

White Racial Identity Dyadic Interactions in Supervision: Implications for Supervisees' Multicultural Counseling Competence

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Examining supervisory dyads consisting of a White supervisor and a White supervisee, the authors sought to determine the effects of similarities and differences in levels of supervisor and supervisee racial identity schemas or attitudes on White supervisees' self-reported multicultural counseling competence and multicultural case conceptualization ability. White supervisees in supervision dyads characterized by more advanced White racial identity schemas reported higher self-perceived multicultural counseling competence and obtained higher multicultural case conceptualization ratings than did their counterparts in supervision dyads characterized by lower White racial identity schemas. Implications of the findings are discussed.

Keywords: supervision, White racial identity attitudes, Helms's racial identity interactional model, multicultural case conceptualization ability, multicultural competence

Supervision represents a vital force that can influence counselor trainees' skill development on many levels. However, supervision that attempts to integrate racial and cultural issues might be compromised when supervisors themselves have not been exposed sufficiently to multicultural training or have had little experience with counseling clients of color (D'Andrea & Daniels, 1997; Fukuyama, 1994). Constantine (1997) reported that 70% of the supervisors in her study indicated they had never taken a formal cross-cultural or multicultural counseling course. Furthermore, many supervisees have had more theoretical and practical experiences in addressing diversity issues in counseling and supervision than have their supervisors (Hird, Cavalieri, Dulko, Felice, & Ho, 2001). Because supervisors are responsible for fostering trainees' competence and ensuring adequate treatment for trainees' clients, supervisors who are trained minimally, if at all, in cultural diversity issues might inadvertently harm clients of color and even supervisees or trainees of color (Brown & Landrum-Brown, 1995; Priest, 1994).

The majority of supervisees and supervisors in the fields of counseling and counseling psychology are White (D'Andrea & Daniels, 1997). Within the broad White racial group, there are myriad factors that shape White individuals' attitudes toward cultural diversity issues, particularly their attitudes about their own racial and ethnic group memberships relative to other racial and ethnic groups (Gushue & Carter, 2000). Within White supervisor–White supervisee dyads, individuals' manifestation of various attitudes about their race affects not only salient supervision pro-

cesses but also vital supervision outcomes (Ladany, Brittan-Powell, & Pannu, 1997). The overarching purpose of this study was to examine issues of White racial identity and multicultural counseling competence in a sample of White supervisor–White supervisee dyads. In providing some background for the specific constructs of interest in this investigation, we summarize the racial identity literature as it pertains to the following: (a) White individuals generally, (b) dyadic interactional processes and outcomes in the context of supervision relationships involving White supervisors and supervisees, and (c) White supervisees' self-reported and demonstrated multicultural counseling competence as a result of their participation in training and supervision activities.

Racial Identity Theory and White Racial Identity Attitudes

Racial identity theory discusses individuals' psychological processes within a sociopolitical and cultural environment or society in which power is differentiated by race (Helms, 1984, 1990, 1995). *Racial identity schemas* (formerly known as *stages* or *statuses*) are defined as “the dynamic cognitive, emotional and behavioral processes that govern a person's interpretation of racial information in her or his interpersonal environments” (Helms, 1995, p. 184). People of all racial groups have the potential to experience racial identity development. For example, the transformative process of racial identity development for people of color in the United States begins with the passive acceptance of the self as inferior to those who are White, and it eventually culminates in overcoming internalized racism and developing a self-affirming identity. For White individuals, this identity development process entails recognizing their false sense of racial superiority and eventually adopting a nonracist identity (Helms & Cook, 1999).

