to that point in the program. He believed they were recommended to work with him because of their similar racial and cultural background, and the outcomes were positive. Ted believed that the deeper layer is always cultural.

Inez seemed well-tuned with her racial identity and how it developed along the years during her career, and she attributed her work with ICTs to have a positive impact on her
development. When working with ICTs, Inez said she not only broached her racial and cultural background, but she also went beyond to deconstruct the preconceived ideas the ICTs might have about her. “I want to deconstruct their vision of who I might be because I recognize that they want to paint me with a particular worldview, and I realize the power that I bring into the relationship...and I need to descale myself so that I am approaching them invitational.” Inez said that this is the only way she can create a safe environment. “They’re not going to learn as much because they’re going to hide from me or be afraid of me, and I don’t want that, so deconstructing the supervisor’s self is one of my approaches.” Inez shared that she had struggles being from the deep South and the historical challenges to be a white educated woman and that she takes it as a compliment when people tell her, “You are not who I expected you to be.” One of her clients asked her to “break down the redneck” because of the way she came across in the sessions. Some of her colleagues called her the student whisperer because of how comfortable students feel with her.

Taylor brought a similar aspect regarding racial identity impacting the work with ICTs. As a Black woman, she shared that background of facing oppression, discrimination, and dismissiveness:

I would say my experiences were probably very early...the shutting of my identity and suppression of acknowledging myself as a black woman...in 6th grade and about three-four years ago my blackness was not a readily negative part of my identity, and because that part of my identity was numbed.

Those experiences helped her to be more in tune with the similar experiences in the life of her ICTs supervisees. Taylor even mentioned one ICT who accepted any pronunciation of his name. She felt deeply for that ICT because she reflected that many experiences of dismissiveness could lead a person to dishonor their own name. Hence, she strives to hold a space of empowerment for
the ICTs and take the time to learn and value their racial and cultural background, as she feels she is right there in the middle with them as people with similar experiences: “All the fullness of my Black identity has been shown... When are those invalidations being told…I had been more aware of it.” Taylor seemed to take to heart her commitment to minorities, as she appeared to be very reflective during the interview, with a mind filled with ideas and much to share as she continues to develop and sort new aspects of her identity intersectionalities. Serena seemed to share the experiences of other participants who have evolved in racial identity development in what appears a more integrative approach; she talked about her experience with ICTs in an excited manner, referring to the little girl she once was, whose family welcomed people from different cultural backgrounds into her home.

Transformative Cultural Encounters

The category became evident as many of the participants started to describe encounters with individuals that transformed their perspective regarding cultural aspects that impact them when working with ICTs and their personal development. In the midst of the participants expressing the impact of that encounter, Inez described a situation that happened right at the beginning of her career. One of her clients had several mental illness problems to the point that she had to live in an assisted living facility. She was intelligent and self-educated, and after a few sessions,

I was a green master’s counselor; I was ready only to share my wisdom with this woman...my professional voice that she needed. And I don’t know what I said, but she looked at me, and she said, “I need you to break it down the redneck.” ... I thought, “What am I doing here? Who am I trying to be? Why am I trying to bring this uptight professional to mind?” It was just insecurity/imposter syndrome, all of that, on my part.
Inez was caught by surprise, but this was transformative for her to the point that she shared the conviction that she carries that moment with her whatever she is, with a client or a supervisee, as a reminder to be genuine with people:

I need to get out of this professional Ph.D. space and be real with the person...meet them at their point of meeting, so it has not gone smoothly or perfectly. I’ve made many missteps; I might have some cultural humility, but I also have some ego, and I say stupid things...the difference is, I usually hear them as they come out of my mouth, and I can correct them the moment. And I am always open to feedback. I have worked hard not to get into a position of defending myself before listening. I’m just taking a lot of work.

Some participants attributed personal development to encountering one individual and a group of them who also had a tremendous impact in their lives, fostering personal growth. Alex is one of them, describing a significant shift in their perspective and view and their life. They explained that when they arrived in the U.S., there was part of their identity and intersectionality that they had not yet explored, especially the piece that identifies with the LGBTQ-plus individual. It was a process that, as a Turkish person, could not have happened if they did not have a safe space to process those pieces. “If I did not have a supportive faculty, it is a supportive cohort because basically, my faculty was my family in the US. I didn’t have anybody else like those.” Alex expressed with such gratitude the support received through moments of much anxiety and depression. Alex mentioned that they provided comfort and support during the challenging acculturation process, from how to fill up a demographic with so many identity intersectionalities encounters to the point that Alex wants to do the same for her ICT supervisee.

Similar to Alex, Ted, as a former ICT, spoke about cultural humility and sensitivity when discussing and broaching cultural differences. Still, it was interesting because as Alex was upfront sharing their experiences, it became apparent that Ted had a different perspective; this became apparent when he started to share about how talking about culture is a sensitive topic. He
would not initiate a conversation about culture with the motivation of being respectful and considered because, in his perspective, people bring up culture when there is an issue.

But I think a lot of times, the discussion around cultures tends to focus on impairment. And whenever … we bring up culture, then we look. “Oh, is this culture?” means that you cannot do this because of your culture, like that implies sort of a deficiency.

Ted tries to find a point of entry, as he called it: a teachable moment during a case conceptualization so the conversation happens naturally not forced by asking direct questions about individuals cultural background which could be perceived as disrespectful. Ted was very reflective and introspective as he shared how vulnerable and personal those discussions on cross-cultural differences are; it seemed that he was talking about himself, re-encountering himself at those moments and at the same time reflecting on going through some of the challenges of being an ICT at that time.

I’ve taught every student as a counseling student that that’s what we need to do in broaching. And that for me, I always think we’re all different. There are some significant differences, and if you don’t know that from day one, with the client. And that is so disrespectful and so likewise with students. So when I’m working with students that I’m supervising them while they’re working with clients, talking about this is a new experience for all of us.

Serena said, “What makes it wonderful for me to work with students from different countries is to appreciate other cultures. And I love to learn more, so I want to know more and share their stories.”

Research Question 3

Research Question 3 focused on understanding how the clinical supervisors facilitate the translation of counseling skills across cultures. The researcher aimed to explore the preparation of the ICTs to work in their home country. The third research question’s analysis revealed one
theme—acknowledging cultural diversity—and two categories: cognizance and integration. The theme of acknowledging cultural diversity is a reflection of the participants emphasizing the importance of not just transferring counseling skills but doing it in a way that takes into consideration the native culture, and recognizes its value, not only for the ICTs but to the counseling profession. This is a way to add to the body of knowledge, not as a discrepancy but as an asset. The categories directly connected to this theme were integration and cognizance.

**Acknowledge Cultural Diversity**

Acknowledging cultural diversity focuses on the importance of recognizing and demonstrating respect for other cultures. Multiple participants mentioned that they were interested in transferring skills that would be effective for ICTs’ clients. However, those participants embedded the idea of transferability into assignments as they asked the ICTs how certain aspects of counseling could be done differently in their country of origin. Others used the clients’ cross-cultural case discussions related to or created for cases with cultural aspects to prompt this transferability aspect. They took approaches emphasizing the importance of cultural considerations that inform practice as well as develop more culturally responsive theories.

**Cognizance**

The first category from the theme of acknowledging cultural diversity was the importance of being cognizant of other cultures, having the attitude of seeking proper knowledge of the different cultures, and especially being aware of their ICTs supervisees’ culture. Most participants not only spoke about the acquisition of knowledge but recognized its value and accredited those cultures. As a conscious effort, they were intentional in promoting changes in
supervision, taking those aspects as a means to build into the experiences as they prepare the ICTs.

