Article

Multicultural Counselor Supervision and Perceived Differences on Client Outcome

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Abstract

The purpose of this study was to examine the differences between counselor supervisors' and supervisees' perceptions of the impact of multicultural supervision on client outcome. Counselor supervisors and supervisees may have differences in how much they believe multicultural factors affect client outcome and this study aimed to determine what differences exist. There were 61 participants in the study consisting of faculty, counselor supervisors, counselors, and graduate students in counseling-related fields. The current study found that multicultural supervision/competence alone predicted supervisor perceptions of client outcome. The findings suggest that training in supervision and multicultural supervision is vital to the professional development of counselors and trainees in counseling-related fields. This training is also necessary because of the impact it has on clients. The implications of this study highlight the need to improve the knowledge of those in counseling-related fields as to the importance of multicultural counseling and competence in training.

Keywords: multicultural, supervision, counselor self-efficacy

Introduction

Counselor supervision is vital to the development of counseling professionals. Clinical supervision is defined by Bernard and Goodyear (2018) as an intervention that involves those with more experience guiding those with less experience. Counselor supervision has been recognized as an area of importance and having its own expertise among all counseling related fields (Burnes & Manese, 2008; Shulman, 2005; Somerville et al., 2019). Despite the development of counselor supervision as a specialty area, and considering the existence of counselor training as an area of importance, research in the area has been limited (Bernard & Luke, 2015). Clinical supervision is considered so important among counseling professionals that ethics boards, state licensing boards, professional credentialing groups, and accrediting bodies have set standards for how supervision is conducted (Bernard & Goodyear, 2018) and who is qualified to provide supervision. In addition, the Council for Accreditation of Counseling Related Programs (CACREP) (2016) has outlined requirements for students and supervisors in counseling field programs. CACREP standards require supervision of students in practicum and internships for those completing masters and doctoral degrees. CACREP outlines how often and what type of supervision should take place, stating that internship students have one hour per week of individual and/or triadic supervision and 1 ½ hours of group supervision per week. CACREP also outlines the supervisor qualifications, stating that faculty members should have relevant experience, professional credentials, and counselor supervision training and experience (CACREP, 2016).

Multicultural factors play a role in counselor supervision. Changing demographics across the USA has increased the need to address cultural differences in counseling (Swazo & Celinska, 2016; Hope & Chappell, 2015; King & Jones, 2019; Soheilian et al., 2014). Supervisors, counselors, and clients vary from each other in many different ways. They can vary by age, gender, gender identity, race/ethnicity, religion/spirituality, sexual orientation, and disability. These differences among people bring different worldviews to the counseling environment. A framework involving these differences among supervisors, supervisees, and clients has been developed to address multicultural supervision. This framework is the Multidimensional Ecological Comparative Approach (MECA) (Falender et al., 2014). MECA along with competency-based clinical supervision seeks to fill the gaps of how supervision and counseling can be implemented in a way that considers similarities and differences among supervisors, supervisees, and clients. This framework focuses on the development of multicultural competence for supervisors and supervisees. It is the responsibility of the counselor supervisor to teach multicultural competence to their supervisees (King & Jones, 2019).

Soheilian et al., (2014) defined multicultural competence as the supervisor's ability to discuss culture in supervision, use culturally appropriate counseling skills, culturally appropriate client conceptualizations, and assess multicultural competence among supervisees. These researchers conducted a study in which they examined cultural topics discussed in supervision and how these discussions impacted counselor work with their clients. Results of their investigation revealed that supervisors frequently educated and facilitated exploration of specific cultural issues with their supervisees. Furthermore, they discussed culturally appropriate therapeutic interventions and skills,

facilitated supervisee self-awareness within the supervision session, and challenged and encouraged cultural openness of supervisee's understanding of client and cultural issues.

Little research exists in the area of multicultural training and supervisory competencies with respect to specific groups. Toward this end, Hope and Chappell (2015) called for including competencies on sexual orientation in multicultural training due to gaps and shortages among students and practitioners. Chopra (2013) also called for research limited to and specifically about sexual orientation in areas of multiculturalism. In a related vein, little research exists on multicultural supervision regarding disability. However, the author was able to locate a case study on a hearing supervisor and a Deaf supervisee (Hanks & Hill, 2015). Supervision was provided using an interpreter. The key finding in the study highlighted the relationship as being of primary importance. The study also highlighted the openness of the supervisor to learn about the supervisee's culture.