According to Helms's (1990, 1995) White racial identity theory, White people experience six ego schemas in their quest to develop a healthy racial identity: (a) *Contact*, which is characterized by Whites' naïveté about race and racism and endorsement of a color-blind perspective in relation to people of color; (b) *Disinte-*

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gration, which is reflected in Whites' initial acknowledgment of themselves as White, paired with feelings of guilt or ambivalence about being a member of the White racial group; (c) *Reintegration*, in which Whites harbor hostility toward people of color and strong positive attitudes toward the White racial group; (d) *Pseudo-Independence*, which is characterized by Whites' intellectually beginning to understand and acknowledge their contribution to the existence of racism; (e) *Immersion-Emersion*, in which Whites seek and internalize a personal definition of Whiteness and racism and begin to incorporate racial activism into their lives; and (f) *Autonomy*, which involves Whites' internalization of a nonracist racial identity on the basis of a comprehensive understanding of themselves as racial beings and an appreciation of their own and others' racial group memberships and cultural values. The first three schemas are known collectively as Phase I racial schemas, as they reflect Whites' initial attempts to abandon racist attitudes. The second three schemas are viewed as Phase II racial schemas, in which Whites move toward the development of a healthy and nonracist White identity. The White Racial Identity Attitude Scale (WRIAS; Helms & Carter, 1990) was developed to measure the degree to which Whites endorse Contact, Disintegration, Reintegration, Pseudo-Independence, and Autonomy racial schemas, as measured through the respective subscales. In the present investigation, we used the WRIAS as a measure of White racial identity schemas for the purpose of categorizing members of White supervisor-White supervisee dyads into potential types of racial identity interactional patterns, as discussed below.

Helms's (1990) Racial Identity Interactional Model

Helms's (1990) racial identity interactional model originated from the intention to predict the dynamics between counselors and clients on the basis of their racial identity ego schemas. Helms described two broad racial identity interaction types, which are differentiated according to the degree to which members of a dyad exhibit primarily Phase I or Phase II racial identity schemas. As applied to White dyads, the first interaction type is referred to as *parallel*, in which two White individuals share similar attitudes about themselves, other White people, and people of color with regard to race and racial issues. (Although not an initial component of Helms's model, Ladany, Brittan-Powell, & Pannu, 1997, differentiated between parallel-low and parallel-high interactional dyads in supervision, in which both members of the dyads share either Phase I or Phase II schemas, respectively.) In the second general racial identity interactional type, which is known as *crossed*, members of White dyads harbor conceptually dissimilar or opposite attitudes in relation to themselves, other White people, and people of color. Furthermore, Helms (1990) characterized crossed racial identity dyads as either progressive (i.e., individuals with more ascribed power primarily endorse greater Phase II racial schemas, whereas their dyadic counterpart with less power primarily exhibits higher Phase I racial schemas) or regressive (i.e., individuals with greater ascribed power primarily exhibit higher Phase I racial schemas, whereas the other member of their dyad primarily espouses greater Phase II racial schemas).

There is a paucity of empirical literature applying Helms's (1990) dyadic interactional model to supervision relationships (Cook, 1994). Ladany, Brittan-Powell, and Pannu (1997) examined the influence of racially similar and racially different

supervisor-supervisee dyads on the supervisory working alliance and supervisee self-reported multicultural counseling competence. These researchers found that progressive and parallel-high supervisory interactions had significantly more influence on supervisees' self-reported multicultural counseling competence than did parallel-low and regressive interactions. Their findings suggested that aspects of supervisees' multicultural counseling competence could be developed in the context of discussing and exploring racial issues with supervisors who have more mature racial identity schemas. Our study, in part, explored progressive, parallel (i.e., parallel-high and parallel-low), and regressive racial identity interactions within White supervisor-White supervisee dyads and their effects on various dimensions of supervisees' multicultural counseling competence.

Racial Identity Attitudes, Helms's (1990) Interactional Model, and Multicultural Competence