Most participants had developed some approach or plan of action primarily based on ICT plans and career goals. They were close to graduating from the program, which was more similar to an exit plan than necessary, something they worked on with the ICTs throughout the program. However, those participants embedded the idea of transferability into assignments as they asked the ICTs how certain aspects of counseling could be done differently in their country of origin. Others used the clients’ cross-cultural case discussions or created cases with cultural aspects to prompt this transferability aspect. Also, some did not necessarily think about transferability as a matter of principle to avoid exporting inappropriate theoretical approaches from the United States. Some clinical supervisors believed that meaning and context could not be translated as a language, which would make it even more challenging to solve as a counseling skill. Participants saw the importance of recognizing that systems and how certain cultures operate within their social context might be completely different from those in the United States. The participants also mentioned the importance of understanding particular cultures instead of imposing exported U.S.-based counseling. Some participants even suggested collaborating with counselors or mental health professionals from those countries to further assist with the translation of skills and incorporation of unique cultural aspects to facilitate the transferability of those skills.

Many participants explained the importance of intentionality to the ability to be cognizant of others’ cultural background, especially when thinking of transferring knowledge from one country to the other—also, being mindful of potential challenges because different cultural components need to be broached to understand the ICT perspective and the cultural perspective
behind that approach. Another critical aspect is understanding how people interact in their culture. The ICTs reflect and respond to those questions by being aware if they reflect what they think or try to answer the way they believe the clinical supervisor expects them to answer. Being humble as a faculty member of 60 years old means being willing to learn from a 23-year-old ICT. Alex said,

I wonder if this may be related to the primary culture or in white heterosexual male expectations that we might be putting on ourselves. Let’s talk about that piece ... Where do you see yourself in terms of this. So, I usually tend to broach and ask and try to be also somewhat private with them if possible. Yes, sometimes, depending on the acculturation level stage, the ICTs are at. It might be, or again it’s going to be entirely the cultural background. They might feel put under the spotlight so if it is a group environment. I try to make sure that my questions are broad enough, depending on the environment, or focused enough is enough safety in the environments we can approach.

Many participants provided insight and ideas on approaching translating skills while being cognizant of the unique aspects of ICTs’ cultural background. Some participants mentioned the importance of letting ICTs guide the process. As clinical supervisors provide support and encourage them to research strategies that might work in their own country, which could benefit their transition and the transition of other ICTs, those explorations could provide insight into those transferable cross-cultural skills. However, understanding the transferability of skills needs to be done step by step, especially with the cultural and political climate worldwide.

In addition, participants cautioned of the importance to not assume that all ICTs will need the same things or the population they will serve will need the same things or have the same demands even within the ICTs’ culture, so it is essential to know what the supervisee who is in front of you needs at that moment and how they plan to work in that particular area back in their home country.
Among the participants were those who did not necessarily think about transferability as a matter of principle to avoid exporting inappropriate theoretical approaches from the United States. Some clinical supervisors believed that meaning and context could not be translated as a language, which would make it even more difficult to translate as a counseling skill. Those participants admitted that they did not have any strategy regarding transfer skills, but they were very clear and warned about the potential harm to just exporting a U.S.-based counseling program, which could be similar to the colonization of individuals’ minds. They suggested contacting the clinicians from those countries and establishing a collaboration with those countries with basic counseling programs. However, some of those participants who had had the opportunity to travel outside the United States also noticed that some countries do not have a masters’-level counseling program. When they finally had one, it was a CACREP one based on the U.S. program, which they thought was a terrible idea.

Among those participants, Ted was like Joao in that he did not feel prepared to provide the answers for this question: “A person from China said that he does not feel expert even in his own culture?” That’s a great question. I don’t have the answer to that; I think, for me, I don’t even know how I’m going to practice in my home country.” Ted explained that the system is different, the culture, the concept of health and also there is the risk of oversimplifying, which can make things worse to take a one-size-fits-all approach because even within a country there will be different characteristics of the people who live in that part of the country. Overall, it is essential to understand the unique aspect of the culture and have honest conversations with the ICTs to understand the specific needs of the particular population and collaborate to develop a particular approach for skills transferability.
Integration

The second category from the theme of acknowledging cultural diversity was the importance of integration. Many participants saw the importance of combining counseling skills based on standards, fundamental skills, and cultural sensitivities. The integrations of those aspects could provide ICTs with the guidelines and training they came to receive in the United States and incorporate unique cultural elements that would facilitate the transferability of those skills.

Many participants explained the importance of integrating cultural perspectives into the assignments and exams with case vignettes from their ICTs’ cultural background and into the case discussions, aiming to feel comfortable talking about their culture with their peers. They also noted the importance of reflecting on the ICTs’ experiences to increase their awareness, their positionality to different types of work they are doing. The participants mentioned the importance of creating opportunities for ICTs to integrate their knowledge with their culture and encouraging them to approach their research and collaborators with this process.

Also, participants emphasized taking the positionality that all ICTs might be going home, so it helps keep in mind the importance of preparing them to be working with the population from their country of origin and asking them how specific skills could be effective in their culture. Also, supervisors must understand that the ICTs have to know that the systems and models they are learning in the program are U.S.-based approaches, and throughout the program facilitate and collaborate with them on ways to integrate an aspect of their own culture to make their skills effective in their home countries and to process with the ICTs what skills might look like outside the United States.
A significant number of the participants mentioned that they wanted to support ICTs with skills transferability and emphasized the importance of making sure they are preparing them, assessing their clinical work based on the CACREP standards; they stated that the goal is to equip ICTs with all the skills necessary to succeed. Among those participants was Inez, who explained that she still holds the standards of the basic skills required. She had this discussion recently with an ICT from Beijing and another from South Africa, who were both planning to return to their country. She said,

So if a student came in and said, “Well, I’m from a country...where we don’t use any words in counseling, and we don’t write treatment plans and don’t use progress notes” I would have to say, “That’s lovely, and while you’re training in this U.S.-based program, we will do those things, but when you graduate, you may find that you don’t get to use those things [and] that is fine.”

Overall, the participants found ways to help ICTs translate the skills they are learning into their cultural context. Most of them were trying to incorporate multiculturalism as part of all the cases they discuss as part of the case conceptualization and integrate their worldview as part of the lenses they use in thinking about culture. In their perspective, people are all different. It is vital to incorporate cultural perspectives in all their case discussions.

Chapter Summary

This study focused on clinical supervisors’ lived experiences during their supervisory relationship with international counselors-in-training (ICT). The data originated from the interviews, reflective journals, and participants’ feedback through member checks. All the participants expressed satisfaction with the transcripts and the developed themes and categories, and six out the ten complimented the researcher for the themes’ and categories’ accuracy.
Interpretative phenomenological analysis (IPA) was the research design utilized for the analysis of the findings. Three research questions guided this study. An overview of the themes was provided along with a detailed explanation using the participants’ own words. Table 2 illustrated a conceptualization of the themes and categories.

Research Question 1 focused on understanding the counselor educators in their role as clinical supervisors and their experiences in the supervisory relationship with ICTs. Three themes were identified guided by the above research question: Theme 1 was growth enhancement with three subcategories: challenges, cross-cultural adjustment, and enrichment.