Multicultural counseling is vital, as research underscores the impact of the counselors' cultural sensitivity and awareness upon the clients' counseling outcomes (D'Andrea et al., 2008; Griner & Smith, 2006; Sue et al., 2009). The same importance should be given to understanding how culture plays a part in the supervision of counselors. Despite the ethical dimension of multicultural supervision, Ellis (2010) suggests that multiculturalism is often neglected and considered secondary rather than primary by supervisors. Although some studies on multicultural counseling and factors affecting supervision have been conducted, they have been limited to examining gender, racial/ethnic differences, and spirituality, with generally few studies including gender identity, sexual orientation, and disability as multicultural factors.

Despite the growth in the supervision literature (Forshaw et al., 2018), relatively little empirical studies on multicultural supervision have been published that include these differences in multicultural counseling supervision. This is particularly relevant to practitioners because differences in multicultural supervision can influence counselor development and client outcomes in a variety of ways . For example, counselor supervisors and supervisees may have differences concerning how much they believe multicultural factors affect client outcome. This is important in understanding how supervisors might better serve supervisees and in turn clients. When supervisors do not feel that multicultural factors are as important as their supervisees, this can lead to problems between them. When problems exist between supervisors and their supervisees, this will impact the relationship between the supervisee and their clients, leading to potentially harmful outcomes for the client.

Toward this end, the purpose of this study was to examine the relationship among supervision factors (e.g., supervision satisfaction, self-efficacy, supervisory working alliance, multicultural supervision) and supervisor and supervisee perceived client outcome, as well as the differences between supervisor and supervisee perceptions of client outcome.

Literature Review

To appreciate the potential impact of multicultural supervision, it is necessary to review the relevant factors that affect the supervisor/supervisee relationship in general. These factors include supervision satisfaction, counselor self-efficacy, and supervisory working alliance.

Supervision Satisfaction

Supervision satisfaction has been found to be an important component of supervision

because of the impact that it can have upon supervisee development and client outcome (Best et al., 2014; Matthews et al., 2018). Consistent with previous studies, a study of psychologists in Ireland (McMahon & Errity, 2014), found the relationship with the supervisor was cited as the top reason for satisfaction with supervision, followed by the need for more supervision. Satisfaction with supervision may be affected by the multiple roles that a supervisor plays. For example, McMahon and Errity (2014) examined the impact of having a supervisor who was both administrative and clinical. The psychologists in this study preferred to attend clinical supervision with someone other than their administrative supervisor and outside of the workplace. Consistent with the prior studies, the quality of the relationship between the supervisor and supervisee was what made the difference.

Supervisor/counselor relationships are affected by satisfaction. However, satisfaction with supervision can also be affected by other variables. Studies on the satisfaction of supervision of international students (Lau et al., 2019; Mori et al., 2009) and foreign-born therapists in the United States (Kissil et al., 2013; McKinley, 2019) represent multicultural aspects. Mori et al. (2009), based on research, suggest when supervising international students, discussions on culture must take place. They suggest that when this communication does not take place, there will be a direct impact on satisfaction with supervision. They also found that, when supervisees perceive their supervisors as culturally competent, there is a higher degree of satisfaction as well. Kissil et al. (2013) explored foreign-born counselors and their satisfaction with supervision, counselor self-efficacy, and multicultural competence. The researchers found that the more they perceived their supervisors as multiculturally competent, the more they

viewed themselves as having high self-efficacy.

