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MULTICULTURAL SUPERVISION: LESSONS LEARNED ABOUT AN ONGOING STRUGGLE

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This article examines the experiences of seven diverse therapists in a supervision course as they wrestled with the real-world application of multicultural supervision. Existing literature on multicultural supervision does not address the difficulties that arise in addressing multicultural issues in the context of the supervision relationship. The experiences of six supervisory candidates and one mentoring supervisor in addressing multicultural issues in supervision are explored. Guidelines for conversations regarding multicultural issues are provided.

In recent years, there has been an increasing awareness of and need for multicultural supervision. Although some work has been done to provide models of how to conduct multicultural supervision, there has been little discussion of what the process of multicultural supervision looks like (D'Andrea & Daniels, 1997; Stone, 1997). This article examines the experiences of six doctoral students in their roles as supervisory candidates and one professor as mentoring supervisor in a supervision course as they wrestled with the realities of multicultural supervision. Dealing with cultural differences in supervision can be awkward and difficult, and can create opportunities for misunderstanding and hurt feelings.

The United States of America is comprised of a heterogeneous mix of individuals and families and is expected to become increasingly diverse in terms of race (U.S. Census Bureau, 2004). People may differ in a number of culturally important ways: race, education,

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socioeconomic status, language, religion, sexual orientation, ethnicity, and citizen status, to name a few. As therapists, we are often required to work with clients who are different from us in a number of these dimensions. The need for therapists to be culturally sensitive in working with individuals and families who are culturally different from them has been increasingly recognized (Lappin & Hardy, 2002; Lee & Everett, 2004; Stone, 1997). It has been suggested that the better "fit" there is between a therapist and client, the better the treatment outcomes will be (Lappin & Hardy, 2002). Yutrzenka (1995) argues that treatment is more effective when therapists receive ethnic and cultural diversity training.

The best way to increase therapists' multicultural sensitivity has been under debate. Some have suggested the need for one intensive course in diversity. Others have suggested that multicultural training should be infused through courses, supervision, and research (Marshall & Wieling, 2000; Zimmerman & Haddock, 2001). Others have argued that both an intensive course on diversity and ongoing discussion of diversity in other courses, supervision, and research are the best avenue for developing culturally sensitive therapists (Hill, 2003). Regardless of how diversity is addressed through curricula, it appears that the supervision setting is an ideal place to address the cultural sensitivity of therapists and to reinforce what is learned during courses (Banks, 2001).

In contrast to the larger population, the American Association for Marriage and Family Therapy (AAMFT) has historically been predominantly Caucasian. In an effort to address this imbalance, the AAMFT's Commission on Accreditation for Marriage and Family Therapy Education (2005) clearly states that it wishes to enhance the diversity in training programs in terms of age, culture, ethnicity, gender, physical ability, religion, sexual orientation, and socioeconomic status. As training programs become more diverse, the need for multicultural supervision will only increase. Although we need models for how to conduct multiculturally sensitive supervision, there also needs to be an understanding of the supervision process and what multiculturally informed conversations look like within a supervision relationship.

The cultural context of clients has been increasingly addressed over the past few years. Issues of race in family therapy have been repeatedly addressed (Boyd-Franklin, 1984; Green, 1998; McIntosh, 1998). Others have addressed couple and family therapy with gay and lesbian couples and families (Basham, 1999; Greenan & Tunnell, 2003; Muzio, 1999; Spaulding, 1999). Issues of gender in family therapy have also been addressed (Laird & Hartman, 1987; Lerner, 1976; Papp, 2000). Less often have issues of social class in family therapy been explicitly discussed (Kliman, 1998).

In their discussion of training "culturally competent" therapists, Hardy and Laszloffy (1995) distinguish between cultural awareness and cultural sensitivity. Awareness, from their perspective, is primarily a cognitive phenomenon in which culturally relevant content is brought into awareness and processed intellectually. Cultural sensitivity, on the other hand, entails an emotional reaction resulting in a culturally meaningful experience. Hardy and Laszloffy (1995) suggest that such sensitivity is promoted through symbolic or analogic forms of communication, because these foster the expression of "the intuitive and affective aspects of cultural issues which are sometimes difficult to capture with words" (p. 230). Analogic communication can occur through visual means, such as the symbols used in a cultural genogram, (Hardy & Laszloffy, 1995), as well as through linguistic means, such as through the use of metaphor (Haley, 1987).