A popular premise reflected in the racial identity literature is that counselors and supervisors may be better able to understand and appreciate their own and other racial and cultural groups when they are aware of their racial attitudes and perspectives (Cook, 1994; Parker, Moore, & Neimeyer, 1998). In particular, numerous studies have found more advanced White racial identity schemas on the part of counselors to be positively related to both prior multicultural counseling training and self-reported multicultural counseling competence (e.g., Constantine, 2002; Evans & Foster, 2000; Ladany, Inman, Constantine, & Hofheinz, 1997; Neville et al., 1996). Ladany, Inman, et al. (1997) reported that although racial identity schemas were not found to be related to supervisees' multicultural case conceptualization ability (i.e., the ability to integrate important cultural information in the context of conceptualizing clinical cases), the supervisees in their investigation were able to integrate cultural issues into their treatment conceptualizations when instructed by supervisors to do so. In support of this latter finding, Gainor and Constantine (2002) reported that counselor trainees who received greater amounts of supervision focusing on multicultural issues tended to display higher multicultural case conceptualization ability than did their peers who did not receive such supervision. In these aforementioned studies, multicultural case conceptualization ability was presumed to represent an aspect of demonstrated multicultural counseling competence in contrast to self-reported multicultural competence, which has been associated with respondents' tendency to overreport their perceived competence in working with clients from diverse cultural backgrounds (Constantine & Ladany, 2000).

Understanding the relative impact of racial identity attitudes of supervisors and supervisees, particularly in the context of White supervisor-White supervisee relationships, might have profound implications for the development of White supervisees' multicultural counseling competence. For example, supervisors with more sophisticated White racial identity attitudes than their supervisees, as might be found within progressive and parallel-high White supervisory dyadic interactions, may be able to foster an environment in which race and racial issues can be discussed effectively and, subsequently, integrated into White supervisees' perceptions of their competence in working with culturally diverse clients. Such an environment also might have important implications for White supervisees' ability to consider and incorporate salient

cultural issues into their conceptualizations of the presenting problems or concerns of clients of color.

In contrast, supervisors with less sophisticated racial identity attitudes, as might be found in regressive and parallel-low White supervisory dyads, may present fewer opportunities for White supervisees to receive effective supervision pertaining to racial or cultural issues. That is, in the former case, such supervision relationships typically might be characterized by White supervisors' minimization of the importance of race and racial issues and denial of White privilege, which could frustrate more racially aware White supervisees and compromise their multicultural training experiences. In the latter case (i.e., parallel-low dyads), White supervisors and supervisees could collude to minimize or avoid addressing racial issues in supervision and perpetuate the status quo. Thus, although members of parallel-low racial identity dyads might experience more interpersonal comfort around race and racial issues in the context of their supervision relationships, their avoidance of such issues ultimately could compromise supervisees' ability to work effectively with a range of culturally diverse clients.

Purpose of the Study

The primary purpose of this study was to determine whether there are significant differences among progressive, parallel (i.e., both parallel-high and parallel-low), and regressive White supervisor-White supervisee pairings with regard to White supervisees' self-reported multicultural counseling competence and multicultural case conceptualization ability. On the basis of existing theoretical and empirical literature regarding the constructs of interest, we hypothesized that White supervisees in progressive and parallel-high racial identity supervision dyads would report greater self-perceived multicultural counseling competence and demonstrate greater multicultural case conceptualization ability than would White supervisees in parallel-low and regressive racial identity supervision dyads.

Method

Participants

The participants were 50 full-time counseling psychology White doctoral students (i.e., in their third year of graduate study or beyond) and their White doctoral practicum supervisors. The supervisees were matriculating in one of four American Psychological Association-accredited programs located in the northeastern and mid-Atlantic regions of the United States. Among the supervisees, 40 (80%) were White women and 10 (20%) were White men; this group of students had a mean age of 31.02 years ($SD = 4.95$; range = 25–48 years). All of them possessed a master's degree in a counseling or applied psychology field, and they reported a mean of 3.79 years of counseling experience ($SD = 1.80$; range = 2–10 years). In terms of the number of formal academic multicultural or cross-cultural counseling courses they had taken previously, 2 (4%) supervisees reported not having taken any such courses, 40 (80%) reported having taken one course, 5 (10%) indicated they had taken two courses, and 3 (6.0%) reported they had taken three or more courses.

