Barriers to Broaching Culture in Counseling Supervision: A Q Methodology Study

Mustafa Aydoğan [1], Tanya J. Middleton [2], Paula J. Britton [3]

Abstract

Broaching is a valuable intervention used to address the impact of sociopolitical issues such as race and ethnicity on the counseling relationship. Recently, "broaching" has been translated to the supervisory relationship, and the benefit for clinical supervisors to broach diversity with their supervisees has been noted. Unfortunately, the practice of broaching, while integral to the supervisory relationship, is inconsistent, with supervisors who are often indecisive about their willingness or abilities to broach. This Q methodology study examined barriers that may inform broaching behaviors of counseling supervisors. Twenty-seven Licensed Professional Clinical Counseling supervisors sorted 36 statements about their broaching behaviors, specific to cultural issues in supervision. Findings suggested two distinct explanations regarding propensity of broaching for supervisors: (1) *emotion focused*, and (2) *intervention focused*. Implications, limitations, and future research suggestions are discussed herein.

Introduction

The need for counselors to address multicultural issues within therapeutic relationship is not a new phenomenon in counselor education programs and supervision training. The field of counseling has witnessed a drastic shift over the last decades with increased numbers of minority clients (Sue et al., 1998). As the environment and population evolves, "culture" has expanded to include aspects of diversity not limited to age, sex, and race/ethnicity. Thus, this evolution has informed The American Counseling Association (American Counseling Association [ACA], 2015) and its continued encouragement to actively infuse multicultural competency in training and supervision practices. The ACA (2015) has urged counselors to not only identify the uniqueness of the clientele served, but also explore how cultural differences if not addressed appropriately can impact the relationship with clients. In a similar message, Turkish Psychological Counseling and Guidance Association (İkiz, Uz Baş, & Arslan, 2021) warned counselors to be aware of value conflicts and their effects on the therapeutic relationship. With emphasis on promoting culture within counseling relationships, Day-Vines et al. (2007) applied the term "broaching", defined as a counselor's efforts to examine various multicultural

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[1] Sinop University, Faculty of Education, Department of Educational Sciences, Turkey, maydogan@sinop.edu.tr

[2] The Ohio State University, College of Education and Human Ecology, Department of Counselor Education, USA, middleton.221@osu.edu

[3] John Carroll University, College of Arts and Sciences, Department of Counseling, USA, pbritton@jcu.edu

factors that may arise during the counseling process. While broaching has been used within the client-counselor context, recent literature has acknowledged the importance of supervisors discussing culture with supervisees (King & Jones, 2019; White-Davis, Stein, & Karasz, 2016). The ACA (2015) continues to recognize the need for counselors to address multicultural issues, therefore the same urgency should be considered for supervisors as they enhance counselor development while also monitoring client welfare. Cultural factors have been noted to impact the counseling relationship if not addressed, and the same should be implied with consideration for the supervision of those services (Constantine, 2001). Although this practice is stressed, scholarship recognizes the hesitancy of supervisors with initiation of dialogue regarding cultural factors with their supervisees (King & Jones, 2019; Meydan & Kağnıcı, 2018; White-Davis et al., 2016; Yöntem, Sarıkaya, & Aydoğan, 2021). Recent literature has stressed the need for supervisors to broach culture in supervision, however lacking is explicit discussion identifying why this is not a consistent practice given the evolution of client and supervisee demographics.

Broaching

Although the practice of counseling has become more inclusive over the last decades, consistent approaches and techniques are still required for counselors and supervisors to best serve their clients who come from diverse backgrounds. Day-Vines et al. (2007) recognized the need for counselors to consider how cultural factors might contribute to the client's presenting concerns while providing specific strategies to enhance cultural dialogue in best efforts to improve the counseling relationship. These authors applied the term "broaching" to describe the ongoing attitudes, behaviors, and strategies utilized by counselors to explore and understand the influence of cultural factors on client's presenting problems. Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2016) emphasized the essentiality of exploring the multilayered interplay of demographics with consideration for varying perspectives that encompass the awareness, worldview, attitudes, beliefs, and knowledge for both the counselor and client. Ratts et al. (2016) challenged counselors to not only consider differences, but also admit and address how their personal attributes, biases, and areas of unawareness can interfere with positive therapeutic alliances. Through the acknowledgement of varying perspectives and experiences, counselors can be motivated to consider not only their worldview but also that of their client in efforts to enhance the effectiveness of services with respect to cultural differences and associated challenges that may arise within helping relationships.

Despite the benefits associated with this broaching, many counselors struggle with implementing this practice consistently, if at all. Therefore, Day-Vines et al. (2007) developed a broaching continuum in efforts to identify a counselor's readiness to engage in cultural dialogue with clients. This broaching continuum entailed broaching styles described as: (a) *avoidant*, describing one who preferred to focus on general counseling goals, therefore omitting any cultural conversation; (b) *isolating*, referring to the counselor who addresses culture but only at the surface level, for example, identifying cultural differences but failing to process underlying emotions and relevance for the client; (c) *continuing/incongruent*, referencing to counselors that recognize the benefit of broaching culture, but are uncertain of how to effectively address and engage in conversation; (d) *integrated/congruent*, depicting those who have broached culture consistently and have integrated this practice effectively into their professional identity; and (e) *infusing-integration*, speaking to counselors who have infused broaching into their identity while also being committed to social justice and advocacy efforts in their personal and professional lives. This continuum was presented in efforts to explore the broaching behaviors of counselors. Researchers have applied this framework to supervisors (King & Jones, 2019), however limited is rationale implicitly exploring barriers impeding broaching behaviors of supervisors.