Many participants expressed that the opportunity to work with ICTs led to growth enhancement, advancing their work with ICTs. Their supervisory relationships with ICTs’ experiences were perceived as broadening their view of and understanding of cultures and their ability to work not only with ICTs but with all their supervisees as they developed their skills to work with diverse populations, new learning opportunities, build supervision skills, and have experiences with people from all over the world. Numerous participants perceived their experiences during the supervisory relationship with ICTs as an authentic opportunity for growth and enhancement.

The second area of findings for Research Question 1 was the participants’ emotional responses. There was a wide range of positive and negative emotions described during supervision relationship experiences with ICTs. This theme’s categories are a sense of meaning and purpose and a learning curve dealing with the different emotions and cultural differences during their work with ICTs.
The third theme identified by analyzing responses to Research Question 1 was participants’ responsibility for creating safe environments for the ICTs, with three subcategories: restoration and support, humility, and authenticity. Many participants had genuine concerns about providing environments that fostered learning and healthy interactions between ICTs and U.S.-born peers. The clinical supervisors wanted to make sure the ICTs were safe against biases from their clinical supervisors.

Research Question 2 focused on understanding clinical supervisors of ICTs’ perception of their self-efficacy level in addressing cross-cultural experiences during the supervisory relationship with ICTs. The analysis of findings was presented regarding the second research question. Two themes were identified that guided the research question.

The first theme was professional development, from which four categories emerged: supervision and training, self-education, cultural responsiveness, and lack of theoretical inclusiveness. The second theme was personal development, from which three categories emerged: self-awareness, racial identity development, and transformative cultural encounters.

Research Question 3 focused on understanding how the clinical supervisors facilitate the translation of counseling skills across cultures. The researcher aimed to explore the preparation of the ICTs to work in their home country—the analysis of findings was presented regarding the third research question. One theme was identified and guided the above research question. The theme that emerged from Research Question 3 was acknowledging cultural diversity, with (as most of the participants mentioned) the importance of not just transferring counseling skills but doing it in a way that takes into consideration the native culture, recognizes its value, and accredits and validates its importance not only for the ICTs but to the counseling profession is a
way to add to the body of knowledge, not as a discrepancy but as an asset. The categories directly connected to this theme were cognizance and integration.
CHAPTER 6
DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this qualitative study was to understand the lived experiences of counselor educators during their supervisory relationship with international counselors in training (ICTs). The participants conveyed a detailed description of their overall lived experiences in navigating the translation of counseling skills across cultures, and measured their level of self-efficacy in addressing cross-cultural experiences during the supervisory relationship. This chapter features the major contributions of the study as they relate to findings through the lenses of the theoretical framework and related literature. In addition, the chapter presents implications, limitations of the study, suggestions for future research, and the researcher’s reflections.

Contributions

This section highlights the contributions of this study that provide unique insights that are not found within the current literature regarding the overall experiences of clinical supervisors working with ICTs, overall attitude towards cross-cultural issues during supervisory relationships, overall experiences with transferability across cultures, and overall experiences of the former ICTs.
Overall Experiences of Clinical Supervisors Working with ICTs

This study not only provides insight into clinical supervisors’ perceptions of their work with ICTs but also reveals a parallel process between the participants’ experiences and what the literature describes as the ICTs’ experiences during the supervisory relationship. The findings show that clinical supervisors are also in need of support, training, and supervision while dealing with their intrapersonal issues regarding self-awareness, understanding their own identity development and multicultural competency, and interpersonal issues in their relationship with ICTs due to cultural differences. These findings reveal an interesting dynamic because, while current literature does not provide insight into the clinical supervisors’ experiences, this study also provides insight into the ICTs’ experiences and reveals similar struggles regarding intrapersonal issues regarding self-awareness, understanding their own identity development, and interpersonal issues in their relationship with the clinical supervisor (Ng & Noonan, 2012).

The findings reveal that the participants perceived their overall experiences working with ICTs led to a growth-fostering relationship that provided a contextual, cultural, and strength-based paradigm. They enriched their lives and acquired skills and awareness of their need for cross-cultural adjustments as they learned to overcome challenges. They were transformed by cross-cultural encounters and exchanges that increased their personal and professional development. In addition, there were experiences of disconnections involved in an active process of self-discovery as they were confronted with challenges faced by the ICTs, becoming more aware of their own limitations as well as their power and privilege compared to their ICT supervisees. Although the literature does not provide similar findings, it sheds light on how those
interactions during the supervisory relationship negatively impact ICTs’ mental health (D’Andrea & Daniels, 1997; Ng & Smith, 2009).

**Overall Attitude Toward Cross-Cultural Issues During the Supervisory Relationship**

Clinical supervisors faced uncertainties regarding how to broach some of the cultural differences as well as dealing with their own insecurities, imposter syndrome and/or lack of awareness of some biases and preconceived ideas which result in cultural insensitivity, dismissiveness, microaggressions, microinsults, preconceived ideas and biases that led to disconnection and harmful experiences for the ICTs. These findings provide insight on what was really going on regarding cross-cultural issues during the supervisory relationship. These matters are important, because the literature and professional guidelines clearly mandate that multicultural competence is required by clinical supervisors (ACA, 2014; CACREP, 2016).

The research showed that not all the participants were able to restore relational ruptures with ICTs, but some clinical supervisors experienced reconnections with the ICTs as they learned to interact in a way that was more culturally responsive. They were able to move beyond the dissatisfaction, disappointment, regrets, and sadness of the disconnection and foster more personal and professional development as the clinical supervisors grappled with their ability to deal with cross-cultural issues after they understood that being sensitive was important. The literature does allude to cross-cultural dynamics during the supervisory relationship. However, it is limited in providing examples only from the ICT’s perspective (Nelson et al., 2008; Sangganjanavanich & Black, 2009).
The findings contribute to the overall understanding that these clinical supervisors saw their work with ICTs as a beneficial component of the growth-fostering relationships that led to their awareness about how to achieve multicultural competence. They noted the lack of training and support, which left them to figure solutions out through trial and error, seeking self-education or even relying on intuition as they navigated cultural differences during the supervisory relationship with ICTs. Those experiences left clinical supervisors feeling exhausted, that it was a thankless job, and that they had to always keep on their toes and be attentive and cautious to not hurt the ICT’s feelings through microaggressions or microinsults. The literature alludes to the importance of clinical supervisors’ roles to the success of ICTs and consequently the client (Hill et al., 2016).

The findings provide insight into the importance of clinical supervisors needing to immerse themselves in different cultural backgrounds. The participants with prior exposure to individuals from different cultural backgrounds or who had the opportunity to travel outside the United States expressed high levels of confidence in dealing with cross-cultural issues and were able to observe ICTs’ progress, growth, and development more rapidly. Additionally, they were sensitive to and appreciative of the ICTs’ culture as well as the unique aspects of nonverbal communication and the cultural ways of living. In addition, the findings demonstrated a correlation with a positive sense of self-efficacy in that clinical supervisors who had experienced oppression or discrimination were able to relate more effectively with the ICTs. The literature discusses the importance of addressing multicultural issues in supervision (Bernard & Goodyear, 2014; Sue et al., 1992).
Overall Experiences with Transferability Across Cultures

The findings of this study contribute to an understanding of how clinical supervisors facilitated the translation of counseling skills across cultures, which showed that the clinical supervisors attempted to learn more about the ICTs’ own goals and aspirations for collaboration and help them transfer the skills learned in the United States. Also, clinical supervisors were intentional about incorporating ICTs’ cultural differences as an important component of skills transferability. In addition, supervisors worked with ICTs to integrate skills learned in the program, and promote research to foster more effective ways to provide clinical services in their home country, which consequently increased the mutual sense of worth for the ICTs as well as for the clinical supervisors. The literature describes an increased interest in developing a global vision for the counseling profession (Ng & Noonan, 2012).

