A PHENOMENOLOGICAL INVESTIGATION OF SPANISH-ENGLISH BILINGUAL SUPERVISEES' EXPERIENCE IN CLINICAL SUPERVISION

by

Vanessa M. Perry

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Director of Dissertation: Shari M. Sias

Major Department: Addictions and Rehabilitation Studies

With a growing number of American households speaking languages other than English, the counseling profession must meet the counseling needs of non-English speaking clients. In turn, clinical supervisors and counselor educators must meet the needs of bilingual counselors. This existential phenomenological study examines the clinical supervision experience of Spanish-English bilingual supervisees. Participants' responses highlighted the compatibility or incompatibility of supervisor-supervisee knowledge and skills, the resilience and resourcefulness of Spanish-English bilingual supervisees, and the diversity of the Latino population. Overall, participants expressed the overwhelming desire to have a clinical supervisor that possessed cultural competence. The majority of participants also expressed interest in having a Spanish-English bilingual supervisor, although this proficiency was considered a luxury. Further research is needed to better understand the needs of Spanish-English bilingual supervisees.

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by

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APPROVED BY:

DIRECTOR OF DISSERTATION: _____
Shari M. Sias, Ph.D.

COMMITTEE MEMBER: _____
Stephen J. Leierer, Ph.D.

COMMITTEE MEMBER: _____
Steven R. Sligar, Ed.D.

COMMITTEE MEMBER: _____
Martha H. Chapin, Ph.D.

COMMITTEE MEMBER: _____
Jennifer L. Hodgson, Ph.D.

CHAIR OF THE DEPARTMENT OF ADDICTIONS AND REHABILITATION STUDIES:

_____
Paul J. Toriello, Rh.D.

DEAN OF THE GRADUATE SCHOOL: _____
Paul J. Gemperline, Ph.D.

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PREFACE

This researcher worked for East Carolina University's (ECU) Navigate Counseling Clinic for two years as a clinician, clinical supervisor, and clinic manager. During this time, this researcher received clinical supervision from a Licensed Professional Counselor (LPC) who was also a faculty member within ECU's Department of Addictions and Rehabilitation Studies. She provided clinical supervision to students in ECU's Department of Addictions and Rehabilitation Studies master's programs. Students were in the Master of Science in Substance Abuse and Clinical Counseling and the Master of Science in Rehabilitation and Career Counseling programs.

As a clinical supervisor, this researcher conducted sessions using Bernard and Goodyear's (2014) discriminant model. In this model, clinical supervisors function in one or more of four roles based on the needs of supervisees. Supervisors act as teachers, counselors, consultants, and/or researchers. Working with novice counselors, this researcher often functioned as a teacher, providing feedback and support in executing intermediate counseling skills. What she valued most was fostering positive supervisory alliances where supervisees felt safe to feel vulnerable, ask questions, and grow as counselors.

As a supervisee, this researcher consulted with her clinical supervisor on a weekly basis. During supervision sessions they staffed cases, examined case conceptualization, and discussed clients' clinical concerns. She had a positive supervision experience and forged a positive supervisory alliance. When considering what traits she values most in a clinical supervisor, she considers knowledge and expertise of the population she serves to be the most important quality a supervisor should possess. She worked with clients who were from a low socioeconomic status

and consequently experienced complex issues. Having worked previously with similar clients, her supervisor was able to provide helpful feedback.

While working at Navigate, this researcher was enrolled in a doctoral level course on clinical supervision and became interested in the supervision of Spanish-English bilingual (SEB) supervisees. This researcher asked if masters or doctoral students had the option of participating in Practicum or Internship in languages other than English. Unless this researcher was personally available to supervise master's students in Spanish, students could only select English-speaking Practicum and Internship sites. No supervisors within ECU's Department of Addictions and Rehabilitation Studies were available to supervise doctoral students in languages other than English. This paradigm was in stark contrast to this researcher's native southern California, where most of her colleagues were native Spanish speakers and provided services to Spanish monolingual clients. Being fascinated by the difference in supervision paradigms, this researcher made the decision to investigate this phenomenon for this researcher's dissertation.

CHAPTER 1: INTRODUCTION

This chapter includes the study's introduction, theoretical framework, rationale, purpose, ethical implications, grand tour question and sub-questions, statement of personal experience, delimitations and limitations, operational definitions, and chapter summary. This chapter describes the clinical supervision process, identifies the stakeholders in supervision, and provides a step-by-step illustration of clinical supervision through a case example. This study's purpose is to understand how Spanish-English bilingual (SEB) supervisees experience clinical supervision, and to understand their supervision needs.

Introduction to the Study

In 2013, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) reported that 11,099 students graduated from accredited programs (CACREP, 2014). Many such students continue their training with aspirations of licensed professional practice. Newly graduated students move from graduate programs to licensed practices through supervised professional practice. Each state has a unique path to licensure. What follows is a discussion particular to North Carolina's path to licensure for professional counselors.

In North Carolina, a licensed professional counselor (LPC) must fulfill educational and experiential requirements. An LPC must earn a master's degree from a regionally accredited institution of higher education with graduate level courses in nine core content areas (NCBLPC, 2014). These core content areas include:

1. Orientation to the counseling profession
2. Research
3. Career/vocational/lifestyle development
4. Human growth and development

5. Social and cultural foundations
6. Counseling theories and techniques
7. Appraisal
8. Group work, and
9. Practicum/internship.

Aspiring LPCs must pass a national counselor examination: the National Counselor Exam, the National Clinical Mental Health Counseling Exam, or the Certified Rehabilitation Counselor Exam. In addition to the national examination, counselors must also pass a jurisprudence examination and submit a professional disclosure statement. Lastly, counselors must complete 3,000 hours of supervised professional practice (NCBLPC, 2014). This study examines this final requirement, clinical supervision. In order to understand the clinical supervision requirement, one must understand the history behind clinical supervision.

The LPC Act (1993) established the North Carolina Board of Licensed Professional Counselors, referred to hereafter as "the Board." The Board considers national codes for professional and ethical practice in order to determine its standards of practice. The Board not only sets guidelines for practice, but also regulates the practice itself (NCBLPC, 2014). The mere existence of a regulating body, established by state legislature, underscores an important message: the ethical practice of the counseling profession is of utmost importance.

Additionally, the Board sets forth specific guidelines for whom may provide clinical supervision, a qualified clinical supervisor (QCS). The QCS must be licensed by the Board or a similar governing body in a related field (e.g., Marriage and Family Therapy, Social Work) and also have formal education or training in clinical supervision (NCBLPC, 2014). This educational

requirement asserts that clinical supervision is an invaluable process and not every LPC is eligible or qualified to function as a QCS.

While the Board does not mention what information should be covered in a graduate-level supervision course, Bernard and Goodyear (2014) recommend supervisors learn about supervision models and how to apply them to diverse supervision settings. With a conceptual background, supervisors are able to better apply supervision interventions. Bernard and Goodyear (2014) also discuss how to apply the most commonly used supervision interventions, as well as how to effectively evaluate supervisees.

While the Board clearly outlines educational and training requirements for LPCs and QCSs, the Board stipulates minimal information about the clinical supervision process. Of the 3,000 required hours of supervised clinical practice, 2,000 hours must be providing direct counseling. One hundred hours of clinical supervision are required. The Board states, "Supervision shall be based on direct (live) observation, co-therapy, audio and video recordings, and live supervision. At least three quarters of the hours of clinical supervision shall be individual practice" (NCBLPC, 2014, Verification of Supervised Professional Practice section). Supervision may be provided in person or via distance using synchronous verbal and video interaction (NCBLPC, 2014). While the time commitment and modes of employment of supervision are delineated, the Board does not provide specific guidelines regarding the content or process of supervision.

Clinical supervision is a substantial time commitment. If counselors work full-time, 40 hours per week, they have to work approximately 75 weeks to complete 3,000 hours. The duration of the 3,000-hour time commitment spans longer if counselors worked less than full-time weekly or do not accrue two-thirds of direct service hours weekly. In comparison, most

two-year Master of Science or Master of Arts counseling programs require 60 course hours (CACREP, 2014). The summation of this is 64 weeks spent learning in the classroom and practicum/internship. Frequently, novice counselors conceptualize their "learning" within the four walls of a classroom that ceases upon graduation. Such mentality does not consider the learning that occurs in the field during clinical supervision, which is often a longer time commitment than earning a graduate degree. Again, the time commitment highlights the significance of clinical supervision (Pelling, Barletta, & Armstrong, 2009).

Clinical supervision is so important that 3,000 hours of supervised practice is required by the Board in order to become a LPC. Presently, supervisors and supervisees are left to define, develop, and execute the supervision process without prescriptive guidelines from the Board. Although the aforementioned requirements have underscored the importance and value of clinical supervision in the counseling profession, the content and mechanics of the supervision process is amorphous. However, this paradox lends itself to further inquiry on the structure and procedure of the clinical supervision process, the significance of supervision, the purpose of supervision, and the evaluation of the efficacy of supervision.

Theoretical Framework

Social constructionist theory is the postmodern notion that social contexts beget multiple realities. Social, historical, and cultural contexts are mediated by language and give rise to the world as one sees it. In clinical supervision, social constructionist theory helps supervisees understand what ideas and information they are using to understand clients' presenting concerns. Social constructionist supervisors strive to "…remain detached from a particular view about what might be effective in therapy in order to generate new meanings and understandings…" (Philip, Guy, & Lowe, 2007, p. 7).

For this study, social constructionist theory is valuable because of its discussion of power dynamics in supervision. Social constructionists assert that supervisees' beliefs are influenced by dominant ideas, which can limit their ability to develop independent or new ideas. Supervisors, the counseling setting, or the counseling profession may possess dominance (e.g., supervisors possess expertise and superior knowledge) that influences supervisees' views. Consequently, dominant information is perceived as right or correct because it is the reality supervisees have constructed in response to their interpretation of information. This perspective is one possible reality. Supervisory responses using social constructionist theory encourage supervisees to understand their beliefs about language and culture from multiple perspectives, such as the dominant culture, the non-dominant culture, and their own personal experiences (Philip et al., 2007). In this study social constructionist theory is used to understand participants' depiction of supervision experiences as they have lived them, as supervision is a social construct. Each reality is one of multiple possible realities influenced by each person's culture, language, and biases (e.g., supervisors' reality, supervisees' reality, this researcher's reality; Philip et al., 2007).

Rationale and Purpose for the Study

According to the United States Census Bureau (2010), Latinos constitute 16.9% of the population, making them the largest minority group in the United States. The United States Census Bureau (2012) also reported that 21% of homes speak a language other than English. This suggests an increase need for counselors who speak languages other than English to meet the needs of clients in counseling. Differences in language and culture pose barriers to treatment. The American Psychiatric Association (2007) asserts, "The lack of interpreters and bilingual professionals can interfere with appropriate evaluation, treatment, and emergency response" (Para, 11). Latinos experience mental health issues at similar rates compared to their White

counterparts. However, Latinos are less likely to engage in counseling. Among Latinos with a mental health diagnosis, fewer than 10% seek counseling (APA, 2014).

Due to the increasing racial diversity of the United States, the importance of responding to the unique needs of clients, supervisees, and supervisors, cannot be underscored enough. To serve Latino clients, counselor educators must ensure counselors have received adequate training and practice in cultural competence. This rapidly growing Latino population also needs supervisors that can meet the supervision needs of bilingual supervisees. In order to effectively supervise Spanish-English bilingual supervisees (SEBs), counselor educators must ensure supervisors receive explicit training on the distinctive needs of SEBs.

Ethical clinical supervision encourages competent practice and client welfare. Clinical supervision is an ethical imperative, professional requirement, and a gatekeeping strategy (Barnett, Erikson, Goodyear, & Lichtenberg, 2007). Because clinical supervision is an ethical imperative *and* a professional requirement, the counseling profession should ensure that the 3,000 hours of required supervised practice is serving its purpose (NCBLPC, 2014). Supervisees and supervisors alike must eliminate or minimize barriers that hinder counseling process, including differences in language and culture. Supervision works best when supervisors clearly understand what clients need and want (Bernard & Goodyear, 2014).

American Counseling Association (ACA) provides a comprehensive definition of the clinical supervision process. Supervision is:

> A process in which one individual, usually a senior member of a given profession is designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s),

(b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s) (ACA, 2014, p. 21).

Of importance is that there are multiple components to clinical supervision.

First, there is a difference in the amount of counseling experience between supervisors and supervisees, with supervisors possessing more experience. Powell (2004) describes the clinical supervision process as a professional relationship between supervisors who possess more counseling experience than supervisees. Some definitions of supervision do not call for a distinction in experience; however, this study does.

Second, the relationship is forged to promote supervisees' professional development. The purpose of clinical supervision is "to foster the supervisee's professional development, a supportive and educational function" (Bernard & Goodyear, 2014, p. 13). Supervisors work with supervisees to develop skills and competencies that supervisees need to possess as licensed counselors. The ultimate goal is to shape supervisees' behavior in a way that develops critical counseling skills (Bernard & Goodyear, 2014).

Third, clinical supervision serves to protect clients. Powell (2004) notes "supervision involves…promoting counselor competencies for the welfare of the client" (p. 7). Clinical supervision has two major purposes: to provide quality services to clients and to increase supervisee skill development. Supervisors and supervisees work together with the intention of promoting the best interests of clients (Bernard & Goodyear, 2014).

Cannon (2014) stated that providing clinical supervision encourages supervisors to practice continuous quality improvement and to keep abreast of counseling issues that are happening outside of one's own personal practice. Being an island is particularly difficult when

one must understand the counseling experiences of others (e.g., areas of specializations, emerging practices in counseling).

Bernard and Goodyear (2014) succinctly summarize the clinical supervision experience as:

> Characterized by engagement, uncertainty, and formation: engagement in that the learning occurs through instructor-learner dialogue; uncertainty because the specific focus and outcomes of the interactions are typically unclear to the participants as they begin a teaching episode; and formation in that the learner's thought processes are made clear to the instructor, who helps shape those ideas so that the learner…(has) a higher level shift, which is to that of thinking like a supervisor (p. 2).

Clinical supervision is a process that is greater than training, mentoring, or consultation, although it contains components of each of these (Bernard & Goodyear, 2014).

The Supervisee

The supervisee is "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). The supervisee usually possesses less counseling experience, and/or formal training, than the supervisor (Bernard & Goodyear, 2014). The supervisee is often a novice counselor with a Bachelor's degree who has completed at least some graduate-level coursework and is receiving clinical supervision as the training requirements of a graduate program (CACREP, 2015). Supervisees may also be novice counselors who have completed Master's degrees and seek supervision as a requirement of licensure (NCBLPC, 2014). This study examines the experience of the latter.

The Supervisor

Powell (2004) offers a general definition of the clinical supervisor, stating that supervisors are generally more experienced, successful counselors who have learned about the methods of supervision. The clinical supervisor is a counselor who is "trained to oversee the professional clinical work of counselors and counselors-in-training" (ACA, 2014, p. 21). Although these definitions vary, both Powell (2004) and the ACA (2014) note specialized training in supervision is required of clinical supervisors. However, in practice, not all clinical supervisors receive formal education or training in supervision. Supervisory training requirements vary between states and within professions. Some states and professions may require additional training and credentials in order to function as a qualified supervisor, while others do not. The clinical supervisor is typically a member of the same or closely related helping profession as the supervisee (Bernard & Goodyear, 2014).

The Counselor Educator

Counselor educators strive to improve the overall quality of education and supervision of counselors and counselors-in-training through research, education, and training. Counselor educators may concurrently be supervisors or supervisees (ACES, 2016).

The Client

The client is an individual who is engaged in treatment with a supervisee and whose case is discussed by the supervisor and supervisee. In discussing the client's case, the supervisor assumes the role of a client advocate. That is, the supervisor is the advocate for the client's interests and ensures that the supervisee is conducting counseling in a professional, effective, and ethical manner. The supervisor oversees the client's treatment by reviewing the client's case on a regular basis, providing feedback on case conceptualization, treatment goals, and counseling

interventions. By having a supervisor with both a different perspective and more experience oversee the client's case, the client is more likely to receive quality care (Bernard & Goodyear, 2014). Clinical supervision also serves "to ensure client welfare, the supervisor's gatekeeping function is a variant of the monitoring of client welfare" (Bernard & Goodyear, 2014, p. 13). In the clinical supervision process, the client is the stakeholder that ultimately benefits.

The Process

Clinical supervision is a complex, multifaceted process. In practice, clinical supervision can be accomplished in many ways. As previously mentioned, the Board stipulates the time commitment and modes of employment of clinical supervision; the Board does not provide guidance on what clinical supervision *is* in practice. There is no strict consensus on what protocol defines clinical supervision. Rather, there are techniques commonly employed in session (Borders & Brown, 2005).

Borders and Brown (2005) recommend using supervisee self-report, progress and process notes, audiotapes and videotapes, microtraining (including role plays), interpersonal process recall, and modeling. In using these techniques, supervisees incorporate what happened in session with clients and often re-experience it in supervision. Rapisarda and Britton (2008), in a study on "sanctioned" (mandated for impaired counselors) clinical supervision, found supervisors regard interventions such as progress note, process note, audiotape/videotape review, and live observation as helpful means of providing supervisees feedback. Overall, participants in Rapisarda and Britton's study (2008) recognized the need for increased clarity and structure in what constitutes the clinical supervision process.

One of the most common interventions in clinical supervision is progress note review (Borders & Brown, 2005). Progress notes cover the "who, what, and when of treatment" (Clay,

2014, Creating Records section, para. 6). Information such as dates of services, presenting issues, interventions used, types of services, and treatment are included in progress notes. This information is an objective summary of what transpired during the session (Clay, 2014).

Process notes, on the other hand, may be kept for counselors' own use. Process notes are more detailed and may include information such as hypotheses about presenting concerns or behavioral changes (Clay, 2014). In reviewing the supervisee's progress and process notes, the clinical supervisor may give feedback on clinical writing skills and gain insight into supervisees' problem identification, diagnostic, and case conceptualization skills.

Frequently, audiotape and videotape reviews are used to enhance clinical supervision. By reviewing tapes of supervisees' work in session, clinical supervisors are able to objectively evaluate supervisees' skills. Clinical supervisors then have the opportunity to address concerns presented by supervisees as well as any noted while viewing counseling sessions. The use of videotape allows supervisors to examine areas not clearly addressed by supervisee self-report, such as nonverbal communication, transference, and countertransference (Bernard & Goodyear, 2014).

Language and the Process

When examining the clinical supervision process, one concept that influences every step is language. The way counselors and clients, clinical supervisors and supervisees, communicate with one another is through language. Issues of language may further complicate an already intricate process. The impact of language on clinical supervision is illuminated through the following case example.

Supervisee Sofía provides counseling services in both English and Spanish. Sofía speaks and reads Spanish fluently, although it is not her first language. She identifies as Latina. Sofía

works with supervisor Susan. Susan speaks and reads English only. She identifies as White. Susan and Sofía engage in clinical supervision in English. Sofía is having difficulty counseling Carlos, a client who Sofía counsels in Spanish. Carlos is passively suicidal. Consequently, Carlos and Sofía complete a commitment to treatment and safety contract. Sofía submits a video tape of her session with Carlos and the safety contract they completed to Susan for review. Because Susan speaks and reads English only, she cannot understand the verbal communication that takes place in the counseling session nor can she read the safety contract. Susan is able to interpret the nonverbal communication that takes place in the session. Because of the severity of the situation, Susan believes she must understand what is being said and asks that the session be translated to English. Yet, she wonders on whom the burden of translation lays: Susan, Sofía, or a translator. If Sofía translates the tape her interpretation of the session undoubtedly impacts her translation; Sofía is not an interpreter. Sofía would be acting in dual roles if she was both interpreter and counselor, possibly finding herself on ethically vulnerable ground (ACA, 2014). Susan does not speak Spanish; so translating the tape could prove cumbersome, if not impossible, for her. Hiring a translator could incur an additional cost. Moreover, should Sofía wish to role play a subsequent counseling session with Carlos as it would transpire, in Spanish, she would be challenged by Susan's inability to speak Spanish. Sofía could practice how she would engage with Carlos, but Susan would be limited in the feedback she could provide. Susan could model appropriate counseling behaviors, but Sofía would have to interpret the process for herself.

In considering Susan's level of proficiency in Spanish, delineating two distinct terms is vital: Spanish language proficiency and cultural competence. "Language proficiency refers to a person's ability to use a language for a variety of purposes, including speaking, listening, reading, and writing" (State of Washington Office of Superintendent of Public Instruction, 2014,

para. 2). The Association for Multicultural Counseling and Development describes cultural competence as counselors' awareness of one's own cultural values and biases, clients' worldviews, and culturally appropriate intervention strategies (Arredondo et al., 1996). A visual representation of the combinations of Spanish language proficiency and cultural competence is provided in Table 1. Considering a different variation of the same scenario may illustrate this differentiation. If Susan studied Spanish in high school and college, she may possess some familiarity with Spanish. This language familiarity is independent of Susan's level of cultural competence. Now consider Susan as understanding and speaking some Spanish, but possessing little cultural competence. Susan's competence in Spanish language would be helpful, but her clinical supervision would be insufficient because she would not fully comprehend the cultural context of what is transpiring in session (cultural competence deficit).

Furthermore, additional possibilities are that Susan possesses cultural competence but no Spanish language proficiency. Susan could interpret cultural nuances, but she is challenged to understand the language being used by Sofía and Carlos (language deficit). Lastly, while Susan is a skilled and attentive counselor, she does not speak Spanish and has little understanding of Latin Culture and its influence on the client. This would mean that Susan would not be able to understand the words being spoken in session nor the context of the session. Such lack of knowledge and skills could make functioning as an effective supervisor challenging for Susan (pessimal resources). Ideally, Susan would possess both Spanish language and cultural competence in working with a supervisee like Sofía, providing all the resources necessary to understand the expressed and implicit aspects of the counseling relationship, along with the cultural context (optimal resources). Clinical supervision for Spanish-English bilingual

supervisees is an exceedingly complex process. Aside from the complexities presented by language, ethical considerations arise when addressing issues of language and culture.

Table 1
Spanish Language Proficiency and Cultural Competency Traits of Supervisors

Spanish Language Proficiency	Cultural Competence	
	Having Competence	Lacking Competence
Having Proficiency	Cultural Competence Spanish Proficiency *Optimal Resources*	No Cultural Competence Spanish Proficiency *Cultural Competence Deficit*
Lacking Proficiency	Cultural Competence No Spanish Proficiency *Language Deficit*	No Cultural Competence No Spanish Proficiency *Pessimal Resources*

For the sake of simplicity, this study portrays cultural competence as being present or absent. However, cultural competence is best understood as a complex process rather than an end-goal. In considering cultural competence, an important contextual factor is cultural humility. Culturally humble counselors "maintain an interpersonal stance that is other-oriented rather than self-focused, characterized by respect for others and a lack of superiority" (Hook, Davis, Owen, Worthington, & Utsey, 2013, p. 354). Cultural humility allows counselor educators, supervisors, supervisees, and clients to develop a strong working relationship in which one partner values the cultural differences of the other partner (Hook et al., 2013).

Ethical Implications

Counselors and supervisors alike are bound by codes of ethical practice. In this researcher's field of practice, three such codes are those set forth by the American Counseling Association (ACA), the Commission on Rehabilitation Counselor Certification (CRCC), and Association for Counselor Education and Supervision (ACES). The ACA and CRCC codes of

ethics discuss cultural and language differences between counselor and client, and the duty to serve clients from all cultures, and multicultural issues in supervision (ACA, 2014; CRCC, 2009). However, the ACES code of ethics does not discuss cultural or language differences. The following is a summary of what each code of ethics contains about each topic.

The Code of Ethics (2014) for the ACA recognizes, "Culture affects the manner in which clients' problems are defined and experienced. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders" (ACA, 2014, p. 11). Furthermore, the ACA Code of Ethics (2014) stipulates that counselors must "communicate in ways that are both developmentally and culturally appropriate" (p. 4). Counselors must be aware of cultural and language differences between clients and counselors and *how* they impact the counseling process. Counselors may not discriminate against clients based on culture or language preference and should coordinate interpreter services when clients are having difficulty understanding the language used by counselors when discussing informed consent (ACA, 2014). The ACA Code of Ethics (2014) offers scant information about language, culture, and the supervisory relationship, save that supervisors should be keenly aware of how culture impacts the supervisory relationship.

The Code of Professional Ethics for Rehabilitation Counselors (2009) mandates that rehabilitation counselors "demonstrate respect for the cultural background of clients in developing and implementing rehabilitation and treatment plans, and providing and adapting interventions" (p. 3). Similar to the ACA Code of Ethics (2014), "Rehabilitation counselors recognize that culture affects the manner in which the disorders of clients are defined. The socioeconomic and cultural experiences of clients are considered when diagnosing" (CRCC, 2009, p. 18). Rehabilitation counselors must consider clients' culture and preferred language in

provision of services. No discrimination based on culture or language preference is permitted. Furthermore, informed consent must be explained in a way that is developmentally and culturally appropriate (CRCC, 2009). Like the ACA Code of Ethics, the Code of Professional Ethics for Rehabilitation Counselors offers scant guidance on language, culture, and the supervisory relationship. "Rehabilitation counselor supervisors are aware of and address the role of cultural diversity in the supervisory relationship" (CRCC, 2009, p. 20).

The Association for Counselor Education and Supervision (ACES), a specialty division of ACA, provides additional ethical guidelines for supervision. While the guidelines outline the role, function, and responsibility of supervisors, the guidelines fail to mention how culture and language preference should be considered in supervisory relationships. In fact, the words "culture" and "language" do not appear in the ethical guidelines (ACES, 1993).

What is most notable is the absence of any recommendations for supervisors or supervisees when counseling sessions are conducted in a language different from the dominant language of supervisors and different from the language in which supervision sessions are held. With whom does the burden of translation lie? Returning to the example, because Sofía submits tapes of her work to Susan for evaluation, some clinical supervisors could argue that it would be reasonable for Susan to expect Sofía, the supervisee, to translate the counseling session. This expectation is problematic for multiple reasons. Sofía is not a qualified translator. Susan is supervising the treatment of a client she could not herself treat. Susan may then be practicing outside her scope of practice. All three of these concerns pose substantial ethical dilemmas (Schwartz, Rodríguez, Santiago-Rivera, Arredondo, & Field, 2010).

Boundaries of Competence

While the ACA, CRCC, and ACES codes of ethics fail to provide guidance on language differences in counseling and supervision, the closely related field of psychology proves helpful. The American Psychological Association (APA) is the only counseling-related governing body leading an active discussion on culture and language (APA, 2010). Ethics experts from the field of psychology note that psychologists may not practice discrimination of clients based on language preference. Furthermore, the APA Ethical Principles of Psychologists and Code of Conduct Standard 2.01, Boundaries of Competence (2010), states that "psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience" (APA, 2002, p. 4). However, psychologists may push their boundaries of competence in clinical supervision in order to promote respect for cultural and linguistic diversity (Schwartz et al., 2010). Therefore, supervisors may find themselves "in a position of potentially violating one ethical principle to adhere to another" (Schwartz et al., 2010, p. 211).

Multiple competency concerns are raised in the case study of Sofia and Susan. If Sofía is practicing without proper supervision, she is professionally vulnerable. "Practicing without proper supervision is, de facto, practicing independently" (Schwartz et al., 2010, p. 211). However, by supervising Sofía, whose practice is in Spanish, Susan is providing feedback on clients she cannot work with herself. In such a situation, ethics experts beg the question of Susan's competence to supervise Carlos's case (Schwartz et al., 2010). From the perspective of the field of psychology, Susan is pushing the boundaries of competence in clinical supervision to promote respect for cultural and linguistic diversity (Schwartz et al., 2010).

While the ACA Code of Ethics (2014) fails to provide guidance in bilingual counseling and supervision, the Code discusses boundaries of competence, stating:

> Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population (p. 8).

The Code of Professional Ethics for Rehabilitation Counselors (CRCC, 2009) provides similar guidance, stating:

> Rehabilitation counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, professional credentials, and appropriate professional experience. Rehabilitation counselors demonstrate beliefs, attitudes, knowledge, and skills pertinent to working with diverse client populations.
>
> Rehabilitation counselors do not misrepresent their role or competence to clients (p. 11).

Perhaps the larger question is what competence is required to supervise a Spanish-English bilingual supervisee. While both the ACA (2014) and CRCC (2009) codes of ethics mention counselor competence, both fail to delineate standards of "competence" for clinical supervision when linguistic differences arise.

Problem Statement

The cultures of clients, supervisees, supervisors, and counselor educators influence the counseling and supervision process. Culture influences an individual's self-awareness, worldview, attitudes toward treatment, and treatment preferences. Furthermore, the preferred

language of clients, supervisees, and supervisors may be languages other than English. This language difference poses challenges in clinical supervision.

Spanish-English bilingual (SEB) supervisees experience clinical supervision in a way that is unique from their English monolingual counterparts (Verdinelli & Biever, 2009). Spanish-English bilingual supervisees have specialized clinical supervision needs because their counseling experience is distinctive. These needs are not readily met by current clinical supervision paradigms and practices. Consideration of the unique needs of SEB supervisees is an imperative for counselor educators.

Grand Tour Question and Sub-Questions

Spanish-English bilingual (SEB) supervisees have unique professional needs that have not been thoroughly researched and remain an enigma. Meeting such needs is impossible if they are not thoroughly understood. Verdinelli and Biever (2009) found that SEB supervisees may not have access to supervisors that possess cultural competence and/or Spanish language proficiency. Additionally, SEB supervisees are expected to function as advocates for the Latino community, Latino subject matter expert, and/or interpreter for other professionals (Verdinelli & Biever, 2009). This study aims to conduct qualitative research to better understand: "How do SEB supervisees experience clinical supervision, and what are their supervision needs?"

Delimitations and Limitations

This study has delimitations and limitations that may affect the generalizability of its findings. This study is modeled on Verdinelli and Biever's (2009) study of the clinical supervision of Spanish-English bilingual (SEB) supervisees. Verdinelli and Biever's (2009) study took place in San Antonio, Texas, a city in which Latinos constitute 63.2% of the population and 38% of the population of Texas (Pew Research Center, 2015b; United States

Census Bureau, 2015). Latinos constitute 3.8% of the population of Greenville, North Carolina, and 9% of the population of the state of North Carolina (Pew Research Center, 2015; United States Census Bureau, 2015b). Given the vast difference in ethnic composition, these two studies will likely vary greatly in their results. More specifically, the results will be influenced by the lower density of Latinos, the limited number of counselors who provide services in Spanish, and the scant number of supervisors who support Spanish-speaking supervisees.

Phenomenological studies do not seek to generalize their findings to the larger population, but to understand experiences as they have occurred (Giorgi, 1985). This study is delimited to counselors who have provided or are providing services in Spanish while concurrently engaging in clinical supervision in eastern North Carolina. This criterion limits the generalizability due to the uniqueness of participants' experiences. The study's findings are not generalizable to a broader setting, such as supervision of counseling in a language other than Spanish or in cities with a dense population of Latinos.

Data will be collected over the telephone. A pilot study was completed in preparation for the current study. During the pilot study, participants preferred telephone interviews to in-person or video teleconference interviews due to convenience and ease of use. Further details of the pilot study are discussed in chapter three (Perry & Sias, 2015). Hence, this researcher has selected telephone interviews as the means of gathering data. Having only telephone interviews versus in-person interviews or video teleconference interviews may limit the richness of the data collected.

Phenomena may be understood as well as participants are able to understand them. If phenomena are indescribable or participants do not possess sufficient expressive skills, phenomena are not easily or thoroughly understood (Willig & Stainton Rogers, 2007). The better

understood participants' lived experiences are, the more the unique supervision needs of SEBs may be understood.

Definitions

Knowledge of the following terms is essential for comprehension of the study.

Professional counselor: An individual who practices counseling. In this instance, both the supervisee and supervisor are counselors (NBLPC, 2014).

Clinical supervision: The process by which a supervisee's work is monitored and evaluated by a supervisor. Bernard and Goodyear (2014) note that the term *clinical supervision* is more widely used than *counseling supervision.* Although they are different terms, they are synonymous.

Supervisor: An experienced, fully licensed counselor who has met educational, training, and experiential requirements and is a "qualified clinical supervisor." The supervisor provides supervision to the supervisee (NCBLPC, 2014b).

Supervisee: A trained counselor receiving clinical supervision as a work requirement, a licensure requirement, or both. Possesses a minimum of a Master's degree and some counseling experience as a requirement of a Master's degree (e.g., Practicum, Internship; NCBLPC, 2014).

Client: The individual receiving counseling services from the supervisee.

Dominant language: The language in which a person prefers to communicate. Individuals may believe they possess more proficiency in a dominant language than a non-dominant language (Altarriba & Santiago-Rivera, 1994; Ramos-Sánchez, 2007).

Non-dominant language: Any language other than the language in which a person prefers to communicate. Individuals may believe they are less proficient communicating in a non-dominant language (Altarriba & Santiago-Rivera, 1994; Ramos-Sánchez, 2007).

Primary language: The first language spoken by an individual during early childhood (Altarriba & Santiago-Rivera, 1994).

Non-Primary language: Any language other than the first language spoken by an individual during early childhood (Altarriba & Santiago-Rivera, 1994).

Bilingual (Multilingual): Speaking two (or more) languages. Bilingual individuals in this study are Spanish-English bilingual (SEB; Verdinelli & Biever, 2009).

Monolingual: Speaking one language. In this study, an individual may be a monolingual Spanish-speaker (speaking only Spanish) or a monolingual English-speaker (speaking only English; Altarriba & Santiago-Rivera, 1994; Ramos-Sánchez, 2007).

Language-switching phenomenon: When a bilingual/multilingual individual changes, sometimes back and forth, between one language and another language. Changes in language usage may be attributed to comfort and proficiency in a particular language or to emotionality of a topic of discussion. Bilingual/multilingual individuals often describe experiences and emotions from early childhood in their primary language (Altarriba & Santiago-Rivera, 1994; Ramos-Sánchez, 2007; Sciarra & Ponterotto, 1991).

Spanglish: Distinct from language switching, Spanglish is linguistic code-mixing wherein fragments of Spanish and English are combined to form a colloquial hybrid language (Price, 2010).

Cultural competence: Demonstrating skill in understanding how one's culture impacts the counseling and clinical supervision processes (Pérez Rojas, Gelso, & Bhatia, 2014).

Language competence/proficiency: Possessing the ability to communicate successfully with other adults in a language in a way that demonstrates mastery of the language. In this instance, communication is in Spanish (Sciarra & Ponterotto, 1991).