The 50 participating supervisors were 32 (64%) White women and 18 (36%) White men, with a mean age of 44.94 years ($SD = 6.88$; range = 32–60 years). All of the supervisors held a doctoral degree in either counseling or clinical psychology, and they reported a mean of 14.24 years of counseling experience ($SD = 5.22$; range = 5–32 years). Regarding the

number of formal academic multicultural or cross-cultural counseling courses taken previously, 33 (66%) supervisors indicated that they had not taken any such courses, and 17 (34%) reported having taken one course.

Procedure

Fifty-four White doctoral students, along with their individual practicum supervisors, were asked by their academic training directors to participate in a study examining their beliefs about cultural issues in counseling and psychotherapy. After receiving consent to participate from all of these students and their supervisors, the academic training directors distributed survey packets to the 54 supervisory pairs during the midpoint of an academic year-long practicum. The survey packets were number coded by supervisory pairing. Of the potential 54 supervision dyads, 50 matched pairs of completed surveys were returned; 2 of the dyads did not return completed packets and only 1 member of the remaining 2 dyads returned a completed packet. Thus, only data from the 50 pairs of completed packets were included in the present study.

The supervisees and supervisors received different survey packets. For the supervisees, questionnaire packets included a postage-paid return envelope, a cover letter explaining the purposes of the study, and a series of instruments consisting of a multicultural case conceptualization ability exercise, the WRIAS (Helms & Carter, 1990), the Cross-Cultural Counseling Inventory—Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991), and a brief demographic questionnaire. The instruments and demographic questionnaire were placed after the case conceptualization exercise so as not to influence supervisees' responses to the vignette. The supervisors' survey packets consisted of only a postage-paid return envelope, a cover letter explaining the purposes of the study, and the WRIAS (Helms & Carter, 1990).

Both supervisees and their supervisors completed the WRIAS for the researchers' purpose of determining the specific type of White racial identity interactional pattern (i.e., progressive, parallel-high, parallel-low, or regressive) in which to classify each dyad. To achieve this goal, we initially computed the five WRIAS subscale scores for all respondents. We then identified each individual respondent as falling into either Phase I (i.e., Contact, Disintegration, and Reintegration) or Phase II (i.e., Pseudo-Independence and Autonomy) of Helms's (1990, 1995) White racial identity model. A participant was categorized as Phase I if at least two of her or his three highest scores were not on the Pseudo-Independence or Autonomy subscales. For instance, if a supervisee's two highest WRIAS scores were achieved on the Autonomy and Pseudo-Independence subscales, respectively, then the supervisee would be identified as operating primarily from Phase II racial identity schemas. If this student's supervisor obtained her or his highest WRIAS scores on the Contact, Pseudo-Independence, and Reintegration subscales, respectively, then the supervisor would be identified as operating largely from Phase I racial identity schemas. Hence, this supervisory dyad would be classified as regressive because the supervisor (the person with more ascribed power in the supervisory relationship) primarily expressed less advanced racial identity schemas relative to her or his supervisee.

Instruments

Multicultural case conceptualization ability exercise. The multicultural case conceptualization ability coding system developed in this study was developed and based on similar coding systems for assessing integrative complexity (e.g., Tetlock & Suedfeld, 1988). This system has been used in prior investigations (e.g., Constantine & Ladany, 2000; Ladany, Inman, et al., 1997) to determine the extent to which respondents had integrated salient racial and cultural issues into two conceptualizations of a client's presenting concerns. In our study, the first conceptualization was based on participants' beliefs about the factors contributing to the etiology of the client's difficulties, and the second one was based on their beliefs

about what would be an effective treatment focus or plan for addressing the client's problems. Thus, multicultural case conceptualization ability was operationalized as the extent to which the respondents identified and integrated cultural factors into conceptualizations of the etiology and treatment of the client's presenting concerns.

In this investigation, multicultural case conceptualization ability was measured by examining two interrelated cognitive processes. The first process, Differentiation, is defined as a counselor's ability to offer alternative interpretations of a client's presenting problems and the nature of the treatment that can be provided. The greater the number of options presented in relation to a client's problems, the greater is the degree of differentiation. The second process, Integration, is characterized by a counselor's ability to develop associations between and among differentiated interpretations. In prior studies, coding systems indexing integrative complexity have been validated (e.g., Streufert & Streufert, 1978; Tetlock, 1986; Tetlock, Hannum, & Micheletti, 1984) and are reported to have high interrater agreement (e.g., .87; Tetlock & Kim, 1987).