Ideas about multicultural supervision have generally been adapted from discussions of cultural context in family therapy. Some have offered specific activities to promote a therapist's cultural awareness and competence. For example, Hardy and Laszloffy (2002) suggest having supervisees work on their own cultural genogram as one way to explore their own cultural identity. Others have offered more comprehensive perspectives for conducting multicultural supervision. Stone (1997) describes two perspectives for conducting multicultural supervision:

the cultural difference perspective and the cultural affiliation perspective, both having the goal of increasing cultural sensitivity.

The cultural difference perspective suggests that people in the same cultural group share certain customs, language, traditions, beliefs, and values and that one's therapeutic approach should be specific and appropriate for the client's cultural group. Stone (1997) argues that supervision from this perspective should be systemic and requires both the supervisor and the supervisee to engage in continuing multicultural education. He also proposes group supervision with a diverse group of supervisees or collaborating with culturally diverse professionals.

The cultural affiliation perspective looks at the degree to which individuals identify with their cultural group, the dominant culture, or both. Multicultural supervision, from this perspective, is the examination of the supervisor and supervisee's racial identity ''stage'' (Stone, 1997). Stone suggests that having a supervisor with a different cultural background from that of the supervisee is important for the supervisee's development into a culturally competent therapist. D'Andrea and Daniels (1997) agree that multicultural supervision involves exploring the racial identity stages of the supervisor and supervisee. They put forward that the supervisor is responsible for identifying her or his own racial identity stage and for asking appropriate questions based on the supervisee's stage of racial identity.

Although different activities and frameworks have been proposed, the difficulties that arise in the process of multicultural supervision are rarely addressed. These difficulties and the confusion that arise out of multicultural supervision experiences, even for those who would deem themselves to be multiculturally competent, were a repeated topic of conversation for a doctoral supervision course. This class was comprised of six doctoral students in marriage and family therapy and the course instructor. The class was diverse on a number of variables. There were three males and four females. Four members were Caucasian, one was African American, and two were Turkish. Four members were born in the United States while three were born outside of the United States (two in Turkey and one in Germany). The group was also diverse in terms of age and clinical experience. The more the issue of multicultural supervision was discussed, the more class members realized that, despite our differences, we all had had difficult moments with multicultural supervision that were not addressed by our readings on multicultural supervision.

The idea of writing about our experiences as a way to address the gap between existing literature and our experiences was first presented to the class by two of the students. All class members and the instructor agreed to independently write about their experiences with multicultural supervision. Drafts of the case examples were compiled and distributed among class members. We then met as a group to discuss these examples in light of our supervision readings. The editing process was collaborative in nature. All authors were invited to edit and comment on the case examples and the article as a whole. Below is a description of the seven case examples, followed by a discussion of similarities and differences across the case examples and a comparison with existing supervision literature.

CASE EXAMPLE ONE

During the first month of a yearlong internship at an Employee Assistance Program (EAP), I encountered a client whose expressed racial prejudice pushed me to the outer limits of my capacity for ''unconditional positive regard.'' The particular client who tried my soul—and therapeutic professionalism—was a roofer named Bob who, according to his intake paperwork, sought help to cope with his wife having recently left him, taking their three children with her. He was a tall, gaunt, late-middle-aged white man. When he came into the therapy room, he did not seem at all comfortable. He frowned when we first made eye contact, and he answered my intake questions as would a prisoner of war.

''Hi, Bob,'' I said. ''I'm your counselor.''

''Robert Simko,'' he said. ''Roydell Roofing. Fourteen years. You wanna see my insurance card?''

''We can get to that later. I was just wondering what brought you here.''

I tried to connect with him without appearing (or wanting) to push him beyond his personal limits of confidentiality and intimacy. I pretty much stuck to asking him about the information he had shared during his intake call.