Chapter Summary

Clinical supervision is an essential component of counselor education and training, such that 3,000 hours of supervised practice are required for licensure (NCBLPC, 2014). The intent of clinical supervision, supervision interventions, and the role of the supervisee, supervisor, and client were examined. The influence of language on clinical supervision, particularly the experience of a Spanish-English bilingual (SEB) supervisee, was explored through the use of a case example. Codes of ethics from ACA (2014), CRCC (2009), and ACES (1993) were scrutinized to ascertain what guidance is available to bilingual supervisees and their supervisors. Ethical guidelines from psychology were also examined to better understand the ethical implications of language differences and clinical supervision. The need for further exploration of the clinical supervision experience of SEB supervisees and the supervision needs of SEBs was established. This chapter concluded with operational definitions of key concepts essential to the reader's understanding of this study.

CHAPTER TWO: REVIEW OF THE LITERATURE

In this chapter, this researcher provides a review of the literature and of social constructionist theory. Culture and its relation to social constructionist theory and clinical supervision are discussed. Language, a subset of culture, is explored in its relation to social constructionist theory. This researcher explains language switching phenomenon and its role in clinical supervision. These topics point to a cumulative discussion of the supervision experience of Spanish-English bilingual (SEB) supervisees. Chapter two ends with caveats about cross-cultural research and conclusions from the literature.

Introduction to the Literature Review

Counselors today face an increasingly diverse pool of clients with shifting language needs (Ryan, 2013). The importance of providing culturally competent bilingual services is more salient now than ever. While counselors rise to meet these challenges, clinical supervisors aspire to meet the needs of such supervisees in a manner that is supportive and competent. Supervisors ascribe to two schools of thought: realism and post-modern constructionism. In this chapter the researcher considers the experiences of Spanish-English bilingual (SEB) supervisees through the literature and explores language switching phenomenon.

The remainder of the chapter includes a critical review of contemporary literature about clinical supervision of Spanish-English bilingual (SEB) counselors. Overall, scant literature on this subject matter exists. Research suggests the supervision needs of SEB supervisees are complex and not met by current supervision paradigms (Verdinelli & Biever, 2009). The review concludes with a summary and critique of the sole article on this topic and an introduction of how this issue will be examined.

These topics are explored through the lens of social constructionist theory. Social constructionist theory incorporates the cultural context of SEB supervisees and considers the mutual exchange between supervisors, supervisees, clients, and their contexts. Because supervision and culture are both social constructs, social constructionist theory is readily applied to this study (Owen, 1992). This study aims to conduct qualitative research to better understand: "How do SEB supervisees experience clinical supervision, and what are their supervision needs?"

Social Constructionist Theory

Marx (1973) asserted that individuals' existence is deeply influenced by the social structure of society. The result was a perception of reality based on one's personal experiences and sociohistorical context. Based in Marxist socialism, social constructionism is a postmodern theory that asserts all values, ideologies, and social institutions are subjective processes influenced by their context.

Social constructionism emerged as a response to realist paradigms. Realism "…explain[ed] behavior as a subject matter in its own right rather than as the effect of internal processes…" (Skinner, 1987, p. 780). Realist paradigms interpreted behaviors and experiences as concrete, objective occurrences based on systems of reinforcement. Such paradigms did not allow for individual differences attributed to personal experience, environment, culture, or sociohistorical context.

Social constructionist theorists strive to understand how individuals come to describe, explain, and understand the world in which they live (Gergen, 1985). Knowledge and understanding are social constructs created by groups of individuals (Owen, 1992). Knowledge does not exist autonomously, but is the product of relationships between people and things

(Gergen, 1985). In such, multiple truths exist because all truths are subject to the interpretation of humans (Owen, 1992). The presence of multiple truths is evident because knowledge and understanding evolve over time (Gergen, 1985). For example, the Earth was once thought to be the center of the solar system. At that point in time, this thought was considered to be empirically valid. Later, the sun was discovered to be the center of the solar system, changing the truth. Hence, multiple truths exist because all truths are subject to interpretation.

Relativism is a basic tenet of social constructionism. "Relativism suggests that there are parallel universes of experience for people of different ideologies that give rise to separate realities, sets of truths, knowings, and personal experiences" (Owen, 1992, p. 387). People experience that in which they believe. A truth exists when people believe in it and ceases to exist when they no longer believe (Owen, 1992).

Another basic tenet of social constructionism is the indivisibility of self and environment. The self is a construction composed of the individual in the context of a world of others. Because the self and the surrounding environment are indivisible, people are subject to the constant influence of others (Owen, 1992). Norms in attitude, emotion, and behavior are based on social contexts and interactions between people. Issues arise when an individual does not comply with set norms (Owen, 1992). By default, the majority's way of thinking, behaving, and being is the most correct (Philip et al., 2007).

Figure 1 provides a visual representation of the social constructionist paradigm in counseling. Section A is a client's life before starting counseling. Section A includes whatever issues clients are experiencing and the context in which they are experienced. Areas of clinical concern are couched in the medical model, as diagnostic criteria for psychopathology are determined by the medical community (Owen, 1992). For example, specific criteria for Client

Carlos' (case example from previous chapter) diagnosis of depression are set forth by the American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Disorders 5.

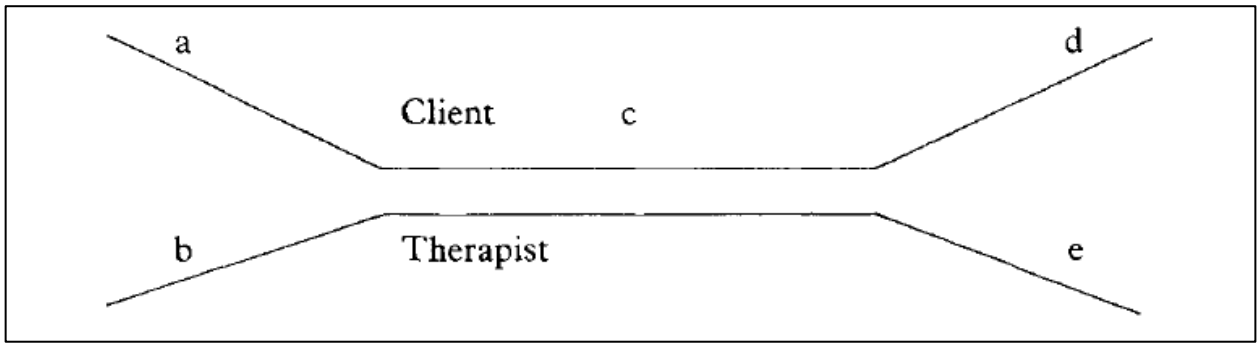

Figure 1
Social Constructionist Paradigm in Counseling
(Note: Figure from Owen, 1992, p. 393)

Section B in Figure 1 is counselors' lives prior to counseling clients. Section B includes counselors' current attitudes and current social context (Owen, 1992). For Supervisee Sofía, this section includes her cultural identity, her educational history, thoughts about her role as a counselor, the agency's policy on language proficiency and cultural competence.

Section C in Figure 1 refers to the therapeutic alliance between clients and counselors. Experiences are influenced by both clients' and counselors' social, historical, and cultural context. Clients and counselors forge a shared meaning through communication (Owen, 1992). Language is used to assign meaning to counseling experiences. In deconstructing language, the surrounding context is deciphered (Philip et al., 2007). This section is the relationship between Carlos and Sofía, including their use of Spanish to communicate and the social, historical, and cultural factors that influence their interactions.

Sections D and E in Figure 1 represent clients' and counselors' lives after counseling. Section D includes clients' thoughts about counseling and their state of being. This section is

how Carlos thinks and feels about his psychological functioning and relationships with others. Section E refers to counselors' lives after counseling clients. Counselors' reflection of the interactions with clients and the end result are included in section E, including how Sofía feels about her ability to provide treatment to Carlos, Sofía's prognosis for Carlos, and Sofía's thoughts on the efficacy of counseling (Owen, 1992).

What occurs during Carlos and Sofía's shared interpretation influences not only counseling but also supervision. Counseling and supervision are regarded as parallel processes. Supervisees simultaneously act as counselor and supervisee. Supervisors simultaneously act as counselor and supervisor. These two roles are indivisible for supervisees and supervisors. Supervisors and supervisees rely on counseling principles and interventions to unfold how supervisees interact with clients (Lampropoulos, 2003). Although Supervisor Susan is not Supervisee Sofía's counselor, Susan will incorporate counseling techniques in their supervision sessions.

Supervisee Sofía and Supervisor Susan bring their individual realities and experiences to the supervision process and create a shared meaning together. Just as Carlos and Sofía bring their sociohistorical background to counseling, Sofía and Susan bring theirs to clinical supervision. Sofía and Susan develop a working relationship as supervisor and supervisee and use language to explore their experiences, express their knowledge, and share their feelings. They leave supervision changed by their interactions with one another and the context of the supervision.

Counselors and clinical supervisors operate from personal theoretical orientations, which are largely realist. Each orientation allows for one reality through which information is filtered. For example, a supervisor may use a systems approach to supervision (SAS) model (Holloway & Carroll, 1999). In this educative approach to supervision, the primary objectives are to develop

skills through teaching and evaluation. This realist orientation assumes that supervisors possess more expertise than supervisees. While supervisors often possess more experience than supervisees, expertise may be relative to particular domains. While this approach draws on supervisors' invaluable experience, it also potentially limits supervisees' creativity. Such orientations may prove problematic when a theory is not contextually appropriate for all supervision situations. Differences in culture may highlight this concern where multiple realities exist for clients, supervisees, or supervisors (Philip et al., 2007).

Culture and Social Constructionism

The United States continues to become increasingly culturally diverse. In response, counselors must examine the relevance of theories and practices they use to treat clients (White, 2004). Similarly, supervisors must examine the relevance of models they use to supervise others. Social constructionist supervision does not emphasize any particular technique or practice of supervision. Rather, it focuses on *how* a supervisor implements such interventions (Philip et al., 2007).

For example, Sofía assesses factors contributing to Carlos' depression and encourages him to begin a regimen of selective serotonin reuptake inhibitors (SSRIs). Taking medication for a mental health diagnosis is not aligned with Carlos' cultural values, so he is resistant to this treatment. Realist models of counseling do not view resistance as necessarily negative, but rather indicative of a client's stage of change (Miller & Rollnick, 2013). If Susan was acting from a realist supervision model, she might encourage Sofía to attribute Carlos' resistance to his presenting concern (Philip et al., 2007). Perhaps Carlos' resistance represents that he is not ready to change or has not fully understood the benefits of medication. If acting from a social constructionist supervision model, Susan might encourage Sofía to deconstruct her notion of

resistance and consider the possibility of other realities (Philip et al., 2007). For example, Carlos' culture may have instilled fear in him about the spiritual repercussions of taking psychotropic medications.

Furthermore, Carlos' decision making is influenced by culture. Research suggests that Americans often attribute explanations of situations to individual attributes. Whereas, other collectivist cultures such as Latinos tend to attribute explanations of situations to context. Such findings suggest individuals will interpret the exact same situation or circumstances differently depending on their culture (Weber & Morris, 2010). For example, Susan may attribute Carlos' depression to Carlos having a negative internal script. Sofía, on the other hand, may attribute Carlos' depression to conflict in his interpersonal relationships. Such striking differences illustrate the constructivist nature of culture.

Cultural symbols also illustrate the constructivist nature of culture. Items such as baseball or an apple pie carry a cultural connotation to an American. A Latino will not perceive these items in the same respect. Alternately, soccer (*fútbol)* or grilled flank steak (*carne asada)* carry a deeply cultural meaning to Latinos. An American will not perceive these items in the same respect. These connotations create schemas that shape individuals' worldviews (Weber & Morris, 2010).

Behavioral norms are also constructed based on culture. Western cultures tend to value and reinforce behaviors that are individualistic. Latin cultures tend to underscore the importance of collective interests in setting behavioral norms. Differences in behavioral norms translate into variations in conflict resolution (Weber & Morris, 2010). Without understanding Carlos' cultural context, Sofía or Susan may incorrectly interpret Carlos' behavior. Susan and Sofía may also misunderstand each other's behavior.

Operating from the social constructionist theory, Susan, Sofía, and Carlos are able to reach a deeper understanding of one another. Furthermore, by using social constructionist theory, supervisees and supervisors are able to incorporate "...ideas about socio-cultural-historical context, ethical frames, supervisor, counsellor and client roles and responsibilities and models of change. In this way, supervisees are invited to explore the assumptions behind their beliefs and actions in their work with their clients" (Philip et al., 2007, p. 6). In this respect social construction allows for the consideration of all possible realities, particularly those etched by culture. In its application to multicultural counseling and supervision, social constructionist theory is an effective model because it encourages the supervisee and supervisor to consider all pieces of information and their context, thereby examining all possible perspectives (Philip et al., 2007).

Culture and Supervision

Counseling reflects deep respect for the value and dignity of all individuals. In order to respect the personhood of others, counselors must respect their lived experience and culture. In the same spirit supervisors must respect and value supervisees' culture (Falender, Shafranske, Falicov, & American Psychological Association, 2014).

> Since we all inhabit various social locations on ecosystemic axes of race, gender, class, and culture, to name but a few, and these locations intersect in unique and sometimes contradictory ways, we are all multicultural, and our interactions with others must necessarily be so as well (Killian, 2001, p. 63).

Culturally competent supervision occurs when supervisors are aware of their own cultural backgrounds, beliefs, and values. Supervisors must also possess knowledge about different cultural groups and recognize how they respond to individuals who possess culturally different

worldviews. From this knowledge and understanding, supervisors' possess the tools to interact respectfully with others through appropriate behavior, namely verbal and nonverbal communication (Watkins & Milne, 2014).

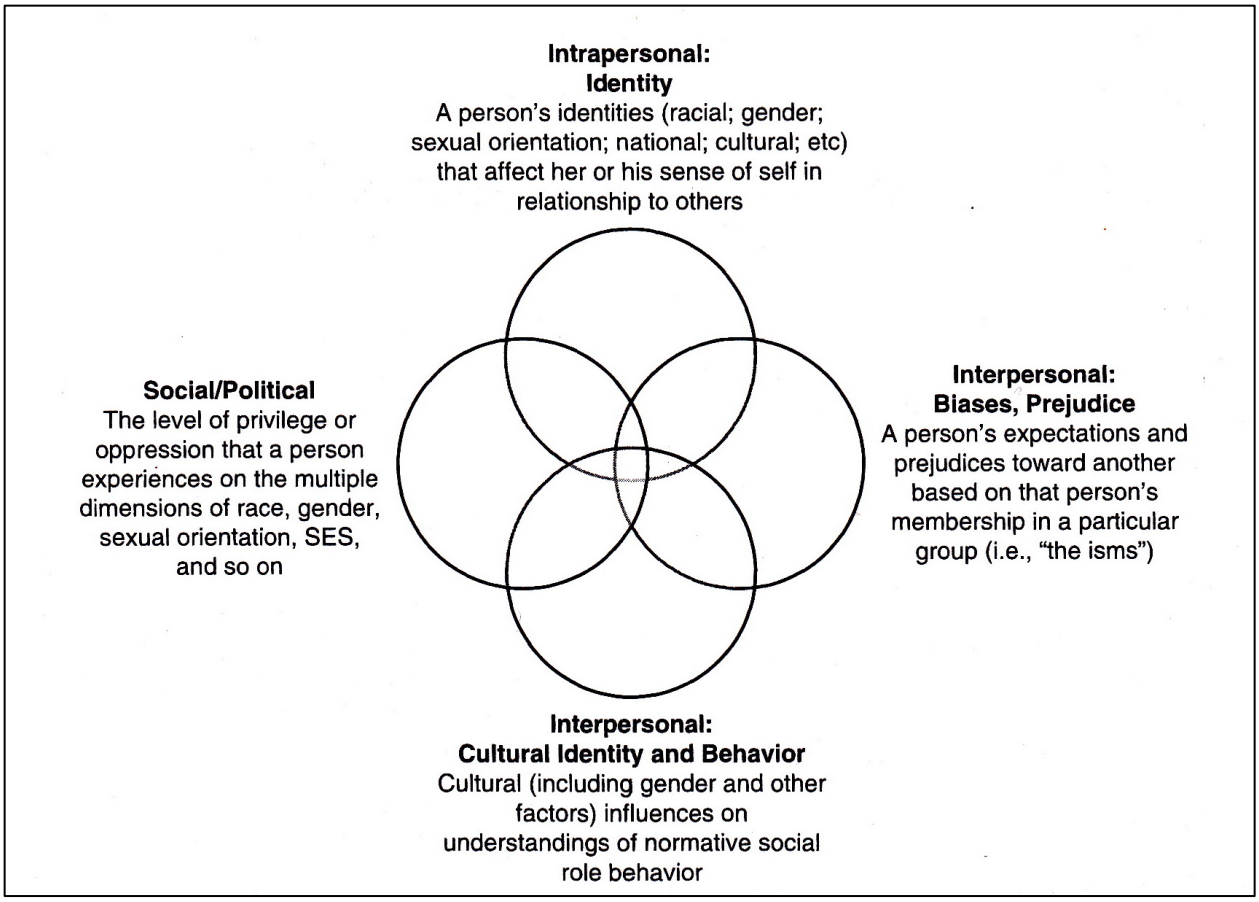

Figure 2
Four Dimensions of Culturally Competent Supervision
(Note: Figure from Bernard & Goodyear, 2014, p. 108)

Bernard and Goodyear (2014) recommend that culturally competent supervisors attend to four dimensions: intrapersonal-identity, interpersonal-cultural identity and behavior, interpersonal-biases/prejudice, social/political (see Figure 2). In considering these four dimensions, clinical supervisors have a dynamic understanding of culture's influence on the supervision process.

All individuals have some sense of personal identity. This identity is constructed by self-concepts about gender, race, sexual orientation, disability status, etc. Combined, these self-concepts comprise identity. Identity influences how supervisors and supervisees communicate with one another, how they perceive each other, and how they believe others perceive them. "This sense of self (or, selves), in turn, affects our interactions with others" (Bernard & Goodyear, 2014, p. 109).

Supervisees and supervisors have expectations, biases, and prejudices based on group membership (e.g., gender group, disability status, age group, racial/ethnic group). This interpersonal bias may incorporate inaccurate information about other groups (outgroup bias), such as stereotyping. This bias may also lead to groups being mistakenly perceived as threatening. Individuals may also pass judgment on or devalue their own group or groups (ingroup bias). During their personal and professional development, supervisees and supervisors have absorbed messages about various groups. Hence, awareness about bias and prejudice is a valuable dimension of cultural competence (Bernard & Goodyear, 2014).

Supervisors and supervisees must also consider the cultural identity and behavior of others in their practice. Cultural identity has an influence on how social norms are understood. Taking an emic or insider perspective of a worldview encourages openness to understanding the lived experience of others who are culturally different (Bernard & Goodyear, 2014). For example, Sofía may ask to hug or present a gift to Susan because this is socially acceptable and encouraged in Latin culture. In order to exercise cultural competence, Susan should understand that this behavior is based on Sofía's worldview, rather than a desire to blur boundaries between supervisor and supervisee. In understanding Sofía's behavior, Susan comprehends Sofía's culture and how it affects their supervision process.

Individuals will experience some level of privilege or oppression based on identity (e.g., gender, race, sexual orientation, socioeconomic status, disability status). Supervisors have a duty to be aware of their own privilege or oppression and how it has shaped them as supervisors and counselors. In doing so, supervisors may understand how privilege and oppression have informed their supervision process (Bernard & Goodyear, 2014). Additionally, supervisors must serve as social justice advocates for themselves, supervisees, and clients (Bernard & Goodyear, 2014; Falender et al., 2014).

Susan and Sofía have likely experienced privilege and/or oppression at some point in their lives. As a White woman, Susan may have experienced privilege based on her race. As a woman, she may have experienced oppression based on her gender. As a Latina who speaks English as a second language, Sofía may have experienced oppression. As an ethnic minority in higher education, she may have also experienced privilege. Sofía and Susan should strive to understand these experiences and their influence on their supervisory alliance.

The vast majority of supervisors are like Susan: White and acculturated to American culture. This socialization is not wrong or right, good or bad, but rather the reality of counseling. "Because white people, therapists, and supervisors from the U.S. have been socialized into and informed by these basic tenets of white culture and psychotherapy all their lives, the identification of and sensitization to these beliefs and values can be quite difficult" (Killian, 2001, p. 86). Cross-cultural supervision, such as that between Susan and Sofía, are common. A supervisory dyad may include ethnic majority supervisors and ethnic minority supervisees or vice versa (Garrett et al., 2001).

The effectiveness of clinical supervision is predicated upon successful communication between supervisors and supervisees. Cultural differences may serve as obstacles to effective

communication, which could result in miscommunication, misunderstanding, and misinformation. In order to minimize potential barriers, supervisors and supervisees should clearly and thoroughly address culture's influence on their values and belief system, how they interpret experiences, the structure and process of supervision, preferred communication styles, goal setting, supervisors' expectations, and supervisees' needs (Garrett et al., 2001; Hird, Cavalieri, & Dulko, 2001; Nilsson & Anderson, 2004).

In cross-cultural supervision, Watkins and Milne (2014) note that supervisors should invite supervisees to decide whether or not they wish to discuss and incorporate the supervisees' cultural worldview in supervision. This practice is suggested because it does not necessarily assume that supervisees wish to integrate personal cultural practices into supervision. Presenting the opportunity for discussion about cultural differences is tantamount to effective, positive supervision (Garrett et al., 2001; Nilsson & Anderson, 2004; Watkins & Milne, 2014).

Limited empirical research on clinical supervision exists, and even less research on cultural issues in supervision exists (Young, 2004). Most of the research on culture and supervision focuses on the experience of supervisees, quality of the supervisory alliance, and supervisee satisfaction with supervision (Bernard & Goodyear, 2014). In a study of cross-racial supervision with White supervisees and supervisees of color, supervisees discussed whether supervisors were responsive to cultural phenomena. All supervisees perceived that culturally responsive supervision was valuable, promoted the supervisory alliance, and benefitted client outcomes. However, supervisees of color were more likely to report unresponsive supervision than White supervisees. Supervisees of color were also more likely to report having a tenuous supervisory relationship (Burkyard et al., 2006). Bernard and Goodyear (2014) interpret these findings to emphasize "…the importance of the working alliance as a basis for multicultural

supervision" (p. 114). Another interpretation of these findings is, considering the uniqueness of cross-cultural/multicultural supervision, perhaps the current supervision paradigms fail to meet the needs of supervisees of color.

Further research suggests that supervisees of supervisors who fail to respond to cultural phenomenon may experience frustration or resistance. Supervisees may carefully select and filter cultural information they choose to share in supervision. Failure to function as a responsive supervisor adversely affects the quality of the supervisor alliance (Hird et al., 2001). However, Ancis and Marshall (2010) found that supervisors who explored cultural issues with supervisees, including limitations of their knowledge, were perceived as open and genuine. Consequently, supervisees reported feeling comfortable with self-disclosure and supervision in general.

Overall, literature on culture and supervision presents mixed findings about the roles of supervisor and supervisee race and the quality of the supervisory alliance and satisfaction with supervision. Bernard and Goodyear (2014) report most studies explore supervision satisfaction and relationship variables but more research is needed concerning how racial difference affect other aspects of supervision. Despite these mixed findings, the literature points to supervisors' critical role in addressing multicultural matters (particularly cultural differences) with competence and appropriateness. The responsibility of initiating this conversation lies with the supervisor, who must build a safe environment in order to do so (Bernard & Goodyear, 2014).

Language and Social Constructionism

"Both language and culture provide a lens for human experience and how we perceive the world" (Clauss, 1998, p. 189). Multicultural supervision is an intricate process that is further complicated by language. In this researcher's case study, Susan and Sofía are from different cultures and have different primary languages. Because of their different backgrounds, Susan and

Sofía also have different worldviews. Consequently, the supervisory interactions between Susan and Sofía are a social construction through which they use language to forge a shared experience.

Social constructionists believe understanding to be a social construct wherein individuals use language to create a mutual representation of something (Strong, 2005). In supervision, supervisees and supervisors create a mutual understanding of clients' cases, the process of counseling, and the process of supervision. Conversation is a transaction in which individuals convey their understanding of something to one another. Individuals use language to communicate back and forth until a satisfactory understanding is reached (Strong, 2005). The result is a shared meaning between individuals (Strong, 2003). Each party may not necessarily agree with the perspective of the other, but each understands the other.

Individuals most commonly know when they are being understood because they are not being misunderstood. That is, one individual cannot know what is transpiring in another individual's mind. However, by reading nonverbal cues, a person can discern if the other person is misunderstanding him or her (Strong, 2005). For example, Counselor Sofía cannot read Supervisor Susan's thoughts to know that Susan comprehends what Sofía is explaining about Carlos' suicidal ideation. Sofía can only know when Susan does not understand her.

Language is more than a simple conversation for clients, supervisees, and supervisors. In conversation individuals "…'talk into being their understandings, shared actions, and ways of relating" (Strong, 2003, p. 67). However, supervisees build personal identities using narratives. These narratives include the voices of other people who are reciprocally woven into the narratives provide a lens for human experience and how supervisors and supervisees view their world. Through relationships with others, individuals co-author meanings (Weingarten, 1991; Clauss, 1998).

Social constructionist supervisors use language in questions they pose to supervisees, topics on which they choose to focus, or in their responses to supervisees. Language is the means by which supervisors selectively construct understandings, while choosing to leave other understandings unclaimed, as an intentional way of helping supervisees. These dialogues are a two-way interaction in which the mutual influence of supervisors and supervisees are indivisible. Social constructionist supervisors tailor their sessions through their use of language to pursue supervisees' goals (Strong, 2005). Supervisors and supervisees use language and nonverbal communication to shape the supervision process and in turn the supervision process is influenced by language (Strong, 2003). Hence, understanding the use of language in supervision is pivotal to understand the supervision process. This understanding rings particularly true for supervisees who work in two or more languages.

Language Switching Phenomenon

Counseling is commonly referred to as "the talking cure" (Clauss, 1998, p. 188). Language has a therapeutic function in counseling, specifically counselors and clients use language to explore clients' thoughts, feelings, and beliefs. In clinical supervision, language is used to examine supervisees' therapeutic alliances, counseling skills, and professional development (Marcos, 1978). Spanish-English bilingual (SEB) supervisees may wish to communicate in Spanish, English, or both languages. Regardless of what spoken language is used in supervision, SEB supervisees cognitively access two different language systems in order to conceptualize client cases, clinical interactions, and the application of their counseling skills. Their use of language is a complex, intricate process influenced by culture and language (Marcos, 1978).

Language switching is a commonly-occurring phenomenon experienced by SEB clients and supervisees in counseling. Language switching is described as individuals freely alternating between languages in conversation (Perez Rojas, Gelso, & Bhatia, 2014). The complexities of language switching and bilingual communication cannot be stressed enough. For example, the term for *me* in English is capitalized: *I*. The term for *me* in Spanish is lower case: *yo.* In English-speaking cultures the capitalization of *I* reflects the importance of the individual. Individualism is valued over collectivism; *I* is more esteemed than family or community. *I* supersedes *you, he, she, we,* and *they.* In Spanish-speaking cultures the lowercase "y" of *yo* reflects the diminished importance of the individual. Instead, the value of collectivism is esteemed. *Yo* (me)*, tú* (you)*, él* (he)*, ella* (she)*, nosotros* (we), and *ellos* (they) are all written in lowercase letters. At the very best, the individual can only aspire to be as valuable as family or community, but no greater than they are (Marcos, 1976). This is one example of how language represents fundamentally different cultural values.

For SEB supervisees, two different language systems with vastly different values assigned to every word compete for mental resources as SEB supervisees communicate. Each word spoken is one choice over another word and one implied meaning or association over another meaning (Marcos, 1978). Research examines this mental process (Sciarra & Ponterotto, 1991; Marcos, 1978). Research describes different types of bilingual speakers: subordinate or proficient, compound or coordinate, specialized or unspecialized, and compatible or incompatible (see Figure 2; Sciarra & Ponterotto, 1991; Marcos, 1976). Subordinate bilingual speakers possess differing levels of competence in two languages, whereas proficient bilingual speakers possess native speaker fluency in both languages (see "I. Language Dominance" in Figure 3). For example, subordinate bilingual speakers may possess more proficiency in English

than Spanish (subordinate). When asked to recall the name of a common household pet, an individual may think of "dog" in English before "*perro"* in Spanish. A proficient bilingual speaker may be equally proficient in both languages and consider both "dog" and "*perro"* simultaneously.

Language may be acquired in the same cultural context or different contexts. Compound bilingual speakers acquire both languages in the same setting and hence exercise no preference for one language over another (see II. Language Acquisition Context" in Figure 3). For example, if both English and German were spoken equally at home during infancy, an individual is a compound bilingual speaker. When asked to consider one's first household pet, a compound bilingual speaker would consider "dog" in English and *"hund"* in German equally. Coordinate bilingual speakers acquire languages in different contexts, such as one language at infancy and another language at a later period, and maintain two independent language systems. For example, a coordinate bilingual speaker may have different associations for "dog" versus *"hund"* based on the language in which the term is experienced. An individual may consider "*hund"* when recalling childhood memories of playing with a pet. An individual may consider "dog" when recalling a watchdog at one's adolescent place of employment. "In effect, these (coordinate) bilinguals do not simply have a duplex set of words to refer to objects and experiences, but appear to have alternate and not necessarily congruent experiential inner worlds" (Marcos, 1976, p. 348).

The language acquisition context is particularly important to consider in the context of clinical supervision. Because of differences in implicit meaning and associations in coordinate bilingual speakers, research suggests that certain areas of individuals' memory, cognition, or emotion are unavailable during communication in a non-dominant language because they are

bound in a language independent of a particular experience (Marcos, 1976). For example, a SEB supervi2see who spoke Spanish as a primary and dominant language experiences countertransference stemming from an early childhood experience. The supervisee wishes to discuss this concern in supervision. For this supervisee, historical events, thoughts, and images may be perceived incompletely or not at all if recalled in English because the event, thoughts, and images originally occurred in Spanish. "This often occurs when a (person's) significant experience is verbalized in the language in which it did not take place" (Marcos, 1976, p. 349).

Specialized bilingual speakers determine which language they will use based on the domain (see "III. Current Language Use Context" in Figure 3). For example, a specialized bilingual speaker may prefer to discuss family relationships in Spanish and work relationships in English. Unspecialized bilingual speakers use both languages interchangeably, regardless of the domain. An unspecialized bilingual speaker may discuss family, work, politics, and religion using Spanish and English interchangeably.

Lastly, compatible bilingual speakers speak two or more languages that share a congruent semantic scheme (see "IV. Language Semantic Features" in Figure 3). Incompatible bilingual speakers use languages that are incongruent, or have different semantic structures. For example, "you" in Spanish is either "*tú"* (informal) or *"usted"* (formal) based on the context of the situation. In this instance Spanish and English are incongruent because of the difference in semantics between the forms of "you" (Marcos, 1976; Sciarra & Ponterotto, 1991).

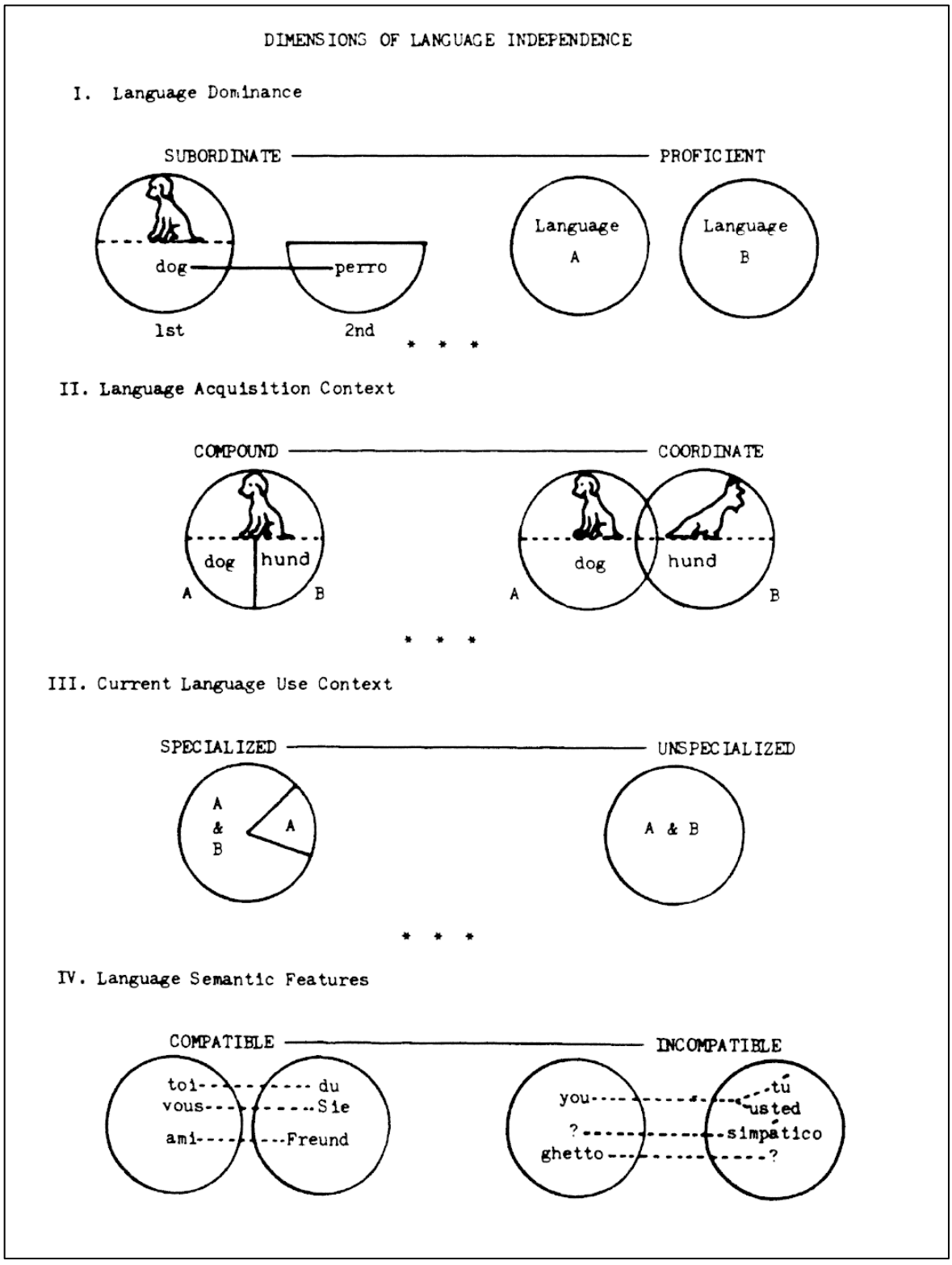

Figure 3
Dimensions of Language Independence
(Note: Figure from Marcos, 1978, p. 350)

Language dominance, language acquisition context, current language use context, and language semantic features are all important aspects of bilingualism to consider in supervision of SEB supervisees. Each of these aspects influences whether or when supervisees will wish to switch languages in supervision. Santiago-Rivera, Altarriba, Poll, and Gonzalez-Miller (2009) found "the ability to switch languages provides greater access to client experiences, increases emotional expression, and helps the therapist facilitate the therapeutic process" (p. 440). This is aligned with Marcos' (1978) assertion that the context of the experience and language of the emotion tied to the experience influence supervisees' ability to emote.