For the multicultural case conceptualization ability exercise in our investigation, supervisees were asked to imagine that they were acting as the counselor for a client whose intake session notes they were about to read. The supervisees were provided with an intake scenario in which a client, described as a 30-year-old, college-educated, single African American woman living in a rural Vermont town, was seeking counseling services at a mental health clinic in an adjacent large city after losing her job to corporate downsizing and after experiencing chronic difficulties in finding other employment. The vignette included information about the client's (a) stress regarding her unemployment situation, (b) specific depressive symptoms, (c) relevant psychosocial issues, and (d) diagnosis by the intake worker as meeting the criteria of the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision; American Psychiatric Association, 2000) for Adjustment Disorder With Depressed Mood. Thus, there were several potential cultural and psychological issues that could be contributing to the client's diagnosis and that could be pertinent to the formulation of a treatment plan. After reading the vignette, supervisees were instructed (a) to write a conceptualization of at least three sentences describing what they believed to be the etiology of the client's psychological difficulties and (b) to write a conceptualization of at least three sentences delineating what they believed to be effective treatment strategies or foci for addressing the client's psychological difficulties.

The raters of the multicultural case conceptualization ability exercise were two advanced African American doctoral students in counseling psychology who were trained for 7 hr in the coding of multicultural case conceptualization ability. The raters were unaware of the research hypothesis and coded all of the open-ended etiology and treatment responses for multicultural case conceptualization ability. Multicultural conceptualization scores ranged from 0 to 5 (0 = *no differentiation, no integration*, i.e., no indication of racial or ethnic issues in conceptualizing the client's problems; 3 = *moderate differentiation, low integration*, i.e., two or more references to racial or ethnic issues in the conceptualization of the client's problems, with one connection made between the two or more differentiated concepts; and 5 = *high differentiation, high integration*, i.e., three or more references to racial or ethnic issues in conceptualizing the client's problems, with three or more connections made between differentiated concepts). Interrater agreement was calculated with Cohen's kappa, which yielded reliability coefficients of .90 and .92 for the etiology and treatment ratings, respectively.

White Racial Identity Attitude Scale. The WRIAS (Helms & Carter, 1990) is a 50-item, 5-point Likert-type (1 = *strongly disagree*, 5 = *strongly agree*) scale that assesses the White racial identity attitudes or schemas proposed by Helms (1984, 1990). The WRIAS consists of five 10-item subscales, with subscale scores ranging from 10 to 50. The Contact subscale measures Whites' lack of awareness of the privileges associated with membership in the White racial group and their minimization or avoidance of racial issues. The Disintegration subscale appraises Whites'

emerging awareness of their own racial group membership and their ambivalence about being White because they are cognizant of being treated differently than other racial groups. The Reintegration subscale assesses Whites' idealization of their racial group (and denigration and intolerance of other racial groups), along with an acceptance of the personal implications of being White. The Pseudo-Independence subscale measures Whites' intellectual acknowledgment of racism and the ways in which they may have perpetuated it. The Autonomy subscale assesses Whites' internalization of a positive racial identity through their intellectual and emotional appreciation of racial similarities and differences.

The WRIAS has been the focus of some attention in the past decade, with a number of critics (e.g., Behrens, 1997; Leach, Behrens, & LaFleur, 2002; Mercer & Cunningham, 2003) questioning the psychometric properties of the scale. Several researchers have examined the construct validity of the WRIAS, beginning with a factor analysis conducted by Helms and Carter (1990), which supported a five-factor solution for the scale. More recent studies (Behrens, 1997; Mercer & Cunningham, 2003), however, revealed other more supportable factor structures of the WRIAS. Helms (1997, 1999) has responded to criticisms regarding the psychometric properties of the WRIAS by focusing on sampling issues that may have affected results as well as questioning the validity of conducting factor analyses on the total scale versus individual subscales. Other evidence for the scale's construct validity has come from expected significant associations with related constructs such as self-actualization (Tokar & Swanson, 1991), personality functioning (Silvestri & Richardson, 2001), and ego defense mechanisms (Utsey & Gernat, 2002). Given the paucity of instruments available to measure White racial identity attitudes as well as the theoretical approach being explored in the current study, the WRIAS seemed the most relevant of existing measures for our purposes (Leach et al., 2002).