But, about 10 min into the session, he suddenly stood up, tucked his shirt into his blue jeans, and said, ''I can't do this.''

''What can't you do?'' I asked.

''I can't talk to *you*. I just don't feel comfortable telling all my personal business to a nigger.''

The word *nigger* hit me as if Bob had smacked me upside the head with a crowbar. Despite my long experience with white people infected by what James Baldwin called ''the unique virus of American racism,'' and despite my inward vow to help every client whose path crossed mine, I wanted to leap from my chair, snatch up Bob by his checkered shirt collar, and slam him against the wall.

If I had, I think I would have also whispered, insidiously, into his left ear, ''This nigger doesn't want to hear about your personal business! So watcha gonna do?'' Instead, after a few seconds of uncomfortable silence, I said, ''Well, I'm the counselor assigned to your case.''

''I want to talk to someone else. I'm going to ask to talk to someone else,'' he said. ''My company sends people here for help. I have a right to see someone else.''

Not knowing what to say, I shrugged and formed a steeple with my fingers under my chin. He walked out.

That evening when I went home, my mind was flooded with disconcerting speculations. Would my site supervisor agree that Bob had the right to see a white counselor—if only to maintain a good business relationship with the roofers union? Could I possibly lose my internship assignment and have to start over again at another site? And, most importantly, I wondered the extent to which my MFT program supervisor would be willing to support me if my site supervisor opted to take me off Bob's case. Not that I wanted to work with Bob, of course—it was the principle of the matter.

My worries about having the support of my MFT program supervisor were immediately allayed the next morning when I met with him. ''If (the site supervisor) allows people to choose their therapists based on their racial prejudices, then that's not a place we want to place interns, period. If that's the case, we'll place you at another site, and sever our relationship with that EAP.''

He then brought up a thornier issue. ''Suppose (the site supervisor) tells this client that he has to work with you or no one, and the client comes back to therapy, unlikely though that may be. Could you work with him?''

I thought about that for a few minutes. ''Maybe,'' I said, ''but I'd have to tell him right up front that I resented his referring to me as a nigger, and that I won't tolerate that kind of language in our sessions.''

''And I would expect you to do no less,'' my supervisor replied.

When I arrived at my internship site that afternoon, my site supervisor called me into his office. ''The client you had last night left my office a few minutes ago, and he wasn't happy. He demanded to see a white counselor because he didn't feel comfortable talking to a black man.''

''Did he say 'black man'?'' I asked.

He smiled ruefully. ''No, he didn't. I told him that all of our counselors are qualified, and that if he doesn't want to see you, he needs to go somewhere else for help. He said he would complain to the union. I told him to go ahead, we're not changing our policy. What a jerk.''

CASE EXAMPLE TWO

I am a white female therapist. I was struggling in my work with a white individual male. This client was having trouble finding and maintaining relationships. On several occasions I had sought supervision as to how to deal with his negative comments about women. On one occasion I had a female African American supervisor live supervise this case from behind a one-way mirror. During the session my client made negative sexualized comments about African American women. I felt uncomfortable and concerned about my supervisor. During a mid-session break, I checked in with my supervisor and asked her what she thought I should do about the comments my client had made. If she was offended or hurt about these comments, she did not share this with me. Rather, she directed me to continue with therapy and to focus on the client's larger issues with maintaining relationships instead of the specific comments he made. Although I followed this advice, I continued to feel discomfort over my client's remarks during the session and in subsequent supervision. I did not bring up the negative remarks again with my supervisor.