Researchers theorize that counselors encouraging clients to switch between languages promote an uninhibited expression of thoughts and emotions (Perez Rojas et al., 2014). Because counseling and supervision are parallel processes, the same can be said for supervision (Lampropoulos, 2003). Expression of emotion in supervisees' dominant language has proven to be more readily accessed by supervisees and consequently more spontaneous and less inhibited (Santiago-Rivera et al., 2009). Research suggests that bilingual individuals are able to express a broader range of emotion in their dominant language (Santiago-Rivera et al., 2009). Santiago-Rivera and colleagues (2009) suggests that individuals experience deeper, more intimate emotions when speaking their dominant language. When bilingual individuals use their dominant language, words have stronger, vivid associations compared to non-dominant language. Words in non-dominant language systems have less vivid associated meanings (Marcos, 1976). Other studies have found that individuals are able to access different memories, depending on the language in which they are describing and recalling the experience (Santiago-Rivera et al., 2009; Clauss, 1998).

Typically, processing information in a non-dominant language requires more elaborate mental work than information communicated in a dominant language (Marcos, 1976). Bilingual individuals possess mental resources that compete between languages (Macizo, Bajo, & Paolieri, 2012). In a dominant language individuals have more extensive vocabulary and larger capacity for grammar compared to non-dominant languages. Communicating in a non-dominant language often proves to be cumbersome, contain less or blunted affect, and possess less powerful communication for bilingual individuals (Marcos, 1976). This difference in communication is attributed to between language competitions wherein dominant and non-dominant language words are activated. Dominant language words must then be inhibited, allowing for further processing of non-dominant language words. Accessing inhibited words proves to take more time and effort than uninhibited words (Macizo et al., 2012, p. 133). Allowing language switching minimizes competition between language systems and encourages expressive communication.

Therefore, language switching is useful in supervision because it allows communication in the language in which supervisees feel most comfortable or possess greater proficiency, improving the quality of communication between supervisees and supervisors. Supervisees are allowed to express themselves much more adeptly (Santiago-Rivera et al., 2009). Supervisees may perceive themselves differently based on the language they speak (Marcos, 1976). Language in a non-dominant language may be used to avoid emotional connection to a topic. Conversely, dominant language may be used to facilitate an emotional connection to a topic (Marcos, 1976).

Some researchers argue that a stronger therapeutic alliance is formed when language switching is allowed (Perez Rojas et al., 2014). Moreover, language switching is also a manner in which supervisors may demonstrate cultural competence, particularly by utilizing *dichos* or

sayings (Santiago-Rivera et al., 2009). The process of language switching is fundamentally understood, while the situational context of language switching is yet to be fully comprehended (Santiago-Rivera et al., 2009). When language switching is not permitted in supervision, language is lost. Supervisees and supervisors lose the opportunity to forge a shared meaning, which can negatively impact the supervision and counseling process.

Spanish-English Bilingual Supervisees

In providing supervision to Spanish-English bilingual (SEB) supervisees, supervisors must consider the culture, acculturation, and language of clients and supervisees. The experience of language is an additional layer to consider in the clinical supervision process. Likewise, organizational and ethical issues may further complicate the supervision process. Scant research exists that examines the supervision experience of SEB supervisees and their supervision needs. In conducting a review of the literature, a single groundbreaking study was discovered (Verdinelli & Biever, 2009).

Verdinelli and Biever (2009) conducted a phenomenological study to examine the clinical supervision experience of SEB supervisees in a counseling psychology program. Nineteen individuals participated in a four-week summer training program for Spanish-language mental health counselors. Of the 19 trainees, 15 trainees volunteered to participate in one of three focus groups. Of the 15 trainees, 12 were doctoral students in a clinical or counseling psychology program. One trainee was a master's level counselor. Two trainees were doctoral level psychologists. Eleven women and four men participated, ranging in ages 23 to 47. Eleven trainees were Latinos. The remaining four were White. All trainees provided information about their clinical supervision experiences during graduate school and in their current professional role.

Verdinelli led focus groups in the evenings after trainees had completed the day's training activities. Each focus group lasted approximately two to two and a half hours. Verdinelli asked four questions from an interview protocol Verdinelli and Biever developed. The subsequent discussion was recorded using two audio recorders. Following the focus groups, Verdinelli transcribed the discussions. Verdinelli and Biever (2009) each independently analyzed and coded the transcripts. After combining their independent analysis, the authors coded the transcripts a second time, this time using the categories agreed upon from the first analysis.

Although the interview protocol was aimed at learning about the lived experiences of participants, much of the discussion centered on difficulties participants had encountered. Researchers identified three main themes in the coding of transcripts: burdens, training concerns, and language issues. Researchers noted the participants overwhelmingly discussed feeling burdened by "added responsibilities and their sense of obligation to their Spanish-speaking clients" (Verdinelli & Biever, 2009, p. 162). Some additional responsibilities to which participants referred included: lack of bilingual support staff, being asked to interpret for other staff, educating others (from the majority group) about the Latino community, and advocating for Latino clients.

Participants discussed practical problems that they encountered in clinical practice. For example, some assessments or reports were written in Spanish for clients, but then were required to be translated into English for agency reporting purposes. If no professional staff was available to perform this task, then the responsibility of completing this task fell on participants. Additionally, some participants reported serving as interpreters for other professionals. They described being perceived as a translator, not a valued professional counselor. Some participants worked as co-counselors with staff that were not bilingual, which left participants with the

responsibility of interpreting for clients and co-counselors in addition to counseling. Furthermore, some participants felt that they were relied upon to educate the majority about the specific needs of Latino clients, rather than colleagues initiating their own learning process. This was particularly frustrating for participants who were also students, as they felt this function was not aligned with their role as a student. Some participants noted a lack of training and interest in multicultural and diversity issues in their training programs.

Overall, participants were displeased with supervision of their work in Spanish. They reported being frustrated with their supervisors' lack of cultural competence. Individuals who did not speak Spanish often supervised participants. This supervision dynamic led to some practical problems, such as not being able to review tapes or progress notes without translation. All of the participants stated that they would have preferred to participate in supervision in Spanish.

This study illuminates the unique supervision needs of and distinct challenges faced by SEB supervisees. Alternately, it also highlights the highly skilled, intricate role in which SEBs' supervisors must function. Yet another facet to consider is the phenomenon of language switching, something that may occur in both counseling and supervision for SEB supervisees.

While Verdinelli and Biever (2009) closely examined the supervision experience of SEB supervisees, Trepal, Ivers, and Lopez (2014) studied the global counseling experience of SEB counselors in training. In this study researchers found that participants expressed a preference for bilingual supervisors. Half of the participants had a Spanish-speaking supervisor. Several participants reported having supervisors that required them to translate tapes of counseling sessions into English. Participants reported feeling relieved when they had a Spanish-speaking supervisor, as the supervisor often understood cultural and linguistic nuances.

Trepal, Ivers, and Lopez (2014) fortify the assertions made by Verdinelli and Biever (2009). Spanish-English bilingual supervisees possess unique supervision needs, including the preference for a Spanish-speaking supervisor. Spanish-English bilingual supervisees' needs are not readily met by current supervision paradigms, as evidenced by the barriers to effective supervision participants experienced.

Cross-Cultural Research

This study examines the clinical supervision experience of Spanish-English bilingual (SEB) supervisees. In doing so, this study incorporates the cultural differences of an ethnic minority. Recent research has found that cross-cultural and ethnic minority issues are underrepresented in the literature (Hartmann et al., 2013). Traditional power structures influence internal and expressed ways of thinking (Philip et al., 2007). In conducting ethical research, researchers must be keenly aware of how power dynamics influence a study, particularly in how to protect the best interests of a minority group being studied. Moreover, "it has become increasingly clear that the impact of cross-cultural studies can reach beyond the individual and affect the entire host community, sometimes quite negatively" (Pollard, 1992, p. 89). This researcher will use cross-cultural ethical practices in conducting this study.

Research Review Conclusions

This study has brought to light an overwhelming number of practical issues that Spanish-English bilingual (SEB) supervisees and their supervisors face. Without hands on knowledge of the complexities SEB supervisees face, understanding their supervision needs is challenging. Language is a complex, socially constructed tool individuals use to shape meanings. The complexities of languages compounded with language and cultural differences results in a unique

intersection that is clinical supervision of SEBs, an intersection that current supervision paradigms struggle to meet.

Language switching phenomenon is commonplace in counseling with SEB clients. If this is a behavior that is expected and encouraged in counseling, this behavior may also reasonably be the case in supervision. As supervisors work with SEB supervisees, supervisees will experience deep, powerful emotions either vicariously or personally. Spanish-English bilingual supervisees should be afforded the same opportunity in supervision. Language switching phenomenon has countless implications for future research. This complicated intersection is not easily studied, as it is less commonly found in North Carolina, presenting barriers for studying this phenomenon.

Chapter Summary

In this chapter the researcher provided a review of the literature on social constructionist theory, culture and social constructionist theory, culture and clinical supervision, language and social construction, and language switching phenomenon. The unique needs of SEB supervisees were discussed, and information about cross-cultural research was provided. This review of literature confirmed a gap in the literature on supervision of Spanish-English bilingual supervisees.

CHAPTER THREE: METHODS

In chapter three this researcher discusses the research design used to explore the phenomenon of the clinical supervision experience of Spanish-English bilingual (SEB) supervisees. This researcher explains why the existential phenomenological qualitative paradigm is most appropriate to engage in this type of research. Introduction to the methods, the researcher's role, population, sampling, procedures, data analysis, ethical considerations, timeline, committee on human subjects reporting, and reporting of results are delineated in this chapter.

Introduction to the Methods

Qualitative research is a broad term applied to a wide range of philosophies and theoretical orientations that examine not easily quantified phenomena (e.g., beliefs, behaviors, processes, meanings). This interpretive paradigm emerged in response to the positivist paradigm. Qualitative researchers study people, things, and occurrences in their natural settings. The nature of qualitative research aspires to "embrace and understand the contextual influences on the research issues" (Hennink, Hutter, & Bailey, 2011, p. 9).

Quantitative researchers aim to gather data and generalize results to a broader population by gaining an understanding of how and why things transpire using textual data (Hennink et al., 2011). "Unlike with quantitative designs, few writers agree on a precise procedure for data collection, analysis, and reporting of qualitative research" (Creswell, 1994, p. 143). Therefore, the unique nature of qualitative research poses both challenges and opportunities. The challenges include no prescribed manuals and no concrete set of directions that researchers must follow, although general guidelines and parameters exist. Researchers may tailor their research design to the population of study and what is intended to be garnered from them.

Qualitative research facilitates the in-depth study of a particular issue or concept in great detail. With the liberty to tailor the research design to the needs of a study, qualitative researchers study people, things, or phenomena without the constraints of a rigid research design (Patton, 2002). Qualitative research designs are useful when researchers are trying to understand a phenomenon, rather than determining its cause and effect (Merriam, 2014). The qualitative research paradigm also allows participants to speak in their own words in interviews to convey their unique perspectives and experiences (Hammersley, 2013). Lastly, qualitative research is often an inductive process used when there is a lack of understanding of a particular phenomenon (Merriam, 2014). Qualitative research methods were used for this study because the counseling profession lacks an understanding of the clinical supervision needs of Spanish-English bilingual (SEB) supervisees. As noted in chapter two, a sole article explores SEB's supervision needs, representing a gap in the literature. Qualitative research was used to build a knowledge base about the experience and needs of SEB supervisees. An expanded knowledge base will guide future research.

Phenomenology

Numerous qualitative approaches are practiced, one of which is phenomenology. Phenomenology is "primarily an attempt to understand empirical matters from the perspective of those being studied" (Creswell, 2007, p. 275). This approach seeks to understand the lived experiences of participants by thoroughly examining their thoughts, feelings, beliefs, values, and attitudes (Creswell, 2007). The duty of phenomenologists is to understand and portray the essence of a particular human experience (Merriam, 2014). In order to understand lived experiences, phenomenologists set aside theories or hypotheses and focus on individuals' descriptions of their experiences (Wertz, Charmaz, & McMullen, 2011).

No sole practice of phenomenology exists, but rather a variety of methods that have the same aim: understanding a subjective human experience (Creswell, 2007). Regardless of the approach, all variations of phenomenology maintain the same four characteristics. "The research is rigorously *descriptive*, uses the phenomenological *reductions*, explores the *intentional* relationship between persons and situations, and discloses the *essences*, or structures, of meaning immanent in human experiences through the use of imaginative variation" (Finlay, 2009, p. 7).

In using phenomenological reductions, researchers approach a subject matter as a *tabula rasa*, leaving behind background knowledge and experience so as to approach a phenomenon with a fresh, uncorrupt set of eyes (Cogan, 2016). In reduction, researchers do not deny that the outside world exists, but rather try to bracket or compartmentalize its existence (Valle & King, 1978). Phenomenological reduction lends itself to exhaustive description, given that no background knowledge and experience discolor the explanation of a phenomenon. In order to understand phenomena, painstaking attention to detail must be paid to describe individuals' experiences (Cogan, 2016).

Some approaches to phenomenology strive to provide a general description, while others aim to conduct an idiographic analysis (Finlay, 2009). In providing rigorous description of a phenomenon, some phenomenological approaches pay attention to the general features of a phenomenon, while other approaches focus on differences found in individual narratives describing the same phenomenon (Finlay, 2009). Giorgi (1985) recognizes that researchers ascribe to the fundamental tenets of phenomenology, but interpret the method differently. For example, descriptive phenomenologists use description to unveil essential features of a phenomenon, while interpretive phenomenologists extend beyond description itself and incorporate sociohistorical context, relationships, and environment (Finlay, 2009). There is no

universal interpretation of phenomenology, nor are there clear divisions between different methods of phenomenology (Giorgi, 1985).

Existential Phenomenology

Existential phenomenology, the method of inquiry used in this dissertation, is one of several approaches to phenomenology. It is concurrently similar to and unique from the approaches described above. Existential phenomenology strives to encapsulate the human being in a moment in time by examining not only "the lived moments, but also man's responses to these moments" (Creswell, 2007, p. 276). Existential phenomenologists examine the essential meaning of individual's experience from the consciousness and standpoint of the individual. Existential phenomenological researchers strive to do more than describe and understand phenomena. They seek concrete descriptions of participants' experiences to gain understanding of the experiences. Participants are viewed as co-researchers. In order to comprehend the essence of participants' lived experiences, researchers focus on entire experiences, rather than breaking down lived experiences into compartmentalized parts. Rather, parts of an experience are puzzle pieces that, when viewed as a whole, make a comprehensive picture. Without all parts, experiences are incomplete and unfathomable (Castro, 2003).

Existential phenomenologists assert that individuals and their surroundings are indivisible. Individuals do not exist independently of the world around them, and the world does not exist independently of the men and women that inhabit it. Without humans, the world has no meaning. Without the world, humans have no meaning. This concept is known as co-constitutionality (Valle & King, 1978), which is a concept unique to existential phenomenology. While other types of phenomenology such as descriptive phenomenology require a total disengagement from researchers' surrounding world, existential phenomenology asserts

researchers cannot entirely separate themselves from their surroundings and past experiences (Husserl, 1970; Heidegger, 1962).

Related to co-constitutionality, situational freedom is a second major concept of existential phenomenology. Situational freedom is the belief that individuals are never entirely free from influence in the decisions they make. One's environment will always impact the choices that a person makes. "That is, the freedom (and obligation) of making choices within, and often-times limited by, a given situation which the world has thrust upon him" (Valle & King, 1978, p. 9). However, one's environment does not entirely determine one's choice, as the individual is an invaluable component in decision-making (Valle & King, 1978).

Lastly, existential phenomenology possesses a postmodern understanding of consciousness. Consciousness is not an objective thing that can be lost or regained at a point in time. Consciousness is a phenomenon experienced by a person and "…not the external entity separate from or independent of him" (Valle & King, 1978, p. 10). An individual's reality is determined by his or her experience of it. This reality is the basis for reflective thought. Consciousness is becoming aware of something, rather than its inception. Valle and King (1978) use the example of a tree to demonstrate the concept of consciousness. A tree in a forest exists whether or not someone notes the tree. The tree does not come into existence merely because the individual becomes aware of it. However, without a pretext through which the tree can be revealed, there is no consciousness of the tree. Consciousness further underscores the indivisibility of humans and their environments and the transaction between the individual and world in decision-making (Valle & King, 1978). In this study, this researcher seeks to understand the indivisibility of culture, language, and SEB supervisees' experience of clinical supervision.

Design

In examining the process of clinical supervision, phenomenological researchers are interested in discovering the meaning that participants apply to the clinical supervision experience. In this study, this researcher is examining the *lived experience* in clinical supervision, rather than outcomes of clinical supervision. Clinical supervision is a two-way exchange in which supervisors and supervisees are indivisible from one another and forge a subjective truth. Participants' supervision experiences are bound in the context in which they occur.

Culture and language are essential components of Spanish-English bilingual (SEB) supervisees' consciousness and influence all aspects of the clinical supervision experience (Verdinelli & Biever, 2009). Culture and language have also played a formative role in this researcher's development as a counselor, clinical supervisor, researcher, and counselor educator. This researcher acknowledges that while separating herself from her surroundings and past experiences is desired, entire disengagement is an unreasonable expectation.

Participants' experiences of SEB supervision consist of smaller parts that constitute a comprehensive picture, such as their primary language, dominant language, culture, supervisor's dominant language, supervisor's culture, supervisor's cultural competence, and quality of supervision. Without all these pieces, the essence of clinical supervision is unable to be understood. Because the themes of clinical supervision of SEB supervisees are aligned with existential phenomenology, this is the approach the researcher used when conducting this study. The rationale for selecting Giorgi's (1985; 2009) method of analysis as it pertains to existential phenomenology is explicated later in this chapter.

Researcher's Role

In the qualitative research paradigm, data collection and analysis are filtered through the perspective of the researchers. In order to develop self-awareness about researchers' influence on research, qualitative researchers engage in reflexivity, which includes critical reflection on how researchers' backgrounds, assumptions, positioning, and behaviors impact the research process (Hennink et al., 2011).

Bracketing

The phenomenological approach requires researchers to comprehend fully their preconceptions about the topic being investigated and "then bracket or suspend these preconceptions in order to fully understand the experience of the subject and not impose an a priori hypothesis on the experience" (Creswell, 2007, p. 277). In doing so researchers are able to understand, interpret, and analyze data more objectively (Creswell, 2007).

Researcher's Statement of Bias

As previously discussed, this researcher was involved with ECU's Navigate Counseling Clinic for two years, and served as a clinician, clinical supervisor, and manager of the clinic. During this time, this researcher received clinical supervision from an LPC and provided clinical supervision to students in Department of Addictions and Rehabilitation Studies master's program. All of these interactions occurred in English.

While working at Navigate, this researcher was enrolled in a doctoral level course on clinical supervision and became interested in the supervision of SEB supervisees. This researcher asked if students had the option of participating in Practicum or Internship in languages other than English and found that English was the only option. This was in stark contrast to this researcher's native southern California, where most of her colleagues were native Spanish

speakers. Being fascinated by the difference in supervision needs between supervisees in North Carolina and southern California, this researcher made the decision to investigate this phenomenon for this researcher's dissertation.

This researcher identifies as Latina. Her family of origin is Mexican. She is a non-native Spanish speaker. She has strong sentiments about the importance of providing bicultural supervision and counseling, including the need for supervisors of bilingual supervisees to be bilingual themselves. These beliefs may have influenced the way in which she analyzed and coded data.

Population and Sampling

This study examines the clinical supervision experience of Spanish-English bilingual supervisees living in eastern North Carolina. The population includes counselors who currently provide or previously provided counseling services in Spanish and concurrently participated in clinical supervision in either English or Spanish. Counselors do not necessarily have to be pursuing licensure in order to participate, as clinical supervision is valuable in and of itself independent of licensure. In total, the population consists of 30 SEB supervisees, 21 women and nine men. Counselors may be of any race or ethnic heritage. As part of the interview basic demographic information was collected from each participant. See Appendix A for a list of questions.

Qualitative research is purposeful in its selection of participants (Creswell, 1994). In using purposive sampling, researchers gain a deep understanding of a specific phenomenon, its context, and the experience of individuals (Hennink et al., 2011). The phenomenological paradigm utilizes purposive or purposeful sampling because:

> It brings to light a wider range of cases, the extremes of which are of particular interest. Purposive sampling also increases the likelihood of uncovering the full array of multiple realities as well as maximizing the investigator's accounting for the nature of conditions, interactions, and values that might be useful in assessing transferability (Isaac & Michael, 1995, p. 220).

Researchers hand select information-rich participants whose experiences lead to a deeper understanding of the phenomenon being studied (Liamputtong, 2013). Purposive sampling allows the researcher to gather in-depth, rich information central to the phenomenon. Because participants are carefully, purposefully selected to explore phenomena in-depth, the phenomenological paradigm requires a smaller sample size than quantitative research (Isaac & Michael, 1995).

This researcher interviewed participants until theoretical saturation was reached. Theoretical saturation is when no new themes or information of value to the study are uncovered, and consequently data collection is complete (Hennink et al., 2011; Holloway & Wheeler, 2013; Vogt, Gardner, & Haeffele, 2012). However, no strict heuristics for establishing saturation exist. Guest, Bunce and Johnson (2006) suggest that with careful purposive sampling, theoretical saturation is often reached with 12 participant interviews, with basic elements of metathemes appearing after six participant interviews of participants. Researchers must decide for themselves when theoretical saturation has been reached. Saturation manifests itself differently in every study (Holloway & Wheeler, 2013). For the current study, theoretical saturation was met when no new themes occurred. This was reached after 10 interviews.

Procedures

Participants gave verbal consent prior to initiating the interview. During each interview, participants were invited to express their thoughts and feelings in English, Spanish, or both languages in order to provide more valid and descriptive data. This researcher wrote field notes and kept a reflexivity journal in addition to creating an audio recording of each interview. This researcher interviewed each participant using an interview guide. Participants were emailed an informed consent letter for their reference upon conclusion of the interview. Please see Appendix B for this document.

Participant Recruitment

Using the online provider directory of the American Counseling Association, this researcher identified counselors living in eastern North Carolina who designated themselves as Spanish-speaking counselors. Counselors were invited to participate in this study for an individual interview via telephone by this researcher. Interview appointments were scheduled based on participants' availability. Immediately after each interview was completed, a transcript was created, coded, and analyzed. Data were collected until theoretical saturation was reached. Theoretical saturation was reached after 10 participants, when no new themes were uncovered. This researcher debriefed with faculty within her department, reviewed her field journal, and engaged in reflexivity to ensure the veracity of saturation.

Data Collection

During a pilot study, Perry and Sias (2015) invited SEB participants to respond to interview questions about their clinical supervision experience in person, via video teleconference, or via telephone. All but one participant elected to participate via telephone. The one participant who requested an in-person interview worked in the same building as this

researcher. The other participants elected phone interviews because of convenience, ease of use, and accessibility of technology. Because of participants' preference for conducting interviews via telephone in the pilot study, this researcher collected data via telephone in the current study.

This researcher utilized her home office to ensure that telephone conversations with participants remained private and confidential. A digital audio recording device was used to record interviews. Then the audio files were uploaded to Dropbox, a file hosting service. To ensure the security of the audio files, this researcher subscribed to a professional version of Dropbox, Dropbox Pro that features two-step verification, an added layer of account security. Files are also protected by advanced encryption. This researcher added a password to the folder containing the audio files. Only she and the transcriptionist had the password (Dropbox, 2016).

Prior to initiating a recording, this researcher received verbal consent from participants to create an audio recording of the interview, in compliance with standards set forth by East Carolina University's Medical Center Institutional Review Board. This researcher hired a transcriptionist to create a verbatim transcript of each interview. The transcriptionist selected had 45 years of experience in medical, legal, and educational settings, including working for the State of Ohio Legislative Services Commission and Knox County (Ohio) Schools. The transcriptionist signed a confidentiality agreement, wherein she agreed to hold all information contained in the audio recordings and transcripts confidential, to refrain from making copies of audio recordings or transcripts, and to delete all versions of the audio recordings and transcripts once they have been given to this researcher. See Appendix C for a copy of the confidentiality agreement. Once audio recordings of transcripts were made, they were shared with the transcriptionist via Dropbox. Transcripts were reread while listening to audio recordings of interviews to ensure the veracity of each transcript.

The raw data was transcribed verbatim in the language of the interview into Microsoft Word documents. Pseudonyms were used for names of participants, supervisors, clients, and agencies in order to ensure their privacy and protect their confidentiality. This researcher employed Giogri's (1985) phenomenological method in coding transcripts. This researcher coded each transcript using NVivo 10 as a way to organize the data and themes (NVivo, 2014).

Field notebook and journal. In the qualitative research paradigm a field notebook and journal are used to capture objective and subjective information that occur during data collection (Hennink et al., 2011). In a field notebook and journal researchers record their thoughts, feelings, beliefs, values, and attitudes about in-depth interviews (Creswell, 1994). An audio recording of interviews cannot capture researchers' insights and impressions of interactions with participants; a field notebook and journal can. A field notebook may also capture notes on the setting and participants themselves. Such notes may be useful when interpreting data (Hennink et al., 2011). For this study the researcher used a field notebook and journal using Microsoft Word and Microsoft Excel.

Qualitative Interview

In-depth interviews are the most commonly used data collection procedure in qualitative research and are the preferred method when researchers wish to gain understanding of individual lived experiences (Liamputtong, 2013). During an in-depth interview the researcher and participant discuss a topic at great length. The researcher often uses an interview guide with carefully crafted questions to gain insight into certain topics (Hennink, et al., 2011).

Verdinelli and Biever (2009) examined the clinical supervision experience of counselors who had provided services in Spanish while receiving clinical supervision. Verdinelli and Biever

(2009) created an interview guide to gain insight about participants' clinical supervision experiences. Researchers read the following questions to each participant:

1. Have you been supervised in Spanish and/or English when providing services to Spanish-speaking clients?
2. What was different?
3. What would you prefer?
4. Did the supervisor's level of proficiency match your proficiency?
5. How did this impact the supervision?
6. Is it important to be supervised in the same language that you provide services?
7. Why or why not?
8. How did the counselor's and supervisor's language backgrounds affect the dynamics in supervision?
9. What do you need from supervision when providing services to Spanish-speaking clients (p.160)?

During the pilot study, Perry and Sias (2015) examined and revised the interview guide used by Verdinelli and Biever (2009). The revisions were rewording close-ended questions to open-ended questions and eliminating preferences for use of one language versus another in clinical supervision. Perry and Sias (2015) modified the questions until consensus was reached.

Qualitative researchers often use interview guides to uncover certain information in a semi-structured format. Interview guides give researchers a format to follow to ascertain specific information, but also allow for flexibility to mold the interview guide. As the interview guide is a guide and not a script, questions may be asked in any order and in way that follows the natural flow of the interview. Additionally, follow-up questions not listed on the interview guide may be

asked to gain more insight about the topic being investigated (Hennink, et al., 2011). In the current study, the following questions were used to create a semi-structured, focused conversation with each participant in English with some language switching between English and Spanish. The following were used as the interview guide for the current study:

1. Please describe your experience providing counseling services in Spanish.
2. Tell me about your experience with clinical supervision in Spanish and or in English when providing counseling services to Spanish-speaking clients.
3. How did clinical supervision in Spanish compare to clinical supervision in English?
4. What did you prefer? What were your reasons for this preference?
5. How would you describe your supervisor's Spanish speaking skills?
6. How did this affect supervision?
7. How would you describe your supervisor's sensitivity when working with people from Hispanic cultures?
8. How did your perception of her or his sensitivity affect supervision?
9. How would you describe the value of receiving clinical supervision in the same language that you provide counseling?
10. What supervision needs do you have when providing counseling services to Spanish-speaking clients?
11. How effectively were your needs met during supervision?
12. How do the experiences you described compare with your current supervision experiences?

See Appendix D for a copy of the interview guide. The interview guide was used to generate rich data involving participants' experience with clinical supervision.

Data Analysis

Analysis of data was conducted according to the phenomenological method of Giorgi (1985) guided by the essence of existential phenomenology (Heidegger, 1962). Giorgi's (1985; 2009) method of analysis was used because, unlike other methods of phenomenology, Giorgi synthesizes transcripts into consistent statements about participants' experiences, rather than breaking transcripts down into smaller, freestanding pieces of data. The process involves four steps, which allow participants' data to be transformed into meaning units that consider the social constructionist context of culture, language, counseling, supervision, and counselor education, as a whole rather than interpreting each experience as individual (Giorgi, 1985; 2009). Supervisors, supervisees, clients, and counselor educators are indivisible from one another and forge a subjective truth.

Step One

This researcher read the entire transcript in order to obtain a general sense of the interview. In reading the transcript the researcher attempted to take participants' perspectives and understand what they intended when they shared their experience (Giorgi, 1985). At the end of reading the transcript, this researcher had a general sense of the contents of the transcript. In reading the transcript, this researcher assumed a reductionist attitude using bracketing (Giorgi, 2009). This reductionist attitude is assumed in order to avoid premature analysis of the transcript's content (Castro, 2003).

Step Two

Once a sense of the whole was grasped, this researcher returned to the beginning of the transcript and read through the text in its entirety once more with the specific aim of discriminating "meaning units" and with a focus on the phenomenon being researched (Giorgi, 1985). Because transcripts are traditionally too long to regard as one cogent piece of information, meaning units are used to break transcripts into smaller parts so as to understand them better (Giorgi, 2009). Meaning units are clusters of thoughts, beliefs, or experiences that express a common theme (Giorgi, 1985). Meaning units are not standalone units, but rather parts of whole meaning (Castro, 2003). Creating meaning units requires the researcher to interpret the data as a whole and then process it into smaller, manageable units, rather than interpreting all of the data as one unit (Giorgi, 1985). Meaning units are discerned by examining different key concepts or beliefs expressed by the participant (Castro, 2003). "As one begins to reread the description, one makes an appropriate mark in the data every time one experiences a significant shift in meaning" (Giorgi, 2009, p. 130). No explanation or interpretation is assigned to meaning units (Castro, 2003). As a meaning unit is discriminated, an appropriate mark is made to note a significant shift in meaning. In this study, a "/" is used. Once a meaning unit was discriminated, it was made into a node in NVivo 10. A node is a collection of references about a specific theme (NVivo, 2014). Nodes were then arranged into temporal order to reflect the chronology of participants' experiences.

Step Three

Step three is the crux of Giorgian phenomenology. Once meaning units have been identified, each one is reviewed more directly for expressed psychological insights contained therein (Giorgi, 1985). "The heart of the method is this third step, and it is perhaps the most

intensively laborious. The task of carefully describing the transformation of the participants' raw data is not an easy one" (Giorgi, 2009, p. 130).

In this third step, this researcher returned to the beginning of each transcript, categorized into meaning units represented by nodes, and reflected on the meaning of each node to discern how to express the essence of each node in clinical language (Giorgi, 2009). In such analysis, the categorical descriptors of the meaning units are changed to convey more accurately a clinical orientation. Because the meaning units' descriptors are translated into nodes with clinical language, they are easier to integrate into one structure. The aim of transforming the meaning units is to create higher-level categories that have the same meaning across different meaning units (Castro, 2003; Giorgi, 1985; Giorgi, 2009). Using NVivo 10, this researcher created higher-level nodes called parent nodes to execute this process (NVivo, 2014).

While transforming the meaning units, this researcher used free imaginative variation to ensure the meaning units retained their true essence during their transformation. Free imaginative variation is the process of varying frames of reference and employing role reversals for each meaning unit as a means to reveal the psychological significance of each meaning unit (Giorgi, 2009). This was done to ensure participants' descriptions were retained as much as possible while transforming nodes into clinical language (Giorgi, 1985).

Step Four

Finally, the researcher synthesized all of the meaning units into nodes transformed by clinical language. All the nodes in a single transcript were combined to elucidate specific experiences, as well as broader description of the phenomenon (Giorgi, 1985; Koivisto, Janhonen, & Väisänen, 2002). Finally, the researcher synthesized all of the meaning units into a structure that reflected participants' experiences (Castro, 2003).

In addition to interpreting the meaning units of individual transcripts, this researcher integrated and synthesized meaning units across all transcripts in order to describe emergent themes that encapsulate the phenomenon as a whole. Researcher's using Giorgi's method of analysis:

> Try to universalize the findings of the study by focusing on the essential aspects and characteristics of the studied phenomenon. It is important to note that in this step it is very important to bear in mind the intentionality and the sense of the whole of the co-researchers' [participants'] experiences, if we want to find a coherent and final identification of the essences of the phenomenon (Castro, 2003, p. 55).

This researcher conduced an analysis of situated structures that explored the essences of the clinical supervision experience of SEB supervisees. Individual meaning units should be considered "against a contextual ground that spreads laterally across all of the other meaning units" (Giorgi, 2009, p. 134). If the psychological insight contained in meaning units is applicable to experiences other than the sole meaning unit on which the insight was based, the meaning unit contains general structure (Giorgi, 2009). General structures must be compared identify convergences and divergences (Koivisto, Janhonen, & Väisänen, 2002). In this study, meaning units were examined across all cases. If meaning units were applicable to more than one case, the meaning units were considered as containing general structure. Meaning units were evaluated within their context for convergences and divergences and grouped into specific general situated structures.

Verification Methods

Qualitative researchers leave fingerprints on every aspect of their research. Because of the structure of the qualitative paradigm, researchers are not objective, unbiased observers, but

active participants in gathering information. Therefore, researchers must employ strategies to ensure the unbiased truth is being portrayed (Finlay & Ballinger, 2006). To say that a study accurately represents the truth is to say it is trustworthy (Cohen & Crabtree, 2006; Valle & King, 1978). Trustworthiness involves establishing credibility, transferability, dependability, and confirmability (Cohen & Crabtree, 2006).