In prior studies, coefficient alphas for the WRIAS subscales have ranged from .55 to .80 (e.g., Helms & Carter, 1990, 1991). In the current study, Cronbach's alphas for the WRIAS subscales were .60 (Contact), .81 (Disintegration), .74 (Reintegration), .61 (Pseudo-Independence), and .62 (Autonomy). In the present investigation, we used the WRIAS as a measure of White racial identity attitudes for the purpose of categorizing members of the supervision dyads into one of four potential types of racial identity interactional patterns. Results of our classification procedure indicated that 14 (28%) supervision dyads were progressive, 22 (44%) were parallel-high, 9 (18%) were parallel-low, and 5 (10%) were regressive.

Cross-Cultural Counseling Inventory—Revised. The CCCI-R (LaFromboise et al., 1991) is a 20-item, 6-point Likert-type (1 = *strongly disagree*, 6 = *strongly agree*) instrument designed for use by supervisors to assess their supervisees' cross-cultural counseling competence. This single-factor scale was developed on the basis of cross-cultural counseling competencies identified by the Education and Training Committee of Division 17 of the American Psychological Association (Sue et al., 1982) and is comprised of items that represent three areas: cross-cultural counseling skill, sociopolitical awareness, and cultural sensitivity. CCCI-R scores range from 20 to 120.

LaFromboise et al. (1991) reported an internal consistency coefficient of .95 for the CCCI-R and evidence of content, construct, and criterion-related validity. Although primarily used as an evaluator-completed instrument, the CCCI-R has been modified successfully for use in prior studies as a measure of self-reported multicultural counseling competence (e.g., Constantine & Ladany, 2000; Ladany, Inman, et al., 1997). Thus, it was similarly adapted for use in the present investigation, and all modifications to the items were within the advised limits suggested by the scale's authors (LaFromboise et al., 1991). In the current study, a Cronbach's alpha coefficient of .83 was computed for the CCCI-R.

Demographic questionnaire. Participants were asked to indicate their race or ethnicity, sex, age, total number of years of counseling experience, and the number of formal academic courses they had taken previously related to cross-cultural or multicultural issues.

Results

The means, standard deviations, and intercorrelations of the CCCI-R and the multicultural case conceptualization ability etiology and treatment ratings are presented in Table 1. To determine whether there were significant differences in self-reported multicultural counseling competence and multicultural case conceptualization ability by White racial identity interaction type, we computed a multivariate analysis of variance (MANOVA), using the CCCI-R and case conceptualization scores as dependent variables. The overall MANOVA was significant, Pillai's trace = .87, $F(9, 138) = 6.23, p < .01$. Results of follow-up univariate analyses of variance indicated significant differences by White racial identity interaction type on the CCCI-R, $F(3, 46) = 9.54, p < .01$, and both the etiology, $F(3, 46) = 28.68, p < .01$, and treatment, $F(3, 46) = 25.78, p < .01$, multicultural case conceptualization scores.