CASE EXAMPLE THREE

I was teaming on a case in which an African American therapist was working with a white couple on their marital issues. The therapist indicated he felt progress was slow with the case because whenever he attempted interventions, the couple ''added a brick'' to the wall between themselves and their goals for therapy. He stated, however, that he was committed to working with the couple, even if it meant ''taking one brick down at a time.'' The supervisor suggested that perhaps an obstacle to change was the brick wall metaphor. It defined therapy as a lengthy, laborious process and thereby contributed to the ''stuckness'' of the case. She suggested that if an alternate metaphor could be found, therapy might proceed with less ''struggle.'' However, it immediately became apparent by the therapist's nonverbal behaviors that he had a strong emotional reaction to this suggestion. Noticing this, the supervisor asked if the therapist could talk about his reaction. The therapist said, ''I struggle every day. If I no longer struggle, I no longer exist.'' Although I did not understand the meaning of his comments intellectually, I knew at once on an affective level that the therapist had commented on something very important that extended well beyond the case. I felt that some crucial aspect of his experience and identity was somehow being overlooked or diminished by the suggestion to change metaphors. Since I had initially agreed with the supervisor's suggestion, I also knew that the therapist's reaction had pointed to a significant limitation in my own understanding. I could not yet say precisely what that limitation was, but my emotional reaction led me to reflect on our different experiences of struggle that led us to interpret the metaphor in such different ways. I considered that as a middle-class white male, struggle has been the exception rather than the rule for me. Consequently, I had the luxury of simply discarding the therapist's metaphor on the grounds that it did not seem clinically expedient.

For the therapist, however, the metaphor of the brick wall was invested with meaning derived from his lifetime of experiencing racism and discrimination. I had a ''cultural awareness'' of how his context might differ from my own, but this crucial dimension of his experience only became anchored in an emotional reality when he challenged my understanding of the metaphor.

CASE EXAMPLE FOUR

I am an international graduate student who speaks English as a second language. I had many experiences that made me uncomfortable over the years. Sometimes, I found it difficult to give meaning to these experiences. One experience that I had in my third year of training was related to one of my intakes. The assigned couple did not show up for their first session. I called them and left a message asking for their availability. I did not receive any call from them. In the following week, I left a second message asking whether they were still interested in coming to therapy. A couple of days later, the couple called to schedule an appointment. We arranged an appointment for the following Thursday evening. Unfortunately, they did not show up.

A couple of days later, my practicum supervisor said that the couple called the clinic again and they wanted a different therapist since they did not understand my accent. My supervisor told me that she was going to talk to them about our clinic policy. She would explain that I was the assigned therapist and they needed to see me at least once in order for me to transfer them. She also suggested that, if needed, she would be there at the first session. Although it made me feel good that my supervisor was supporting me, being subject to such a situation after years in the training program was still making me nervous and uncomfortable. I did not meet them even once and kept thinking about the unfairness of the situation. My supervisor told them if they were interested in continuing to get involved in therapy, they should call her.

Meanwhile, in the following supervision sessions, I was ''getting used'' to this kind of situation. I began to understand the need to talk about these kinds of situations. At the same time, I was overwhelmed by repeatedly explaining myself, my strategies for dealing with this kind of situation, and how I conduct my intake sessions. My supervisor decided to bring up the topic to the whole practicum. Being on the spot, being vulnerable and having to explain myself and my experiences one more time, I remember feeling overwhelmed and my need to shut down emotionally. However, over the years, I remember talking to my supervisors about the difficulty of doing therapy in my second language. They prepared me for this kind of situation by talking about their own experiences and assuring me that therapy is about emotional experiences rather than just the content itself. This was very empowering. Luckily, I had a support system that did not allow me to internalize this kind of experience, provided open conversation, and enabled me to process my thoughts.

CASE EXAMPLE FIVE

A lot of the time, international students might be turned into spokespersons for a whole country and culture. Even though answering questions about my country has been amusing and exciting most of the time, sometimes it turned into a hassle. More specifically, in a supervision group I had a rather stressful experience when one of my supervisors asked me about how women in my country might respond to a particular situation that we were discussing in our group. When I am posed with such a question, I usually try to make it clear that I am speaking for myself, from my own point of view, and with my own biases. In this case, I responded to the question in a way that reflected my feminist perspective on the subject. The supervisor responded to my answer by saying that I am probably very ''acculturated'' to answer the question in such a way. This response left me confused for a while after our meeting. I

thought to myself that I would have given the same answer to her question before coming to the United States because I had held such feminist thoughts for a long time. Even though exposure to this culture has changed me in many ways, I felt upset to be identified as an ''acculturated'' person. I also felt offended because it sounded as if such opinions may only exist in specific cultures such as the United States, but not mine. So, I felt that the supervisor jumped to a conclusion without fully knowing me or my country.