Credibility establishes veracity in the study's findings. To establish credibility Cohen and Crabtree (2006) recommend having a prolonged engagement with the subject matter, practicing persistent observation, and debriefing with peers. Transferability demonstrates that the study's findings are relatable to other settings. Providing a thick description of the phenomenon is recommended to establish transferability. Dependability shows that the study's findings are consistent and could be replicated. Using an external audit is recommended to ensure dependability. Confirmability is the extent to which findings are genuinely produced by participants and free of researcher bias. Reflexivity is helpful in guaranteeing confirmability (Cohen & Crabtree, 2006). Researchers can emphasize trustworthiness by being balanced, considering multiple perspectives, and making room for multiple realities (Patton, 2002).

Standards of Quality or Verification

This researcher has had extensive engagement with the subject matter. She has been fully immersed in Latino culture her entire life, living as a Latina in the United States since birth. She increased Spanish language proficiency throughout adolescence and early adulthood, earning a Bachelor of Arts degree in Spanish. Resultantly, she has had the experience of being a Spanish-English bilingual person for approximately 15 years. In addition to being Latina and SEB, this researcher has navigated the majority culture and her own culture her entire life. Furthermore, for approximately three years this researcher has studied the supervision experience of SEB

supervisees. In this time, she has gained a thorough understanding of the issues affecting SEB supervisees and their context. She has also conducted a pilot study during which she gained insight from a variety of perspectives, including native Spanish speakers, non-native Spanish speakers, Latinos, and non-Latinos (Perry & Sias, 2015). Extensive engagement with the phenomenon of SEB supervisees' experiences helped this researcher establish credibility through scope (i.e., breadth of observation). This researcher practiced persistent observation by identifying elements most pertinent to the phenomenon and focused on them in great detail. Persistent observation with the phenomenon ensures this researcher established credibility through depth (Cohen & Crabtree, 2006).

This researcher consulted with her dissertation committee to establish credibility, dependability, and ensure this study met the standards of qualitative research. This review by committee members challenged the structure and findings of the study, thereby fostering dependability (Cohen & Crabtree, 2006). This researcher debriefed with her committee chair person to become further aware of this researcher's biases and assumptions toward the study, the data, and the participants. Debriefing was also an opportunity for catharsis for this researcher. Through debriefing, this researcher encouraged credibility (Cohen & Crabtree, 2006).

Through providing thick description of the phenomenon researchers ensure transferability. Thick description refers to the detail with which researchers document field experiences in the field notebook and journal. By providing exhaustive detail, researchers can evaluate the extent to which conclusions drawn from one's study may be transferred to other settings (Cohen & Crabtree, 2006; Liamputtong, 2013). In constructing the field notebook and journal, this researcher used thick description to record her experiences. This researcher used her field notebook and journal to track objective, time-sensitive information like her interaction with

potential participants, and participants, and her own thoughts, feelings, beliefs, values, and attitudes about in-depth interviews. Lincoln and Guba (1985) note some of the advantages of taking notes. Note taking requires that researchers actively attend to what participants share. Researchers can record questions or comments without participants' knowledge (Lincoln & Guba, 1985). Because the interviews took place over the phone, this researcher was not able to record nonverbal behavior. However, the researcher was able to record verbal cues, such as tone, attitude, cadence of speech, etc. The field notebook and journal's contents were not subjected to a content analysis, but have provided context and backup information in the event of audio recording device failure.

Researchers often use reflexivity to establish confirmability. Confirmability protects the study and the data from being skewed by the researcher's beliefs, values, and attitudes. "Reflexivity is a process that involves conscious self-reflection on the part of researchers to make explicit their potential influence on the research process" (Hennink et al., 2011, p. 19). Through reflexivity, researchers examine how their background, assumptions, and behaviors impact the research process (Hennink, et al., 2011; Liamputtong, 2013). In keeping a reflexivity journal, this researcher brought forth a sense of how her beliefs, values, attitudes, and self-identity influence this study. Researchers often use a reflexivity journal to record methodological decisions, logistics, and reflection about the study (Cohen & Crabtree, 2006). This researcher used a reflexivity journal to report how her biases may have influenced the study.

Ethical Considerations

Ethical considerations are a critical aspect of qualitative research. The American Counseling Association (ACA, 2014) mandates that counselors conduct research that is consistent with ethical principles, federal and state laws, institutional standards, and scientific

standards. Informed consent, risk and harm, and confidentiality are three ethical considerations most pertinent to this study.

Participants have a right to understand the purpose and procedures of the study, including their ability to withdraw from the study at any time and any risk or potential harm associated with the study (ACA, 2014). This researcher provided participants with an informed consent document detailing this information and answered any questions about the study prior to beginning the interview. Researchers also have an obligation to safeguard the rights and wellbeing of participants and to minimize risk and harm (ACA, 2014). This study poses minimum risk because participants are counselors discussing their professional experiences.

Participants have a right to confidentiality. Confidentiality aims to protect the identity of participants (Liamputtong, 2013). The ACA (2014) requires that researchers keep confidential information obtained about participants and implement procedures to protect confidentiality. This researcher did not record names of participants. Pseudonyms were used when discussing participants' supervisors, clients, and agencies. This researcher also employed a transcriptionist who signed a confidentiality agreement. Data was stored on an encrypted server with two-step verification and password protection.

In conducting a study, researchers must adhere to professional standards in research design to construct a study that is unbiased and objective (Hennink et al. 2011). This researcher received instruction on qualitative research and phenomenology. She continues to consult with colleagues who possess a mastery of phenomenological research for mentorship on how to collect, analyze, and synthesize data. Lastly, researchers are to report results accurately and completely, including unfavorable results (ACA, 2014). This researcher has reported all findings in their entirety.

Timeline

Data was collected from January to March 2016. Data was transcribed and coded from January to April 2016. Data was analyzed, interpreted, and synthesized into a written report from February to May 2016.

Committee on Human Subjects Criteria

This researcher received approval from the East Carolina University's Medical Center Institutional Review Board. The following elements of informed consent were outlined on the consent to research form for this study:

1. A statement that the participant is engaging in a research project
2. An explanation of the purpose of the study
3. The expected duration of the study
4. A description of possible risks
5. A statement that participation is voluntary and may be stopped at any time
6. A statement describing how to file a grievance

Reporting

The findings of this study will be presented at various professional conferences and meetings. Articles including the findings of this study will be written and submitted to professional journals for publication. Findings from this study may be used in future studies to gain more insight on this phenomenon.

Chapter Summary

In chapter three this researcher discussed the phenomenological qualitative research design utilized to explore how SEB supervisees experience supervision. The selection criterion for participants was outlined. Additionally, the procedures for collecting, transcribing, and analyzing data were detailed. This researcher discussed what steps she will take to ensure trustworthiness, including how her membership in the Latino community may influence the study.

CHAPTER FOUR: FINDINGS AND ANALYSIS

Spanish-English bilingual (SEB) supervisees have unique professional needs that have not been thoroughly researched and remain an enigma. SEB supervisees may not have access to supervisors that possess cultural competence and/or Spanish language proficiency (Verdinelli & Biever, 2009). This study conducted qualitative research to better understand: "How do SEB supervisees experience clinical supervision, and what are their supervision needs?"

Chapter four includes the findings and analysis of this study. This researcher first revisits the methods used to investigate the clinical supervision of Spanish-English bilingual (SEB) supervisees, and then summarizes Giorgi's (1985; 2009) method of analysis. An aggregate description of participants is provided, followed by descriptions of interviews with participants. Lastly, this researcher identifies specific general situated structures in order to recognize emergent themes.

Overview of Methods

This researcher created a list of potential participants using the online provider directory of the American Counseling Association to locate Spanish-speaking counselors in eastern North Carolina. This list of 30 potential participants consisted of 21 women and nine men. This researcher contacted all 30 participants and invited them to participate in the study. Of the participants contacted, 14 were successfully reached. Of the participants reached, three did not meet selection criteria. Two participants did not have concurrent clinical supervision while working as SEB counselors. One participant was not a SEB counselor. One participant shared her clinical supervision experiences but declined to be audio recorded. This participant's input was not included in the study because the veracity of her input could not be confirmed without a

verbatim transcript. Of the participants reached, 10 participated in this study. Theoretical saturation was reached after these 10 participants, when no new themes were uncovered. This researcher debriefed with faculty within her department, reviewed her field journal, and engaged in reflexivity to ensure the veracity of saturation. For example, this researcher wrote in her reflexivity journal about her insecurities as a non-native Spanish speaker conversing with native Spanish speakers. Through use of her reflexivity journal, this researcher processed her insecurities and how they could impact data collection and analysis.

Participants gave verbal consent to participate in the study and to create an audio recording of interviews. Interviews began with demographic questions, followed by an interview guide asking participants about their clinical supervision experiences and clinical supervision needs. Upon conclusion of the interview, participants were emailed an electronic copy of the institutional review board consent letter. Following the interview, a transcriptionist created transcripts of interviews.

Overview of Giorgi's Analysis

This researcher analyzed transcripts according to the phenomenological methods of Giorgi (1985) guided by the essence of existential phenomenology (Heidegger, 1962). In this approach, the phenomenological method consists of four essential steps. First, this researcher read the entire transcript in order to obtain a general sense of the interview. Second, this researcher read the transcript a second time, this time discriminating meaning units (Giorgi, 1985; Giorgi, 2009). Once a meaning unit was discriminated, it was made into a node in NVivo 10 (NVivo, 2014). A node is "a collection of references about a specific theme, place, person or other area of interest" (NVivo, 2016, para. 1). Third, this researcher assigned clinical language to each node to reflect the essence of each meaning unit. Using free imaginative variation, this

researcher varied frames of reference and employing role reversals for each meaning unit as a means to reveal the psychological insight contained in each meaning unit. Free imaginative variation was used to ensure the meaning units retained their true essence during their transformation. Finally, this researcher synthesized all of the meaning units into a cohesive statement regarding the participant's experience (Giorgi, 1985; 2009). All the nodes in a single transcript were combined to elucidate specific experiences and broader description of the phenomenon (Giorgi, 1985; Giorgi, 2009; Koivisto, Janhonen, & Väisänen, 2002). In examining individual cases, this researcher gains insight on the *situated structure* of the phenomenon, or the "…concreteness of the structure in which the situation takes place" (Castro 2003, p. 54). The phenomenon was then studied as a whole by examining nodes across all transcripts (Castro, 2003). In examining all cases, this researcher gains insight on the *general structure* of the phenomenon, or the "…aspects of the protocol that transcend a specific situation in order to find a general or universal validity" (Castro, 2003, p. 54).

Giorgi's (1986; 2009) four steps were conducted following his original method. However, for ease of reading, the steps are presented in the following order: step four, step two, and step three. Step one is not listed in the analysis because it is reading of the transcript in its entirety. Step four is presented first because it provides context for the reader before meaning units (step two) and their psychological insight (step three) are presented.

Description of Participants and Individual Case Analyses

Pseudonyms were assigned to participants in order to protect their confidentiality and anonymity. Furthermore, in order to protect the anonymity of participants, racial or ethnic identity was classified as White (W), Latino (L), or other (O). Primary language and dominant language were classified as Spanish (S), English (E), or other (O). Participants' counseling

experiences after completing a Master's degree is reflected in the table below. Table 2 is an aggregate description of participants.

Of the 10 participants interviewed, three identified as Latino. Three participants identified as White. Three participants identified as bicultural (Latino and White). One participant identified as other. Participants' ages ranged from 32 to 61. The mean age was 44.2 (with 55 being used for P26, who declined to state her exact age). Eight women and two men participated in this study. Three participants identified English as their primary language. Three participants identified Spanish as their primary language. Three participants identified both English and Spanish as concurrent primary languages. One participant identified a language other than English or Spanish as a primary language. Eight participants identified English as their dominant language. One participant identified Spanish as her dominant language. One participant identified both English and Spanish as dominant languages. Interviews ranged from 10:05 (minutes: seconds) to 31:51 in duration, with a mean of 19:49.

Participants hailed from a variety of educational backgrounds, including Master of Science degrees in: Marriage and Family Therapy, Mental Health Counseling, Social Work, Divinity, Theology, Counselor Education, Counseling, and Rehabilitation. Other educational backgrounds also include D.Min. in Pastoral Counseling, Ph.D. in Clinical Psychology, and Master of Public Policy. Participants also had a variety of licenses and certifications, including Licensed Professional Counselor (LPC), Licensed Professional Counselor Supervisor (LPC-S), National Certified Counselor (NCC), Licensed Clinical Social Worker (LCSW), Licensed Clinical Social Worker Associate (LCSWA), Licensed Marriage and Family Therapist (LFMT), Certified Clinical Trauma Professional (CCTP), American Association of Pastoral Counselors Fellow (AAPC Fellow), Certified Rehabilitation Counselor (CRC), Licensed Clinical Addiction

Specialist (LCAS), Licensed Clinical Psychologist, Approved Clinical Supervisor (ACS), and Certified Eating Disorder Specialist (CEDS). Participants' post-masters counseling experience ranged from one year to 30 years, with a mean of 11.9 years. Ideally, participants would have been from homogeneous educational backgrounds. However, narrowing participants to counseling backgrounds (e.g., excluding social work educational backgrounds) was impossible given the small population in rural eastern North Carolina.

Table 2
Demographic Overview of Participants

Participant ID	Ethnicity	Age	Gender	Primary Language	Dominant Language	Counseling Experience	Interview Duration
P1	L	37	F	S	S	3 years	11:03
P5	W	38	F	E	E	2 years	12:00
P6	L&W	61	F	E&S	E	30 years	31:51
P7	W	58	M	E	E	13 years	22:03
P9	O	38	F	O	E	6 years	14:40
P13	L	33	M	E&S	E	5 years	10:05
P17	L	40	F	S	E	16 years	12:18
P26	L&W	50s	F	S	E&S	18 years	28:03
P28	W	50	F	E	E	25 years	24:26
P30	L&W	32	F	E&S	E	1 year	31:36

Fifteen nodes were identified during individual interviews: advocacy, ethics, filling supervision gaps, fulfilled supervision needs, language switching and emotional connection, Latino needs and resources, nuances of being a SEB supervisee, paying it forward for SEB supervisees, preference for language proficiency or cultural competence, privilege, quality of supervisory alliance, SEB supervisee frustration, SEB supervisee self-assessment of skills, supervisor traits, and unmet supervision needs. The following is a description of the content each node.

Advocacy: Speaking up for the needs of the Latino community or for the needs of counselors serving Latinos. Educating others about the Latino community in order to foster a paradigm shift in how Latinos are served.

Ethics: Consideration of professional codes of conduct in the practice of counseling. How professional codes of conduct are violated.

Filling supervision gaps: The measures SEB supervisees took when they felt clinical supervision did not adequately suit their needs.

Fulfilled supervision needs: What SEB supervisees felt or experienced when their clinical supervision needs were met adequately.

Language switching and emotional connection: Alternating between Spanish and English during counseling or supervision. Difficulty in relating emotions or experiences between dominant and non-dominant languages.

Latino needs and resources: Specific services needed by the Latino community. These services may exist in the community, or there may be a service gap.

Nuances of being a SEB supervisee: Unique situations or circumstances which SEB supervisees experienced because they served Spanish-monolingual clients.

Paying it forward for SEB supervisees: Commitment to provide professional support, mentor, or advocate for future SEB supervisees.

Preference for language proficiency or cultural competence: The opportunity to express whether Spanish language proficiency or cultural competence was valuable to SEB supervisees. Also comparing the value of Spanish language proficiency to cultural competence.

Privilege: The impact of socio-economic status on counseling and supervision in the context of privilege and oppression.

Quality of supervisory alliance: The caliber and strength of the relationship between SEB supervisees and their supervisors.

SEB supervisee frustration: Feelings of angst and irritation felt by SEB supervisees for a variety of reasons, such as unmet supervision needs, social justice issues experienced by clients, and feeling as though SEB supervisees are not understood by their mainstream counseling counterparts.

SEB supervisee self-assessment of skills: SEB supervisees' evaluation of their counseling skills, largely as an attempt to discern their clinical supervision needs.

Supervisor traits: Description of supervisors' characteristics and qualities, such as gender, race, age, Spanish language proficiency, or cultural competence.

Unmet supervision needs: What SEB supervisees felt or experienced when their clinical supervision needs were not met adequately.

Analysis of Interview with P1

Introduction. P1 identifies as a 37-year-old Latina female. She has earned a Master's degree in Marriage and Family Therapy. Both her primary and dominant language is Spanish. She is a Licensed Marriage and Family Therapist (LMFT). She has three years of post-master's counseling experience.

Step four: Situated structure. In discussing her clinical supervision experience, P1 described an overwhelmingly positive, supportive supervisor. P1 described her clinical supervisor as an English monolingual White woman who possessed cultural competence. Her supervisor was sensitive to the needs of the Latino community and aware of her own cultural identity in supervision. P1 and her supervisor discussed privilege as it pertained to race and

socioeconomic status in supervision. P1 explained the reason for selecting this supervisor was the supervisor's investment in the Latino community.

When asked to discuss preference for supervision in English or Spanish, P1 said that ideally she would choose this supervisor over any other supervisor that spoke Spanish because of the strong supervisory alliance they experienced. P1 explained that she valued a trusting supervisory relationship more than she valued Spanish language proficiency. P1 expanded this thought by providing an example, saying if she was uncomfortable with a supervisor, but the supervisor spoke Spanish, the quality of the supervisory alliance would be poor. However, if she felt supported by and comfortable with a supervisor, although the supervisor spoke only English, the supervisory alliance would be positive.

Lastly, P1 described nuances specific to SEB supervisees, namely their supervision needs. She acknowledged that few SEB counselors practice in her area and felt the need for a professional support network of SEB counselors. P1 and her supervisor felt it would be beneficial for SEB counselors to serve as a resource for one another. P1 feels more attention needs to be paid to the Latino community and the professionals serving them.

Step two: Discrimination of meaning units. Having grasped the sense of P1's experience with clinical supervision, this researcher read through the transcript of the interview once more with the specific aim of discriminating meaning units. She divided the verbatim transcript into meaning units. This researcher placed the meaning units in temporal order to reflect the structure of the interview (Giorgi, 1985; 2009). Portions of the audio interview that could not be heard or transcribed are noted by [?]. The transcript of the interview with P1 has been divided into the following meaning units:

I was very fortunate to have [supervisor name] as a supervisor, and she was my supervisor as I got my associate degree and then my provisional license. Just having somebody who can support you, listen, just, you know, with the intention that, to help you and guide you, not telling you what to do but just listening and provide you some tools and suggestions, evaluating, it was so helpful for me. I enjoy working with her, just her approach, her nurturing. Clearly, she was a role model for me to do my therapy, my clinic work right now./

Well, it just amazed me how aware. And I think when having her as a Caucasian supervisor who was aware and was really working so hard to be aware of other cultural ground there where we were working. I was working with a Latino family. It helped me to be aware because I can't lose my awareness since I'm Latino./

But [?] you. But I remember one time we was doing in-home supervision with a client, and here she came and she was so mindful I decided to just [?] the culture, just was looking at pictures of brains and [?] and deciding to speak with the lady in Spanish even though she can't speak fluently to reach out and talk with the lady was just amazing. She was very sensitive, and she was very aware about her role as a Caucasian, aware about the privilege we have. And that was one of those things that we talk about in supervision./

Even me, as a Latino, I have so much privilege when I'm working with underserved population because of the different tradition. This made me aware, which I bring that to the therapy process. I know that I'm aware about this, the difference. My privilege./

So it was very, very, very helpful how she's handling approach and just the way how she takes care of kids of the Latino population. I think that was the main reason that I choose her for a supervisor during my provisional. And, even now, we talk, and she's there like

my mentor, even though we don't have that official relationship. But I know she's there for me. And I'm willing to listen for her, too./

Well, if you would make me choose, if I would have another clinical supervisor being Spanish and her, perhaps I would go with her because I know her as a professor even though she didn't teach me in the program I was with her internship I was having her like a, like group provision, she was there talking and we were like, *Is that the way that she handles herself with different students?* And then we got comfortable. And for the Latino population you need to trust the person. Doesn't matter the language that you speak, but if you trust this person and you bond with the person, that's the main thing. And that's what I have with her. It would take a little work to meet a new person. Even though she is Spanish you need to feel comfortable. Just for the fact that I have a previous interaction, not as a clinical supervisor but just being part of the group supervision, that's, I liked working as a translator for the research group that was in there. She was supervising it, so that's what I saw indirectly./

So I would choose her. I would choose her if you had me, if you put somebody that speak Spanish and is a clinical supervisor. I mean, the language is a big thing. But my level of connection that's uncomfortable, that will take over the language./

Well, we just need to listen to her and she was the first one who called for the meeting. And she says for a point how you [?] each person, providers like me, who [?] the population. We are not so many, and we have so much population and not so many from my background./

So how overwhelming it is, and it just helps how she is. She is caring and positive, and she was suggesting about like have a group support or counselors who are Latino or

Spanish-speaking around town, which we have a few here, around here. So she has put more into just be connected./

The real providers provide us with the other organizations to provide therapy, picking each other to care for each other, just be as a resource for each other. I mean, that is, I think, one thing that we need to build. But that has to be also my job to do it./

To reach my colleagues, make it like agenda [?], and to stop and connect and control the [?] and let's see how we're feeling, how we're serving the community, because we have a big responsibility. I mean, just that support piece I think would be a big thing./

No. Thank you for focusing your studies in these aspects. We need to need to be aware of what is going on there. And, yes, we have some limitations, like Hollywood [?] therapists. Other clinicians were aware and even trying to be aware about the needs of the other cultures, like the Latinos, was definitely [?] issue./

That it's hard to understand if you're not willing to understand. So it is hard. Having a person like you trying to make a platform, putting the platform this is an issue that we need to address, and making visible what is invisible. And I really appreciate the fact that you're taking the time to do this./

Step three: Transformation into clinical language. This researcher identified six meaning units in this interview: (a) nuances of being a SEB supervisee, (b) supervisor traits, (c) Latino needs and resources, (d) fulfilled supervision needs, (e) preference for language proficiency or cultural competence, and (f) privilege. P1 referenced nuances of being a SEB supervisee four times. P1 described her supervisor's traits and needs and resources of the Latino community three times each. P1discussed how her supervision needs were met, expressed preference for language proficiency or cultural competence, and mentioned privilege two times

each. Of all the meaning units identified, P1 mentioned nuances of being a SEB supervisee most during the interview. See Table 3.

Table 3
Nodes and References of P1

Node Name	References
Nuances of being a Spanish-English bilingual supervisee	4
Supervisor traits	3
Latino needs and resources	3
Fulfilled supervision needs	2
Preference for language proficiency or cultural competence	2
Privilege	2

(Note: Nodes are in temporal order.)

Nodes about nuances of being a SEB supervisee include meaning units where P1 described the scarcity of SEB counselors to serve the Latino community. She feels that the number of counseling professional available to serve the Latino community is insufficient. She shared, "We are not so many, and we have so much population and not so many from my background." Additionally, due to the scarcity of SEB counselors, she feels that SEB counselors would benefit from forming support networks. By being connected to one another, SEB counselors could support one another and be a resource to each other. P1 feels SEB counselors have a tremendous responsibility to the community they serve. Through networking, P1 said she could "…reach my colleagues, make [working with Latinos an] agenda…let's see how we're feeling, how we're serving the community, because we have a big responsibility."

Nodes about supervisor traits include meaning units where P1 described her clinical supervisor. She described her supervisor as possessing cultural sensitivity and cultural

competence when working with Latinos. P1 provided an example of when her supervisor accompanied her to a client's house and attempted to communicate with a client in Spanish, using whatever Spanish words she knew. P1 valued this attempt to join with the client. P1 described her supervisor's traits as desirable and preferred in a supervisory relationship, stating, "Clearly, she was a role model for me to do my therapy, my clinic work right now." In describing her clinical supervisor, P1 discussed whether or not her supervision needs were met. Nodes about fulfilled supervision needs contain meaning units where P1 described how her supervision needs were met by her clinical supervisor, namely in that her supervisor supported her and possessed cultural competence.

Nodes about Latino needs and resources include meaning units where P1 identified the need for SEB counselors who understand the experience of Latino clients. P1 did not identify specific needs, but rather underscored the fact that the Latino community is underserved by the counseling profession. She shared, "This is an issue that we need to address, and making visible what is invisible. And I really appreciate the fact that you're taking the time to do this."

Nodes about preference for language of cultural competence include meaning units where P1 expressed preference for a culturally competent supervisor. She did not feel a pressing need for a clinical supervisor proficient in Spanish. Overall, she valued cultural competence more than she valued Spanish language proficiency. She felt sensitivity to clients' culture had a greater influence on the supervisory alliance than Spanish language proficiency. P1 stated, "Doesn't matter the language that you speak, but if you trust this person and you bond with the person, that's the main thing."

Lastly, nodes about privilege indicate meaning units where P1 discussed privilege associated with race or socioeconomic status. She shared that her clinical supervisor addressed

her privilege as a White woman during supervision sessions. P1 discussed her privilege as a Latina from a higher socioeconomic status than her clients during supervision sessions. P1 values understanding and discussing privilege in supervision. In discussing privilege, P1 said, "[My supervisor] was very aware about her role as a Caucasian, aware about the privilege we have, and that was one of those things that we talk about in supervision." She continued, "…as a Latino, I have so much privilege when I'm working with underserved population because of the different tradition. This made me aware, which I bring that to the therapy process…I'm aware about this, the difference. My privilege."

Analysis of Interview with P5

Introduction. P5 identifies as a 38-year-old White female. She has earned a Master's degree in Mental Health Counseling. Both her primary and dominant language is English. She is a National Certified Counselor (NCC) and Certified Clinical Trauma Professional (CCTP). She has two years of post-master's counseling experience.

Step four: Situated structure. P5 described her clinical supervisor as an English monolingual African American man in his 70s. In describing her clinical supervision experience, she identified that her supervision needs were unmet. She stated that her clinical supervisor did not possess cultural competence and was unfamiliar with needs of Latino clients. In order to fill supervision gaps, P5 created a supportive network of colleagues and searched the literature for information about counseling Latinos. She consulted with others for additional support and continues to draw from a consultative approach for present supervision support.

P5 described the nuances associated with being a Spanish-English bilingual (SEB) counselor, such as needing to possess the ability to communicate in different languages and with people from different cultures. P5 expressed a preference for a SEB clinical supervisor so that

she would not have to function as an interpreter and have a shared meaning of cultural and language concepts. When describing her needs as a SEB supervisee, P5 identified the need for empathy when working with Latinos because of the frustration she experienced concerning the trauma, social justice issues, and lack of resources experienced by clients. Empathy, she explained, would have been particularly beneficial in mitigating secondary trauma and burnout.

Step two: Discrimination of meaning units. Having grasped the sense of P5's experience with clinical supervision, this researcher read through the transcript of the interview once more with the specific aim of discriminating meaning units. She divided the verbatim transcript into meaning units. Meaning units not pertinent to this study were not included in analysis. This researcher placed the meaning units in temporal order that accurately reflect the structure of the interview (Giorgi, 1985; 2009). Portions of the audio interview that could not be heard or transcribed are noted by [?]. The transcript of the interview with P5 has been divided into the following meaning units:

> I real, my clinical supervisor, unfortunately, was not Hispanic, was not Spanish-speaking, so didn't really get the benefit of having a bilingual clinical supervisor, per se./
>
> So it was kind of difficult. It was kind of difficult to go through the nuances of counseling, you know, in a bicultural or multilingual family. But, yeah, that's kind of how that went./
>
> Actually, my supervisor was not Caucasian. He was actually African American./
>
> I think that he was sensitive, perhaps, to the needs of the Latino community. I don't think he was real well versed in, you know, the basically, the nuances of the different cultures even within the Hispanic or Latino communities. So I really couldn't and didn't go to him for any type of cultural or, you know, bilingual type of situation. He just didn't know./

You know, I do a lot of reading, so I did my own, I guess I kind of did my own supervision in that aspect of it. And there were other clinicians that I had met where I was practicing that if I ever had a question or a concern, I could just say, *Hey,* you know, *what am I missing here,* or whatnot./

But I was immersed in the [specific Latino country] culture for eight years, so I don't really have too many of the cultural issues, per se. Like, that's not really a problem for me. I'm able to understand most of the different cultural nuances./

Well, I moved to [Latino country] eight and a half, well, I was there for eight years. And, let's see here, so that was back in 2006-ish. I was a Child Protective Services social worker over there, so I had some of the clinical piece, definitely had the cultural and the language piece, but I didn't have the clinical, per se. When you're doing what, you know, when you're dealing with mental health counseling, per se. So it was a beautiful experience./

To be honest, I think I would prefer to have someone who had a knowledge of both languages because there are certain things that are easier, I think, to conceptualize. Obviously, language plays a really important part in how people identify their emotions and their feelings, involving all of that. So, for me, it's much easier if my clinical supervisor had been bilingual so that, you know, that person could, you know, for example, if there was a particular situation that I wasn't sure how I could kind of bring it to a client's attention, then they would have that language ability to do that with me./

Yeah, like if [?], yeah. Yeah. Yeah, like when there's certain ways that you kind of explain different concepts, yeah, depending on the language and depending on the

culture. So if I had someone who had been a little bit more versed in that, it might have been a little bit easier for me. It might, might not. I don't know./

I really don't, I guess, for me, yeah, when I'm talking specifically about the Hispanic community, the Latino community, clinical supervision, for me, looks more like the supportive kind of back side of the counseling part. You know, because I would experience a lot of frustration when I would be working with the different cultures, not specifically because of the culture but because of the traumatic situations that they had been through and the injustices that they had kind of been a part of. So that was difficult, I think. And it's always something that I think is a difficulty for anyone to understand./

Just listen and let me vent, that type of critical supervision was more what I was looking for, I think, than anything else./

I'll be completely honest. I received more supervision from other colleagues who had been in those, in the field a lot longer than I did my actual clinical supervisor./

He had also been in the field for, you know, like, I think he was like 70-some years old/ so he was really more, yeah, he was really more of, I don't even know what to say. No, my needs were not really met, so I sought clinical supervision and consultation outside of my actual clinical supervisor. And that was my fault. I knew that that's the way it was but, you know./

Well, I have absolutely no problem kind of just throwing out a problem that I'm having with a client. Obviously, you know, security, you know, confidentiality or not whatnot./

But I don't have any problem saying, picking other people's brains and say, *Hey, what am I not seeing, what am I not getting at?* So I seek supervision on a very regular basis. I

seek it in general terms, even really different [?] avenues and outlets that are available to me, including, you know, face-to-face with my colleagues where I work now./

Step three: Transformation into clinical language. This researcher identified eight meaning units in this interview: (a) unmet supervision needs, (b) supervisor traits, (c) SEB supervisee self-assessment of skills, (d) SEB supervisee frustration, (e) preference for language proficiency or cultural competence, (f) nuances of being a SEB supervisee, (g) Latino needs and resources, and (h) filling supervision gaps. P5 referenced unmet supervision needs, the traits of her supervisor, and how she filled supervision gaps three times each. P5 discussed how she assessed her skills, frustration, preference for language proficiency or cultural competence, and needs and resources specific to the Latino community two times each. P5 mentioned the nuances of being a SEB supervisee once. Of all the meaning units identified, P5 referenced how she filled supervision gaps most during the interview. See Table 4.

Table 4
Nodes and References of P5

Node Name	References
Unmet supervision needs	3
Supervisor traits	3
Spanish-English bilingual supervisee self-assessment of skills	2
Spanish-English bilingual supervisee frustration	2
Preference for language proficiency or cultural competence	2
Nuances of being a Spanish-English bilingual supervisee	1
Latino needs and resources	2
Filling supervision gaps	3

(Note: Nodes are in temporal order.)

Nodes about SEB supervisee self-assessment include meaning units where P5 identified her strengths and weaknesses as a counselor. In assessing her counseling skills, P5 was able to identify her supervision needs and how they were met or unmet. Nodes about unmet supervision needs include meaning units where P5 recognized her supervision needs were not effectively met. P5 shared that her supervision needs were not met because her supervisor was not attuned to Latino culture, needs of Latino clients, and resources available to help Latino clients. In describing her supervisor and how her supervision needs were not met, P5 shared, "So I really couldn't and didn't go to him for any type of cultural or, you know, bilingual type of situation. He just didn't know."

Nodes about filling supervision gaps contain information about how P5 sought supervision independently as a way to fill supervision gaps. In order to meet her supervision needs, P5 sought consultation with peers. She stated, "I have no problem kind of just throwing out a problem that I'm having with a client." She found her peers to be supportive and continues to use this type of consultative supervision presently.

Nodes about supervisor traits include meaning units where P5 described her supervisor's race, age, and dominant language, namely that he was an African American man in his 70s who was English monolingual. Nodes about preference language proficiency or cultural competence are where P5 expressed a desire to have a clinical supervisor who possessed particular traits. Here, P5 emphasized her preference for a supervisor with cultural competence when working with Latinos. She also expressed preference for a Spanish-speaking supervisor as a means to reduce or eliminate the need to translate language or cultural concepts. P5 stated, "Obviously, language plays a really important part in how people identify their emotions and their feelings…so, for me, it's much easier if my clinical supervisor had been bilingual…" She also

felt that having a Spanish-speaking supervisor would allow her and her supervisor to experience a shared meaning that included the nuances of being a SEB supervisee. She shared, "I would prefer to have someone who had a knowledge of both languages [English and Spanish] because there are certain things that are easier, I think, to conceptualize." Nuances of being a SEB supervisee was also a node. P5 said, "It was kind of difficult to go through the nuances of counseling, you know, in a bicultural or multilingual family."

Nodes about Latino needs and resources indicate meaning units where P5 emphasized the importance of her understanding the needs particular to the Latino community, particularly trauma and social justice issues, and recognizing the proper resources to meet these needs. P5 discussed how her clinical supervisor did not possess knowledge of these needs or resources. Consequently, this researcher identified frustration as an additional node. She stated, "…when I'm talking about…the Latino community, clinical supervision…looks more like the supportive kind of back side of the counseling part." She continued, "I would experience a lot of frustration …not specifically because of the culture but because of the traumatic situations that [clients] had been through and the injustices that they had kind of been a part of." P5 often described feeling frustrated with social justice issues and wished she had a clinical supervisor who could join with these issues as a means to help her process her feelings and mitigate burnout.

Analysis of Interview with P6

Introduction. P6 identifies as a 61-year-old bicultural female. One of her parents is Latino, and the other parent is White. She has earned a Master's degree in Social Work. Her primary languages are English and Spanish. She learned English and Spanish concurrently because one parent was Spanish monolingual, and the other parent was Spanish-English

bilingual. Her dominant language is English. She is a Licensed Clinical Social Worker (LCSW). She has 30 years of post-master's counseling experience.