Counselor Self-efficacy

Counselor self-efficacy is also another vital factor in clinical supervision. Counselor self-efficacy is defined as the confidence one has in his/her counseling abilities (Kissil et al., 2013; Matthews et al., 2018). Bernard and Goodyear (2018) suggest that trainees have a need to feel competent and that this need may decrease with experience. Studies conducted on self-efficacy and its impact on trainee success have varied (Goreczny et al., 2015; Kozina et al., 2010; Lam et al., 2013). Research on the self-efficacy of trainees undergoing training and coursework (Goreczny et al., 2015; Kozina et al., 2010) have shown positive results. For example, Goreczny et al. (2015) and Kozina et al. (2010) showed that as trainees undergo their training experiences, they gain more self-efficacy. Similarly, counselor self-efficacy has been determined to be an important factor to assess in multicultural supervision and counseling, due to varying levels of self-efficacy across people and potentially those from different backgrounds (Lam et al., 2013; Schauss et al., 2017). Toward this end, counselor supervisors work with supervisees to help establish multicultural attitudes, beliefs and skills that will guide them through the beginning stages of their practice, as well as throughout their careers (Fietzer et al., 2018; Morrison & Lent, 2018).

Supervisory Working Alliance

The supervisory working alliance has been deemed an essential factor in supervision research, with it being one of the top themes in the counselor supervision literature (Bernard & Luke, 2015). The supervisory working alliance is made up of agreement on goals, agreement on tasks, and the bond between the supervisor and supervisee (Bordin, 1983). The quality of the

supervisory working alliance is impacted by several factors involving supervisor factors, supervisee factors, and the supervision process (Bernard & Goodyear, 2018). Bernard & Goodyear (2018) describe the factors that affect the quality of the supervisory working alliance. Supervisor factors that affect the supervisory working alliance include: supervisor style, supervisor use of expert and referent power, supervisor self-disclosure, supervisor attachment style and emotional intelligence, and supervisor ethical/unethical behavior. Supervisee factors that affect the supervisory working alliance include: supervisee attachment style and emotional intelligence, supervisee experience of negative supervision, and supervisee stress and coping. Factors of the supervision process that affect the supervisory working alliance include: supervisor evaluative practices, role conflict and ambiguity, racial identity matching, discussions of racial and ethnic differences, and supervisor-supervisee complementarity. Of importance to highlight are discussions of racial and ethnic differences. Previously it was mentioned that these communications increase satisfaction with supervision (Mori et al., 2009). The supervisory working alliance itself also affects satisfaction with supervision (Bernard & Goodyear, 2018).

Bernard and Goodyear (2018) also indicate that the supervisory alliance affects supervision processes and supervision outcomes. For example, the supervisory alliance affects supervisees' willingness to disclose information in supervision and adhere to treatment protocols (Bernard & Goodyear, 2018). Accordingly, as a function of the supervisory alliance, the supervisee internalizes the presence of the supervisor (Geller et al., 2010). In turn then, the supervisory alliance directly impacts the therapeutic alliance of counselors and their clients. This is of particular importance because the impact will directly affect client outcomes (Horvath & Symonds, 1991; Norcross & Wampold, 2011).

Methodology

Participants

Power analysis was conducted to determine the minimum sample size needed. Using a large effect size of .26 and a statistical power of .80 at the $p = .05$ level for multiple regression, a sample size of 51 participants was calculated. A large effect size of .26 or higher was determined to be appropriate by Cohen (1988). The power analysis was conducted using Calculator: A-Priori Sample Size for Multiple Regression from Free Statistics Calculators Version 4.0 (https://www.danielsoper.com/statcalc/calculator.aspx?id=1).

Research participants were categorized into supervisees and supervisors based on a question about professional years supervising. Those with less than three years were categorized as supervisees and those with more than three years were categorized as supervisors.

A total of 61 participants consisted of faculty, counselor supervisors, counselors, counselor-interns, and graduate counseling students. The survey consisted of an informed consent page, and questions about demographic information, supervision satisfaction, self-efficacy, the supervisory working alliance, and perceived client outcomes. A majority responded that they were: between 25 and 34 years old, female, Hispanic/Latino, licensed professional counselors, not licensed supervisors, and had fewer than 3 years of professional supervision experience (see Table 1).