Now, thinking back, I wish I had shared these reactions with my supervisor. I now know that I could trust this supervisor to deal with my reaction in a sensitive way. It is also likely that expanding the conversation around ''acculturation'' might have clarified what my supervisor was trying to tell me. It is also possible that by avoiding the conflict, I might have misunderstood my supervisor's message.

CASE EXAMPLE SIX

I am a white female describing my experiences in a marriage and family therapy training clinic. Although I was no longer accepting new clients, the intake director assigned me a new case, so I called to inform the client of my limited time at the clinic and to ask them if they would like to be referred to another therapist. Since the client was an 8-year-old boy, I discussed this issue with his mother. After I informed the mother that I would only be available for a short time and recommended that her son be seen by another therapist, she began explaining that she only wanted to work with me. The mother stated that she had heard about some of the other therapists at our center and did not think her son would work with them. She explained that her son did not like ''black people or orientals.'' She then proceeded to tell me her son also did not like people with ''weird names'' and preferred blondes. As I was listening to her, I was in disbelief and soon became angry. I was so outraged that I knew I could not solve anything at that time, so I told her I would speak to my supervisor about the situation and contact her again soon.

I sought supervision after this conversation. I shared with my supervisor that I did not feel I should work with the client because I would only be clinically active for a short time and because I did not feel I could help a client whom I felt such anger for. My supervisor validated the anger I felt for the mother. She then discussed the incident with the director and they decided to call the mother (after asking my permission first). Following this phone call, I spoke with my supervisor and the director. They both validated my desire to refer this client to another therapist; however, they expressed their concern for the client. After speaking with the mother, they explained that the mother seemed to be genuinely concerned for her son. The mother explained that she was not sure why her son would not tolerate certain types of people, but she felt that she should honor this request so that therapy could be more beneficial to him. My supervisor and director both felt the mother might be right about her son's feelings. They also explained that the family was referred by one of the only other clinics in town other than ours that uses a sliding fee scale to determine client fees. Thus, they worried that if our clinic did not provide services to this family, they may not be able to afford therapy otherwise. My supervisor and the director both validated the difficulty of being in this situation and told me that they would support my decision if I chose not to see the client.

Although my director and supervisor left the decision in my hands, I felt obligated to work with the client. I was concerned that they might think I was being difficult or even lazy by not accepting the case. Finally, I decided I should see the client, so I called several times to make an appointment, but the family never returned my call.

Recalling this event still makes me angry and uncomfortable. Although I feel everyone involved handled the situation the best we could have at that time, there are a few things I feel could have been improved. First, although my supervisor was supportive, more validation of my anger toward the discriminatory request and my struggle with not wanting to accept the

client because of my negative feelings would have been helpful. Second, the issue of power should have been discussed in supervision. For example, I felt pressured to accept the client because of the power my supervisor held, even though I did not think this was my supervisor's intention.

CASE EXAMPLE SEVEN

As a male Caucasian supervisor of European descent, I provided mentoring supervision to two supervisor candidates, Carl and Jim. They provided supervision of entry-level MFT students. One of the supervisor candidates, Carl, was African American while the other, Jim, was European American.

During one of our mentoring supervision sessions, Carl consulted with us on his supervisory work with a first-year master's-level MFT student doing couple therapy. During our session, Carl repeatedly praised the student for doing an excellent job with the couple. As their supervision progressed, the therapist became more skillful in conceptualizing her therapeutic work and applying it to her therapy sessions. I was very impressed with Carl's ability to support the therapist in her work and, at the same time, to challenge her in ways that moved the supervision process forward. Toward the end of our session, Carl mentioned, which I perceived as an afterthought, that the couple with whom the Caucasian therapist had been working was African American.