Step four: Situated structure. P6 discussed her professional experience as a SEB counselor working in the northeastern part of the United States. The majority of P6's input conveyed the nuances associated with being a SEB counselor. She shared several examples of these nuances with vivid detail. P6 discussed the utility of understanding linguistic and semantic differences of Spanish spoken by Latinos from different countries. She also mentioned how she addressed acculturation conflicts her clients' children faced and the need to possess flexible, culturally sensitive professional boundaries. Additionally, P6 described the role of children in counseling Latino clients.

P6 described her supervision as administrative (ensuring the agency's requirements were being fulfilled), not clinical, with a White, English monolingual woman who overestimated her own cultural competence. In order to receive clinical supervision, P6 participated in group supervision. When group supervision was no longer available, she participated in group consultation with peers. P6 expressed a preference for a SEB and culturally competent clinical supervisor.

Step two: Discrimination of meaning units. Having grasped the sense of P6's experience with clinical supervision, this researcher read through the transcript of the interview once more with the specific aim of discriminating meaning units. She divided the verbatim transcript into meaning units. For this interview, some of the information provided did not relate directly to this study and consequently was not included in analysis. For example, P6 offered a critique of cultural competence training she attended. While this critique does not explore her clinical supervision experience, it provides some context for P6's experiences. This researcher

placed the meaning units in temporal order that accurately reflect the structure of the interview (Giorgi, 1985; 2009). Portions of the audio interview that could not be heard or transcribed are noted by [?]. The transcript of the interview with P6 has been divided into the following meaning units:

> But, in any event, there was space there that I could use to just provide a group. And that was what was most fascinating about that was that the Spanish-speaking women that came, they were from so many different Spanish-speaking countries. And so even the use of language was a topic to be discussed because, like, if somebody came from like, I remember I studied in Spain, though my mother was [a Latina national] and I studied at [university] in [city in Spanish-speaking country] as a, you know, the summer of my junior year in high school. You know, in Mexico, you use the word *melocotón,* use *durazno* for peach. But in Spain they call a peach *melocotón.* So, I mean, they don't have any resemblance to each other. So a lot of different nuances./
>
> But they were so, it was very individualized and I think one of the most gratifying days for me when I went to do the group, though, was when there, the kids were out from school. I guess it may have been a snow day or maybe it was a teachers' day or something. And the mothers brought their children. And so I let the children stay in the group because I decided that I was gonna use that as an opportunity for these kids to be able to sit with their mothers and also say something about how, what they felt they needed for their mother to learn, if there was something that I could teach their mother in this group setting, what would it be that would be most meaningful to them. And I remember one third-grader said to me, "Oh, if you could just teach my mom how to make cupcakes like the other mothers so that they'll bring, so she will bring some cupcakes to

school when it's my birthday." And so, with that said, I said, "Well, we can arrange for that to happen." And so we set a date for a gathering. They decided they, the one mother said, you know, "I'll invite them," you know, "everybody to my home, and you can show me how," you know, "we can do that." So I got supplies. I just got, bought a cake mix and brought cupcake pan with cupcake liners and then the can of frosting and also created a recipe. But they were fascinated because they had, some of them had seen it in the grocery store but didn't know what it was for. You know, they had not, they had no idea what those little cups were for, they didn't know that they, some of the people didn't know they existed. So then at the end, you know, and then it was very, the men started coming home from [?], there were more and more children and, I mean, you know, so I was really educated into somehow the cultural practices, even more locally, about that at the time. So, but, I mean, I knew from the get-go that this was not like, I had been trained and had experience, you know, psychoanalysis and, you know, the rigidity of boundaries and, you know, from the therapists with, and, at the time, calling them clients./
So it was very rigid, but I knew that this was going to have, I was going to have to make the boundaries so much more flexible. And that was kind of proof of the pudding where that normalized the whole experience. But there were, what always exists, there was difficulty in their provide, their having childcare, there was difficulty in their getting away from other responsibilities, whether that be housecleaning or what other kinds of job, whether, or that they just simply didn't have the transportation to get there./
And whenever they get help. And here was a situation that not only would, did their children, were the children welcomed, which put them more at ease to know that that was because in our culture here, mostly, you know, there's not an, the same level of

incorporation of children into the activities with the parent or with the mothers. So at that time I think that just the mothers getting also to see how their child got to voice their needs. That was, that was powerful, but it was a little off-putting at the same time. There was this ambivalence, too, because it was [culturally different]. It was like, yes, they were glad and the kids were happy, but at the same time, you know, children are supposed to be segregated. So it was kind of interesting how there was, there was a lot some contradiction, some ambivalence, some, you know, what it's not all clean-cut./

My clinical, yeah, that's, well, at the time, because I worked for that agency, I would have the supervision with, you know, my administrative supervisor. And sometimes I brought those issues to her, and she was very eager for me to be there. And so there was a lot of support from her and, you know, I could do what I wanted. And then, I think, so she was just happy when I reported that I was doing something and what was happening. So she wasn't, she wasn't really, other than just probing with questions that she was curious about and then also wanting to meet certain agency requirements because this really reflected well on the organization. So, and so I got a lot of support for that. But it wasn't what I would call clinical supervision./

In terms of, then we were also, in that organization, able to have a peer supervision group for the sake of groups. Like, okay, so you, you're doing groups, what kind of groups are you doing, what are you faced with in your group./

So my private practice, it had started out that I had purchased supervision, but it was a group supervision. So there were a group of clinicians who were meeting with a supervisor, and he sort of led the group. But then he moved away, and we looked at each other and said, *Uh-oh, well, now what do we do?* And then we decided that we were just

gonna form our own peer supervision about our private practices. So that's what we did. And then we didn't have to pay anybody. We just had to, you know, provide peer supervision. So that was also another avenue, and that had different disciplines. There was a Ph.D. psychologist in the group, and then there was, were two other, other than myself, two other licensed clinical social workers./

I mean, because she wasn't Spanish-speaking. But what was her investment in seeing this as being successful? And I think it was an administrative issue about the agency addressing the Hispanic, or the Spanish-speaking population. She had been, and when I was in graduate school, she had been my supervisor when I was in my field, my second-year field placement./

Hm. I think she was like, most New York social workers like to think of themselves as, and I say that because I was there. I was originally from the Midwest, so I grew up in a small town in the Midwest and didn't move to New York until I was probably 24-years-old. And so even for me that was a whole new culture. And what I experienced from her is I think people like to think of themselves, myself included, as being more competent than they really are./

I guess it would have been helpful to me if I had somebody who was much more culturally competent because, I mean, I think that there, I was scared. I think I was scared of offending, I was scared of being incompetent, and I probably would have, I don't know that I would have had any different outcome, but I would have felt like I had more guidance or more support in a different kind of a way because I was just flying by the seat of my pants./

> And it's like, it's not exactly like a bicycle, like you can just get on it and then start peddling away. You know, there's word retrieval. And there's also, I mean, just we know in the English language how rapidly our language is developed at such fast pace of new words for new items, you know, electronics or for technology in all kinds of ways. But also, I mean, we're in an environment where you can't assume because you speak Spanish you speak the Spanish of the person that, like, I remember even when I was in grad, when I went to [country] to study as a Spanish major in education, when I went on the Spanish program that there. I had studied at the [university] in [city in Spanish-speaking country], but somebody in the program, she was actually Puerto Rican, New York Puerto Rican, and I could not understand hardly a word that she said, and I spoke Spanish. And then I remember my mother having had a friend that was Cuban and she spoke Spanish so differently than my mother did and she spoke so fast. I mean, just because you speak Spanish doesn't mean you're going to be able to understand./
>
> Oh, the ideal would be if they [clinical supervisors] spoke both [English and Spanish]./

Step three: Transformation into clinical language. This researcher identified four meaning units in this interview: (a) nuances of being a SEB supervisee, (b) supervisor traits, (c) preference for language proficiency or cultural competence, and (d) filling supervision gaps. P6 referenced nuances of being a SEB supervisee five times. She mentioned her supervisor's traits three times. P6 mentioned discussed her preference for language proficiency or cultural competence and how she filled supervision gaps two times each. Of all the meaning units identified, P6 referenced the nuances of being a SEB supervisee most during the interview. See Table 5.

Table 5
Nodes and References of P6

Node Name	References
Nuances of being a Spanish-English bilingual supervisee	5
Supervisor traits	3
Filling supervision gaps	2
Preference for language proficiency or cultural competence	2

(Note: Nodes are in temporal order.)

Nodes about nuances of being a SEB supervisee include meaning units where P6 shared unique experiences she had as a SEB group counselor. These meaning units focused largely on revisiting idiosyncrasies that only a SEB counselor would face. For example, P6, although fluent in Spanish, noted the differences in word selection and cadence of speech between clients from different Spanish-speaking countries. Sharing a common language and discussing ways in which clients differed in their language usage was a way to foster group cohesion. P6 stated, "I mean a lot of discussion around language that used – that was benign; it wasn't like talking about problems. It was just how they were coming together as Spanish-speaking women. They had that in common."

In discussing nuances of being a SEB supervisee, P6 also described how roles and boundaries with Latino clients were flexible compared to when she worked with non-Latino clients. For example, she allowed children to be present during group counseling because the group participants, all mothers, were primary care providers to their children with no alternate means of childcare. "So when we brought, when the children were brought in, into the group by the mothers, you know, they always get told, you know, 'Your child can't be here. Your child can't be here.'" She continued, "…the children [were] welcomed, which put them more at ease

to know that that was, because in our culture here, mostly, you know, there's not an, the same level of incorporation of children into the activities with the parent."

Additionally, P6 addressed acculturation conflicts when working as a SEB supervisee. She provided an example of a client's child wanting his mother to make cupcakes like the White mothers at school. The treats the client made for her son to share with his class were not the same as the treats his White counterparts shared, and he wanted to be the same as them by sharing cupcakes that looked like theirs. P6 acknowledged that in order to meet clients' needs, she was going to have to be flexible with her boundaries to be culturally sensitive. "I was going to have to make the boundaries so much more flexible." P6 coordinated a culinary lesson at a client's home for the counseling group that resembled recreational therapy. "I bought cake mix and brought a cupcake pan with cupcake liners… But they were fascinated because…some of them had seen [cupcake liners] in the grocery store but didn't know what it was for." This meeting provided the group an opportunity to address their children's acculturation concerns and cultivate a shared experience among the group.

Nodes about supervisor traits contain meaning units where P6 described her "administrative" supervisor while she was a SEB supervisee. P6's supervisor was "…happy when I reported that I was doing something and what was happening…[she was] probing with questions that she was curious about and then also wanting to meet certain agency requirements because this really reflected well on the organization." She also described her supervisor as overestimating her own cultural competence. P6's supervisor did not meet her supervision needs.

Nodes about filling supervision gaps contain meaning units where P6 shared how she augmented her "administrative" supervision to meet her clinical supervision needs. In addition to leading group counseling, P6 also worked in private practice, and she purchased group

supervision. “But then [the group supervisor] moved away, and we looked at each other and said, *Uh-oh, well, now what do we do?* And then we decided that we were just gonna form our own peer supervision about our private practices.” P6 found consulting with other SEB counselors helpful in meeting her supervision needs.

Nodes about preference for language proficiency or cultural competence contain meaning units when P6 expressed preference for a culturally competent, SEB supervisor. When asked about her SEB supervision needs, P6 described how valuable a culturally competent supervisor would have been to her:

> I guess it would have been helpful to me if I had somebody who was much more culturally competent because, I mean, I think that there, I was scared. I think I was scared of offending, I was scared of being incompetent, and I probably would have, I don’t know that I would have had any different outcome, but I would have felt like I had more guidance or more support in a different kind of a way because I was just flying by the seat of my pants.

She also shared that ideally supervisors would be culturally competent and SEB, although she felt these traits would be difficult to find.

Analysis of Interview with P7

Introduction. P7 identifies as a 58-year-old White male. He has earned two Master’s degrees, one in Divinity and one in Theology. He has also earned a Doctorate of Ministry in Pastoral Counseling. Both his primary and dominant language is English. He is a Fellow of the American Association of Pastoral Counselors (AAPC). He has 13 years of post-master’s counseling experience. P7 was the sole counselor providing services in Spanish at a community mental health agency.

Step four: Situated structure. P7 described counseling a Spanish-Portuguese-English multilingual female client in Spanish. He said they [counselor and client] preferred working in Spanish because it was the client's dominant language. Hence, the client was able to connect with emotions when she spoke in Spanish. He stated he has worked in Spanish with clients from various Spanish-speaking countries. He mentioned the importance of acknowledging between group differences when working with Latino clients. He identified this acknowledgement as part of cultural competence.

P7 described his clinical supervisor as a White male. P7's supervisor provided clinical supervision in English. P7's supervisor possessed general cultural competence, although he did not possess knowledge specifically about Latinos. P7's supervisor did not speak Spanish, but worked as a counselor in German. In describing his clinical supervision experience, he stated that his supervision needs were met. He would have preferred to have clinical supervision in Spanish, particularly so he could strengthen his clinical vocabulary in Spanish. He looks forward to being able to provide clinical supervision in Spanish to other counselors.

Step two: Discrimination of meaning units. Having grasped the sense of P7's experience with clinical supervision, this researcher read through the transcript of the interview once more with the specific aim of discriminating meaning units. She divided the verbatim transcript into meaning units. For this interview, some of the information provided did not relate directly to this study and consequently was not included in analysis. For example, P7 described his use of hypnotherapy in couples counseling. While this technique does not explore his clinical supervision experience, it provides some context for P7's experiences. This researcher placed the meaning units in temporal order that accurately reflect the structure of the interview (Giorgi,

1985; 2009). The transcript of the interview with P7 has been divided into the following meaning units:

> Sure. One of my first clients was from Panama, and her English was great, her Portuguese was great, but I have learned in my training that your, it's much better if your client in therapy, if you can work in your native language because you don't have to pass it through a translation filter. So with this client, we worked in Spanish as much as possible because she could think and say things in Spanish that lost their emotional elements when she translated them to English, although her English was very good./
>
> Have been to Mexico a couple of times. But I have a pretty good understanding of cross-cultural work because to speak a language is not only using the vocabulary; it's learning the culture of another people./
>
> And it's, there, there's a small community of Spanish speakers, Spanish-speaking therapists here. We used to have a network that met once a month. Most of the others, only one or two were in private practice. The rest were working with community agencies, generally doing social work and stuff like that. So I and just a few others were in private practice./
>
> Yeah, uh-huh [my supervision was in English]./
>
> Pretty good [cultural sensitivity]. They worked with a variety of people in the training especially. At the [agency] of Georgia we had folks from Kenya and Nigeria, India, South Korea. These people were just very cultural-aware. It really rubbed off on me.
>
> Good, good experience. Dr. [supervisor 1] here in North Carolina was very aware of his shortcomings of not knowing much about Latino culture, but cross-culturally he had lived in, I believe, Wisconsin, so he was very culturally savvy./

Very supportive./

I wish there were someone in the area who was able to provide that [clinical supervision in Spanish]./

I'm one of those silly people who looks for every opportunity to speak Spanish or French./

The problem is, well, I could use someone with a depth of understanding who's lived in that culture or come from that, any of those Latino cultures here. The problem is in Mexico and Honduras and other places, culture is different from valley to valley. So I've just learned to use my basic curiosity and say, "Well, what's it like where you grew up? Tell me about this custom and how does that influence things? And is that true there? It was true here," and yadda yadda yadda. So I've learned to just make it a game./

Now, it's pretty easy when folks come in and they're from different countries, literally. That's pretty easy to spot up front./

There is one piece, oh, oh, oh, yeah, I know what. The supervision, had I been able to do supervision in Spanish, oh, I would have been able to learn the vocabulary in Spanish. The vocabulary of therapy. You know, which is different. Right. And there is certainly a treasure trove of that. Argentina has such a strong counseling culture there. And Mexico does, too. It would have been fun to be around somebody to pick up on those terms, to know, you know, what are the true, what are the Greek-based words that come across in any language, you just adapt them a little bit? Synonyms? What's the word I'm looking, cognates. To know what are cognates and what are not./

Well, he didn't speak Spanish. He did speak some German and worked in German./

> How effectively were my needs met? Pretty well. [Supervisor 1]'s a very astute supervisor. In Georgia I had three or four different folks who were pretty doggone good./ So I believe in supervision. I believe it should be hands-on. Of course, there are clear boundaries between supervis– supervising therapy and supervising supervision. Supervising students versus consultation work. I love being able to pass the legacy of pastoral counseling on to others. It's just hugely important to me./

Step three: Transformation into clinical language. This researcher identified seven meaning units in this interview: (a) language switching and emotional connection, (b) nuances of being a SEB supervisee, (c) Latino needs and resources, (d) supervisor traits, (e) preference for language proficiency or cultural competence, (f) fulfilled supervision needs, and (g) "paying it forward" for SEB supervisees. P7 referenced supervisor traits and preference for language proficiency or cultural competence four times each. He discussed the nuances of being a SEB supervisee three times. P7 mentioned language switching and emotional connection, Latino needs and resources, fulfilled supervision needs, and "paying it forward" for SEB supervisees one time each. Of all the meaning units identified, P6 referenced his preference for Spanish language proficiency and cultural competence most during the interview. See Table 6.

Table 6
Nodes and References of P7

Node Name	References
Language switching and emotional connection	1
Nuances of being a Spanish-English bilingual supervisee	3
Latino needs and resources	1
Supervisor traits	4
Preference for language proficiency or cultural competence	4

Fulfilled supervision needs	1
"Paying it forward" for Spanish-English bilingual supervisees	1

(Note: Nodes are in temporal order.)

Nodes about language switching and emotional connection include meaning units where P7 discussed conducting counseling in Spanish so that the client could connect with her emotions on a profound level. He shared:

> I have learned in my training that [counseling] is much better if your client in therapy, if you can work in your native language because you don't have to pass it through a translation filter. So with this client, we worked in Spanish as much as possible because she could think and say things in Spanish that lost their emotional elements when she translated them to English, although her English was very good.

In using Spanish in counseling sessions, this client reported being able to retain the emotional elements of her experiences. P7's professional experience is congruent with the body of literature found on language switching phenomenon found in chapter two of this dissertation (Marcos, 1978; Perez Rojas, Gelso, & Bhatia, 2014; Sciarra & Ponterotto, 1991).

Nodes about nuances of being a SEB supervisee include meaning units where P7 discussed the intricacies of counseling in Spanish. For example, P7 differentiated between Spanish language proficiency and cultural competence and expressed the need for SEB supervisees to possess both. In possessing cultural competence, P7 stated that SEB supervisees must be able to identify within group differences when working with Latinos to account for cultural differences between Latinos of different regions, countries, villages, etc. He shared, "The problem is in Mexico and Honduras and other places, culture is different from valley to

valley. So I've just learned to use my basic curiosity and say, "Well, what's it like where you grew up?"

Nodes about Latino needs and resources include meaning units where P7 mentioned how he and other SEB counselors formed a supportive network that met once per month to discuss meeting clients' needs. He stated, "There's a small community of Spanish speakers, Spanish-speaking therapists here. We used to have a network that met once a month." This group acknowledged the professional knowledge SEB supervisees must possess in order to support clients. This node is related to but distinct from another node that addresses SEB supervisees' professional support needs: "paying it forward" for SEB supervisees. P7 expressed the desire to supervise and mentor other SEB supervisees to ensure they have the supports they need to be successful counselors. He described this with a sense of obligation, saying, "It's just hugely important to me."

Nodes about supervisor traits contain meaning units where P7 described his clinical supervisor. P7's supervisor spoke English and provided supervision in English. P7's supervisor also spoke German and practiced in German. While his supervisor did not speak Spanish, P7 described his supervisor as "supportive" and possessing general cultural competence. Although P7's supervisor did not possess much knowledge about Latino culture, "Dr. [name] here in North Carolina was very aware of his shortcomings of not knowing much about Latino culture." In a node about fulfilled supervision needs, P7 described having successful clinical supervision. "How effectively were my needs met? Pretty well. [Name]'s a very astute supervisor."

Nodes about preference for language proficiency or cultural competence contain meaning units when P7 expressed preference for a culturally competent, SEB supervisor. He shared that he appreciated his clinical supervisor's cultural competence but would have appreciated the

opportunity to have supervision sessions in Spanish so he could learn clinical vocabulary (which he knows only in English). He stated, "The supervision, had I been able to do supervision in Spanish, oh, I would have been able to learn the vocabulary in Spanish." P7 possessed an earnest desire to speak foreign languages whenever presented with the opportunity.

Analysis of Interview with P9

Introduction. P9 identifies as a 38-year-old female from another ethnic group (non-White, non-Latino). She has earned a Master's degree in Counselor Education. She is currently earning a Ph.D. in Counselor Education. Her primary language is another language (neither English nor Spanish). Her dominant language is English. She is a National Certified Counselor (NCC) and Licensed Professional Counselor (LPC). She has six years of post-master's counseling experience. P9 was the sole counselor providing services in Spanish at a community mental health agency.

Step four: Situated structure. P9 described her clinical experience working as a counselor providing intensive in-home services. She shared situations that arose in her clinical practice where she had to use cultural sensitivity when working with Latino clients and their family members, such as including family members in treatment and acknowledging concerns about deportation and United States Immigration and Customs Enforcement (ICE). During this time P9 had a clinical supervisor that she perceived as supportive and culturally competent, although he did not have specific knowledge about Latinos. P9 did not describe her supervisor's demographic information other than the supervisor's gender (male).

When asked about her needs as a SEB supervisee, P9 underscored the need to have a supervisor or other resources with cultural competence specifically pertaining to the Latino community. To P9, Latino cultural competence is particularly helpful in navigating within group

differences attributed to national, regional, or tribal differences. Additionally, P9 would appreciate the opportunity to have a Spanish-speaking supervisor, although she had not previously considered the option of having supervision in Spanish. She values having a strong supervisory alliance first and foremost, then having a supervisor with cultural competence, then Spanish language proficiency.

Step two: Discrimination of meaning units. Having grasped the sense of P9's experience with clinical supervision, this researcher read through the transcript of the interview once more with the specific aim of discriminating meaning units. She divided the verbatim transcript into meaning units. This researcher placed the meaning units in temporal order that accurately reflect the structure of the interview (Giorgi, 1985; 2009). The transcript of the interview with P9 has been divided into the following meaning units:

> Well, I was the only person on staff that had any kind of Spanish language acquisition, so I was recruited, more or less, to do so. And based on where I live, there aren't very many bilingual counselors./
>
> Well, it usually was structured the same way that supervision was structured for non-speaking, [non-] Spanish-speaking families or individuals, but there was also lots of open dialogue about things in cultural contexts. So my supervisor was very aware of his own cultural lens and that he was not Spanish-speaking himself. So rather than kind of treating the supervision, the content of the supervision, the same way, there were, there was lots of room for discussion and asking questions about, you know, certain things that happened within the session: is the, you know, *Would this be considered something of a norm in this culture?* How does, *How do these different cultural aspects affect treatment?*/

For example, if I was working with a young lady that was Spanish-speaking, her father would more than likely be a part of the, either the session, before or after. He would want to be informed about what was going on; he'd want to meet me. Meet the clinician first. He would many times want to understand kind of what this whole counseling thing was all about before working with his daughter. I didn't quite see as much of that when working with the adolescent males as I did with the females./

During the time when I first started working with Spanish-speaking families, ICE was a really big deal. There was lots of families, fathers in particular that were detained and then removed from their homes. And there was really, yeah, there was lots of hesitation. Even if I were to go into a community and park my car and walk up to a door and knock on the door and hope to engage the family in a session, there was lots of people outside looking at me and wanting, you know, no one would ever say anything to me, but I could feel, you know, there was lots of eyes on me and people who want to know, you know, who are you, where are you from, you know, what are you doing here, what do you want. There's lots of pressure or tension, more anxiety than anything else. And families would not want to meet in the community and would want for me to come to their homes, 'cause a lot of times they were afraid that if they did meet me in the community and they were stopped, for some reason, that that would increase their chances of being deported, for example./

He was very supportive of me. You know, a lot of times when you're working with incest victim clients, many of them are adjudicated. And so the families, you know, the father, for example, would be hesitant to go to his son or daughter's court hearing because he was afraid that this would result in him being detained and deported. So, you know, my

supervisor was aware of what was going on, and he would encourage me to, you know, speak to the court counselor, speak to the D.A. and say, *Do you have a thing with* [?] *this family is concerned about, is there any way that you know to offer some peace of mind to the family that if the parents do come to court with their child that they aren't going to be reprimanded for it?* Or, *If they don't come because they're afraid of, you know, being detained or whatever it could be that the Court would not frown upon the child because of what's going on with the parent?* So he was very encouraging and recognized the difficult fear, level of difficulty in engaging families in mental health counseling./

And filling in those knowledge gaps./

Yes, he was very good at asking questions, and he was very open to trusting my judgment when I would say things. You know, I know this was something that if I were asking to proceed in a way that was outside of the norm of how I would proceed with an English-speaking family, he allowed me room to do so and didn't question my judgment or ask me to explain necessarily, other than something that he just was curious about or didn't have a full understanding of himself. So he trusted my judgment, he trusted that I had the best interests of the family in mind and that I wasn't looking to do anything unethical. I was definitely looking to do no harm first./

I think it would be important to have access to a resource, whether it was a supervisor or not, that has expertise in the culture, knowing and understanding that every family has their own way of doing things, that even within cultures there's variation depending on region, depending on, you know, their own tribal beliefs or whatever the case may be, and different ethnicities and groups that have, you know, have different spiritual, religious values and things of that nature. So it'd be great to have a resource that maybe

had a little bit more information or could offer some clarity or kind of offer a little bit of support in that way. I think the most important thing, though, is to have that trust between the clinician and the supervisor and have that relationship. That, I think, supersedes even the cultural knowledge./

I guess it [clinical supervision in Spanish] would [appeal to me]. I've never even thought of that because there just isn't that option here in my local area. But, yes, I think that would be a great thing. In other words, I'm not a native speaker, so I would love to have, expand my vocabulary, be able to practice the language with someone who is more fluent or an expert in the language. And even that is on kind of a, not a high priority./

Again, there's so much variation in the Spanish language, you know, depending on the region or the country that the family is from. Everyone's Spanish is not the same. So even my supervisor, if the person were from Mexico, for instance, their Spanish would be different from the Spanish of some client that was from El Salvador or Peru or another country, so, I mean, it's hypothetically, or in theory, yeah, that sounds great, but the reality is there's so much diversity that I think that it could even potentially be more of a problem because then, you know, maybe as a clinician I'm expecting for my clinical supervisor to have all of the answers or to be able to, you know, answer all of these questions about, and be the representative for the Latino population. But that's not really how it works, either./

I would say they were pretty effective. I mean, there was actually some areas that needed to be filled in. For example, vocabulary and things of that nature. But overall, looking at outcomes for clients, I think the supervisor that I had was sufficient for good outcomes./

> That's a really good question. I think it's important to know as a supervisee that communication is much more than verbal language, much more than, you know, vocabulary. It's kind of all of it, the nonverbal. It's the rapport and the relationship between, you know, the supervisee and the supervisor. And I think that is, I guess, much more important than really anything else./

Step three: Transformation into clinical language. This researcher identified six meaning units in this interview: (a) Latino needs and resources, (b) supervisor traits, (c) nuances of being a SEB supervisee, (d) preference for language proficiency or cultural competence, (e) fulfilled supervision needs, and (f) quality of supervisory alliance. P9 referenced supervisor traits four times during the interview. She discussed nuances of being a SEB supervisee three times. P9 mentioned preference for language proficiency or cultural competence two times. She referenced Latino needs and resources, fulfilled supervision needs, and quality of supervisory alliance one time each. Of all the meaning units identified, P9 referenced her supervisor's traits most during the interview. See Table 7.

Table 7
Nodes and References of P9

Node Name	References
Latino needs and resources	1
Supervisor traits	4
Nuances of being a Spanish-English bilingual supervisee	3
Preference for language proficiency or cultural competence	2
Fulfilled supervision needs	1
Quality of supervisory alliance	1

(Note: Nodes are in temporal order.)

Nodes about SEB Latino needs and resources include meaning units where P9 mentioned she was the only SEB counselor at her practice available to serve Latino clients. She shared, "Well, I was the only person on staff that had any kind of Spanish language acquisition, so I was recruited, more or less, to do so." She also said there were few SEB counselors in her local area. This meaning unit elucidates the lack of counseling services available to Latinos in P9's area.

Nodes about supervisor traits include meaning units where P9 described her clinical supervisor. P9's supervisor was non-Latino and did not speak Spanish. P9's supervisor possessed a general sense of cultural competence, although he did not possess knowledge particular to Latino culture. P9 shared, "So my supervisor was very aware of his own cultural lens and that he was not Spanish-speaking himself." In conducting supervision, P9's supervisor had an open dialogue about the cultural contexts of situations P9 encountered with clients. In exploring cultural context, P9's supervisor asked questions like, "Would this be considered something of a norm in this culture? How do these different cultural aspects affect treatment?" She described him as supportive and deferring to her clinical judgment on issues concerning culture.

Nodes about nuances of being a SEB supervisee include meaning units where P9 described specific instances of cultural nuance, such as addressing clients' concerns about ICE, accounting for Spanish language differences, and understanding Latino gender and familial roles. P9 said that often clients were reluctant to meet her in the community and often preferred for her to come to their homes. Clients were concerned that being in the community increased the risk of being detained or deported. She shared, "There [were] lots of eyes on me and people who want to know… who are you, where are you from, you know, what are you doing here, what do you want." She also disclosed she had to possess command of differences in Spanish language usage. She stated, "There's so much variation in the Spanish language, you know, depending on the

region or the country that the family is from. Everyone's Spanish is not the same." P9 also described applying knowledge of Latino family roles and relationships in working with a teen whose father insisted on meeting with P9 before she was permitted to meet with his daughter. She noted this type of parental involvement was more frequent with female clients than male clients. She said, "He would…want to understand kind of what this whole counseling thing was all about before working with his daughter. I didn't quite see as much of that when working with the adolescent males as I did with the females."

Nodes about preference for language proficiency or cultural competence include meaning units where P9 expressed preference for a culturally competent, SEB supervisor. She valued having access to additional supports that provided expertise on Latino culture and understood within group differences. She shared:

> I think it would be important to have access to a resource, whether it was a supervisor or not, that has expertise in the culture, knowing and understanding that every family has their own way of doing things, that even within cultures there's variation depending on region, depending on, you know, their own tribal beliefs or whatever the case may be, and different ethnicities and groups that have, you know, have different spiritual, religious values and things of that nature.

P9 shared that she had not previously considered the option of having a SEB supervisor and considered one a luxury. She would have appreciated having a clinical supervisor proficient in Spanish so that she could expand her clinical vocabulary in Spanish, especially because she is not a native Spanish speaker.

Nodes about fulfilled supervision needs include meaning units where P9 described having her supervision needs met. She stated, "I would say [my supervision needs] were pretty

effective[ly] [met]. I mean, there was actually some areas that needed to be filled in. For example, vocabulary and things of that nature." Overall, P9 felt her supervision was sufficient, mainly because of the strong supervisory alliance they formed. Nodes about quality of supervisory alliance described P9's relationship with her supervisor. She shared, "Communication is much more than verbal language…It's kind of all of it, the nonverbal. It's the rapport and the relationship between…the supervisee and the supervisor. And I think that is…much more important than really anything else." She felt the quality of the supervisory alliance is more valuable than cultural competence or Spanish language proficiency.

Analysis of Interview with P13

Introduction. P13 identifies as a 33-year-old Latino male. He has earned a Master's degree in Counseling and a Master's degree in Rehabilitation. His primary language is English, although he described Spanish language acquisition as nearly simultaneous. His dominant language is English. He is a Certified Rehabilitation Counselor (CRC), a Licensed Professional Counselor (LPC), and a Licensed Addiction Specialist (LCAS). He has five years of post-master's counseling experience.

Step four: Situated structure. P13 described himself as one of the few SEB counselors in his area. Consequently, he receives many referrals for Spanish monolingual clients. P13 conducts most of his sessions in Spanish, with some Spanglish (an informal combination of Spanish and English) and English. He said language switching commonly occurs in sessions with clients.

P13's clinical supervisor was a non-Latino and English monolingual man with little exposure to other cultures. P13 said he translated his counseling sessions into English for his supervisor, although P13 is not a certified interpreter. P13 received clinical supervision in

English. P13 said interpreting did not influence the quality of supervision he received. He felt his supervision needs were adequately met because his supervisor provided ample feedback and resources. P13 identified a need for more SEB counselors to serve the Latino population.

Step two: Discrimination of meaning units. Having grasped the sense of P13's experience with clinical supervision, this researcher read through the transcript of the interview once more with the specific aim of discriminating meaning units. This researcher divided the verbatim transcript into meaning units. This researcher placed the meaning units in temporal order that accurately reflect the structure of the interview (Giorgi, 1985; 2009). The transcript of the interview with P13 has been divided into the following meaning units:

> It's been interesting. I'm like one of the few bilingual therapists in the area, so a lot of people that are, that only speak Spanish, if they need counseling services, they usually are referred to me./
>
> And I do my sessions in mostly Spanish. I think like 90, about 90 percent of my Spanish-speaking clients here speak Spanglish. So sometimes we go from one language to the other, but they understand everything I'm saying./
>
> Yeah, the language proficiency was, my supervisor just wasn't, was not fluent in Spanish. But I was able to translate everything I was saying, and I could translate everything the client was saying. So at times I felt like a translator./
>
> But that did not hinder my supervision. I was still provided very good input and advised of the proper techniques I should be using with my, with clients even if the clients only spoke Spanish, even if the client only were speaking Spanish and my supervisor could only speak English./

I think it was a lot of input. He gave me a lot of resources. I never felt alone. My supervisor was always available either by phone, in person, or via text. And I was, most importantly, I was able to, he was always available to provide input and perspective. I like to bounce ideas off people and that's what I needed from a supervisor and that's what I give to my supervisees./

Textbook [cultural competence]. I mean, he didn't have any experience traveling abroad. He had experience working in managed care, a Medicaid managed care facility. And there's a lot of people that are, a lot of patients that use Medicaid are usually Hispanic. But interacting one-on-one, not very much. Not very much./

But, honestly, our supervisions were also mostly just one-on-one…someone that, me and him, not the client present. Therefore, the language barrier was not an issue because we did the entire session in English. Yeah. I was very happy, yes./

What [needs] do I have? Honestly, every so often, I deal with supervisees who barely speak English but are fluent in Spanish. So it's easier for a supervisee whose first language is Spanish to work with a supervisor who speaks both language very well, who is fluent in both languages./

North Carolina, actually, I thought it was just North Carolina, but there seems to be a very big pandemic throughout the United States. There is a huge, dire need for bilingual therapists and therapists that are fluent in Spanish, and it's not being met. So, yeah, that's a big problem./

Step three: Transformation into clinical language. This researcher identified five meaning units in this interview: (a) Latino needs and resources, (b) language switching and emotional connection, (c) supervisor traits, (d) fulfilled supervision needs, and (e) preference for

language proficiency or cultural competence. P13 discussed Latino needs and resources, supervisor traits, fulfilled supervision needs, and preference for language proficiency or cultural competence two times each. P13 referenced language switching and emotional connection once. There were no emergent meaning units identified in this interview. See Table 8.