Table 1

Demographic Characteristics: Descriptive Statistics (N = 61)

Demographics	Frequency	Percent
Gender		
Female	49	80.33%
Male	12	19.67%
Age in years		
25 – 34	24	40%
35 – 44	21	35%
45 – 54	8	13.33%
55 – 64	5	8.33%
65 and over	2	3.33%
Identified cultural group		
African American	4	6.56%
Asian/Pacific Islander	1	1.54%
Hispanic/Latino	38	62.30%
Caucasian/White	18	29.51%
Professional Licensure/Credential [a]		
No response	7	11.47%
Not Licensed	12	19.67%
School Psychology	3	4.91%
Psychology	4	6.55%
Social Work	6	9.83%
Rehabilitation Counseling	7	11.47%
Licensed Chemical Dependency Counselor	9	14.75%
Licensed Professional Counselor	20	32.78%
Supervision Licensure		
No answer	7	11.48%
Not licensed	40	65.57%
Licensed	14	22.95%
Year professionally supervising		
No response	9	14.75%
3 years or fewer	33	63.46%
More than 3 years	19	36.54%

Note. This table demonstrates participant descriptive statistics: gender, age in years, identified cultural group, professional licensure/credential, supervision licensure, and years professionally supervising

[a] Some participants indicated licensure/credential in more than one field

Table 2

Supervisor/Supervisee Characteristics: Descriptive Statistics (N = 61)

Variable	Frequency	Percent
Experience Supervising Students		
No response	1	1.63%
No student supervised	18	30.00%
Very little experience	10	16.67%
Sometimes	15	25.00%
Most of the time	11	18.33%
All of the time	6	10.00%
Experience Supervising Professionals		
No response	1	1.67%
No professionals supervised	28	46.67%
Very little experience	9	15.00%
Sometimes	13	21.67%
Most of the time	4	6.67%
All of the time	6	10.00%
Participant differences from their supervisor [a]		
Religion/Spirituality	43	17.92%
Gender	43	17.92%
Cultural group	47	15.42%
Age	48	20.00%
Gender identity	17	7.08%
Sexual orientation	27	11.25%
Disability	25	10.42%
Participant differences from their supervisees [a]		
Religion/Spirituality	42	19.09%
Gender	44	20.00%
Cultural group	40	18.18%
Age	53	24.09%
Gender Identity	14	6.36%
Sexual Orientation	14	6.36%
Disability	13	5.91%

Note. This table demonstrates participant descriptive statistics: experience supervising students, experience supervising professionals, participant differences from their supervisors, and participant differences from supervisees (N = 61)

[a] Some participants indicated more than one difference

Specific demographic questions were asked of the participants concerning their supervision experiences. A majority of the participants responded that they had experience supervising students ranging from sometimes, most of the time and all of the time (all totaled n = 32, 53.33%). The remaining participants reported that they had no experience supervising professionals (n = 28, 46.67%) (see Table 2). However, participants did report that they had experience from very little to sometimes supervising professionals (n = 22, 36.67%). Participants reported a mean of 3.69 (SD = 7.56) number of supervisees. Concerning participants multicultural differences from their supervisor, the major difference was age (n = 48, 20.00%). Participants also reported age as the major multicultural difference from their supervisees (n = 53, 24.09%)(see Table 2).

Instrumentation

Five instruments were used to operationalize the variables for each research question. For example, the Trainee Personal Reaction Scale (TPRS) (Holloway & Wampold, 1984) was used to measure supervision satisfaction from a student perspective. Self-efficacy was measured using the Counseling Self-Estimate Inventory (COSE) (Larson et al., 1992). Supervisory working alliance was measured via the Supervisory Working Alliance Inventory-Supervisor Form (SWAI-S) (Efstation et al., 1990), whereas multicultural supervision was measured using the Cross-Cultural Inventory-Revised (CCI-R) (LaFromboise et al., 1991). Perceived client outcome was measured using a modified version of the Supervision Outcome Scale (SOS) (Tsong & Goodyear, 2014). In addition, for those participants who were students, the trainee version of was used for the supervisory working alliance (SWAI-T)

(Efstation et al., 1990). This study, using the above variables, added to the theory of Multicultural Counseling and Therapy (Sue et al., 1996) to counselor supervision.

More specifically the properties of each instrument are given below. The Trainee Personal Reaction Scale-Revised (TPRS-R) (Holloway & Wampold, 1984) is an instrument with 12 items measuring supervision satisfaction via a 5-point Likert scale ranging from "not characteristic of my feelings (1)" to "highly characteristic of my feelings (5)." The scores range from 12 to 60 with higher scores indicating a higher level of satisfaction with supervision. The three areas covered in the instrument are the trainee's evaluation of the supervisor (or vice versa), self-evaluation, and comfort level. The internal consistency based on Cronbach's alpha ranged from .71 to .89 depending on the study.