Surprise was my initial reaction, and I found myself saying to him: ''Here am I as a white mentoring supervisor finding myself wondering why you as a black supervisor neglected the crucial racial context of your supervision and the therapeutic arrangement. Your supervision session would have been a great opportunity for you as an African American supervisor to have praised a Caucasian therapist for doing a good job with black clients. What kept you from making the racial context isomorphicly overt in the supervision session so that the therapist could use it in her therapy sessions?'' Overwhelmed by a mixture of excitement, embarrassment, and slight irritation, I barely heard Carl's response, which he delivered in a calm voice sharing with me that he did not place importance on the couple's race in the context of therapy because the therapist was so well connected with and supportive of the couple that he did not want race to become an issue that might threaten their excellent working alliance. Carl continued to talk about his experience of racism that had taught him when to confront it and when to leave race alone. The successful therapy of his supervisee was an example when raising the issue of race could have done more harm than benefit to the therapeutic and supervisory relationship, he stated. I could not believe what I heard. Is Carl color-blind when it is opportune? Why does he not consider the isomorphic processes on the therapeutic and supervision level and seize the opportunity? I gave a mini lecture on isomorphism and race relationships. Carl held his ground, insisting that he knew what he was doing and that he could not see any plausible reason to raise the race issue. I quickly realized that we were stuck and that I had to do something else to ''convince'' Carl. I turned to Jim, knowing that he and Carl were good friends. ''Jim, please help me out. Carl does not understand what I am talking about. You are white; maybe you as his buddy can explain to him what I mean.'' Jim looked at me hesitantly but complied with my request.

As the tension in the room rose, the situation became increasingly awkward. I knew something had gone wrong during the session. I felt helpless and very uncomfortable. So did, I clearly sensed, Carl and Jim. Because we were at the end of our time, I made some summarizing remarks about the complexities of isomorphism and supervision in the context of racial issues. I suggested we talk about the case more during our next supervision session.

The following day I received an email from Carl in which he openly expressed his frustration with my statements and particularly with the process of our session. I felt relieved that Carl had felt safe enough to express his reactions. His comments were consistent with my processing of events during the session. I had been so focused on the racial context of the therapy

context (black client—white therapist) and the supervision context (white therapist—black supervisor) and their isomorphic relationship that I lost sight of our mentoring supervision context (black supervisor candidate—white mentoring supervisor and white supervisor candidate). I was blind to how I had used my position of power as white mentoring supervisor to disregard my black supervisor candidate's considerations of the racial context in therapy. Additionally, I pulled in the other white supervisor candidate to "convince" his black "buddy" that I was "right." I lectured Carl on racial sensitivity in relation to his supervisee without seeing my own racial insensitivity in relation to him and his white colleague.

The complexity of considering multiple interactional levels (i.e., therapy, supervision, mentoring supervision) simultaneously was not a sufficient explanation for my lapse in recognizing our process and changing it. I felt embarrassed and realized once again how subtle racist processes can easily interfere and become less and less subtle as the interaction cycle escalates. Realizing that my white racial developmental process (Helms, 2000) was not as advanced and that I was not as culturally sensitive (Hardy & Laszloffy, 1998) as I had hoped, I took responsibility for my behavior and responded to Carl with an email of apology. I also asked Carl if he agreed that we share our email exchange with Jim, since he had been part of our session. With Carl's approval I forwarded both emails to Jim, suggesting to both that we talk about our processes more during our next session.

When we met the following week for mentoring supervision, I still felt embarrassed but relieved that we had overcome the awkward "stuckness" of our last session. The email exchange between Carl and me had reopened conversational space between us. Each of us shared our struggles with the situation and racism in the past and present, while Jim talked about his role and affect as a white "bystander" to our exchange.

REFLECTIONS

After discussing our different experiences, it is apparent that race very much still matters, not only in the lives of our clients, but also between supervisors and supervisees. Despite our differing backgrounds, several similarities emerged across case examples. First, in all case examples, negative emotional reactions were present (i.e., discomfort, anxiety, and anger). Second, all of these instances of multicultural supervision were unplanned. They occurred spontaneously out of the content of therapy or supervision. Third, all of the therapists involved discuss the need for their supervisor's support and validation of their experiences, including their negative emotional reactions. Fourth, there is a clear need in all of these examples for a safe space within which to communicate and process these experiences at the supervisory level, rather than on the therapeutic level.