Table 8
Nodes and References of P13

Node Name	References
Latino needs and resources	2
Language switching and emotional connection	1
Supervisor traits	2
Fulfilled supervision needs	2
Preference for language proficiency or cultural competence	2

(Note: Nodes are in temporal order.)

Nodes about Latino needs and resources include meaning units where P13 identified the need for more SEB counselors to serve the Latino community. He shared he is one of the few SEB counselors in his area and receives many referrals for Spanish monolingual clients. He identified a service gap in the counseling profession at large. He feels there is not a sufficient amount of SEB counselors to meet the needs of the Latino community. P13 shared, "I thought it was just North Carolina, but there seems to be a very big pandemic throughout the United States. There is a huge, dire need for bilingual therapists…so, yeah, that's a big problem."

Nodes about language switching and emotional connection include meaning units where P13 discussed language switching phenomenon in counseling sessions. He stated, "About ninety percent of my Spanish-speaking clients here speak Spanglish. So sometimes we go from one

language to the other, but they understand everything I'm saying." Utilizing Spanish and Spanglish was commonplace for P13.

Nodes about supervisor traits include meaning units where P13 described his clinical supervisor, a non-Latino English monolingual male. P13 described his supervisor's cultural competence as "textbook." P13 said, "He didn't have any experience traveling abroad. He had experience working in managed care, a Medicaid managed care facility. A lot of patients that use Medicaid are usually Hispanic." P13 received clinical supervision in English and translated his sessions for his supervisor. P13 shared, "I was able to translate everything I was saying, and I could translate everything the client was saying. So at times I felt like a translator." He described supervision as meeting his needs in nodes about fulfilled supervision needs. He said interpreting did not negatively impact the quality of supervision. P13 stated, "I was still provided very good input and advised of the proper techniques I should be using with clients." P13's supervisor was easily reached when he needed feedback.

Nodes about preference for language proficiency or cultural competence include meaning units where P13 expressed no preference for a clinical supervisor with cultural competence or Spanish language proficiency. He felt having an English-monolingual supervisor had no impact on his supervision. However, he recognized that some supervisees feel more comfortable communicating in Spanish and prefer to have supervision in Spanish. He shared, "I deal with supervisees who barely speak English but are fluent in Spanish. So it's easier for a supervisee whose first language is Spanish to work with a supervisor who speaks both languages very well."

Analysis of Interview with P17

Introduction. P17 identifies as a 40-year-old Latina female. She has earned a Ph.D in Clinical Psychology. Her primary language is Spanish. Her dominant language is English. She is

a licensed clinical psychologist in North Carolina. She has 16 years of post-master's counseling experience.

Step four: Situated structure. As a bicultural individual, P17 values serving an underserved population: Latinos. She feels that she engages well with Latinos because she is a member of the Latino community and she speaks Spanish. She identified cultural competence and Spanish language proficiency as two separate, equally valuable concepts. She reflected on her experience as a SEB supervisee working in a culturally diverse northeastern part of the country. P17 described some of the nuances she experienced as a SEB supervisee. For example, she did not necessarily interpret auditory or visual hallucinations as psychosis given their cultural and spiritual context.

P17 had Latino, Black, and White clinical supervisors and recalls feeling comfortable addressing cultural concerns in supervision. However, she was able to identify with Latino supervisors and enjoyed having a shared culture. She had to explain cultural nuances to non-Latino supervisors and did not experience the same shared meaning with them. P17 had both English monolingual and SEB supervisors. All of her clinical supervision was conducted in English with some concepts stated in Spanish. P17 expressed preference for a SEB supervisor so she could switch between English and Spanish freely. Additionally, she expressed preference for a culturally competent supervisor with strong clinical insight and awareness of cultural nuances. She shared that she valued cultural competence and Spanish language proficiency, but viewed cultural competence as more critical than Spanish language proficiency.

Step two: Discrimination of meaning units. Having grasped the sense of P17's experience with clinical supervision, this researcher read through the transcript of the interview once more with the specific aim of discriminating meaning units. She divided the verbatim

transcript into meaning units. This researcher placed the meaning units in temporal order that accurately reflect the structure of the interview (Giorgi, 1985; 2009). The transcript of the interview with P17 has been divided into the following meaning units:

> I think for me it's been important, just being a bicultural individual, to be able to provide services to what I've come to see and research as an underserved population. And to be able to help them feel comfortable because not only do I speak Spanish but I'm also Hispanic, also. But I feel like I was being helpful on a number of levels. Just kind of like a personal thing but also some giving back./
>
> I'm trying to think back. I had some that were not Hispanic, whether they were Caucasian/White or African American./
>
> But I think for the most part, I felt comfortable talking about cultural issues, more from my perspective. And, you know, having been trained in [large metropolitan area], you know, cultural competence is very important. I'm not sure how it's seen in other places, but I know that being such a, from as diverse a place like [large metropolitan area], you know, you have had no other choice but to talk about cultural differences and similarities. So I felt that, you know, it was helpful./
>
> And I also did have Latina supervisors. And, you know, it was a, it felt different because I can identify with similar issues versus a non-Hispanic supervisor, which I had to explain more kind of cultural nuances. So I had two different experiences culturally./
>
> With the, well, for example, some people, Hispanic people, you know, believe in, you know, hearing the voices of, you know, passed, deceased, loved ones. Where, you know, someone might see that as, oh, it's a psychosis, to someone from, so whether you're from the Hispanic culture or you've experienced it, it's really not, it's basically not

pathologizing something that could be culturally understood. Versus, you know, someone might see it as, okay, this person is hearing voices, they're hallucinating. It's psychosis. But, you know, from a cultural perspective, it's like no, this is how they're being comforted by someone that they've lost, not, it's not pathology. So kind of looking at it from a different lens versus kind of what, I guess someone who doesn't understand the culture would look at it very differently./

I think that there was a lot more having to maybe explain or, yeah, I guess having to explain or, depending on who the supervisor was. I mean, you know, again, this was a number of years ago. I'm trying to think about, you know, who my supervisors were at the time. But that's kind of something that has come up, and I think that that comes up, you know, often enough in the Hispanic culture in terms of kind of what the belief system is./

But things like that and kind of seeing how anxiety is viewed and, you know, like cultural differences, *ataque de nervios* and things like that, so…/

English, for the most part [was the language my supervisors spoke], I would say. And then I did have, you know, one, two. The director, I'm thinking back to internships. The director of the child unit on internship, she was Caucasian/White, but she spoke Spanish. And sometimes she would throw in Spanish words. But I would say all my supervision was in English./

Oh, I'm, Spanglish. Go back and forth between both languages. But, I mean, I would choose English. But if I knew that the other person is, you know, fluent in Spanish, then I can see myself kind of going back and forth./

Code switching, uh-huh. Uh-huh, yes [I would have enjoyed having the opportunity to code switch]./

Supervision. Well, I think the cultural competence. It's important to have a supervisor who, you know, it's, this is the person that I'm going to for guidance and kind of, you know, clinical assistance and clinical knowledge, and I, you know, it was important for that supervisor to be well-versed in cultural nuances, especially, you know, since this is the population that we're treating and they're in a position of clinical supervisor, then I think, they should come equipped with this clinical knowledge because it's, I'm the learner and there's a teacher, so I think that's an important quality that, to seek in a supervisor./

I think pretty effectively. I mean, I learned a lot from them. And, again, you know, because we were in [large metropolitan area] there was the variety that we had, you know. And I had a number of supervisors in different capacities, whether it was a technical supervisor or, you know, clinical supervisor or, you know I think that it was just important to have that experience. And I think that, you know, kind of looking back, I sometimes think about, okay, what would the supervisor do in this case, you know. Just think about them in that perspective. So I found them to be helpful. You know, I can't really think of one supervisor that I thought was terrible, to be honest with you. I mean, I think they were all pretty well-versed in not just the cultural competence but, you know, obviously, the clinical experience was important too./

Step three: Transformation into clinical language. This researcher identified six meaning units in this interview: (a) Latino needs and resources, (b) supervisor traits, (c) preference for language proficiency or cultural competence, (d) nuances of being a SEB

supervisee, (e) language switching and emotional connection, and (f) fulfilled supervision needs. P17 referenced the traits of her supervisor four times. She stated preference for language proficiency or cultural competence three times. P17 discussed nuances of being a SEB supervisee twice. P17 mentioned Latino needs and resources, language switching and emotional connection, and fulfilled supervision needs one time each. Of all the meaning units identified, P17 referenced fulfilled supervision needs most during the interview. See Table 9.

Table 9
Nodes and References of P17

Node Name	References
Latino needs and resources	1
Preference for language proficiency or cultural competence	3
Nuances of being a Spanish-English bilingual supervisee	2
Language switching and emotional connection	1
Fulfilled supervision needs	1

(Note: Nodes are in temporal order.)

Nodes about Latino needs and resources include meaning units where P17 described her commitment to the Latino community. She feels vested in the Latino community because she is a bicultural (Latino and American) and bilingual individual who has identified unmet needs of the Latino community. She shared, “I think for me it’s been important, just being a bicultural individual, to be able to provide services to what I’ve come to see and research as an underserved population.”

Nodes about supervisor traits include meaning units where P17 described previous clinical supervisors. She had multiple clinical supervisors of varying race (i.e., Latino, Black, and White) and Spanish language proficiency (i.e., English monolingual and SEB). P17’s clinical

supervision was provided in English, with some opportunities to intersperse Latino concepts using Spanish. When working with non-Latino supervisors, P17 described a lack of shared experiences. She said, "[Clinical supervision] felt different because I can identify with similar issues versus a non-Latino supervisor, which I had to explain more kind of cultural nuances." For example, P17 would have to explain cultural concepts and belief systems to non-Latino supervisors. She shared, "I think that there was a lot more having to maybe explain or, I guess having to explain or, depending on who the supervisor was."

Nodes about preference for language proficiency or cultural competence include meaning units where P17 expressed preference for a culturally competent, SEB supervisor. P17 shared that she valued cultural competence as a SEB counselor working in an ethnically diverse region. She underscored the importance of acknowledging and openly discussing cultural differences and similarities. She said, "It was important for that supervisor to be well-versed in cultural nuances, especially, you know, since this is the population that we're treating and they're in a position of clinical supervisor."

Additionally, P17 expressed the preference for a clinical supervisor that spoke "Spanglish." Meaning, P17 wished she had a clinical supervisor that spoke both English and Spanish fluently so that she could switch back and forth between languages as she felt necessary when expressing herself or describing cultural concepts. She shared she wished she could, "Go back and forth between both languages. But, I mean, I would choose English. But if I knew that the other person is, you know, fluent in Spanish, then I can see myself kind of going back and forth." P17 identified that language switching phenomenon is common in SEB supervisees, in a meaning unit describing language switching phenomenon. This researcher asked P17, "So you

would have enjoyed having that opportunity [to switch languages] available to you?" She responded that yes, she would.

Nodes about nuances of being a SEB supervisee include meaning units where P17 described specific cultural context she possessed in order to practice cultural competence. For example, she shared how auditory and visual hallucinations are viewed differently in Latino culture. She said:

> Hispanic people…believe in…hearing the voices of…passed, deceased, loved ones. Where, you know, someone might see that as, oh, it's a psychosis…so whether you're from the Hispanic culture or you've experienced it's really not, it's basically not pathologizing something that could be culturally understood. Versus, you know, someone might see it as, okay, this person is hearing voices, they're hallucinating. It's psychosis. But, you know, from a cultural perspective, it's like no, this is how they're being comforted by someone that they've lost. It's not pathology. So kind of looking at it from a different lens versus kind of what, I guess someone who doesn't understand the culture would look at it very differently.

P17 also acknowledged the cultural differences in how mental health diagnoses are perceived, such as *ataque de nervios* versus an anxiety attack.

Nodes about fulfilled supervision needs include meaning units where P17 evaluated how effectively her supervision needs were met. She shared, "I can't really think of one supervisor that I thought was terrible…I mean, I think they were all pretty well-versed in not just the cultural competence but, you know, obviously, the clinical experience was important too." Overall, she felt her supervisors effectively met her supervision needs.

Analysis of Interview with P26

Introduction. P26 identifies as a bicultural (Latina and American) female in her 50s. She identifies as Latina because she was born in a Latin American country. She identifies as American because she feels she has assimilated after spending many years living in the United States. She declined to state her exact age. She has earned a Master's degree in Counseling. She is also an Educational Specialist. Her primary language is Spanish. She reported having dual fluency in English and Spanish. She is a Licensed Professional Counselor (LPC), Licensed Professional Counselor Supervisor (LPC-S), and National Certified Counselor (NCC). She is also an Approved Clinical Supervisor (ACS), which is a designation of the National Board for Certified Counselors. She has over 18 years of post-master's counseling experience.

Step four: Situated structure. P26 described her clinical supervision experience when she sought licensure immediately following completion of her Master's degree. Her supervisor was English monolingual and possessed limited cultural competence. P26 described the clinical supervision process, which included providing verbatim accounts in English of her counseling sessions that occurred in Spanish. P26 found herself educating her supervisor on the complex issues of Latino immigrants, particularly undocumented persons, and advocating for the Latino community. Her supervision was a powerful formative experience that helped her develop advanced counseling skills. However, her supervision was lacking in expertise in regards to how she could meet the needs of the Latino community.

P26 experienced similar concerns after completing supervision requirements for licensure. As she began working at other agencies, she continued to educate her colleagues and advocate for the Latino community. P26 stated that she values cultural competence as a critical trait that supervisors and supervisees should possess. P26 also said she feels supervisors should

possess specialized skills when supporting supervisees who work with specialized populations, such as Latinos and sexual minorities. Furthermore, she shared that supervising with no knowledge of the particular needs of a specialized population with which a supervisee is working is professionally irresponsible.

Step two: Discrimination of meaning units. Having grasped the sense of P26's experience with clinical supervision, this researcher read through the transcript of the interview once more with the specific aim of discriminating meaning units. She divided the verbatim transcript into meaning units. This researcher placed the meaning units in temporal order that accurately reflect the structure of the interview (Giorgi, 1985; 2009). Portions of the audio interview that could not be heard or transcribed are noted by [?]. The transcript of the interview with P26 has been divided into the following meaning units:

> It was actually, yeah, that [supervision] was a little bit of a challenge back then because it was the same supervisor, and she was very good./
>
> But the challenge was that our area here was not so highly populated by Spanish-speaking psychotherapists as it is now. It has grown considerably in that respect, which is very helpful to be able to be referred to other therapists in the area as well./
>
> Well, as you know, back then, the requirement of recording was not so stringent as it is now, so there was a combination of recorded sessions and also, my supervisor at the time came from a social work background and their strongest method of supervision, or their preferred, if you will, is more of a kind of a verbatim account of what happened and you would have to do it in writing. So that basically, what it forces you to do is to kind of, you know, revisit the session in your mind and remember what was said there. In English, yeah./

Uh-huh, so she, like I said, you know, there was not that many bilingual therapists at the time, so she was either speaking and, yeah, I think that's a very good question. I had to basically translate the entire session in my head in recounting it to her or in transcribing it./

At the time, yeah, we had a little bit of a challenge with the biases and yeah, biases, assumptions, and a little bit of a judgmental stance on her part./

Yeah. But I found myself having to educate her a little bit about the struggles of Latino immigrants, especially those who had not, at the time, you know, had not obtained their legal status yet and their circumstance, you know, work circumstances, job situations, and family situations. So that was more so than the language; the absence of true cultural sensitivity was a piece of the, you know, the larger challenge. Yeah. I yeah, I honestly, you know, took it upon myself. I felt that if I was not going to be the one advocating, no one else would. So, basically, I thought it would be important for me to, in order to work in the best interests of the clients, to educate my supervisors. And I'm gonna talk in plural because I didn't have just one that [?] throughout the years. I mean, you know, before I was licensed, yes, I did. But even beyond licensed, in staying at the clinic I had other supervisors that similar issues came up that it was not a true, if you will, cultural awareness or cultural justification about knowing the ins and outs of the Latino culture./

Well, that's a difficult question to answer, primarily because I think that, you know, receiving supervision of that clinic was the best thing that happened in my career in terms of how much I learned about theoretical orientation, working really profoundly and deeply with clients, understanding the conceptualization of the cases and so forth. So it was very effective in that sense./

In the sense of helping me serve the population in terms of their multiple and complex needs because of their legal status in the States and, like I said before, the challenges of their work situation and so forth, perhaps that was not effective./

Yeah, you're correct on the latter [meeting specific needs]. But on the former [counseling fundamentals], it is beyond just the techniques and the, you know, it was, I mean, it really kind of formed me into a well-rounded therapist for what I evolved later on in my career in terms of specialization and so forth. So it really gave me beyond what I would have expected at any other clinic. So it's more than, yeah, it was good with techniques and so forth. It was, it, you know, above and beyond all of that./

Now, when it came specifically to the Latino clients and let's not forget that I was seeing both Anglo clients and Latino clients. So with the Latino clients, yes, you are correct./

For me, it doesn't make that much of a difference. I mean, I have to think back, right? But basically, you know, in looking at what I have already shared with you, the issue of the language was really not a make-or-break type of situation. What I would have appreciated more is working with someone who was very well-versed in the cultural aspects of the population./

Oh, yeah, absolutely. Yeah. The language didn't make any difference. Like I said, I don't think, I translate. I mean, it's just so, in a way, automatic to me./

Yeah. So basically for that aspect of my job, because, again, I would see people from all walks of life, the needs…the, yeah, I think, to be honest with you, it just kind of, it all goes back to the same place of the cultural competence because I, because it kind of permeated most of the aspects of the supervision in that. For example, if I was working with a family and there were adolescents in the family and it was, there were certain

values that were very important to the family that have to do with the sexuality of adolescents or with a little bit older children like. For example, college age, that they wanted them to live at home and so forth, it would have been very helpful to have, for my supervisors to have that ease of cultural competence that understands family values in the Latino culture and that living at home is not always a synonym of being overly dependent, just because you're 20 and you live at home. Or not wanting for your teenage children to be engaged in sex doesn't necessarily mean that you're too conservative, that it's just, it's a very strong-held value of, especially of the religious observant Latino families. I know that can be true of religious families deal with as well. But it has kind of a different twist with Latino families. So, you know, when we look at it, it just always points back to the same clay, which is the cultural competence./

Right, yeah. Yeah. But, also, for supervisors who are not Spanish-speaking to have enough of the awareness of the cultural competence that if they're going to supervise counselors who are bilingual, you know, there are issues of what is lost in translation and all the things that you and I talked about in terms of language, that to me that's not the most poignant. And, yeah, I'm sure you will see also all sorts of opinions about this in your research interviews. But, for me, is, you know, there is nothing that prevents a supervisor to really work hard in gaining cultural competence if they really want to supervise people who speak other languages. We can't demand of a supervisor to all of a sudden become fluent in another language. That would be unreasonable. But I don't think it's unreasonable at all for them to get more versed in cultural issues because I think it's, at least for professional counselors, most of the programs, of the graduate programs, we have at least one course in cultural competence or however they refer to it. And it's one

of the core values. So I don't know why more emphasis is not put on it, and I'm not sure about social workers and psychologists, and that's not for me to say. But I think that it should be a requirement if they're going to supervise bilingual counselors or therapists in any language./

Well, I think we covered, yeah, I think we covered it all. I, you know, I've always been adamant about this cultural piece, and I actually gave some workshops or lectures or, you know, brief lectures about cultural aspects of the Latino population. But also in, when I teach supervision courses, adult courses, well, yeah, they're longer than a workshop and shorter than a semester course. So I'm not teaching at the university level, but I taught the 45-hour workshops for people to become LPCSs in North Carolina or the 10-hour required workshops for renewing the LPCS license. So, in either case, or when I talk to other supervisors, some always be adamant about learning and becoming proficient in the cultural aspects of other cultures if you're going to be supervising someone that works with a different culture or a specific population./

I think that that would also be applicable to minority groups. Like if you work with, you know, gender nonconformists. Rather, your supervisee worked with gender nonconformists and you're supervising that person, you might as well become versed in that topic. Even if it's just a small portion of your supervisee's population that you have to be able to serve your supervisee in a way that you truly understand that population well. So, you know, kind of expanding it to minority populations, not just immigrant populations. I'm just thinking about it as we speak./

So that's another piece that I've always been very adamant about, that I, you know, I think it's irresponsible not to, you know, kind of go out and watch movies about, in my

case, you know, about the Latino population and I mean, these are the things that I wish my former supervisors would have done, you know, watch movies, go read up about it or attend workshops and just become more familiarized with the culture./

That was my ongoing question back at the time. You know, *Oh, we have you here.* Well, you know, I go on vacation; I may not work here until I retire. You know, you have to have a solution for things. You know, I, at the time, they didn't even have a bilingual receptionist, which, you know, eventually they did hire, I mean, consequently they did hire one. Basically, you find yourself as a minority of any kind, you know, becoming an advocate for the place to become, for your workplace or your school to become more, you know, minority friendly./

And so, you know, that's what I did. And, you know, we each do our piece and, you know, and we each do our part. And, you know, eventually places do become more aware of it. And it's just about psychoeducation and continuing to advocate and eventually it will happen, you know. That's the best we can do, and that's the least we can do./

Step three: Transformation into clinical language. This researcher identified seven meaning units in this interview: (a) supervisor traits, (b) Latino needs and resources, (c) nuances of being a SEB supervisee, (d) advocacy, (e) fulfilled supervision needs, (f) unmet supervision needs, and (g) preference for language proficiency or cultural competence. P26 referenced preference for language proficiency or cultural competence six times. She discussed advocacy four times. P26 described supervisor traits three times. She mentioned fulfilled supervision needs, and unmet supervision needs two times each. She referenced Latino needs and resources and nuances of being a SEB supervisee one time each. Of all the meaning units identified, P26

discussed her preference for language proficiency or cultural competence most during the interview. See Table 10.

Table 10
Nodes and References of P26

Node Name	References
Supervisor traits	3
Latino needs and resources	1
Nuances of being a Spanish-English bilingual supervisee	1
Advocacy	4
Fulfilled supervision needs	2
Unmet supervision needs	2
Preference for language proficiency or cultural competence	6

(Note: Nodes are in temporal order.)

Nodes about supervisor traits include meaning units where P26 described her clinical supervisor, an English monolingual, non-Latina woman. At this time P26 carried a mixed caseload of English monolingual and Spanish monolingual clients. P26 has to provide written verbatim accounts of what transpired in session with clients in English, regardless of the language in which the session transpired. P26 stated, “My supervisor at the time came from a social work background and their strongest method of supervision…is more of a kind of a verbatim account of what happened and you would have to do it in writing.” This experience in supervision illuminates nuances of being a SEB supervisee, another meaning unit delineated in this interview. The client had to interpret the session and create documents in English for the supervisor. P26 said, “I had to basically translate the entire session in my head in recounting it to her or in transcribing it.”

Nodes about Latino needs and resources include meaning units where P26 identified that the Latino community was previously underserved. She shared, “But the challenge was that our area here was not so highly populated by Spanish-speaking psychotherapists as it is now.” She acknowledged an increase in the number of counselors available to serve Spanish-speaking clients. More SEB counselors are available now than when she initially had clinical supervision.

Nodes about advocacy include meaning units where P26 shared about advocating for the Latino community. She often found herself working with supervisors or colleagues who did not understand complex challenges faced by Latino immigrants, especially those who were undocumented. She shared:

> I felt that if I was not going to be the one advocating, no one else would. I thought it would be important for me to, in order to work in the best interests of the clients, to educate my supervisors. And I’m going to talk in plural because I didn’t have just one [that I had to educate] throughout the years.

She expressed a feeling of duty to help supervisors and colleagues understand the lived experiences of clients. Furthermore, she feels counselors should possess knowledge and expertise about supervisees’ caseloads. If supervisors find themselves lacking understanding of supervisees’ clients, supervisors are professionally obligated to seek more information. She said, “These are the things that I wish my former supervisors would have done, you know, watch movies, go read up about it or attend workshops and just become more familiarized with the culture.”

Nodes about fulfilled supervision needs and unmet supervision needs contain meaning units where P26 explained the dichotomy of having some, but not all, of her supervision needs met. She felt the guidance she received on advanced counseling led to her development as a

"well-rounded" counselor. She said, "Receiving supervision of that clinic was the best thing that happened in my career in terms of how much I learned about theoretical orientation, working really profoundly and deeply with clients, understanding the conceptualization of the cases…" However, when supervision came to understanding clients' complex needs, P26's needs were not met. She shared, "In the sense of helping me serve the population in terms of their multiple and complex needs because of their legal status in the States and…the challenges of their work situation and so forth, perhaps that was not effective."

Nodes about preference for language proficiency or cultural competence include meaning units where P26 expressed preference for a culturally competent supervisor. Throughout the duration of the interview P26 underscored the importance of having culturally competent supervision. She expressed no preference for a SEB supervisor, as she is fluent in both languages and was not burdened by translating English to Spanish for English monolingual supervisors. She said, "The issue of the language was really not a make-or-break type of situation. What I would have appreciated more is working with someone who was very well-versed in the cultural aspects of the population." P26 found that culture influenced every aspect of the counseling process, so supervisors understanding culture was critical. She provided examples of that highlighted the importance of possessing cultural competence when working with Latinos. For example, adult children living at home may be representative of cultural values, not necessarily codependence or enmeshment. She acknowledged that cultural competence is also a core value of the counseling profession. In order to promote cultural competence, P26 leads trainings and workshops on immigrant populations.

Analysis of Interview with P28

Introduction. P28 identifies as a 50-year-old White female. She has earned a Master's degree in Social Work. Her primary and dominant language is English. She has dual fluency in English and Spanish. She is a Licensed Clinical Social Worker (LCSW) and a Certified Eating Disorder Specialist (CEDS). She has 25 years of post-master's counseling experience.

Step four: Situated structure. P28 described her counseling experience as a Spanish-speaking Social Work intern working in the northeastern part of the country. After completing her Master's degree she worked in the southeastern part of the country for agencies that provided partial hospitalization programs. P28 described the clients as needing treatment for mental health diagnoses, although the agency encouraged her to diagnose clients as having dementia to meet Medicare funding requirements. She shared reservations about the unethical practice of agencies that placed financial gain over client welfare. While working for these agencies, P28 led group counseling. P28 found leading the groups to be a wonderful learning experience. She learned about within group differences of Latinos, particularly with language, accent, and vernacular. She improved her fluency dramatically.

P28 did not have clinical supervision during this time. She relied on consultation with colleagues for support. Over the duration of her career, she recalls never having a Latino supervisor or a Spanish-speaking supervisor. In more recent experiences, P28 said her supervision needs were met through consulting with colleagues as she works in private practice. In contemplating an ideal clinical supervisor, P28 said she would have benefitted from having a supervisor that was aware of resources Latino clients needed and understood how to support her in separating her role as a counselor versus a case manager. She expressed no preference for Spanish language proficiency in a supervisor unless the supervisor was going to provide live

supervision. She valued cultural competence much more than she valued Spanish language proficiency.

Step two: Discrimination of meaning units. Having grasped the sense of P28's experience with clinical supervision, this researcher read through the transcript of the interview once more with the specific aim of discriminating meaning units. She divided the verbatim transcript into meaning units. This researcher placed the meaning units in temporal order that accurately reflect the structure of the interview (Giorgi, 1985; 2009). Portions of the audio interview that could not be heard or transcribed are noted by [?]. The transcript of the interview with P28 has been divided into the following meaning units:

> Okay. Okay. So probably the most extensive work I've done in Spanish was when I lived in [the southeastern part of the country] in the mid-'90s, in the '90s. And I worked for an agency that would send me to partial hospitalization programs. I could go on and on about the ethics on that topic, but we're talking about language. So then they sent me down to [large metropolitan area], and a lot of the facilities were really day treatment programs for elderly people who were depressed. And they were Medicare-funded programs. And a lot of these places have been busted, so I'm not, you know, I know I'm being recorded, and I'm not worried about it 'cause I always acted very ethically. But a lot of these places were not ethical, and I would tell the agency I'm not coming back here. There were places that the people really needed day treatment, but Medicare didn't fund day treatment. And so business people who knew nothing about mental health would open partial hospitalization programs, get unethical bilingual psychiatrists who would give them, you know, instead of give them the diagnosis of dementia, they'd give them the diagnosis of psycho psychosis, a psychosis diagnosis./

Groups were in Spanish because the places they would send me to were mostly Spanish-speaking. And there weren't a lot of bilingual LCSW's that they could get to do the work. And they were mostly from Cuba in [large metropolitan area]. But, you know, a sprinkling of other countries, too. And it was really challenging and fascinating and, I mean, my Spanish got better and better. And it was, you know, sometimes I would, do you speak Spanish?/

Yes, yes, and I learned a lot about, you know, the different accents and stuff. I learned Spanish in Mexico so, you know, I learned to be able to pick up the different sounds. And it was sometimes really hard to diagnose things in Spanish, you know, 'cause it could be hard to figure out is this psychosis or is this dementia or is this, you know, just a really good story or you know, what's going on here? So it was definitely challenging. And in those settings I did not have supervision because usually the boss in those settings was usually unlicensed and that's why they would have the agency send me because they needed a licensed clinician to run the groups./

I mean, I would talk with my colleagues there about the patients, and there were always other therapists who worked there and we would talk about them. But at that point I didn't really get much supervision./

It was. It was. And, you know, I think one of the reasons was the facilities. I don't know if some of those still exist or not. I haven't lived in [southeastern state] for many years. I do know some of them got busted. And absolutely rightly so. I came in one morning and one of my chart notes was sitting on my desk with a black Sharpie through it, and it said, "Do over." Because they, someone had come in drunk and I said he needed to leave the program and go to the hospital since he was, I didn't think he was safe. And I wrote the

chart note talking about what happened, but because Medicare doesn't pay for substance abuse and they wanted to keep that patient, they didn't want me to document it. Absolutely. Absolutely [they put business over client welfare]. So it was not, the work was the work felt meaningful because the people really needed the support. But the environment was completely unethical, and I hated it. And I got out of there as soon as I could./

Yeah. Yeah. But it was a neat opportunity to do the work in Spanish and then in the years that I've been in private practice, I've really never had any different supervision for Spanish-speaking clients than I've had for English-speaking clients, you know. And the way I've done supervision in private practice is as needed. I turn to my friends, colleagues, peers, because all my friends are colleagues and peers. I, once in a while, will pay to go to somebody who has a particular expertise if I'm faced with certain challenges that I need that expertise for. And it's not usually language-related. I don't get a lot of Spanish-speaking clients in private practice. Usually, one or two a year./

But I, but it's never been, I've never had a supervisor who spoke Spanish. No, I don't think so [I don't think I've have ever had a supervisor that was Latino]. But, well, wait. Wait, wait. I mean, if you call the people who were above me in those treatment facilities, they were Latino. Often, the manager was usually Latino, and it was usually like an MSW who was unlicensed or something. It was, yeah, it was [an administrative supervisor]. I mean, they might, they called them the clinical director, but it was often like the administrator. They didn't have to technically give me clinical supervision 'cause I was a licensed person. But they were the person I could consult with. But they were also the person making sure the records stayed the way they needed to, so I didn't do an awful

lot of clinical consulting with them. So I've never technically had a supervisor, a clinical supervisor, who was Latino./

I feel like I've had a good experience with that [supervisors' cultural competence]. It's usually something, it's usually part of the topic, one of the topics that comes up in the supervisory process when, how the culture plays into their, to the client's experience.

Yeah [I've had my supervision needs met]. And yeah, I had a private practice for a brief amount of time in the '90s and after having worked in a treatment center where I got great supervision, and then when I started that private practice I didn't realize that I needed supervision for my practice. And that was, I did not, and I had a rough time, and I was doing some intense trauma work and I was really, I learned the term *secondary traumatization*, 'cause I really was having some difficult traumatic kind of countertransference that I didn't have good supervision for. And that was just for a brief time, and then when I started my private practice in North Carolina 15 years ago, I knew that I could only do it if I had a team of people that I could consult with on a regular basis. So now I would say absolutely. I mean, I walk out of a session and if I need supervision, I just am immediately calling, texting, emailing my friends. And I have a great network of people that we're constantly to, you know, going over stuff with./

I think this, this is, I'm kind of going back and forth between thinking that what's needed is both supervision and resources because what feels to me like it's missing is not so much the supervision but I sometimes feel like I end up as case manager with Spanish-speaking patients because they might be undocumented and therefore not getting the service they need. Or they might not speak English and therefore not getting their needs

met in the community. And so that's something that really as a counselor, I guess the ideal./

I guess the ideal supervisor in those situations would be someone, and maybe I didn't get my, maybe I haven't gotten my supervision needs met in that case, and that maybe I haven't really consulted about this, is that in those cases it's like he's somebody who could kind of sit down with me and tease out, okay, what's my role here. And how do I define that even with the patient. And I think because it's not my first language and I am working really hard to do the therapy, to be really tuned in in the therapy, I think I don't, I haven't necessarily said, like I might say to an English-speaking client, "You know, I notice I'm getting kind of caught up with some of the things going on in your life that are a little bit beyond my role. How can, where can you get, how can we help you get some of those needs met elsewhere? 'Cause it's a little bit out of my purview." Whereas, I don't know that I said that to my Spanish-speaking clients. I think that it triggers more, probably, of my own care-taking and compassion and, you know, it's not fair that I have it so easy and they're here illegally. And, you know, they, it brings stuff up for me, so I guess a really good supervisor in that situation would be one that tunes in to the complex needs of the population as well as what's coming up for the therapist dealing with the complex needs of that population./

I don't know that it matters, you know, at the stage that I'm at where the patient, where the supervisor's not gonna be meeting the client. And, certainly, in social work school it would have been great if the supervisor could be in the session while I'm doing the mental status exam with a Spanish-speaking psychiatrist or psychologist or clinical social

worker was training me. But they speak English, so I go into the session alone. So I think, you know, in the hands-on stuff it would be nice to have bilingual supervisors./

At the stage I'm at, I think what's more important is that they've had experience with similar populations. With the complex, the same types of issues./

I always feel like I am at a disadvantage and therefore the client is at a disadvantage because I'm always aware that I am not as tuned into nuance when I'm speaking Spanish. Now, I will say after, you know, doing a ton of it in [southeastern state], I was, my fluency was stronger. And, I mean, I can speak Spanish and people think that I'm fluent and I say I'm fluent and I sound fluent. But there's pockets. I mean, even when I am texting like my, the couple that I, that did some work for me, and even when I'm texting them, I will look up words. So, you know, I don't have to look up how to say something and tenses and stuff like that. But I, you know, I have pockets in vocabulary and stuff like that. So I feel like it's always a disadvantage for somebody who is a: not a native speaker and b: not daily immersed in the language./

Step three: Transformation into clinical language. This researcher identified eight meaning units in this interview: (a) ethics, (b) nuances of being a SEB supervisee, (c) unmet supervision needs, (d) filling supervision gaps, (e) supervisor traits, (f) fulfilled supervision needs, (g) Latino needs and resources, and (h) preference for language proficiency or cultural competence. P28 discussed the nuances of being a SEB supervisee four times. She referenced ethics and Latino needs/resources two times each. P28 mentioned unmet supervision needs, filling supervision gaps, supervisor traits, fulfilled supervision needs, and preference for language proficiency for cultural competence one time each. Of all the meaning units identified, P28 mentioned the nuances of being a SEB most during the interview. See Table 11.