Because of unequal cell sizes by racial identity interaction type, we analyzed post hoc differences by using Dunnett's *C* tests. Results of these follow-up analyses revealed that White supervisees in progressive ($M = 100.29, SD = 10.33$) and parallel-high ($M = 98.09, SD = 5.30$) racial identity supervisory dyads reported significantly higher CCCI-R scores than did White supervisees in parallel-low ($M = 87.67, SD = 7.78$) racial identity supervisory dyads. Furthermore, White supervisees in progressive ($M = 3.64, SD = 0.50$) and parallel-high ($M = 3.18, SD = 0.73$) racial identity supervisory dyads obtained significantly higher multicultural case conceptualization etiology ratings than did White supervisees in parallel-low ($M = 1.00, SD = 0.71$) racial identity supervisory dyads. In addition, White supervisees in progressive ($M = 2.86, SD = 0.36$) and parallel-high ($M = 2.73, SD = 0.63$) racial identity supervisory dyads achieved significantly higher multicultural case conceptualization treatment ratings than did their counterparts in parallel-low ($M = 0.78, SD = 0.83$) supervisory dyads. Although we did not find regressive racial identity supervisory dyads to be statistically significantly different from the other three types of dyads, it seems important to note that the mean CCCI-R score for these dyads was 81.40 ($SD = 19.73$) and that their mean multicultural case conceptualization etiology and treatment scores were 1.80 ($SD = 1.30$) and 1.60 ($SD = 0.89$), respectively.

Discussion

The purpose of the present study was to investigate whether there were significant differences among the various types of White supervisor–White supervisee dyadic relationships, as de-

finied by Helms's (1990) racial identity interactional model, with regard to White supervisees' self-reported multicultural counseling competence and multicultural case conceptualization ability. We hypothesized that White supervisees in progressive and parallel-high racial identity supervision dyads would report greater self-perceived multicultural counseling competence and demonstrate greater multicultural case conceptualization ability than would their peers in parallel-low and regressive racial identity supervision dyads. We found that three of the four racial identity supervision dyads were statistically significant in ways that supported our hypothesized relationships. Thus, our findings appeared to support many aspects of Helms's (1990) interactional model.

As expected, White supervisees in progressive and parallel-high dyadic relationships indicated higher self-reported multicultural counseling competence and achieved higher multicultural case conceptualization ability than did supervisees in parallel-low dyadic relationships. When extrapolating from Helms's (1990) racial identity interaction model, it appears that White supervisors in progressive and parallel-high dyadic relationships may be able to promote exploration of racial and cultural issues in supervision such that their White supervisees are aware of salient cultural issues in the context of conceptualizing clinical cases and formulating appropriate treatment plans. On the other hand, because White supervisors and supervisees in parallel-low dyadic relationships may find it difficult to abandon their racist attitudes and recognize the effects of White privilege in the lives of White people and people of color (Ancis & Szymanski, 2001; Ladany, Brittan-Powell, & Pannu, 1997), our results suggest that racial and cultural issues in supervision may not be explored adequately when both supervisors and supervisees possess less mature White racial identity schemas. Consequently, White supervisors who are not racially conscious could inadvertently harm their supervisees and their supervisees' clients, in addition to their own clients, by (a) devaluing or dismissing racial and cultural issues presented in supervision or counseling relationships in terms of how such issues could interact with clinical syndromes; (b) misattributing the etiology of the presenting concerns of clients of color because they do not have sufficient awareness and knowledge of cultural issues, which could result in clinical misdiagnoses; and (c) developing treatment plans that neglect vital cultural issues that warrant attention or care.

Contrary to one of our hypotheses, regressive White racial identity supervision dyads were not significantly different from the other types of dyadic relationships with regard to self-reported multicultural counseling competence and multicultural case conceptualization ability scores. However, these findings are likely attributed to the low number of supervisees in regressive dyadic relationships ($n = 5$), as compared with the number of supervisees in other dyadic relationships. Nonetheless, because there were some regressive dyadic relationships in our study, the potential implications of this supervisory dyadic interaction are worth considering briefly. As noted earlier, regressive dyadic relationships represent a dynamic in which supervisors have more power and influence than their supervisees, but their supervisees possess more racial awareness than they do. Some White supervisors in regressive dyadic relationships might want to avoid processing racial or cultural issues in supervision, which could not only incite frustration, annoyance, and confusion in their supervisees but could also lead to inappropriate clinical interventions, contentious

Table 1
Means, Standard Deviations, and Intercorrelations of the Study's Variables

Variable	<i>M</i>	<i>SD</i>	2	3
1. CCCI-R	95.16	10.34	.61*	.59*
2. MCCA etiology score	2.78	1.22	—	.82*
3. MCCA treatment score	2.30	1.02	—	—

Note. CCCI-R = Cross-Cultural Counseling Inventory—Revised (LaFromboise et al., 1991); MCCA = multicultural case conceptualization ability.