Part of what makes these similarities across experiences particularly striking is that the authors differ in a number of ways (i.e., age, race, culture, religion, professional experience). In some cases, the author is in the therapist position (Case Examples 1, 2, 4, 5, and 6). In case example 3, the author was a therapeutic team member. In the final case example, the author was providing mentoring supervision. Furthermore, these experiences differed in the cultural identities of the clients and of the supervisors involved.

The case examples also differ in the source of tension and discomfort. In some case examples the tension originates in the relationship between the clients and therapist. Case examples 1, 2, 4, and 6 describe experiences with clients who are racist or prejudiced. In other examples the tension originates in the relationship between the therapist and the supervisor. In case example 3, the supervisor makes a comment that is the source of tension and discomfort. In case examples 4 and 5, the supervisors request the therapists to share their experiences for the benefit of other supervisees. In case example 7, the tension originates in the relationship between the supervision candidate and the mentoring supervisor when the latter tries to "convince" the supervision candidate, Carl, of his point of view.

Prior literature has extolled the need for training in multicultural therapy and supervision. There has been some debate as to the best ways to increase therapists' multicultural sensitivity (Marshall & Wieling, 2000; Zimmerman & Haddock, 2001). From our case examples it is clear that opportunities for increasing the multicultural sensitivity of both therapists and supervisors occur during the supervision process. Existing literature often proposes to increase therapists' multicultural sensitivity in ways that are purposefully planned (i.e., cultural genograms). However, the provided case examples show that opportunities for training in multicultural sensitivity occur in ways that are not planned ahead of time. For comprehensive training in multicultural sensitivity, the role of supervision and mentoring supervision should be considered.

Cultural sensitivity, according to Hardy and Laszloffy (1995), entails an emotional reaction to create a culturally meaningful experience. All of these case examples involved emotional reactions (i.e., anxiety, discomfort, and anger). However, communication during supervision was often difficult. There was the desire to emotionally shut down and stop the conversation after inadvertent sensitive comments. The use of cultural genograms, metaphors, or identifying one's cultural identity is not likely to be sufficient to address the discomfort, anxiety, and anger that arose in these case examples. However, these situations do require the supervisors and therapists to have the ability to sit with the discomfort of these feelings and to continue to be open and engaged in the supervision process by working through the discomfort. In all case examples the primary responsibility for both bearing and diffusing the anxiety belongs to the supervisor. Working on one's cultural identity may lay the groundwork for making one's way through these types of uncomfortable multicultural supervision experiences. Yet, these case examples have taught us that achieving cultural sensitivity is an ongoing experiential process rather than an end point, and it is this affective process that is important. Previous work on improving one's multicultural sensitivity does not preclude the possibility of future discomfort when multicultural supervision occurs.

In Stone's (1997) discussion of the cultural difference approach to supervision, he suggests that group supervision is important to promoting cultural sensitivity. We would like to note that it was through the meetings of a diverse group that the gap between existing multicultural supervision literature and the experience of multicultural supervision was identified. Although group meetings were important in this situation, it is also important to consider the dangers of putting an individual in the role of "spokesperson" in attempts to provide learning experiences for the supervision group.

These reflections add to the existing literature on multicultural supervision in several ways. First, this article brings attention to the paucity of literature that addresses the affective aspects of the *process* of multicultural supervision. Furthermore, much of what has been written about "cultural competence" describes intellectual exercises that promote cultural awareness, as described by Hardy and Laszloffy (1998), but do not address the "emotional stuff" of multicultural supervision that is hard to deal with and even harder to teach. We propose that the issue of multicultural training for therapists and supervisors is important, but is not complete without also addressing the process of multicultural supervision and mentoring supervision, with its accompanying emotional reactions. More research is needed to fully understand the processes of multicultural supervision, particularly when unplanned diversity issues arise. Based on our case examples, we have learned that there is no one right way to do culturally sensitive supervision. Research on the processes of multicultural supervision would help to identify what types of multicultural supervision are most effective in working through the emotional responses that arise, particularly in the unplanned moments of multicultural supervision.

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