Table 11
Nodes and References of P28

Node Name	References
Ethics	2
Nuances of being a Spanish-English bilingual supervisee	4
Unmet supervision needs	1
Filling supervision gaps	1
Supervisor traits	1
Fulfilled supervision needs	1
Latino needs and resources	2
Preference for language proficiency or cultural competence	1

(Note: Nodes are in temporal order.)

Nodes about ethics include meanings units where P28 described working in situations where she felt agencies did not uphold the ethical principles of the counseling profession. She described situations where she was hired to treat Spanish monolingual clients. She was often asked to change clients' diagnoses so the agency could receive Medicare funding, or agencies would provide reimbursable treatments, not clinically appropriate treatments, in the interest of funding. She described a particular situation, saying:

> I came in one morning and one of my chart notes was sitting on my desk with a black Sharpie through it, and it said, *Do over*. Because they, someone had come in drunk and I said he needed to leave the program and go to the hospital since he was, I didn't think he was safe. And I wrote the chart note talking about what happened, but because Medicare doesn't pay for substance abuse and they wanted to keep that patient, they didn't want me to document it."

P28 visited these facilities as a contractor for another agency because these facilities required a licensed Spanish-speaking counselor. She recalled not returning to such facilities because of their unethical practice. P28 also suspected that several of the facilities she visited had since been closed.

Nodes about nuances of being a SEB supervisee include meaning units where P28 discussed intricacies of working in Spanish with Latinos. P28 described being fascinated and challenged by differences in Spanish language usage (i.e., vernacular, accent, word choice) due to between group differences. She noted that Spanish language usage varied greatly based on the speakers' country of origin. For example, Cuban Spanish and Mexican Spanish were vastly different from one another. P28 felt her clients were at times disadvantaged when she lacked vocabulary. She shared, "I always feel like I am at a disadvantage and therefore the client is at a disadvantage because I'm always aware that I am not as tuned into nuance when I'm speaking Spanish." Although she described herself as fluent, there were still some words she did not comprehend and had to refer to in a dictionary for clarification.

Being a SEB supervisee also meant having to incorporate cultural context when making a diagnosis. She said, "It was sometimes really hard to diagnose things in Spanish, you know, because it could be hard to figure out is this psychosis or is this dementia or is this, you know, just a really good story." She described having to consider clinical information, diagnostic criteria, and cultural knowledge when making a culturally sensitive diagnosis.

Another nuance of being a SEB supervisee included acknowledging dual roles when they occurred and addressing professional boundaries when roles blurred. P28 felt that she sometimes found herself working as a case manager instead of a counselor. She felt obligated to help undocumented immigrants find resources for complex, unmet needs. She shared:

> I might say to an English-speaking client, *You know, I notice I'm getting kind of caught up with some of the things going on in your life that are a little bit beyond my role. How can we help you get some of those needs met elsewhere? Because it's a little bit out of my purview.* Whereas, I don't know that I said that to my Spanish-speaking clients.

P28 said she would have benefitted from having a clinical supervisor who was attuned to clients' complex needs and P28's countertransference in response to clients' unmet needs.

Nodes about Latino needs and resources include meaning units where P28 discussed the complex needs of clients. She underscored the importance of having a clinical supervisor that understands the needs of Latino clients and is able to identify resources to meet said needs. Because she has over 25 years of counseling experience, P28 said, "At the stage I'm at, I think what's more important is that they've [clinical supervisors] had experience with similar populations, with the complex, the same types of issues." In another node that contained meaning units about preference for language proficiency or cultural competence, P28 noted that having a supervisor proficient in Spanish was not valuable to her unless a supervisor was providing live supervision. Instead, she valued cultural competence and familiarity with the needs and resources of the Latino community.

Nodes about supervisor traits contain meaning units where P28 described past clinical supervisors. She recalled having supervisors that were English-monolingual and non-Latino. In nodes containing meaning units about unmet supervision needs, P28 described receiving little support from an administrator at the aforementioned agency with ethical concerns. She said, "But at that point I didn't really get much supervision." Overall P28 felt she did not receive adequate clinical supervision early in her career and relied on her professional network for consultation.

In nodes that contain meaning units about filling supervision gaps, P28 has continued to rely on her professional network for consultation in the last 15 years of private practice. She shared, "I turn to my friends, colleagues, peers, because all my friends are colleagues and peers. I…will pay to go to somebody who has a particular expertise if I'm faced with certain challenges that I need that expertise for." She noted that this expertise is unrelated to issues concerning Spanish language proficiency, but rather clients' specific presenting concerns. In nodes that contain meaning units about fulfilled supervision needs, P28 says she feels her supervision needs are presently being met. She is currently working in private practice. She stated, "I walk out of a session and if I need supervision, I just am immediately calling, texting, emailing my friends. And I have a great network of people that we're constantly to, you know, going over stuff with."

Analysis of Interview with P30

Introduction. P30 identifies as a 32-year-old bicultural female. She identifies as White, Latina, and mixed race. Her mother is Latina, and her father is White. She has earned a Master's degree in Social Work and a Master's degree in Public Policy. She describes acquiring English and Spanish simultaneously during early childhood development, but speaking English first. Her primary language is both English and Spanish. Her dominant language is English. She is a Licensed Clinical Social Worker Associate (LCSWA). She has one year of post-master's counseling experience.

Step four: Situated structure. P30 described her current work setting, where she provides weekly in-home counseling and case management services to families with children on a part-time basis. She noted that most parents are undocumented immigrants. She works entirely in Spanish. During her internship she worked in a hospital setting with female clients who were identified as high risk by their obstetrician. She provided brief counseling interventions to

pregnant or post-partum clients in crisis (such as miscarriage or a diagnosis of disability in utero). Like her current work setting, P30 worked with mostly Spanish-monolingual, undocumented immigrants.

P30 described her clinical supervisor for her current work setting, an English monolingual White woman. While this supervisor possesses some cultural competence, P30 found her supervisor's lack of Spanish language proficiency to be problematic. P30 stated one of her most prominent supervision needs as a SEB supervisee is to learn how to phrase probing questions in Spanish in a way that connects with clients, undocumented immigrants with low educational attainment. Her current supervisor does not have direct experience working with this population, although P30 prefers a supervisor with experience working with this population of clients. In order to meet more adequately her supervision needs, P30 sought an additional clinical supervisor. This clinical supervisor possesses Spanish language proficiency and cultural competence. Additionally, supervision with this supervisor is conducted in Spanish. P30 feels her supervision needs are wholly met by her second clinical supervisor. However, she is uncertain of how to approach the topic of her unmet supervision needs with her first supervisor. She also feels she could benefit from group supervision, which is currently not provided by the agency where she works.

Step two: Discrimination of meaning units. Having grasped the sense of P30's experience with clinical supervision, this researcher read through the transcript of the interview once more with the specific aim of discriminating meaning units. She divided the verbatim transcript into meaning units. This researcher placed the meaning units in temporal order that accurately reflect the structure of the interview (Giorgi, 1985; 2009). Portions of the audio

interview that could not be heard or transcribed are noted by [?]. The transcript of the interview with P30 has been divided into the following meaning units:

> Well, both of them, I had supervisors who didn't, doesn't know Spanish. And doesn't identify as Latino either./
>
> And in the first, with my internship, at the hospital. It was okay. And not, since I wasn't doing any like long-term work, I think I was able to manage fine with the Spanish, like my own Spanish./
>
> But this time, now that I'm doing longer-term work and I'm kind of more attuned to like dynamics and relational dynamics and attachment, it's hard to not have a supervisor who speaks Spanish or has even worked with this population, 'cause she hasn't worked with this population either. And I think what is challenging is because I'm working with, I think anytime you do counseling but especially working with parents where you're observing their parenting, it's very sensitive./
>
> And it's so, it's very important to me for if I like make kind of an intervention or if I say something where I'm observing something or noticing something or asking a question, to do it in a very like gentle and also, I mean in a gentle way but also in a way that it lands with them, like it makes sense. 'Cause a lot of the language we use in the field, I mean, it kind of isn't, I mean it's not language that most people use a lot of times. And, also, with this population that they also have , the population I work with, they also have a lower level of education, so I, a lot of times, I might ask a question and I just realize, oh, like that didn't land at all with them. Either they didn't understand what I was saying, it didn't make sense. And also not, and like making it, like not making it, and I've, even when I work in English this is a challenge for me, of like not using the words that I would use,

like but finding ways to ask questions. Like, if I asked about, let me find an example. Sometimes if I ask directly like, “How do you feel about that?” or it just, like, it doesn’t work always. And so the struggle I have is not having a supervisor who can help me around language. Like, not having a, like, I can’t say to my supervisor, like, “How would you say this to the family?” Or, and that’s really hard./

Yeah. ‘Cause they don’t have the language, so they can’t give you suggestions on that. And I think as a new clinician, like that’s a lot of what I’m learning how to do is how to ask things in a particular way and how to kind of, when people aren’t necessarily forthcoming, like, how to engage them more, like, what to say to engage them. And that can be really challenging./

So I actually decided a few – about like a month ago, that I needed to have supervision in Spanish, so I started to, so I contacted a professor who was my professor when I was doing my social work degree at [college]./

So she lives in [state]. And she’s from Spain, so she also, she doesn’t speak like Central American Spanish or, but you work with the same population, a similar population in [state]. She’s worked a lot with families./

And so I have supervision with her twice a month through Skype or, not through Skype; through GoToMeeting. And that’s been kind of really, really helpful. So it’s still, like, I still have my regular supervisor at my job, who I have supervision with every week. And then I’m also kind of supplementing it with this person, who is offering me a lower fee. I mean, I have to pay for it, but it’s lower than what other people may charge./

And that's been really good because I actually have supervision in Spanish, so not only am I hearing, like, how she would say things, but I'm like also conceptualizing in Spanish with her./

And I think kind of what I've also started to do is like when I take notes. So at the agency I work at, you always have to write your notes in English. So you come from an interaction in Spanish, and then you're, like, *But I'm having to translate it in my head into English.* And what I've found is that when I'm writing the notes, I think, and I'm, like, remembering back on things that have happened, I'm already back in English mode of thinking things through and kind of trying to understand things that have happened in the visit. So what I've also started doing that's really helpful is, like, whenever I notice that I might want to think deeper about something that's happening and everything I, like, write everything down in Spanish, like in a journal, basically. With, like, kind of not, like, it's helpful for me to kind of keep thinking about things in Spanish and writing them down instead of always, like, going into English all the time after the visit. It's both in supervision and, like, when I write the notes./

Because the one [supervisor] from my internship (?), so it's, so right now, I think that she's culturally sensitive in that because she actually supervises all of the Spanish-speaking social workers that are at [agency], well, she supervises three of us. And she's been there for 20-plus years. And this is a population they've been working with for this whole time. So she does kind of understand a lot of, like, what it means to be poor and undocumented in [city]. I mean, I think she also understands…so, for instance, like, I don't really make, I mean, there's, yeah, a lot of, like, things have happened that are cultural. I know everything's cultural, but for most things that are, like, what did I see

that I label as cultural and I talk to them about, I, she, like, has heard similar things from other social workers. So, yeah, I think she's culturally sensitive. I just don't think she has the, she's never worked with this population directly, which I think is an issue, and just not knowing Spanish, are more, kind of, like, red flags for me. I don't know, does that answer your question? I don't know [with what ethnic group she identifies], but, I mean, she presents as White, and I think she does identify as White./

Well, I think she just, so, I mean, I guess the difference that I would say is that there are people that are culturally sensitive, but I think this one that I am getting supplemental supervision from, whose name is ["Ana"]. She's like very culturally knowledgeable too. And the one I have at [agency], her name is ["Bonnie"], she's not as, she's somewhat culturally knowledgeable but not as much. And so [Ana], like for instance, I was telling [Ana] about this dynamic with this mom where, trying to think exactly how, I mean, their just like think…so for instance [Ana] was telling me that when you work with people who have not gone to high school, that they can be smart people but the abstract thinking isn't as developed./

And because we were kind of talking about why sometimes [Ana] asks things like I can tell if it doesn't land with the moms, which is what I was just saying before. And she said that when she worked with, at a mental health agency, at [agency], sometimes she would kind of ask you, like, the women she was working with about, yeah, like what they do during the day. And, you know, she said that, like, one of the women she worked with used to watch telenovelas a lot. And so [Ana] was able to kind of ask her more about like her favorite telenovela and how does she identify with the different people in it, like who does she identify with, who doesn't she, to kind of understand, like, the person's own

self-image. And that's something that my supervisor at [agency] would never, like, think about or even talks about. For me that's, and even though, you know, I haven't talked to any of my mom's about telenovelas…*(laughing)* Yeah, just like hearing that, I was like, and there's all these examples that I could give you. We used that, [Ana] just is, I mean, she's worked with the population. And it's not the same population, and I don't want to, like, generalize. But it's, like, very similar, and so, yeah, there're just so many things, or, like, for instance, we'll talk about some dynamic, and then [Ana] will talk about that in terms of it being not just the dynamic with this mom but, like, actually a cultural dynamic. And something broader. And that's really helpful for me./

No [there is nothing I might like to Ana if I could]. *(laughing)* 'Cause she also, I mean, she has a psychodynamic framework, which is kind of what I was trained in and what I really would, like, want to continue to be trained in. So that also feels like a good fit for me. But, you know, I knew all of this reaching out to her because she was my professor. And I had her for a class called, like, [course title]. And I had had many conversations with her. So I kind of knew, like, I had to actually set up a relationship with her specifically because I thought that this might happen, that I would want supervision from her later./

Yeah. And it's, like, so rare to find really good supervisors in, who can supervise in Spanish./

In my limited experience, I never, basically, I don't really meet any [bilingual clinical supervisors] in [city]. I'm sure there's a handful in [city]; I just haven't met any of them./

I think I, well, I mean, some of it is what we've already talked about. Like, I think actually having a supervisor that is fluent in the language is impor– really important./

But very rare. Or often times rare. I think having a supervisor who worked with this population is also really important./

And I think that something that, another thing that we haven't talked about that I feel like is missing is that I don't have any, there is group supervision once a month with all of the social workers, so both ones that work with English families, one that, ones that work with Spanish-speaking families. And I actually feel like I specifically need group supervision with other, like, social workers or counselors that work only with Spanish-speaking families. And that, to me, is really, is also missing. But that feels harder to kind of figure out because I'm new to the agency, and I think a lot of the people are already further set in their ways./

So the idea of, like, adding a supervision group, because I've actually kind of pitched the idea to the other Spanish-speaking social workers, and one of them has been there, like, 10-plus years, so she just doesn't really have an interest in that. To do that now. Hm, hm, hm. And, yeah, I guess, you know, I think part of it is like, I mean, there's another organization in [city] called [agency], which is a mental health agency that only works with Spanish-speaking people. And I imagine there it's very different 'cause all the supervision is with other clinicians that work in Spanish. And, I mean, I've thought about that too. But my agency is, my agency has, like, Spanish-speaking clinicians is in the minority. So there just isn't, they're kind of in some ways, like, not that they're forgotten about but the uniqueness of being a bilingual supervisee is lost on some of the people who are in positions of power who are only English-speaking./

Well, I think just being able to reflect on, like, all of the kind of cultural pieces of this work, like everything that, because, I mean, the yeah, there's a lot of, maybe it'd be

helpful if I give an example. But I'm trying to think. Let's see. For instance, during this whole, so, like, when you go into someone's house, it's very intimate. That's during a home visit. Then, but, also, you feel like there's a different quality when you go into a house of a Latino family because not only is it very intimate but also I guess this is true across the board, that I think there's something cultural that hits you of, like, really wanting to, like, take care of the person coming into the home, really wanting to, like, present themselves in the best way. And so sometimes the interaction is maybe not as, more like less genuine than it could be. And so there's all these things, that just, like, one little example. And there's, like, many different things that I see that I think, *Okay, I think there is something also cultural here around it,* like, *maybe it's specific to the parents but there's also,* like*, a cultural thread too*. And I don't really have, I think in group supervision I could kind of talk to other counselors and social workers who may be observing similar things and ask them, like, how do they work, like a family who you know, has this like, dynamic or this is happening. That's what, yeah. So just like a space to be able to talk about all of that, basically./

I guess the one thing that kind of I want, just want to say that is tricky, a, like, right now I'm trying to figure out, well, okay. But because, like, my needs weren't really satis–, aren't being satisfied in supervision with [Bonnie], and I reached out to [Ana] and getting supervision with her, I'm trying to figure out, like, if I should tell my current supervisor that I'm getting, like, supplementary supervision./

And I think this is probably something that other people face. I mean, anyone who gets another supervisor. But it is kind of tricky 'cause I guess what is tricky is figuring out if I want to share to my supervisor that I do think the supervision is inadequate, because she

doesn't speak the language and because she hasn't worked with the population. And that is just something interesting to navigate. Like, I'm kind of just dealing with it and trying to figure out what I want to do. But it's, yeah, just seeing how my needs aren't met and then figuring out do I want to share this with my supervisor or not or, and how, if I do. So that's just, you know, a lot to figure out./

Step three: Transformation into clinical language. This researcher identified seven meaning units in this interview: (a) supervisor traits, (b) fulfilled supervision needs, (c) unmet supervision needs, (d) nuances of being a SEB supervisee, (e) preference for language proficiency or cultural competence, (f) filling supervision gaps, and (g) language switching and emotional connection. P30 discussed the nuances of being a SEB supervisee eight times. She described her supervisors seven times. She shared about her unmet supervision needs seven times. P30 expressed her preference for language proficiency or cultural competence five times. She referenced filling supervision gaps three times. She mentioned filling supervision gaps and language switching phenomenon and emotional connection one time each. Of all the meaning units identified, P30 mentioned the nuances of being a SEB most during the interview. See Table 12.

Table 12
Nodes and References of P30

Node Name	References
Supervisor traits	7
Fulfilled supervision needs	1
Unmet supervision needs	6
Nuances of being Spanish-English bilingual	8
Preference for language proficiency or cultural competence	5

Filling supervision gaps	3
Language switching and emotional connection	1

(Note: Nodes are in temporal order.)

Nodes about supervisor traits include meanings units where P30 described two clinical supervisors, "Bonnie" and "Ana." "Bonnie" is a clinical supervisor at the agency where P30 presently works. Bonnie is an English monolingual woman who P30 perceives as White. P30 described Bonnie as possessing a wealth of clinical supervision experience with social workers like P30 as well as working with undocumented Spanish monolingual clients. P30 stated, "And she's been there for 20-plus years. And this is a population they've been working with for this whole time. So she does kind of understand a lot of, like, what it means to be poor and undocumented in [city]." However, Bonnie herself does not have experience working directly with this population. P30 said, "She, like, has heard similar things from other social workers. So, yeah, I think she's culturally sensitive. I just don't think she has the, she's never worked with this population directly, which I think is an issue, and just not knowing Spanish, are more, kind of, like, red flags for me." P30 expressed concern about Bonnie's expertise and scope of practice in supervising a counselor who was working with a population with whom Bonnie had never directly worked. Another primary concern P30 expressed is how Bonnie is unable to support her in improving her clinical skills in Spanish. This concern is further expanded upon in meaning units about unmet supervision needs.

Recognizing not all of her supervision needs were being met, P30 contacted "Ana" for supplemental clinical supervision. Ana is Latina and Spanish-English bilingual. She has also previously worked with a population similar to that with which P30 is working. P30 described Ana as possessing expertise in Spanish language, cultural competence, working with Latinos,

and working with undocumented persons. She provided several illustrative examples of Ana's savvy as a clinical supervisor. For example:

> She said that, like, one of the women she worked with used to watch telenovelas a lot. And so [Ana] was able to kind of ask her more about like her favorite telenovela and how does she identify with the different people in it, like who does she identify with, who doesn't she, to kind of understand, like, the person's own self-image. And that's something that my supervisor at [agency] would never, like, think about or even talks about."

Overall, P30 is overwhelmingly pleased with the quality of supervision provided by Ana.

Nodes about fulfilled supervision needs contain meaning units where P30 described her supervision during an internship as sufficient. She had a non-Latino supervisor English monolingual supervisor. P30 stated, "And in the first, with my internship, at the hospital it [clinical supervision] was okay. And not, since I wasn't doing any like long-term work, I think I was able to manage fine with the Spanish, like my own Spanish." She felt that given the short-term nature of her counseling intervention, she was able to suffice with her current skill set without guidance in Spanish.

Nodes about unmet supervision needs include meaning units where P30 discussed how clinical supervision at her current place of employment is satisfactory, but does not meet all of her needs. Namely, she does not receive support for Spanish language clinical concerns. P30 seeks to improve her ability to ask probing questions in general, but particularly in Spanish. She finds improving this skill difficult because Bonnie is unable to provide feedback. P30 shared, "And so the struggle I have is not having a supervisor who can help me around language…I

can't say to my supervisor, like, 'How would you say this to the family?' Or, and that's really hard."

Nodes about nuances of being a SEB supervisee include meaning units where P30 described intricacies of her work experience, such as the scarcity of SEB clinical supervisors, the lack of group supervision for SEB supervisees that explicitly addresses concerns related to their unique caseload, the cultural significance of working with Latino clients in their own homes, and addressing when supervision needs are not met due to lack of language proficiency. In describing the scarcity of SEB supervisors, P30 said, "In my limited experience, I never, basically, I don't really meet any [SEB supervisors] in [city]. I'm sure there's a handful in [city]; I just haven't met any of them." Also, P30 described receiving group supervision with English-speaking and Spanish-speaking supervisees. She feels she would benefit from group supervision that caters to the uniqueness of being a SEB supervisee. She remarked, "And I actually feel like I specifically need group supervision with other, like, social workers or counselors that work only with Spanish-speaking families. And that, to me, is really, is also missing." She continued:

> But my agency is, my agency has, like, Spanish-speaking clinicians is in the minority. So there just isn't, they're kind of in some ways, like, not that they're forgotten about, but the uniqueness of being a bilingual supervisee is lost on some of the people who are in positions of power who are only English-speaking.

Nodes about preference for language proficiency or cultural competence include meaning units where P30 expressed the need to have a clinical supervisor that is SEB and possesses cultural competence when working with Latinos. In discussing her supplemental supervision, P30 shared, "And that's [working with Ana] been really good because I actually have supervision in Spanish, so not only am I hearing, like, how she would say things, but I'm like

also conceptualizing in Spanish with [Ana].” In addition to having a SEB supervisor, P30 would also prefer to have clinical supervision conducted in Spanish.

Nodes about language switching and emotional connection include meaning units where P30 describes utilizing the opportunity to think, write, and speak in Spanish in clinical supervision with Ana. P30 noted that the agency at which she works requires her to document cases in English. She found herself translating interactions that had transpired in Spanish to English. She also conceptualized cases and participated in supervision with Bonnie in English. Working with Ana allowed P30 to remain working in Spanish. She said:

> And what I’ve found is that when I’m writing the notes, I think, and I’m, like, remembering back on things that have happened, I’m already back in English mode of thinking things through and kind of trying to understand things that have happened in the visit. So what I’ve also started doing that’s really helpful is, like, whenever I notice that I might want to think deeper about something that’s happening and everything I, like, write everything down in Spanish, like in a journal, basically…it’s helpful for me to kind of keep thinking about things in Spanish and writing them down instead of always, like, going into English all the time after the visit. It’s both in supervision and, like, when I write the notes.”

Being able to function uniformly (i.e., recalling and writing) in the same language was less mentally taxing to P30 and allowed her to have deeper reflection on her work.

Nodes about filling supervision gaps include meaning units where P30 described how she’s meeting unmet supervision needs: hiring an additional clinical supervisor. P30 is uncertain about how to address her unmet supervision needs with Bonnie, and whether or not she feels comfortable broaching this topic with Bonnie. She shared, “But because, like, my needs…aren’t

being satisfied in supervision with [Bonnie], and I reached out to [Ana] and getting supervision with her, I'm trying to figure out…if I should tell my current supervisor that I'm getting…supplementary supervision." She continued:

> But is kind of tricky 'cause I guess what is tricky is figuring out if I want to share to my supervisor that I do think the supervision is inadequate, because she doesn't speak the language and because she hasn't worked with the population.

P30 surmised that other SEB supervisees have faced this same conundrum. She is undecided on how to address having two clinical supervisors.

General Structure

Fourteen convergent meaning units were discriminated from all 10 transcripts through the creation of nodes using NVivo 10: (a) advocacy, (b) filling supervision gaps, (c) fulfilled supervision needs, (d) language switching and emotional connection, (e) Latino needs and resources, (f) nuances of being a SEB supervisee, (g) paying it forward for SEB supervisees, (h) preference for language proficiency or cultural competence, (i) privilege, (j) quality of supervisory alliance, (k) SEB supervisee frustration, (l) SEB supervisee self-assessment of skills, (m) supervisor traits, and (n) unmet supervision needs. One divergent meaning unit was identified: ethics. Whether ethics was an aspect of the phenomenon being studied or specific to P28's personal experience is uncertain.

In examining convergent meaning units, this researcher identified three specific general situated structures: (a) supervisor-supervisee in/compatibility, (b) resilience and resourcefulness of SEB supervisees, and (c) diversity of the Latino population. Of all nodes, preference for language proficiency or cultural competence and supervisor traits were referenced by all

participants. Nuances of being a SEB supervisee were referenced by nine participants. Fulfilled supervision needs and Latino needs and resources were referenced by eight participants.

Of all nodes, supervisor traits were referenced the most number of times. Participants discussed supervisor traits 34 times. Participants referenced nuances of being a SEB supervisee 31 times. Participants referenced preference for language proficiency or cultural competence 29 times. Table 13 portrays the name of themes and nodes, how many participants referenced each node (sources), how many times a meaning unit was referenced during all interviews (references), and which participants referenced each node (participants).

Table 13
Specific General Situated Structures (SGSS), Themes, and Nodes

SGSS, Themes, and Nodes	References	Sources	Participants
Supervisor-supervisee in/compatibility			
Supervisor traits	34	10	P1, P5, P6, P7, P9, P13, P17, P26, P28, P30
Preference for language proficiency or cultural competence	29	10	P1, P5, P6, P7, P9, P13, P17, P26, P28, P30
Unmet supervision needs	12	4	P5, P26, P28, P30
Fulfilled supervision needs	11	8	P1, P7, P9, P13, P17, P26, P28, P30
Quality of supervisory alliance	1	1	P9
SEB frustration	2	1	P5
Resilience and resourcefulness of SEB supervisees			
Filling supervision gaps	9	4	P5, P6, P28, P30
Advocacy	4	1	P26
Paying it forward for SEB supervisees	1	1	P7

SEB supervisee self-assessment of skills	2	1	P5
Diversity of the Latino population			
Latino needs and resources	13	8	P1, P5, P7, P9, P13, P17, P26, P28
Nuances of being a SEB supervisee	31	9	P1, P5, P6, P7, P9, P17, P26, P28, P30
Language switching and emotional connection	4	4	P7, P13, P17, P30
Privilege	1	2	P1

Supervisor-Supervisee In/Compatibility

This theme conveys how supervisors' and supervisees' knowledge and skill align when working with the Latino population. For example, supervisors' knowledge and skills may be a good fit for a traditional paradigm (i.e., English monolingual clients, supervisees, and supervisors). Conversely, when working with SEB supervisees, supervisors' knowledge and skills often do not match supervisees' needs, or supervisees' needs do not suit supervisors' knowledge and skills. Unmet supervision needs were created by this mismatch. However, the quality of the supervisory alliance mitigated some of the deficits caused by this incompatibility. Six meaning units express this theme: (a) supervisor traits, (b) preference for language proficiency or cultural competence, (c) unmet supervision needs, (d) fulfilled supervision needs, (e) quality of supervisory alliance, and (f) SEB supervisee frustration. Meaning units discussed by two or more participants are detailed below.

Supervisor traits. All participants described their clinical supervisors. Overall, supervisor traits were referenced 34 times. Participants had a wide variety of clinical supervisors. Nine of 10 supervisors were English monolingual. One supervisor was SEB. Supervisors were

from different races, with the majority being non-Latino. According to the participants, some supervisors possessed cultural competence specific to Latinos, others were attuned to culture's influence on a broader level and still others lacked cultural competence. For example, P30 shared about having a supervisor that was culturally competent and understood Latino culture and identified as Latina. P30 said, "…There are people that are culturally sensitive, but I think this one that I am getting supplemental supervision from, whose name is ["Ana"], she's like very culturally knowledgeable too." P7 shared about a supervisor who possessed general cultural competence, but was not familiar with Latinos. P7 stated, "Dr. [name] here in North Carolina was very aware of his shortcomings of not knowing much about Latino culture…so he was very culturally savvy." P26 shared about a supervisor that lacked cultural competence, saying, "At the time, yeah, we had a little bit of a challenge with the biases and, yeah, biases, assumptions, and a little bit of a judgmental stance on her part." Participants viewed some clinical supervisors as effective and others ineffective. P1 and P9 shared that quality of the supervisory alliance superseded all other factors, like language proficiency or cultural competence. P9 shared, "It's the rapport and the relationship between, you know, the supervisee and the supervisor. And I think that is, I guess, much more important than really anything else."

Preference for language proficiency or cultural competence. All participants expressed whether or not they had a preference for a clinical supervisor who possessed Spanish language proficiency or cultural competence. Overall, preference for language proficiency or cultural competence was referenced 29 times. Some participants had not previously considered the idea of having a SEB supervisor as a possibility; a clinical supervisor with Spanish language proficiency was a luxury. When asked if she would take advantage of having clinical supervision in Spanish, P9 said, "I've never even thought of that because there just isn't that option here in

my local area. But, yes, I think that would be a great thing." Participants were particularly interested in developing their Spanish clinical vocabulary. P7 stated, "The supervision, had I been able to do supervision in Spanish, oh, I would have been able to learn the vocabulary in Spanish! The vocabulary of therapy. You know, which is different."

P30 was the only participant to have clinical supervision in Spanish. Seven of 10 participants expressed their need for a SEB supervisor. P1 noted that language proficiency would be helpful, but that a strong supervisory alliance would take precedence over language proficiency. P13 said that language was not a barrier in supervision, although he thought supervision in Spanish would be helpful. P26 said that having a language-proficient supervisor or supervisor in Spanish made no difference to her. However, she valued cultural competence more than language proficiency.

Clinical supervisors' lack of language proficiency pointed to a larger supervision issue: the lack of shared meaning between supervisors and supervisees. When clinical supervisors did not share a common language with supervisees and their clients, supervisors missed out on cultural concepts that transcended language. P5 elaborated:

> Yeah, like when there's certain ways that you kind of explain different concepts, yeah, depending on the language and depending on the culture. So if I had someone who had been a little bit more versed in that, it might have been a little bit easier for me.

Instead, participants like P5 found themselves explaining cultural and linguistic nuances to supervisors.

While language proficiency was considered a luxury, participants considered cultural competence a critical skill. If faced with having to choose between a supervisor with either

language proficiency or cultural competence, participants chose cultural competence. When asked to choose between the two, P17 chose cultural competence and shared:

> It was important for that supervisor to be well-versed in cultural nuances, especially, you know, since this is the population that we're treating and they're in a position of clinical supervisor, then I think, they should come equipped with this clinical knowledge because it's, I'm the learner and they're a teacher. So I think that's an important quality that, to seek in a supervisor.

Participants had supervisors with varying levels of cultural competence. Some supervisors had general cultural competence, while others were adept in working specifically with Latinos.

Unmet supervision needs. P5, P26, P28, and P30 discussed their unmet supervision needs. Overall, unmet supervision needs were referenced 12 times. While six participants described their clinical supervision needs as at least satisfactorily met, four participants felt their supervision was unsatisfactory. P5 shared, "I'll be completely honest. I received more supervision from other colleagues who had been in those, in the field a lot longer than I did my actual clinical supervisor." P26 said that her clients had complex needs because they were often undocumented. She did not feel her supervisor possessed the skills to support her in this aspect. P28 relied on colleagues instead of her supervisor for support. P30 sought an additional clinical supervisor.

Fulfilled supervision needs. P1, P7, P9, P13, P17, P26, P28, and P30 discussed their fulfilled supervision needs. Overall, fulfilled supervision needs was referenced 11 times. Participants described their clinical supervision needs being met in ways that were excellent, good, or adequate. P1, P7, P13, P26, and P28 described their clinical supervision experience as outstanding, using terms like "very helpful," "very effective," "above and beyond," "great

supervision," "pretty doggone good," and "very good input." P9 and P17 described their clinical supervision experience as good, using terms like "pretty [effective]" and "some areas that needed to be filled in." P30 described a clinical supervision experience as adequate, calling it "okay." The general sentiment about clinical supervision by these eight participants was that it met their needs.

Resilience and Resourcefulness of Spanish-English Bilingual Supervisees

This theme conveys how SEB supervisees with unmet supervision needs were able to find ways to fill supervision gaps. Spanish English bilingual supervisees were attuned to their skills and what supports they needed to further develop them. When their supervision did not provide these supports, they found other means to meet their supervision needs. In turn, they often advocated for their professional needs, clients, and the Latino community. Four meaning units express this theme: (a) filling supervision gaps, (b) advocacy, (c) paying it forward for SEB supervisees, and (d) SEB supervisee self-assessment of skills. Meaning units discussed by two or more participants are detailed below.