The findings contribute to an understanding that the lack of theoretical inclusiveness of the current models was recognized by the participants as an obstacle for the transferability of skills and preparing ICTs to provide clinical services and work with clients. Many of the participants explained that the theoretical approaches to different cultures they have to work with do not assist in translation of counseling skills across cultures because they are often embedded in a white male Western European model and that may not fit with someone from a collectivist culture.

Some clinical supervisors believed that meaning and context could not be translated as a language, which would make it even more difficult to translate as a counseling skill. Those participants admitted they did not have any strategy regarding transfer skills but warned about the potential harm to simply exporting a U.S.-based counseling program. They suggested
contacting clinicians from other countries and establishing collaboration with those countries. The literature alludes to the importance of research and approaches to advocate for the global advancement of the counseling profession and to develop training for ICTs (Ng & Noonan, 2012).

**Overall Experiences of the Former ICTs**

The findings also provide unique insight from the experiences of two participants who were former ICTs, Alex and Ted. Their overall experiences during the doctoral program are described as growth-fostering relationships. They felt supported by their professors and were able to learn in an environment that considered their cultural differences. One of the former ICTs felt as if their faculty was their family in the United States, which resulted in a tremendous impact in the way they later worked with ICTs and other supervisees. They were able to be effective with individuals with diverse cultural backgrounds because they were more focused on building relationships and considered the cultural differences as their primary criteria for interacting with their ICT supervisees as well as their U.S- born peers due the intersectionality that permeates all cultural identities.

The former ICTs mentioned the many opportunities they had to supervise other ICTs during their doctoral programs as well graduate assistantship positions connected to their work with ICTs. Those opportunities provided them vicarious experiences and expectations regarding ICTs’ struggles. They could relate well to the ICTs due to the similarities with their own past.

Although they could see themselves in their ICTs through those experiences, there was a noticeable concern and desire to help ICTs avoid certain pitfalls, but at the same time they were also aware of the expectations and on a certain level they took a respectful approach in regard to
ICTs’ acculturation and personal development. They understood that for some of those experiences the ICT would have to learn on their own, while for others, their supervisor could provide guidance and mentorship. But they seemed to struggle to identify the difference between which of those experiences the ICT needed to learn on their own and in which they needed guidance. It was clear that the underlying motivation was care and support, so it was easy to observe their empathy, compassion, and strong sense of advocacy when they spoke about the ICTs.

Relational-Cultural Theory as the Conceptual Framework

Miller and Stiver’s (1998) and Jordan’s (2010, 2011, 2017a, 2017b) RCT progressive theoretical approach provided insight into the complexity of cross-cultural interactions between clinical supervisors and ICTs during the supervisory relationship. RCT also helped the researcher understand how some of those relationships fostered growth in which both the clinical supervisor and ICTs as individuals grew through their human connections. The key concepts of RCT are that (1) people grow through and toward relationships throughout the lifespan; (2) movement toward mutuality, rather than movement toward separation, characterizes mature functioning; (3) relational differentiation and elaboration characterize growth; (4) mutual empathy and mutual empowerment are at the core of growth-fostering relationships; (5) in growth-fostering relationships, all people contribute and grow or benefit, so development is not a one-way street; (6) therapeutic relationships are characterized by a special kind of mutuality; (7) mutual empathy is the vehicle for change in therapy; and (8) real engagement and therapeutic authenticity are necessary for the development of mutual empathy (Baker-Miller, 1986; Jordan, 2001, 2010, 2011,
2017a, 2017b; Miller & Stiver, 1998). Figure 2 illustrates how the RCT tenets were utilized to comprehend the findings of the research as organized in themes and categories.

Figure 2. Relationship of RCT tenets and the research themes and categories.

Research Question 1 overlaps RCT tenets 1, 6 and 8. Research Question 2 interconnects with RCT tenets 2, 3 and 7. Research Question 3 connects RCT tenets 4 and 5. To support further comprehension how the RCT framework guided these connections, each research question is discussed through the themes and categories that emerged from the analysis of the findings.

Research Question 1 focused on understanding the counselor educators in their role as clinical supervisors and their experiences in the supervisory relationship with ICTs. Three
themes and eight categories were identified: growth enhancement (challenges, cross-cultural adjustment and enrichment), emotional responses (sense of meaning and purpose, learning curve), and responsibility to create safety (restoration and support, humility, authenticity). The results of the findings in question 1 using RTC frameworks as lenses indicate overlaps with RCT tenets 1, 6 and 8. Tenet 1 alludes to the understanding that people grow through and toward relationships throughout their lifespan. The participants perceived their overall experiences working with ICTs developed a growth-fostering relationship that provided a contextual, cultural, and strengths-based paradigm, paralleling research by Jordan (2010, 2011, 2017a, 2017b).

The clinical supervisors described growth through various connections, disconnections, and reconnections during the supervisory relationship. As a result, they enriched their lives, acquiring skills and awareness of their need for cross-cultural adjustments as they learned to overcome challenges in their experiences working with ICTs. The participants shared a range of emotions derived from the experiences of working with the ICTs, which confirms RCT tenet six in that therapy relationships are characterized by a special kind of mutuality and as people contribute to the development of growth-fostering relationships, they grow as a result of their participation in these relationships (Kaplan & Gladding, 2011; Norcross & Wampold, 2011).

The results also suggest tenet 8, which alludes to understanding that real engagement and therapeutic authenticity are necessary for the development of mutual empathy. Authenticity is necessary for real engagement in growth-fostering relationships, which adds new complexity to their connection (Jordan, 2010, 2011). The findings also show that some of the disconnections between the clinical supervisor and ICTs were able to be restored when the supervisor became
self-aware and moved toward mutuality. They were able to take steps toward creating a safe and authentic environment as they broached cultural differences and cultural humility. They realized the challenges that ICTs undergo regularly, became self-aware of their own limitations, and sought ways to restore the connections with the ICTs.

Research Question 2 focused on understanding clinical supervisors’ perceptions of their capabilities in managing cross-cultural issues during supervision with ICTs. The analysis of findings regarding the second research question revealed two themes. The first theme is professional development with four categories: supervision and training, self-education, cultural responsiveness, and lack of theoretical inclusiveness. The second theme is personal development with three categories: self-awareness, racial identity development, and transformative cultural encounters.

The findings connect with RCT tenet 2 in that the participants’ overall perception of level of self-efficacy in addressing cross-cultural experiences during the supervisory relationship was one of action and empowerment toward mutuality that led to the desire to make a difference in the world (Jordan, 2010, 2011, 2017a, 2017b). RCT tenet 3 proposes understanding that relational differentiation and elaboration characterize growth. The participants reported that as they developed relationships with the ICTs they moved toward mutuality and developed professionally as a person, becoming more self-aware and being transformed by the cross-cultural encounters and exchanges during the supervisory relationship with ICTs. The clinical supervisors’ satisfaction within the supervisory relationships fostered accurate relationship awareness, compassion, empathy, clarity, feedback receptivity, and responsible use of power, and—most important—created relationships with ICTs that were culturally responsive. The
participants became aware of the many challenges the ICTs regularly undergo, which led to self-awareness. In addition, the supervisors become more aware of their power and privilege compared to their ICTs supervisees.