The instrument used to measure counselor self-efficacy was the Counseling Self-Estimate Inventory (COSE) (Larson et al., 1992). The COSE was designed to measure self-efficacy and consists of five subscales that examine microskills, the counseling process, dealing with difficult client behaviors, cultural competence, and values. The scale consists of 37 statements that participants answer on a 6-point Likert scale ranging from strongly disagree (1) to strongly agree (6). The subscales range from zero to 45 and the overall score ranges from 37 to 222, with the higher score indicating stronger self-efficacy. Larson et al. (1992) reported an internal consistency alpha of .93 for the total scale. The subscale coefficients were as follows; .88 for Microskills, .87 for Process, .80 for Difficult Client, .78 for Cultural Competence, and .62 for Awareness of Values. The reported item-total correlations were reported as ranging from .32 to .65 excluding three items. Other studies found similar internal consistency

coefficients. Kozina et al., (2010) reported test-retest reliability of .87 in their study.

The instrument used to measure the Supervisory Working Alliance was the Supervisory Working Alliance Inventory-Trainee Form (SWAI-T) (Efstation et al., 1990). This instrument is used to measure the working alliance between supervisors and supervisees. The measure is a 19-item measure with two subscales of Rapport and Client Focus. Respondents answer statements on a 7-point Likert scale ranging from almost never (1) to almost always (7). The Cronbach's alpha for the subscales was reported as .90 for the Rapport subscale and .77 for the Client Focus subscale. Sterner (2009) reported an alpha of .97 for the overall scale and higher internal consistency levels for the subscales in this study. Sterner also reported inter-item correlations ranging from .32 to .91 for Rapport and .35 to .71 for Client Focus. The Working Alliance Inventory-Supervisor Form is similar but has 23-items (Efstation et al., 1990) and has three scales of Rapport, Client Focus, and Identification. The alpha coefficients reported for the Supervisor version are .73 for Rapport, .71 for Client Focus, and .77 for Identification. Sterner reported higher internal consistency levels for the subscales in this study using the Supervisor version and an overall internal consistency of .89.

Multicultural supervision was measured using the Cross-Cultural Inventory-Revised (LaFromboise et al., 1991) (CCI-R). The instrument was developed for supervisors to measure their supervisees' multicultural competence, but was modified in a study by Gloria et al., (2008) so that supervisors can measure their own multicultural competence with their supervisees. The modification was done by changing the word client(s) to supervisee(s). The instrument is 20-item, 6-point Likert instrument that examines cross-cultural counseling skills, sociopolitical awareness, and cultural sensitivity. In validating the instrument, LaFromboise et al., (1991) reported an internal consistency coefficient of .95 overall. Expert raters were used to classify items into the three categories the instrument measures. Criterion-related validity was also examined by above-average ratings by counselors with high multicultural competence. Exploratory factor analysis identified one single factor as well. In the study by Gloria et al. an internal consistency coefficient of .87 was found.

To measure perceived client outcome, the Supervision Outcome Scale (Tsong & Goodyear, 2014) (SOS) was utilized. The instrument was developed to measure the effectiveness of clinical supervision from the view of the supervisee. The instrument is a 7-item, 5-point Likert instrument that examines clinical competence and multicultural competence. Responses range from not helpful at all (1) to extremely helpful (5). The original instructions indicate that supervisees endorse items based on the level of which current or recent supervision has led to improvement (2014). A sample item is "Your relationship with clients." In the development of this instrument, Tsong and Goodyear (2014) reported an overall Cronbach's alpha of .90, .86 for the Clinical Competence subscale, and .94 for the Multicultural Competence subscale.

For this study, supervisees completed the measure as originally instructed, but the instructions were modified for supervisors. Supervisors were instructed to endorse items based on the level of which their current or recent supervision of supervisees has led to the improvement of supervisees. The items were modified to measure supervisors' views of their supervisees. This modification was done by changing statements starting with "Your" to "Your supervisee's" (e.g., "Your

Table 3

Multicultural Supervision Regressed on Supervisor Perceived Client Outcome

Variable	Model 1		
	B	B SE	β
CCI-R**	28	.07	.68*
Adjusted R^2	.44		
R	15.15		

* p < .01, ** Cross-Cultural Inventory-Revised

counseling skills" was changed to "Your supervisee's counseling skills").