Filling supervision gaps. P5, P6, P28, and P30 discussed how they filled supervision gaps. Filling supervision gaps was referenced nine times. All four participants mentioned that their supervision needs were not met. Consequently, they consulted with colleagues formally and informally for clinical supervision and consultation. P28 shared, "I turn to my friends, colleagues, peers, because all my friends are colleagues and peers. I…will pay to go to somebody who has a particular expertise if I'm faced with certain challenges that I need that expertise for." P5, P6, and P28 relied on a consultative model for clinical supervision as needed. P30 relied on a traditional model for clinical supervision on a regular basis. P5 checked in with colleagues when she faced challenges in counseling. She stated, "I don't have any problem

saying, picking other people's brains and say, Hey, what am I not seeing, what am I not getting at? So I seek supervision on a very regular basis." P6 and her colleagues formed a consultative peer supervision group of their own. She said, "Then we decided that we were just gonna form our own peer supervision about our private practices. So that's what we did. And then we didn't have to pay anybody. We just had to, you know, provide peer supervision."

Diversity of the Latino Population

This theme conveys the diversity of Latinos. Latinos are distinctly different from the majority population, but they also possess within group differences in language and culture. As P7 described, language and culture vary from "valley to valley." Working with Latinos requires the knowledge, skill, and sensitivity to understand complex issues like immigration status and how being undocumented influences clients' eligibility and willingness to engage in treatment. Working with Latinos often meant representing a minority perspective, especially for participants who identify as Latino. Four meaning units express this theme: (a) Latino needs and resources, (b) nuances of being a SEB supervisee, (c) language switching and emotional connection, and (d) privilege. Meaning units discussed by two or more participants are detailed below.

Latino needs and resources. P1, P5, P7, P9, P13, P17, P26, and P28 discussed the unique needs of the Latino community and the specific missing resources that are needed to meet those needs. Overall, Latino needs and resources were referenced 13 times. Nodes about Latino needs and resources contain meaning units that discuss challenges participants personally faced, as well as challenges clients on their caseloads faced. P7, P9, P13, and P26 discussed the scarcity of Spanish-speaking counselors in their local areas. P9 stated, "Well, I was the only person on staff that had any kind of Spanish language acquisition, so I was recruited, more or less, to

[counsel in Spanish].” Participants often felt a sense of responsibility to address social justice issues clients faced. P1 shared, “Let’s see how we’re feeling, how we’re serving the community because we have a big responsibility.” Participants also expressed the need to have a supervisor that was connected to resources that could meet the unique needs of Latinos. For participants that did not have well-informed supervisors, they noted this supervision gap. P28 stated:

> I’m kind of going back and forth between thinking that what’s needed is both supervision and resources because what feels to me like it’s missing is not so much the supervision, but I sometimes feel like I end up as case manager with Spanish-speaking patients.

Nuances of being a SEB supervisee. P1, P5, P6, P7, P9, P17, P26, P28, and P30 discussed the nuances of being a SEB supervisee. The nuances of being a SEB supervisee were referenced 31 times. Participants shared examples of nuanced situations they encountered, such as culture-bound syndromes, interpreting, within group differences, language variations, gender roles, and Latino values and traditions. These are experiences that only they, as SEB counselors and supervisees, would experience. For example, P6, P7, P9, and P28 mentioned the importance of recognizing within group differences in culture and language. Not all Latinos hold the same values, practice the same traditions, or speak the same language uniformly. P9 discussed language variation, sharing, “There’s so much variation in the Spanish language, you know, depending on the region or the country that the family is from. Everyone’s Spanish is not the same.” She acknowledged this as a critical skill in working with Latinos.

Participants described nuances not only in their roles as practitioners, but also as employees. Participants realized counseling systems of delivery and agencies where they worked were non-traditional paradigms. Consequently, participants sometimes found themselves representing a minority experience or perspective. P30 described working at an agency that was

situated to meet the needs of English monolingual counselors. She said, "The uniqueness of being a bilingual supervisee is lost on some of the people who are in positions of power who are only English-speaking." Because of the non-traditional paradigm of being a SEB counselor and supervisee, participants often found themselves being in the minority and having to meet their own professional needs. P1 shared, "She [my supervisor] was suggesting about like have a group support or counselors who are Latino or Spanish-speaking around town, which we have a few here, around here."

Language switching and emotional connection. P7, P13, P17, and P30 discussed language switching and emotional connection to thoughts or feelings through language. Fulfilled supervision needs was referenced four times. P7, P13, and P30 discussed language switching with clients. P17 and P30 discussed language switching in clinical supervision. P17 shared that she would have appreciated the opportunity to have clinical supervision in Spanish, had it been available to her. P30 described her process of writing case notes and supervision notes in Spanish after interacting with clients in Spanish. She stated:

> So you come from an interaction in Spanish, and then you're, like…But I'm having to translate it in my head into English. And what I've found is that when I'm writing the notes, I think, and I'm, like, remembering back on things that have happened, I'm already back in English mode of thinking things through and kind of trying to understand things that have happened in the visit. So what I've also started doing that's really helpful is, like, whenever I notice that I might want to think deeper about something that's happening and everything I, like, write everything down in Spanish, like in a journal, basically. With, like, kind of not, like, it's helpful for me to kind of keep thinking about

things in Spanish and writing them down instead of always, like, going into English all the time after the visit. It's both in supervision and, like, when I write the notes."

P7 and P30 acknowledged the value of using one's dominant language as a means to better connect with powerful thoughts and emotions. P7 shared, "[Counseling] is much better if your client in therapy, if you can work in your native language because you don't have to pass it through a translation filter."

Chapter Summary

In chapter four this researcher revisited the method of analysis used to study SEB supervisees' experience of clinical supervision. She provided a case-by-case analysis of transcripts for 10 participants, including how meaning units were discriminated and the insight contained by each meaning unit. She also identified three specific general situated structures. This researcher identified three common themes into which she categorized meaning units: supervisor-supervisee in/compatibility, resilience and resourcefulness of SEB supervisees, and diversity of the Latino population.

CHAPTER FIVE: DISCUSSION

In chapter four, the analysis of individual participant interviews and an analysis of situated structures of participant interviews was presented. In chapter five, the findings relative to the research question and the theoretical framework of the study (social constructionist) are discussed. The implications of findings for future research, counselor educators and supervisors, Spanish-English bilingual (SEB) supervisees, and clients are offered. Chapter five concludes with a personal statement of growth.

Research Question

The grand tour question for this study was, "How do Spanish-English bilingual supervisees experience clinical supervision, and what are their supervision needs?" An existential phenomenological approach provided the means to unfold carefully the phenomenon of Spanish-English bilingual (SEB) supervisees' experience of clinical supervision. However, the description that follows is not intended to represent the experience of all SEB supervisees in clinical supervision.

Phenomenological Profile

The majority of participants reported having effective clinical supervision experiences. The quality of the supervisory alliance proved to be a strong protective factor. If participants felt they had supportive, positive relationships with clinical supervisors, then they were satisfied or pleased with clinical supervision. In fact, the quality of the supervisory alliance proved to be more important than supervisors' language proficiency or cultural competence. There are two perspectives to consider when unraveling this occurrence. First, participants may not have expected clinical supervision to occur in Spanish. For many participants, the notion of having supervision in Spanish was never considered as a possibility. Secondly, participants may have

lowered their expectations of supervision when realizing that theirs was an untraditional paradigm (i.e., speaking a non-dominant language). Either way, clinical supervision in Spanish was not expected. Having a supervisor who spoke Spanish, however, was always deeply appreciated.

In addition to examining efficacy of clinical supervision, this study revealed the ethical implications of SEB supervisee supervision. Supervisees and supervisors alike are bound by codes of ethics. These codes are committed to protecting client welfare (ACA, 2014; ACES, 2016). However, participants were faced with ethical dilemmas when serving Spanish-speaking clients. Participants' supervisors were confronted with ethical dilemmas in supporting SEB counselors, especially when supervisors' skills and participants' needs were incompatible. In this study, participants and supervisors found themselves honoring one ethical principle at the expense of another (e.g., engaging in clinical supervision but lacking cultural competence and/or Spanish language proficiency). Supervisors agreed to supervise participants out of duty and obligation (e.g., meeting agency guidelines) to be culturally nondiscriminatory and inclusive (ACA, 2014; ACES, 2016). Additionally, supervisors agreed to supervise participants despite the supervisors lacking the cultural competence and language proficiency necessary to support SEB supervisees. In agreeing to work with SEB supervisees, supervisors that did not possess cultural competence and language proficiency were practicing outside of their scope of practice. According to participants, their supervisors often honored cultural competence and diversity at the expense of scope of practice.

Some participants found themselves faced with the same ethical conundrum. They served Spanish-monolingual clients for various reasons. Some participants worked with this population because no one else at their respective agencies spoke Spanish. Other participants worked with

this population because of a sense of duty and obligation to the Latino community, whether or not they identified themselves as members of the community. When participants and their supervisors had incongruent needs and skills, participants became creative and resourceful in order to get their needs met. Some of these methods were creating peer consultation groups or consulting with colleagues. Other methods were ethically questionable, such as hiring a second clinical supervisor without knowledge of one's first clinical supervisor. The intention behind pursuing a second supervisor is positive: wanting to improve one's counseling skills for the benefit of clients. However, the duplicity of supervision without transparency puts supervisees in an ethical grey area (ACA, 2014; ACES, 2016).

Comparison to Literature

Supervisor-supervisee in/compatibility. Participants' interactions with their supervisors and clients can be explained by the social constructionist theory. Participants had to become aware of the realities of supervisors and clients. The realities of participants, supervisors, and clients were deeply influenced by culture. Supervisors' cultural competence is very much embedded in social constructionist theory (Philip et al., 2007). Participants and supervisors must consider their own and others' socio political context. Supervisors must consider the social constructionist context of supervisees and clients. Participants must consider the social constructionist context of supervisors and clients. Participants were satisfied with supervision when supervisors applied a social constructionist lens. That is, when supervisors were able to consider culture's impact on supervisees and clients broadly, and, depending on the supervisors, sometimes specifically pertaining to Latinos participants reported increased satisfaction with supervision. Supervisors lacking cultural competence did not apply a social constructionist lens. Failure to apply to socio political context of social construction resulted in the practice of clinical

supervision that was incompatible with participants' needs, which was noted in supervisor-supervisee in/compatibility situated structured.

Relativism, a basic tenet of social constructionism states there are parallel realities for people based on their truths, knowings, and personal experiences. Multiple realities or truths exist (Owen, 1992). In examining the clinical supervision experiences of SEB supervisees, this researcher considered her reality as well as participants', supervisors', and clients' realities. One salient example of different realities is how immigration status was perceived. According to participants, clients who were undocumented persons lived in fear of deportation and separation from their families. Clients were reluctant to seek services in their community and sometimes felt paranoia. This was their reality. As their counselor, participants reported empathizing with the social justice concerns related to clients being undocumented persons. Participants described having to explain clients' concerns to supervisors, who had not previously considered the far-reaching impact of immigration status on clients' lives.

Working with Latinos required that participants viewed clients' through a social constructionist lens to understand the realities, truths, and personal experiences of supervisors and clients (Owen, 1992). Social constructionist theory paints a picture that explains the variability in participants' experiences of clinical supervision. Some supervisors possessed little cultural competence, while others understood culture's broad influence in counseling and supervision, and yet others understood Latino culture specifically. With command of cultural competence, supervisors understand the realities of participants and clients. Their realities are more closely aligned with one another. Supervisors understand the realities lived by participants and clients. Without cultural competence, supervisors' realities diverge from participants' and clients' realities. Supervisors struggle to understand realities created by participants and clients.

Consequently, some supervisees were dissatisfied with clinical supervision, while others were satisfied, and others were empowered.

Resilience and resourcefulness of Spanish-English bilingual supervisees. In this study, often participants' needs were not compatible with their supervisors' knowledge and skills. Culturally competent supervisors possess knowledge about culture's influence on counseling and supervision in general, as well as knowledge about particular cultural groups (Watkins & Milne, 2014). Additionally, supervisors must serve as social justice advocates for themselves, supervisees, and clients (Bernard & Goodyear, 2014; Falender et al., 2014). When supervisors lacked cultural competence and did not possess the skills to advocate for supervisees and clients, participants showed resilience and resourcefulness.

Participants assessed their own skills and were attuned to their supervision needs. When they needed more cultural competence that neither they nor their supervisor possessed, participants found ways to fill their supervision gaps. The uniqueness of being a SEB supervisee required participants to be resourceful in getting their supervision needs met and addressing clients' needs. Participants consulted with other SEB counselors, formed peer supervision groups, and researched knowledge on their own accord. Sometimes participants found themselves imparting this knowledge to supervisors, reversing the supervisor-supervisee role.

In filling supervision gaps, participants felt a duty to advocate for themselves and for the Latino community when they witnessed disenfranchisement and marginalization. Latino participants also felt the need to advocate for themselves as members of the Latino community. Female Latino participants found themselves stepping out of traditional Latino gender roles to advocate for themselves as a SEB supervisee and for Latino culture. In functioning as advocates, participants defied Latino gender roles but upheld other Latino values. Namely, in advocating for

the Latino community, participants valued collectivism versus individualism as is characterized by the majority culture (Sue & Sue, 2008).

Diversity of the Latino population. As emphasized above, not all supervisors possessed cultural competence to understand the complex needs of the Latino population, although Bernard and Goodyear (2014) emphasize the importance of cultural competence and knowledge of different cultural groups. Social constructionism asserts the indivisibility of self and environment. Because the self and the surrounding environment are indivisible, counseling and supervision are subject to the constant influence of culture (Owen, 1992). By default, the majority culture's way of thinking, behaving, and being is the most correct (Philip et al., 2007).

Bernard and Goodyear (2014) identified four dimensions to which culturally competent supervisors should attend: intrapersonal-identity (how individuals perceive themselves in relation to others), interpersonal-biases and prejudice (the biases toward others individuals carry), interpersonal-cultural identity and behavior (expectations and biases individuals have toward others based on their cultural group), and social/political (larger systemic issues of privilege and oppression). In this study, supervisors attended to participants' intrapersonal-identity dimensions (e.g., direct questioning about culture's influence on counseling sessions) and occasionally to interpersonal-cultural identity (e.g., discussion of social justice issues and socio-economic status) and behavior dimensions and social/political dimensions (e.g., dialogue about differences in gender roles and privilege). However, supervisors seldom overtly addressed interpersonal-biases and prejudice dimensions in the feedback provided by participants. This observation suggests that supervisors did not attend to all dimensions necessary for culturally competent supervision.

Participants were challenged with understanding client's lived experiences, such as fear of deportation and separation from loved ones. Participants' interpretations of clients' fears

became participants' reality of clients' situations. Supervisors created their own realities of clients' and participants' experiences as participants conveyed clients' experiences. All of these realities are based on the unique perception of each person. For supervisors lacking cultural competence, the influence of immigration status was not part of their reality until it was introduced by participants. These supervisors struggled to understand the lived experience and realities of clients. Participants were tasked with conveying clients' realities to supervisors. For supervisors with cultural competence, immigration status was naturally part of their reality because they understood how it influenced clients' experiences and how participants would serve clients. These supervisors acknowledged how culture influenced themselves, participants, and clients. Supervisors with knowledge about Latinos understood the nuances of the realities of being Latino.

Beyond immigration status, supervisors with cultural competence and knowledge of Latinos were able to apply a social constructionist lens to understand Latino nuances, such as *ataque de nervios,* or a panic attack. In understanding an *ataque,* supervisors understand it is a non-pathological, culturally-bound cluster of symptoms commonly occurring in response to a stressful event (American Psychiatric Association, 2013). Without understanding Latino clients' realities, an *ataque* could be incorrectly perceived as psychopathology, unwillingness to accept a mental health diagnosis, or resistance to treatment.

Beyond cultural nuances, the use of a non-English language in counseling and supervision introduced more complexities to these processes. Spanish-English bilingual supervisees supported clients in switching back and forth between English and Spanish based on clients' needs. Spanish-English bilingual were seldom provided with the same opportunity during supervision, although some participants said they would have appreciated this

opportunity. In switching between dominant and non-dominant languages, or switching to a language in which an experience transpired (in this instance, a counseling session), participants would have forged a deeper connection with their emotions (Santiago-Rivera et al., 2009). Being able to have supervision in Spanish would have also been less mentally taxing for participants whose dominant language was Spanish (Marcos, 1976).

Seminal research and the current study. As cited in chapter two, little research on the clinical supervision experience of SEB supervisees exists. In a seminal study by Verdinelli and Biever (2009), participants reported many concerns and problems with clinical supervision. Participants in their study expressed discontent with the added expectations or responsibilities associated with being SEB, such as interpreting for non-Spanish speaking colleagues or transcribing documents into English. Participants also felt they had little support when developing Spanish language proficiency. They discussed their difficulty with language switching and loss of emotional connections. Most of their supervisors did not possess Spanish language proficiency. Participants relied on peer supports when supervision did not meet their needs. Participants strongly valued cultural competence in a supervisor.

Findings from the current study echoed Verdinelli and Biever's (2009) findings. Participants in Verdinelli and Biever's (2009) study largely felt their supervision needs were unsatisfied. Participants' feedback centered on the uniqueness of their experience as non-traditional supervisees in a traditional supervision paradigm, as opposed to focusing on specific problems they encountered. Similarly, participants also discussed being advocates, language switching, using peer supports, valuing cultural competence, and wanting to develop language proficiency. In contrast to Verdinelli and Biever's (2009) study, participants in the current study reported overall satisfaction with their clinical supervision opportunities. Participants in the

current study emphasized the quality of the supervisory alliance. If their supervisory alliance was strong, participants were satisfied with supervision although all of their needs were not met. Their relationship served as a mitigating factor for supervisor-supervisee incompatibility.

Limitations

Several factors limited this study. First, collecting data over the phone versus in person or via videoteleconference limited the richness of the data. By collecting data over the phone, this researcher was not able to read non-verbal behavior. In person or videoteleconference interviews would have provided richer data.

Second, the population of this study was identified by counselors who self-reported as being Spanish-English bilingual. Because this Spanish designation is self-report, it lacks objective evaluation of their proficiency in counseling in Spanish. This lack of proficiency was evident when potential participants were contacted and one individual admitted she was unable to provide counseling in Spanish, although she designated herself as a Spanish-English bilingual counselor. Two participants were reluctant to speak to this researcher upon initial contact, thinking she was requesting counseling in Spanish. Upon explaining the intent of the study, participants explained they no longer felt proficient enough to provide counseling in Spanish, although they designated themselves as SEB counselors online. These experiences highlight the fact that presently there is no standard or certification for counselors who provide services in Spanish.

Next, further research is needed in order understand fully the phenomenon of SEB supervisees' experience of clinical supervision. In analyzing data, this researcher found information gaps. For example, collecting more information about participants' supervisors (race, primary/dominant language, counseling experience, educational background), settings

(private, community), and agency policies (clinical supervision requirements, types of insurance accepted, how Spanish-monolingual clients access the agency) would be insightful. In gathering this type of information, researchers could conduct a more thorough analysis of situated structures.

Lastly, this researcher sought a Latino to sit on the dissertation committee. However, this researcher's department has no Latino faculty. Having taking classes in a related subject matter outside of the Department of Addictions and Rehabilitation Studies, this researcher sought a Latina instructor. However, she did not have graduate faculty status and was not eligible to sit on this committee. Next, this researcher sought a Latina instructor from a counseling-related department, but she was unavailable to sit on this committee. Consequently, all members of this dissertation committee identify as White.

In seeking a Latino committee member, this researcher had hoped to provide a minority perspective in counselor education. Additionally, this researcher wished to protect against her personal biases as a singular Mexican woman raised in Los Angeles. Having a Latino committee member would allow for this researcher to identify and respect within group differences. Being unable to identify such a committee member highlights the lack of expertise in this area; such a deficit exists that no Latino faculty were available to support this study. Consequently, all members of this dissertation committee identify as White.

Although this study's sample may not be representative of all SEB supervisees' experiences, this sample may be representative of other rural areas. Rural communities tend to have an insufficient number of counselors and supervisors available to serve Latinos, especially Spanish-monolingual Latinos. Historically speaking, United States Latinos were discouraged from speaking Spanish. Many states enacted laws prohibiting the use of any language other than

English on public school grounds. Such laws were repealed by the passage of the Bilingual Education Act of 1968 (Birdwell, McDaniel, Sloan, Smith, & Huesca, 2002). Now cultural competence is mandated by the counseling profession, and discrimination based on language preference is prohibited (ACA, 2014; CRCC, 2009). Counselor educators must increase accountability to Latinos by providing SEB supervisors and supervisees with the resources to service Spanish-monolingual Latino clients beyond utilizing an interpreter.

Implications

As the United States become more culturally and linguistically diverse, the counseling profession must respond to clients' cultural and language needs. As the counseling profession seeks to meet these needs, a chain reaction occurs. An increase in the number of culturally and linguistically diverse people creates a diverse pool of clients. A diverse pool of clients requires competent counselors that are considerate of clients' cultural and linguistic needs. Supervisors, in turn, must be able to meet supervisees' needs, often requiring a paradigm shift. Counselor educators must prepare counselors to respond to clients' needs and supervisors to respond to supervisees' needs. Any disconnection or disruption in this process compromises the quality of clients' counseling experiences. Consequently, numerous implications for future research, counselor education and supervision, and client care exists.

Implications for Future Research

Existential phenomenology was used to explore Spanish-English Bilingual (SEB) supervisees' clinical supervision experience. Now that a basic understanding of SEB supervisees' lived experience is known, future quantitative research could add to this body of knowledge. By employing quantitative research methods, researchers could make objective cross-case observations about participants' clinical supervision experiences and demographics

(e.g., supervisors' mean years of counseling experience, theoretical approach, primary language, dominant language). To increase understanding of supervisees' experiences, researchers could develop Likert scales to measure concepts like overall satisfaction with clinical supervision, perception of supervisor's cultural competence, and self-assessment of language proficiency (e.g., How satisfied are you with clinical supervision? How would you rate your supervisor's cultural competence? How comfortable do you feel using Spanish in counseling sessions?)

In addition to using quantitative methods, additional research focusing on the clinical supervision experience of supervisees working in languages other than Spanish is needed. Latinos are one ethnic group of many living in the United States that speak a foreign language. Bilingual counselors from all language backgrounds have unique supervision needs based on clients' culture and language preference. Future research could delve into the supervision needs of supervisees serving clients from varying cultural and linguistic backgrounds, and compare and contrast the needs across cultural and linguistic groups. In understanding how bilingual counselors are the same and different, supervisors and educators can provide more adequate support.

Also, one's experience as a supervisor may change one's perception of clinical supervision. For example, supervisors may have learned the theoretical basis of clinical supervision and adopt a particular model or identity as supervisors. After acquiring experience as supervisors, individuals may change or evolve in how they perceive supervision and their role as supervisors. Further research may delve into how ones' perception of clinical supervision changes as supervisors gain experience.

Implications for Counselor Education, Supervision, and Clinical Practice

Supervisor-supervisee in/compatibility. The compatibility or incompatibility of SEB supervisees' supervision needs and their supervisors' knowledge and skills is at the crux of the supervisory alliance. Spanish-English bilingual (SEB) supervisees experience clinical supervision differently from their English monolingual counterparts (Verdinelli & Biever, 2009). For example, SEB supervisees' clients and SEB supervisees' supervisors often do not speak the same language, whereas English monolingual supervisors and supervisees' clients commonly speak the same language. Spanish-English bilingual supervisees must strive to understand the cultural nuances of a minority group, while English monolingual supervisees may serve the majority culture or minority cultures, but in English. Spanish-English bilingual supervisees must navigate language issues, such as language switching and using Spanglish, while English monolingual supervisees work in one language. Current counselor education and supervision paradigms emphasize the importance of possessing cultural competence, but do not provide specific guidance concerning the unique supervision needs of SEB supervisees (Bernard & Goodyear, 2014). If SEB supervisees acknowledge the uniqueness of their paradigm, and their supervisors strive to truly understand their supervision needs, the result will be more compatibility between them. The more compatible SEB supervisees' needs and supervisors' knowledge and skills are, the stronger their supervisory alliances will be.

Resilience and resourcefulness of SEB supervisees. Spanish-English bilingual (SEB) supervisees' supervision needs are not met by present supervision paradigms. Consequently, SEB supervisees were resourceful in their quest to fill supervision gaps. Supervisors and counselor educators should acknowledge the resourcefulness of SEB supervisees and facilitate activities such as consulting with colleagues, seeking additional supervision, and advocating for

SEB supervisees and the Latino community. Supervisors may also encourage SEB supervisees to enhance the counseling profession by networking with other SEB supervisees, serving as SEB supervisors, and educating other counseling professionals about the unique paradigm of being a SEB counselor.

Diversity of the Latino population. Latinos are a diverse cultural group. The counselors and supervisors supporting Latinos strive to support Latinos' diverse needs. In turn, counselor education and supervision must recognize and meet the needs of diverse supervisees. Some of these needs include having supervisors who possesses cultural competence, familiarity with the Latino culture and cultural nuances, Spanish language proficiency, knowledge of resources specific to the Latino community, and awareness of how and when to advocate for clients. In response to these needs, counselor education can train counselors and supervisors to conduct culturally appropriate needs assessments honoring within group differences, identify and address service gaps and underserved populations including outreach to undocumented persons, place stronger emphasis on advocacy, and address systemic issues in counselor education such as lack of diversity among counseling instructors and students. Counselor education programs must also provide more learning opportunities within and outside of the classroom that allow for counselors and supervisors in training to interact with different cultures, such as advanced multicultural counseling courses and field experience requirements. Without this immersion, understanding diverse cultures is challenging.

As counselor education rises to the challenge of building better supports for SEB supervisees, supervisors become better equipped to meet SEB supervisees' clinical supervision needs. As supervisors provide better supports, counselors they serve reap the benefits by becoming better counselors. Counselors are then able to provide better counseling and support to

clients. The consequence is better treatment outcomes for Spanish-monolingual clients, stronger engagement with the Latino community, and increased access to care. Overall, better understanding of SEB supervisees' experience in clinical supervision benefits Spanish-monolingual clients and the Latino community at large.

Recommendations for the Counseling Profession

The counseling profession has no standard that stipulates Spanish language proficiency. The lack of standardization was apparent during this study when members of the population who designated themselves as Spanish-speaking were contacted. Not all members of the population were Spanish-speaking; they also had varying levels of proficiency. Creating a certification or credentialing process for counselors providing services in Spanish could minimize issues caused by self-selection. In requiring a certain level of Spanish language proficiency, clients are ensured that counselors have a minimum command of Spanish.

The United States State Department has developed a standardized system for evaluating language proficiency based on an individual's speaking and reading skills for civil service positions requiring foreign language skills (United States Department of State, n.d.b.). Individuals achieve two scores ranging from zero to five in speaking and reading based on proficiency. Individuals who earn scores of zero have no practical speaking or reading proficiency. Individuals who earn scores of five have native or bilingual speaking or reading proficiency, equivalent to the proficiency of an educated native speaker (United States Department of State, n.d.). Utilizing similar assessment could result in quality assurance and standardization of foreign language proficiency for counselors purporting to provide services in languages other than English.

Additionally, not all clinical supervisors of Spanish-English bilingual (SEB) supervisees possess language proficiency. The ethical implications of this skill gap were discussed in chapter one. In order to ensure SEB supervisees are served by supervisors with language proficiency, a similar certification or credential could be created for supervision. In requiring a certain level of Spanish language proficiency, SEB supervisees are ensured that supervisors have a minimum command of Spanish. With this certification or credential, SEB supervisees could then locate supervisors who are compatible with their supervision needs.

Presently, counseling codes of ethics do not delineate how language differences in supervision and counseling are to be addressed. Codes of ethics should be revised to provide guidance to supervisors and supervisees on how to bridge language gaps and fulfill bilingual supervisees' supervision needs. This guidance would ensure counselors' and supervisors' adherence to ethical principles until a sufficient number of supervisors can be trained to meet the growing need for bilingual supervisors.

Personal Statement

This researcher was raised in a culturally, linguistically, politically, and spiritually diverse part of the United States. She then moved to a region with markedly less diversity. Only after this transition did this researcher feel she had a minority experience. This minority experience illuminated the reality of the social constructionist concept of consciousness. This researcher was not conscious of the experiences of ethnic minorities in counselor education, supervision, and clinical practice while she was living in California. After moving to North Carolina, the experiences of ethnic minorities became part of her consciousness. At times, she felt as though she did not relate to other professionals in her field. Through this study, this researcher connected with like professionals and understood how their experiences were similar

and different. This study has led to this researcher's revelation on the inherent biases that each person carries and how they influence systems and institutions, like counselor education, supervision, and clinical practice. This researcher has learned much from participants, and has a commitment to ensure their voices, and her own voice, continue to be heard.

Chapter Summary

In chapter five, this researcher revisited the research question: "How do Spanish-English bilingual supervisees experience clinical supervision, and what are their supervision needs?" She created a phenomenological profile of Spanish-English bilingual (SEB) supervisees' experience in clinical supervision and compared it to literature examined in chapter two of this study. This researcher also explored the implications of this study for future research, counselor education, supervision, and clinical practice. She provided recommendations for addressing SEB supervisees' needs. Lastly, this researcher provided a personal statement about what this study has meant to her.

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Appendices

APPENDIX A: DEMOGRAPHIC QUESTIONS

Script for Demographic Questions

Before I begin asking you about your experiences as a bilingual supervisee, I would like to ask a few demographic questions about you to gain more insight. To protect your confidentiality, I will not disclose in what county you worked. In this study I will describe all participants as being from "eastern North Carolina."

1. With what cultural or ethnic group to you identify?
2. How old are you?
3. What is your gender?
4. What is your educational background?
5. What language did you learn first?
6. In what language do you feel most comfortable communicating? (In what language do you think or dream?)
7. What licenses or certifications do you have?
8. How many years of counseling experience do you have?

Thank you for sharing this information with me. Now let's talk about your experience as a bilingual supervisee.

APPENDIX B: IRB CONSENT LETTER

UMCIRB 15-002064: A Phenomenological Investigation of Spanish-English Bilingual Supervisees' Experience in Clinical Supervision

Dear Participant,

I am a Ph.D. Candidate at East Carolina University in the Department of Addictions and Rehabilitation Studies. I am asking you to take part in my research study entitled, "A Phenomenological Investigation of Spanish-English Bilingual Supervisees' Experience in Clinical Supervision."

The purpose of this research is to examine the clinical supervision experience of counselors who provide(d) services in Spanish AND concurrently receive(d) clinical supervision while providing these services. By doing this research, I hope to gain a better overall understanding of what the experience was like for supervisees, including the value of supervision and supervision needs. Your participation is voluntary.

You are being invited to take part in this research because you are listed as a counselor who provides services in Spanish by the online provider directory of the American Counseling Association. The amount of time it will take you to complete this study is approximately one hour or less.

You are being asked to participate in one interview that asks you to describe your clinical supervision experience as a Spanish-speaking counselor and your clinical supervision needs. I will create an audio recording of the interview. After I have created a transcript of the interview, I will store the recording securely for three years (as required by the University), then permanently destroy the audio recording.

Because this research is overseen by the ECU Institutional Review Board, some of its members or staff may need to review my research data. However, the information you provide during the interview will not be linked to you in any way. At no point during the interview will I ask you to identify yourself, your supervisor(s), or agencies for which you have worked.

If you have questions about your rights as someone taking part in research, you may call the UMCIRB Office at phone number 252-744-2914 (days, 8:00 am-5:00 pm). If you would like to report a complaint or concern about this research study, you may call the Director of UMCIRB Office, at 252-744-1971.

You do not have to take part in this research, and you can stop at any time. If you decide you are willing to take part in this study, please sign your name below.

Thank you for taking the time to participate in my research.

Sincerely,

Vanessa M. Perry, M.S., CRC, Principal Investigator
East Carolina University
College of Allied Health Sciences
Department of Addictions and Rehabilitation Studies

APPENDIX C: TRANSCRIPTIONIST CONFIDENTIALITY AGREEMENT

Confidentiality Agreement

Transcriptionist

I, _____ transcriptionist, agree to maintain full confidentiality in regards to any and all audiotapes and documentations received from Vanessa M. Perry related to her research study on the researcher study titled "A Phenomenological Investigation of Spanish-English Bilingual Supervisees' Experience in Clinical Supervision." Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped interviews, or in any associated documents.

2. To not make copies of any audiotapes or computerized titles of the transcribed interviews texts, unless specifically requested to do so by the researcher, Vanessa M. Perry.

3. To delete all electronic files containing study-related documents from my computer hard drive and any back-up devices once I have provided the researcher, Vanessa M. Perry, with complete transcripts.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I will have access.

Transcriber's name (printed) _____

Transcriber's signature _____

Date _____

APPENDIX D: INTERVIEW GUIDE

Interview Guide

1. Please describe your experience providing counseling services in Spanish.
2. Tell me about your experience with clinical supervision in Spanish and or in English when providing counseling services to Spanish-speaking clients.
3. How did clinical supervision in Spanish compare to clinical supervision in English?
4. What did you prefer? What were your reasons for this preference?
5. How would you describe your supervisor's Spanish speaking skills?
6. How did this affect supervision?
7. How would you describe your supervisor's sensitivity when working with people from Hispanic cultures?
8. How did your perception of her or his sensitivity affect supervision?
9. How would you describe the value of receiving clinical supervision in the same language that you provide counseling?
10. What supervision needs do you have when providing counseling services to Spanish-speaking clients?
11. How effectively were your needs met during supervision?
12. How do the experiences you described compare with your current supervision experiences?

APPENDIX E: IRB APPROVAL LETTER

EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board Office
4N-70 Brody Medical Sciences Building· Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office **252-744-2914** · Fax **252-744-2284** · **www.ecu.edu/irb**

Notification of Initial Approval: Expedited

From:	Social/Behavioral IRB
To:	Vanessa Perry
CC:	Shari Sias
Date:	12/15/2015
Re:	UMCIRB 15-002064 A Phenomenological Investigation of Spanish-English Bilingual Supervisees' Experience in Clinical Supervision

I am pleased to inform you that your Expedited Application was approved. Approval of the study and any consent form(s) is for the period of 12/15/2015 to 12/14/2016. The research study is eligible for review under expedited category # 6, 7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Name	Description
Consent Letter	Consent Forms
Interview Guide.docx	Interview/Focus Group Scripts/Questions
Phone Script	Recruitment Documents/Scripts

The Chairperson (or designee) does not have a potential for conflict of interest on this study.