The results also connect with RCT tenet 7, which describes the goal of development as the realization of increased relational competence over the lifespan (Jordan 2001). The findings showed the participants increased their self-awareness and personal development through their experiences working with ICTs. Many of the participants shared they were better supervisors, counselors and people. Most of the participants shared that the more they learned about themselves and about the ICTs, the more this knowledge led to mutual growth and consequently to repair any disconnections between themselves and the ICTs. They learned to respond in a way that is more culturally responsive and to move beyond the dissatisfaction, disappointment, regrets and sadness of the disconnection and foster more personal and professional development.

Research Question 3 explored clinical supervisors’ ability to prepare ICTs to work in their home country. The one theme was acknowledging cultural diversity with two categories, cognizance and integration. RCT tenet 4 alludes to understanding that mutual empathy and mutual empowerment are at the core of growth-fostering relationships. The findings show that the clinical supervisors were interested in learning more about the ICTs’ own goals and aspirations to collaborate and facilitate strategies to help them transfer the skills learned in the United States to their home country, which consequently increased the mutual sense of worth for the ICTs as well as for the clinical supervisor.

Tenet 5 identifies understanding growth-fostering relationships in that all people contribute and grow; therefore, development is not a one-way street. The findings show that once
clinical supervisors learned to consider the cultural differences that might have impacted the way they view transferability of the U.S.-based program guided by CACREP standards to the ICTs’ culture at home. The clinical supervisors saw the importance of including ICTs’ cultural background in discussions, assignments and other important aspects of learning. They also sought to understand the ICTs’ cultural background to foster more effective ways to provide clinical services in their home country.

Overall Lived Experiences of Counselor Educators

The first research question focused on understanding the overall experiences of counselor educators in their role as clinical supervisors and their experiences in the supervisory relationship with ICTs. Three themes and eight categories were identified to address the research question: growth enhancement (challenges, cross-cultural adjustment and enrichment); emotional responses (sense of meaning and purpose, learning curve); and responsibility to create safety (restoration and support, humility, authenticity).

Although the clinical supervisors perceived their overall experiences working with ICTs as an opportunity for growth enhancement, those experiences were not without challenges and cross-cultural adjustments due to language barriers when they did not completely understand what the ICT said or wrote in their counseling notes. They faced uncertainties regarding how to broach some of the cultural differences as well as dealing with their own insecurities, imposter syndrome, and/or lack of awareness of some biases and preconceived ideas. Some did not even know their student was an ICT to begin with, so their cultural insensitivity, dismissiveness, microaggressions, microinsults, preconceived ideas and biases led to disconnection and harmful
experiences for the ICT (Jacob and Greggo, 2001; Khawaja & Stallman, 2011; Nayar-Bhalerao, 2014; Poyrazli & Grahame, 2007; Sodowsky & Plake, 1992; Tochkov et al., 2010).

Another aspect of the findings showed that clinical supervisors perceived fear and hesitation from ICTs and lack of openness about some of the challenges they were facing. These findings align with research (D’Andrea & Daniels, 1997; Ng & Smith 2009) that describes several cross-cultural issues related to language barriers, conflicts due to culturally insensitive clinical supervision, and ICT interpersonal isolation, cultural confusion, and stereotypes.

The findings also support studies regarding the need to understand clinical supervisors’ experiences (e.g., Park-Saltzman et al., 2012; Wedding et al., 2009). The results showed insight into those experiences as the participants shared various emotional reactions and revealed they became aware of the ICTs’ struggles, which led to their growth. The findings reveal a parallel phenomenon because while the clinical supervisors were going through their challenges and processes during the supervisory relationship, prior studies show the ICTs were also feeling insecure because of their lack of understanding of the nuances of English, which inhibited their communication and adversely affect their mental health as they tried to adjust to a new culture, language, financial issues, or a sense of inadequacy (Andrade, 2006; D’Andrea & Daniels 1997; Jacob and Greggo, 2001; Khawaja & Stallman, 2011; Lau & Ng, 2012; Lee & Rice, 2007; Nayar-Bhalerao, 2014; Ng & Smith, 2009; Park-Saltzman et al. 2012; Poyrazli & Grahame, 2007; Sanggnjanavanich & Black, 2009; Sodowsky & Plake, 1992; Tochkov et al., 2010; Wedding et al. 2009; Yang et al., 2015).

In addition, the study’s findings regarding clinical supervisor perception of the ICTs’ challenging experiences and feelings of inferiority and inadequacy aligned with the literature.
The literature states that ICTs’ perceptions can lead to insecurity, anxiety, and dissatisfaction with their experiences as they interacted with the clinical supervisor and clients (Delgado-Romero & Wu, 2010; Killian, 2001; Lau & Ng, 2012; Lee, 2017; McDowell et al., 2012; Mittal & Wieling, 2006).

The results of the study also showed how the participants’ emotional responses were positive as they felt validated and a gained sense of meaning due to their work with ICTs. Many of the participants, despite their challenges, were able to articulate many opportunities for growth and enhancement. This shows they saw the value of the challenges as a beneficial component of the growth-fostering relationships. Those findings provide new insight and are aligned with the literature that noted the positive experiences within the supervisor relationship will produce a strong work alliance between a supervisor and supervisee (ACA, 2014; Bernard & Goodyear, 2009; CACREP, 2016; Davis, 2017).

Other findings showed that many of the participants struggled with the lack of clarity about how to achieve competence and they had to figure out strategies to deal with cross-cultural issues through trial and error. The literature explains clinical supervisors are facing what can be defined as cross-cultural experiences with ICTs (Constantine, 1997; D’Andrea & Daniels, 1997; Pope-Davis et al., 2003).

The findings regarding the experiences of the clinical supervisor also reveal negative emotional responses. Many of the participants felt exhausted, that it was a thankless job, and that they had to always keep on one’s toes, meaning they had to be attentive and cautious so as to not hurt the ICT’s feeling though microaggressions or microinsults. However, while the findings show the struggles of the supervisors, the literature shows also the negative impact on the ICTs.
The literature observes the impact of this experience on ICTs’ mental health, but this study also reveals the emotional impact on the supervisor (Anderson, 2004; Haynes et al., 2003).

Research Question 2 focused on understanding clinical supervisors’ ability to deal with cross-cultural experiences during the supervisory relationship with ICTs. The researcher noted that participants who traveled and had prior exposure to individuals from different cultural backgrounds expressed high levels of confidence and self-efficacy when supervising ICTs. These participants also observed ICTs’ progress, growth, and development more rapidly. Additionally, they were sensitive and appreciative of the ICTs’ culture as well as the unique aspects of nonverbal communication and their cultural ways of living.

Findings showed the cultural differences were perceived by the clinical supervisors as a source of fear, anxiety, and tension for the ICTs. These findings align with the research that shows that ICTs perceive a high level of prejudice that leads to high levels of role ambiguity and, therefore, lower levels of quality in the working alliance, affecting the clinical work and satisfaction for both supervisors and ICTs (Katz, 1985; Schwarbaum & Thomas, 2008; Trickett, 1994).

In addition, the findings provide insight into the need for clinical supervisors to immerse themselves in different cultural backgrounds, especially the cultures associated with their ICTs. The literature supports these findings, stating that cultural differences impact the supervisory relationships as well as highlight the importance of cultural competence (Arredondo et al., 1996; Jordan et al., 2002; Sue & Sue, 2003; Sue et al., 2019).