Procedures

Participants were recruited online via direct email contact and direct contact via solicitation for survey respondents on Facebook. Participants were solicited via a snowball method (Dusek et al., 2015, Goodman, 1961). They were asked complete the survey and then in turn to distribute the link to those that they knew who were faculty, counselor supervisors, counselors, counselor-interns, and graduate students in counseling-related fields. Participants completed the online survey via Qualtrics (Provo, Utah). The survey consisted of an informed consent page, and questions that entailed demographic information, supervision satisfaction, self-efficacy, the supervisory working alliance, and perceived client outcomes.

Data Analysis

The mean scores of the respondents on the four independent variables (supervision satisfaction, self-efficacy, the supervisory working alliance, multicultural supervision) and the dependent variable (supervisor perceived client outcome) were calculated and multiple linear regression used. Independent variables were regressed on the dependent variable via the forward selection procedure on SPSS .25 to determine the most significant relationship.

Similarly, the mean scores of the respondents on the four independent variables (supervision satisfaction, self-efficacy, the supervisory working alliance, multicultural supervision) and the dependent variable (supervisee perceived client outcome) were calculated and a multiple linear regression analysis using the forward selection procedure was conducted.

Finally, to evaluate differences between supervisor and supervisee perceptions of client outcome, the mean scores were calculated. An independent t-test was also conducted for the supervisors and supervisees on the dependent variable. Data met the assumption of equal variance.

Before statistical analysis the limitation of multicollinearity for multiple regression analysis was addressed. Multicollinearity occurs when predictor variables are highly correlated with one another. Variance Inflation Factor (VIF) on SPSS .25 was calculated to determine if multicollinearity was problematic. No high correlations between independent variables were detected. All VIF measures were below 1.

Results

There was a statistically significant finding among multicultural supervision (CCI-R) and supervisor perceived client outcome (SOS) (see Table 3). The model explains 44% of the variance based on the predictor variable.

There were no statistically significant results among supervision factors (supervision satisfaction, self-efficacy, supervisory working alliance, multicultural supervision) and supervisee perceived client outcome, indicating that none of the independent variables predicted supervisee perceived client outcome. The overall model does not show significance $F_{(4, 27)} = .88$, Adjusted $R^2 = -.01$, $p > .05$. The model explains 1% of the variance based on the predictor variables.

An independent t-test was conducted to determine differences between supervisor and supervisee perceptions of client outcome. There was no statistically significant difference between the supervisor and supervisee perceived client outcome, $t(49) = -.48$, $p = .62$.

Discussion

A major limitation of the study is that it used a sample of convenience. The sample was collected online via direct email contact and direct contact via solicitation for survey participants on Facebook. Based on sample collection, the study cannot be generalized to all faculty, counselor supervisors, counselors, counselor-interns, graduate students and practitioners in counseling-related fields. Another limitation is that there were fewer supervisors than supervisees, few licensed supervisors in their field, and a minority of supervisors who supervised professionals while having had more than three years supervising experience. Therefore, comparing supervisors and supervisees in how they responded is limited.

The demographic data provided some information relevant to the results of the study. First, the majority of the participants were younger and perhaps newer licensed professionals in their field. Second, the majority were not licensed supervisors in their field and a little over half reported that supervising students at least sometimes or more. In addition, a minority of the participants reported supervising professionals. Those reporting on their supervision experience had been supervised by and had also supervised someone different from them in some cultural way. The majority of the participants had less than three years of experience professionally supervising. Finally, the majority came from a minority cultural group, Hispanic/Latinos.