* $p < .01$.

supervisor–supervisee interactions or working alliances, and problematic supervisee evaluations. Thus, regressive dyadic supervision relationships have high potential to impair both supervisees' professional development and their clients' therapeutic growth. Another important outcome of regressive dyadic relationships might be that they perpetuate racist attitudes and a disdain for racial and cultural issues on the part of supervisors.

Implications

Results from this study have several implications for practice and training in counseling psychology. One such implication is that training directors need to consider the impact of supervisors' and supervisees' racial identity schemas on supervisees' professional development, especially when assigning supervisees and trainees to clinical supervisors, educational advisors, and professional mentors. What seems especially fundamental in these pairings is the racial or cultural identity schemas of the particular parties rather than their specific racial or ethnic background. For example, a White supervisor working with a Black supervisee within a progressive supervisory relationship may be more effective in promoting this supervisee's multicultural counseling competence than a Black supervisor working with a Black supervisee within a regressive supervisory dyad.

Another key implication of our findings is that because most counseling psychologists in the United States are White while the United States is becoming more racially and ethnically diverse, it is likely that White counseling psychologists will work with clients from varied racial and cultural groups sometime over the course of their professional careers. Therefore, White counseling psychologists who work as counselors or supervisors and who are racially unaware must obtain sufficient training to aid them in becoming multiculturally competent. Part of such training tends to emphasize racial and cultural self-awareness, knowledge about other racial and cultural groups in the context of interpersonal interactions (e.g., counseling relationships), and skill development in terms of intervening with clients in a culturally appropriate manner. In fact, prior literature has indicated that multicultural training can help White counselors to alter their racial perceptions of themselves and others and to develop more mature schemas about race (Evans & Foster, 2000; Neville et al., 1996). Thus, after satisfactory exposure to multicultural training, White supervisors might then be able to provide a working alliance that facilitates their supervisees' development of multicultural counseling competence, and such training would presumably affect their own competence in the context of counseling clients of color.

Limitations

Some caution should be used when interpreting results from our investigation. First, the findings may not be generalizable to supervisees of color or to White supervisees residing in other regions of the United States. In addition, the small number of regressive racial identity dyads in our study likely affected the power of some analyses to detect statistically significant relationships among the four types of interactional dyads examined in this investigation. Third, there may have been some differences with regard to the extent to which supervisees in our investigation were exposed previously to multicultural issues or to counseling clients of color.

Hence, such possible variability in prior exposure to cultural diversity issues or experiences might have influenced some supervisees' self-reported multicultural counseling competence or their multicultural case conceptualization ability.

Future Research Directions

In future investigations, when examining White supervisor–White supervisee dyadic relationships, it might be beneficial for researchers to use additional methods of assessing multicultural counseling competence and racial or cultural awareness in White supervisees. Additional means of assessment, such as satisfaction ratings of clients of color with regard to their White counselors, could provide vital information to supervisors about their supervisees' ability to integrate and address racial and cultural issues in counseling. In addition, to gain further insight on White supervisees' multicultural counseling competence, future investigators should consider examining the supervision triad of client, counselor-supervisee, and supervisor when assessing the impact of exploring racial and cultural issues in supervision on counseling processes and outcomes. Future researchers also might wish to examine how cross-racial and cross-ethnic dyadic supervisory pairings might influence dimensions of supervisees' multicultural counseling competence. Furthermore, because Helms and Carter's (1990) WRIAS primarily focuses on awareness of race and racism in White individuals, it seems critical to examine White supervisor–White supervisee dyadic relationships with instruments developed to measure different dimensions of racial or cultural awareness, such as color-blind racial attitudes.

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