The findings also reveal that most of the participants lacked professional development opportunities in addressing cross-cultural interaction with ICTs. This finding is consistent with
the research regarding ICTs’ difficulties implementing theoretical models that provide support and models for best practices for preparing ICTs to provide clinical services and work with clients (Arredondo & Perez, 2003; Schwarzbaum & Thomas, 2008; Sue, 2003, 2010; Sue et al., 2007; Woskett & Page, 2013).

Another interesting aspect of the findings was that the clinical supervisors who had experienced oppression or discrimination were able to relate more to the ICTs. In addition, the clinical supervisors who were former ICTs were able to serve as mentors and guide the new ICTs, but not without some level of vicarious trauma as well as some countertransference, as they were impacted emotionally by the ICTs’ challenges.

Some clinical supervisors felt protective toward the ICTs and had to deal with some internal conflict and self-reflection to deal with their own biases and projections. However, those clinical supervisors with lack of exposure to ICTs and individuals from different cultural backgrounds as well as the clinical supervisor with less experience working with ICTs reported less self-efficacy and more interaction with ICTs in which microaggressions and microinsults happened during the supervisory relationship. Some of those interactions were brought to their attention by the ICTs who initiated self-advocacy and comforted their clinical supervisors, who in response felt ashamed, guilty, and embarrassed, which led them to be more hesitant in broaching multicultural aspects during the supervisor relationship. The literature mostly presented the perspective of the ICTs, stating that those interactions with their clinical supervisors may negatively impact the relationship between the supervisor and supervisee (Jordan et al., 2002; Riley, 2004).
The Research Question 2 findings demonstrated that many participants who sought professional development through supervision and training were able to receive help regarding their biases and blind spots and therefore became more self-aware. In addition, many participants shared that self-education also helped with understanding ICTs’ cultural background through books and specific research on ICTs’ religious background. However, the most important aspect of professional development that the majority of the participants reported was the ability to be culturally responsive. They explained that without action, broaching and bracketing the acquisition of knowledge was not enough. Those findings aligned with research on the importance of integrating cultural considerations, especially ICTs’ acculturation development during the supervisory relationship (Arredondo et al., 1996; D’Ardenne & Mahtani, 2010; Garcia et al., 2003; Jaidka, 2010; Ladany & Inman, 2008; Lago, 2011; McNeill & Stoltenberg, 2016; Scholte, 2014; Stoltenberg & McNeill, 2011).

Many of the participants shared the opportunity to achieve another level of self-awareness as they reflected on their practice or received learning opportunities and means to experience personal development. Another way that the clinical supervisor developed self-awareness was through doing their own clinical work or through their support system. This finding extends the literature regarding the need for clinical supervisors to be multiculturally competent (Arredondo et al., 1996; D’Ardenne & Mahtani, 2010; Garcia et al., 2003; Jaidka, 2010; Lago, 2011; Scholte, 2014). However, the findings align with the need for research that explores clinical supervisors’ awareness of, competency in, and inclusion of cultural discussions when assessing ICTs’ needs during the supervisory relationship. In addition, the literature demonstrates the importance of clinical supervisors developing multicultural competencies when
contextualizing the sociopolitical realities of ICTs’ training (Arredondo et al., 1996; D’Ardenne & Mahtani, 2010; Garcia et al., 2003; Jaidka, 2010; Lago, 2011; Scholte, 2014).

Research Question 3 focused on understanding the transferability of counseling skills across cultures to facilitate the preparation of ICTs to work in their home country. Most of the participants mentioned the importance of not just transferring counseling skills but doing it in a way that takes into consideration the native culture, recognizes its value, and validates its importance not only for the ICTs but also for the counseling profession.

Many of the participants explained that the theoretical approaches they have to work with do not help translation of the counseling skills across cultures because they are often embedded in a white male Western European model and may not fit with someone from a collectivist culture. Some clinical supervisors believed that meaning and context cannot be translated, which would make it even more difficult to translate as a counseling skill. Those participants admitted they did not have any strategy regarding transfer skills but warned about the potential harm to just exporting a U.S.-based counseling program such as CACREP standards. They suggested contacting clinicians from those countries and establishing collaboration with those countries. Although the current literature lacks information regarding skills transferability across cultures, the research alludes to the increased concern regarding the internationalization of counseling (Ægisdóttir & Gerstein, 2010; CACREP, 2016; Ng et al., 2012; Heppner et al., 2009). This study was able to provide some insight into this important topic of skills transferability.
Recommendations

The field of counselor education and supervision has been significantly impacted by the number of ICTs seeking education in the United States; however, existing research overlooks aspects of clinical supervisors developing multicultural competency and strategies to address cross-cultural issues during their supervisory relationships with ICTs (Dao et al., 2007; Ng, 2006; Nilsson & Wang, 2008; Reid & Dixon, 2012). In this context, the findings of this study can contribute to counselor educational programs developing a global vision for the counseling profession to develop training for ICTs to meet the needs of the new trends in the counseling profession.

Counseling Preparation Programs/Administrators

Several concerns that need to be addressed by administrators of counseling preparation programs and by the leadership of those institutions. First, clinical supervisor training is offered only at the doctoral level and in some professional development and workshops (Forrest et al., 1999). This training can vary depending on the institution and might differ for a clinical supervisor who is not from a CACREP-accredited institution, preventing the clinical supervisor from developing the instructional strategies and tools they need to work with ICTs.

In addition, the courses mentioned by the participants presented a general perspective of diverse populations or were clinical supervision courses focused on theoretical models that do not help the transfer of counseling skills across cultures because they are often embedded in a white male Western European model that may not fit with someone from a collectivist culture. It is important to take a closer look at the development of curriculum and how to incorporate
multiculturalism into the entire program. We are all different, and it is necessary to provide theoretical inclusiveness that offers worldviews and perspectives that equip counselor educators to promote social justice and cultural responsiveness in counseling preparation programs. Also important are providing opportunities for immersion experiences with various cultures for clinical supervisors, supporting budgets for attending conferences overseas or cultural exchanges with universities and professors from other countries, and/or taking advantage of the new virtual opportunities for meetings with other administrators and professors around the world.

Second, the leaders and administrators of educational institutions should take a careful look at the selection and hiring of individuals working with diverse populations, especially counselor educators in the role of clinical supervisors, whose lack of self-awareness, inclusiveness, cultural responsiveness and sensitivity can reproduce and reinforce systematic oppression discriminations (Lau & Ng, 2012). Counselor educators and clinical supervisors will be in the position of making decisions about program outcomes for those diverse populations, especially ICTs. The findings showed that individuals who had experience with diverse populations, more specifically ICTs, and had been immersed in and/or experienced other cultures were less prone to microaggressions and microinsults. They understood cultural nuances and contexts as well as values and beliefs that can be interpreted as a lack of assertiveness or ability to perform as an effective counselor.

Third, ongoing training to work with ICTs due to the unique stressors connected to the ICT population is needed for counselor educators in the role of clinical supervisors. It is important for institutional leaders to facilitate access to training and supervision to support
clinical supervisors becoming multiculturally responsive rather than dependent on cross-cultural interactions with ICTs as their sole method of preparation for working with these populations.

Fourth, the findings also showed that programs benefit from having ICTs due to the diverse experiences they provide for their clinical supervisors and their U.S. peers as well as the cultural exchanges that can be facilitated. However, support systems should be in place to allow ICTs to more easily transition into the new culture. Such support systems should include resources such as mentorship programs, with individuals from similar backgrounds to provide orientation and support. Also, services such as English as a second language (ESL) should be offered not only to teach the language but cultural nuance and context. The university could also establish policies for facilitating inclusion to help ICTs understand the new educational system and expectations that might affect their transition process.