The characteristics of the participants are essential in understanding the results of the study. Prior research indicates that supervision satisfaction, self-efficacy, the supervisory working alliance, and multicultural supervision/competence are related (Crockett & Hays, 2015; Kissil et al., 2013). Crockett and Hays (2015), examined the supervisory working alliance, self-efficacy, and satisfaction with supervision among American Counseling Association (ACA) graduate student members. The study tested a mediation model on the relationships among supervisor multicultural competence, the supervisory working alliance, supervisee counseling self-efficacy, and supervisee satisfaction. The authors explain that the supervisory working alliance is a mediator variable in that it explains how supervisor multicultural competence impacts counselor/supervisee self-efficacy and satisfaction with supervision. The main finding in regards to satisfaction was that a strong supervisory working alliance leads to increased satisfaction with supervision. When it came to self-efficacy, supervisor

multicultural competence led to the development of supervisee self-efficacy. Unlike prior research, however, this study found that multicultural supervision alone predicted perceived client outcome for the supervisors but not the supervisees. The authors of this study used the Cross-Cultural Inventory-Revised (CCI-R, LaFromboise et al., 1991) to measure multicultural supervision and the Supervision Outcome Scale (SOS, Tsong & Goodyear, 2014) to measure perceived client outcome. This suggests for this group that multicultural supervision is the most influential predictor of perceived client outcome. The CCI-R does not measure multicultural supervision per-se, but measures multicultural competence, which is an important aspect of multicultural supervision. The Supervision Outcome Scale can be considered both a direct and indirect measure of perceived client outcome because participants rate what is helpful from supervision on a Likert scale. The SOS examines what supervisors believe are the outcomes of their supervision and the current results indicate that the supervisors in this study believe that multicultural supervision and competence impacts the outcomes significantly. In fact, through an item analysis of the SOS measure, the supervisors in this study had stronger beliefs than supervisees as to how much cultural competence impacted client outcomes.

The findings indicate that the supervisors in this sample had strong beliefs that multicultural supervision and competence play a more prominent role in perceived client outcome than the other variables. The current study was also consistent with the ideas of Bernard and Goodyear (2018) who suggested that a strong working alliance is needed in multicultural supervision. Prior research supports this idea as well (Crockett & Hays, 2015; Kissil et al., 2013).

There was no statistically significant result when examining perceived client outcome between supervisees and supervisors, which suggests that supervisors and supervisees had no differences in what they felt supervision provided when it comes to client outcome. The lack of differences might imply that the supervisory working alliance between supervisees and their supervisors might be strong in this sample of supervisees. Or it could also mean that supervisees are receiving supervision in which little attention is being paid to multicultural competence and how it impacts clients.

The participants in the study stated that they had supervised and been supervised by someone who was different from them in some cultural way. Nonetheless, this still needs to be considered because of the multiple facets of diversity. In order to further refine the meanings of supervisors' and supervisees' experiences, it is recommended that the questions regarding supervising someone different and having been supervised by someone different should be examined as a continuous variable rather than a categorical variable as was done in this study.

Second, the results of this study may be different from other studies because of the sample being mostly Hispanic/Latino. Few of the studies described in the literature review consisted of samples made up primarily of Hispanic/Latino participants. The one study (Lam et al., 2013) that did have a sample of primarily Hispanic/Latino participants examined self-efficacy with graduate students in a counseling program. None of the studies in the literature review had samples of supervisors and supervisees that were primarily Hispanic/Latino. Furthermore, most of the studies described in the literature review consisted of primarily White participants. Therefore, race/ethnicity

is likely to impact the results and to provide a different viewpoint than prior research.

This study supports previous literature in highlighting the importance of multicultural supervision and competence in supervisee development and the need for a greater focus in this area. This is particularly relevant for practitioners who supervise others, as this study suggests that differences exist between supervisors and supervisees that can be attributed to certain factors. In addition to providing areas for further exploration when it comes to such differences, this study adds to the literature by examining Latino/Hispanic supervisors and supervisees. By highlighting the importance of multicultural supervision, this study also potentially informs supervising practitioners in the development of supervisees.

Conclusion

Broadly speaking, this study looked at the extent to which supervisors and supervisees believe multicultural factors affect client outcomes. As such, this study examined the impact of several independent variables (e.g., supervision satisfaction, self-efficacy, the supervisory working alliance, and multicultural supervision) upon perceived client outcomes both from the perspective of the supervisor and the supervisee. This study also explored the differences between supervisor and supervisee perceptions about client outcomes. The current study found a statistically significant relationship between multicultural supervision and supervisor perceived client outcome, highlighting the important role that multicultural supervision training plays in the professional development of counselors and trainees in counseling-related fields.

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