Fifth, the findings reveal the need for ICTs to receive mentorship. However, the clinical supervisors would also benefit from the opportunity to participate in mentorship programs to learn from alumni, former ICTs, or other counselor educators with international backgrounds and discuss and process some of those experiences to foster personal and professional development.

Sixth, the findings reveal issues with power differential impacting the supervisory relationship. The multiple roles that counselor educators perform in the counseling department (such as chair, program coordinator, professor and clinical supervisor) can exacerbate cross-cultural dynamics as ICTs had to navigate their challenges during supervisory relationships with individuals who would impact other areas of their program experiences. It is important to ensure that whenever possible, a counselor educator should not perform a dual role while working with ICTs as a clinical supervisor.
Counselor Educators in the Role of Clinical Supervisors of ICTs

The findings of this study demonstrated that the participants perceived their overall experience working with ICTs as a growth-fostering relationship that provided a contextual, cultural, and strengths-based paradigm, paralleling research. The participants offered recommendations from one clinical supervisor to another clinical supervisor. The first recommendations regarding cultural humility have been seen as the most important component for effective work with ICTs and other supervisees. They recommended that clinical supervisors be open to taking the time to understand ICTs’ cultural background rather than viewing ICTs monolithically, over-simplifying their experiences based on the stereotypes of their racial and cultural background.

Second, taking into consideration that ICTs are in different places regarding their acculturation development as they adjust to a new culture and a new educational system, it is important to keep in mind that the process is sometimes not a linear one. Each ICT’s experiences and making meaning of those new experiences can be overwhelming due to language acquisition, understanding cultural nuances in context, dealing with internal and external pressures, having their support system in another country and different time zones, and/or dealing with power differences that can affect their ability to stay in the country and to complete the program.

Third, the participants mentioned implications regarding the lack of inclusiveness of theoretical approaches often embedded in a white male Western European model and that may not fit with someone from a collectivist culture. Some mentioned the need to support ICTs as they choose theoretical approaches that may seem odd and linear to address cultures that are not
linear and have a more holistic approach to healing. Some mentioned how even the counseling skills related to some of those theories do not accurately reflect the U.S. ways of building relationships and interacting with others. The clinical supervisor should take a reflective practitioner approach to those theories and not be afraid to ask questions about the ICTs and check for the need to change or adjust to fit the reality of the ICT or other individuals that they are working with. They also emphasized the importance of clinical supervisors taking into consideration a theoretical approach’s lack of inclusiveness as supervisees facilitate the translation of those skills to work in their home country.

Fourth, the participants also recommended that clinical supervisors not only focus on the ICTs’ professional development, but rather on whether they practice some skills correctly, with the understanding that some skills can be easily performed without clear understanding and on the impact of ICTs’ and clients’ worldview. They emphasized the importance of personal development to understand the internal and external pressures and stressors that might impact ICTs’ overall adjustment, which can only be identified through building rapport, trust, and collaboration to move beyond the surface level of the issues.

Fifth, the findings revealed that skill transferability across cultures is important because each country has its own code of ethics, mental health policies, diagnostic assessments, and licensure requirements. The ICT should be knowledgeable due to the impact it may have on their clinical work and professional approach in that particular country.
Limitations

The findings of this research were based on the lived experience of clinical supervisors working with ICTs and provide rich insight into these relationships. However, the research was limited by the researcher’s inability to observe participants’ direct experiences.

Another aspect to consider as a limitation might have been the clinical supervisors wanting to be perceived as competent in working with ICTs and not being honest about their own biases and prejudices or not feeling comfortable responding to sensitive questions. In addition, the findings are based on the lived experiences of 10 counselor educators in the role of clinical supervisor. Also, the majority of the male and female participants self-identified as White or Caucasian despite efforts to reach out to more diverse participants.

Recommendations for Future Research

The participants in this qualitative study all completed their doctoral education in CACREP-accredited programs, which implies they received similar training based on course requirements and professional standards. It might be important in future research to consider non-CACREP-accredited programs to understand if the lived experiences of clinical supervisors might be impacted by their counselor educator and supervision program.

The findings of this study were based on the lived experience of clinical supervisors working with ICTs and provide a rich insight into this relationship. In future research it may be beneficial to observe real-life sessions to see the interactions between the clinical supervisors and ICTs, as the growth-fostering relationship is related to connections during the supervisory relationship.
This study originated from my experience as an international counselor-in-training (ICT), in which I faced language barriers, surmounted challenges, and reaped benefits in cross-cultural interactions during the supervisory relationship. Some of my supervision experiences were positive based on mutual respect that acknowledged and valued my diversity as a Black Latina from Brazil. However, other incidents were permeated with skepticism and many challenges. In those supervisory relationships, I felt as if I had to prove myself consistently as well as confront an underlying question about whether I belonged to that space and could be trusted with the lives of the clients. I was training to become a school counselor.

I then realized that all my experiences did not seem to happen without a degree or diploma from the United States. I would never be employed as a substitute teacher or assistant teacher, even though I was overqualified for those positions. The counseling profession seemed to be a window of opportunity to continue to serve underprivileged communities as I realized there are poor people in the United States. I completed my counseling program with a level of anxiety each semester to see if I passed the standards my supervisor expected and wondered how I was going to pay for the semester if I failed. I even saw myself trying to assimilate, wearing less colorful clothes and providing fewer smiles. It was a painful thing to go through, as I felt as if I was losing my identity in the process. Still, I decided to persevere, hold onto my faith, and pray before I went to supervision and work.

The interesting thing was that after I graduated, my first counseling position was in Chicago, a diverse city, and I fit right in. I could quickly navigate throughout the communities, and the families brought me tamales, soul food, shamuses for lunch. All understood and
pronounced my name just fine and understood my accent and warm welcome. They found me very quickly due to my colorful clothes. Even in the parking lot before I even entered the building, they were right there with many stories to tell.

I started to wonder what some of my supervisors were concerned about. Later, I decided to join the doctoral program with a desire to contribute to the research, and I learned through my various challenges that there was still a great need for counseling training to be culturally responsive. As I took on the role of a clinical supervisor during my doctoral program, I had a significant number of meaningful and rewarding experiences but also microaggressions and microinsults due to cross-cultural interactions with supervisors and a few supervisees who questioned my ability to be their supervisor and provide accurate feedback.

This research was born from my desire to understand clinical supervisors’ lived experiences and their perceptions of cross-cultural interactions when working with ICTs. I had to journal often, because when I was writing the proposal and all the literature discussed ICTs in situations that I had gone through, it was clear to see my biases and assumptions based on that negative past experience with some supervisors.

I was expecting the participants would have a narrow approach toward cross-cultural interactions, especially working with ICTs. During the interviews, I became emotional as some clinical superiors described some of my own experiences with deep understanding and care. One of the participants from a different cultural background than me was even able to describe the way I process some information, especially when I am tired of translating from Portuguese to English and vice versa. I could sense empathy with what seemed a real understanding in their
demeanor and thoughts about family in different locations, which made me remember my family back home.

I noticed that some participants demonstrated a high level of self-awareness about some of the negative occurrences and genuinely seemed to struggle to find alternative ways to meet the needs of the ICTs. The participants who shared their own positive experiences during their counseling program made me think how much I wished I had similar experiences and, at the same time, feel glad that there were some ICTs out there who experienced mutuality and respect. I was proud of counselor educators promoting social justice and eroding the systemic oppression so pervasive in this and other countries. Nevertheless, I am still significantly concerned about how some of those positive outcomes come about during the supervisory relationship.

Unfortunately, there are still many trials and errors at the expense of international counselors-in-training. Some of these ICTs might not have the same support system I found among a few professors, the writing center director who took it upon herself to help me through this process, mentors, family friends, and a great family church. Some of those interactions might have impaired their ability to proceed and strive to make a difference, as I am trying to do with this study.

This study is also for others who, just like me, are immigrants to this country seeking better opportunities to grow, contribute and serve the community and who must navigate through the challenges mentioned in this study. I am also excited because as I finish this project, I also accomplish being the only one in my family to complete college and advance to this moment. This can pave the way for my daughter and so many others who are now standing with me and
with the ones who came before me so I could be here today. I am grateful to God and all the ones who collaborate for this dream to come true.

Conclusion

This chapter discussed the findings of this study in relation to the theoretical framework and related literature. It also presented the implications, limitations, suggestions for future research, and the researcher’s reflections.

My overall goal in this study was to understand the lived experiences of counselor educators during their supervisory relationships, their attitude addressing cross-cultural issues, and their perceptions of the transferability of counseling skills across cultures with international counselors-in-training. My study’s findings suggest that clinical supervisors perceived their overall experiences working with ICTs led to growth-fostering relationships and cultural awareness that enriched their lives. Their growth was also a result of cross-cultural adjustments and learning how to overcome challenges due to their own limitations, biases, power and privilege compared to their ICTs. The cross-cultural encounters impacted the clinical supervisors.

The findings reveal the reality of the harm caused by a lack of cultural responsiveness. The positive impact of intentionality, cultural humility, advocacy, and commitment to social justice are key components for preventing counseling programs from becoming microcosms of the systemic oppression operating in our society.


McAuliffe, G. J. (2008). What is culturally alert counseling? In G. J. McAuliffe (Ed.), *Culturally alert counseling: A comprehensive introduction* (pp. 2–44). SAGE.

McDowell, T., Fang, S., Kosutic, I., & Griggs, J. (2012). Centering the voices of international students in family studies and family therapy graduate programs. *Journal of Marital and Family Therapy, 38*(1), 332–347.


Patton, M. Q. (2002). *Qualitative evaluation and research methods*. SAGE.


APPENDIX A

INTERVIEW PROTOCOL/QUESTIONS
Interview Protocol

1. Please describe your experience supervising international counselors in training (ICTs).

2. During supervision, do you ever discuss cultural differences with ICTs? If yes, how do you approach cultural differences with ICTs?

3. What type of cultural differences have you experienced during your clinical supervision of ICTs?

4. Describe one specific occurrence of cultural differences interaction within your clinical supervision with an ICT that most impacted you.
   a. Describe the circumstances.
   b. Describe your thoughts, feelings, and behaviors regarding the circumstances.
   c. In which ways did those experiences impact your professional and/or personal growth? Please explain.

5. Do you broach issues related to cultural differences experienced during your clinical supervision? If so, how? And how often?

6. Have you perceived power dynamics in your clinical supervision in the supervisory relationship with ICTs? If yes, please describe your perception and if you noticed a difference in power dynamics in the way you relate to ICTs compared to their peers born in the U.S.

7. What challenges do you as a supervisor face derived from cultural differences during the supervisory relationships with ICTs?

8. What benefits do you as a supervisor derive from cultural differences in the supervisory relationships with ICTs?
9. What preconceived ideas/notions, if any, did you have pertaining to your cross-cultural supervision experiences?

10. How has your supervision style changed or will change in the future when working with ICTs?

11. Do you notice any differences in the type of feedback you provide to ICTs compared to other supervisees? Please explain.

12. How do you prepare the ICTs to adapt their skills to work with their cultural group in the U.S. and back home?

13. What recommendations do you have for clinical supervisors of ICTs to help them adapt their clinical skills for their cultural group as well as when they return to their country of origin?

14. What suggestions do you have for clinical supervisors working with ICTs who are facing cultural differences during clinical supervision?
APPENDIX B

DEMOGRAPHICS AND BACKGROUND QUESTIONNAIRE
Demographics and Background Questionnaire

Please complete the background information below.

1. Gender:_____________________

2. Preferred Pronouns:___________

3. Your race:

  ❑ White.
  ❑ Black or African American.
  ❑ American Indian or Alaska Native – Print name of an enrolled or principal tribe.
  ❑ Asian Indian.
  ❑ Chinese.
  ❑ Filipino.
  ❑ Other Asian – Print races, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
  ❑ Japanese
  ❑ Other race – Print race: _________________________

   Or

  ❑ White or Caucasian
  ❑ Black, African American or Black American (i.e., Khoisan, Bantu, Afrikaner, Austronesian, East Asian or South Asian)
  ❑ American Indian or Alaska Native
  ❑ Latino or Hispanic
- Asian -
- Pacific Islander or Hawaiian -

4. Your ethnicity/cultural identity(s):
- Hispanic or Latino (person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)
- Hispanic and Latino Americans
- Arabs - Populate such countries as Algeria, Sudan, Iraq, and Saudi Arabia, mostly Muslim
- Jewish - Judaism religion, languages like Yiddish and Hebrew, originated from Israelis
- Irish - Catholic religion, traditions like St. Patrick’s Day and Celtic music
- Han Chinese - Largest ethnic group in China and worldwide
- French - Unique traditions like All Souls’ Day and St. Catherine’s Day
- Italian - Largest ethnic group in Italy covering 96%, Italian cuisine is popular in world food culture
- Russian - Celebrate Orthodox and pagan traditions, including Maslenitsa
- Dutch - From the Netherlands, original traditions like Sinterklaas and National Queen’s Day
- Swedish - Famous unique traditions include Swedish National Day and crayfish party
Korean - Celebrate Seollal (Lunar New Year's Day) and Hansik (Eating Cold Food Day), some celebrate birthdays on the lunar calendar

Japanese - Sports such as sumo wrestling and Bean-Throwing Festival

Greeks - Traditions like "name day" and Apokries (Carnival)

Caribbean - Populate such countries as Jamaica, Trinidad, Bahamas, etc.

African - Tribal origins, multiple Afro-languages, and cultures, including the Khoisan languages (clicking languages)

Other - ethnicity/cultural identity(s):

________________________________________

5. Age:

- 25–29
- 30-39
- 40-55
- 56 - above

6. Which Geographical Region(s) has had the most influence on me ____________(Int Q): What type of influence? (follow-up question during interview). Region you came from:

West _______ Midwest _______ Northeast_______ Southwest_______ Southeast_______

7. Which Geographical Region were you born in?

West _______ Midwest _______ Northeast_______ Southwest_______ Southeast_______

Other (If you born outside of the U.S., please provide country and how long have you lived in the U.S.) ____________________________________________________________
8. Years of clinical experience

9. Years as a clinical supervisor of international counselors in training (ICTs)

9. What training have you had to work with ICTs?

10. Training Program

   - CACREP-accredited _______ Master’s _______ Doctoral

   - Non-CACREP-accredited _______ Master’s _______ Doctoral

11. Year of Graduation ____________ Master’s _______ Doctorate in ______

12. Location of your training program in the U.S.

   West _______ Midwest _______ Northeast_______ Southwest_______ Southeast_______