Broaching and Clinical Supervision

Bernard and Goodyear (2019) highlight the importance of clinical supervision to the counseling profession. The need for supervisors to recognize certain factors that influence the multifaceted relationships between all invested parties (client, counselor, and supervisor) is clear. Strong supervisory relationships are established through rapport and alliances that are grounded on trust, empathy, and respect (Ancis & Marshall, 2010). Literature speaks to the need of cultivating a relationship that encourages openness and trust, furthermore, suggesting that the acknowledgement of cultural differences serve as a platform for that trust (Gatmon et al., 2001; Haskins et al., 2013; White-Davis et al., 2016; Yöntem et al., 2021). Reports of stronger therapeutic alliances are evident when supervisors broach cultural issues, and this has been linked with increased satisfaction within relationships and improved clinical skills (Soheilian, Inman, Klinger, Isenberg, & Kulp, 2014). Wong, Wong, and Ishiyama (2013) concluded that multicultural discussion within supervision allowed for the processing of emotions regarding cultural differences by supervisees and thus increased their comfort-with exploring their identities and those of their clients.

The intersecting identities (i.e., race, gender, sex) that can exist between the supervisor, supervisee, and client, necessitate conversations regarding cultural differences and similarities. While the need is evident, research indicates that most supervisees of color will not initiate dialogue focused on culture with their supervisor due to fears of supervisor disinterest, personal discomfort, or feeling that it may be overemphasized (White-Davis et al., 2016). Wong et al. (2013) emphasized that hesitancy to broach cultural issues is most prevalent among White supervisors who lack confidence within their multicultural competency. Supervisees of color have also cited indecision with broaching cultural issues in supervision due in part to the unstated power differential that can exist within the supervisory dyad, that is often reflective of their real world as members of a marginalized population (White-Davis et al, 2016).

Despite the positive associations identified, broaching culture in supervision has not occurred consistently (White-Davis et al., 2016). As supervisors work with counselors to ensure best practices and quality of care for clients, it is necessary that they also broach multicultural issues with their supervisees while considering the intricacies of the diverse cultural identities between them. The need to speak to culture in supervision has been recognized in the counseling literature, however, scholarship is limited regarding factors that may prevent supervisors from constantly broaching multicultural issues during supervision. Therefore, the identification of barriers that limit consistent efforts to broach sociopolitical issues with supervisees would be beneficial for strengthening supervisory relationships and improving overall client welfare.

Successful broaching for clinical supervisors can be facilitated through the attainment of a level of cultural awareness, knowledge, and skills in addition to an examination of supervisor's current knowledge, assumptions, bias, attitudes, and perceptions (Martinez & Holloway, 1997; Meydan & Özyiğit, 2016; Pedersen, 1991). Garrett et al. (2001) recognized the consequences of supervisors not achieving a level of cultural awareness, describing instances where they prematurely judged situations based upon their own limited knowledge. Ladany, Inman, Constantine, and Hofheinz (1997) studied 22 counseling internship programs, noting that 70% of the supervisors never completed a course in multicultural supervision, and supervisees reported that the relationship could have been enhanced with the discussion of cultural issues. White-Davis et al. (2016) found dissatisfaction among clinical supervisors who considered their supervisory endorsement training and development substandard due to limited exposure to multicultural issues specifically from a supervisory context.

Day-Vines et al. (2007) noted that while broaching is an integral process of clinical training, there are varying factors that often impede successful integration of this method within clinical supervision. Through their work, Day-Vines et al. (2007) recognized the importance of broaching as a consistent behavior due to the emergence of cultural factors that can arise at any time throughout the working discourse. This approach encouraged the positive notion that 'broaching' is not designed to 'look for problems' but rather, utilized as a skill to demonstrate cultural humility (Callahan, Love, & Watkins Jr, 2019). This practice also provides space for counselors and clients to explore their cultural identity working to recognize hesitations to perform this task (Day-Vines & Holcomb-McCoy, 2013). With that stated, it can be proposed that the same format could be implemented during the training of counseling supervisors who are charged with supervising future counselors.

While deemed important to therapeutic and supervisory relationships, there are a limited number of empirical studies exploring broaching models (Day-Vines, Bryan, & Griffin, 2013; Day-Vines, Cluxton, Agorsor, Gubara, & Otabil, 2020; Jones & Welfare, 2017; Jones, Welfare, Melchior, & Cash, 2019; Yöntem et al., 2021). To date, Day-Vines et al. (2013) is the only investigation that speaks specifically to the broaching continuum, providing rationale about why these behaviors are not consistently performed. Existing studies are qualitative (Jones & Welfare, 2017) and quantitative (Day-Vines et al., 2013) in nature, and data on the broaching behaviors are derived from professional counselors, omitting experiences of counseling supervisors. In Turkish context, there is also limited research on supervision and multicultural issues (Meydan & Kağıcı, 2018; Yöntem et al., 2021). These studies are conceptual and based on literature reviews in nature and lack empirical data for broaching strategies. It is therefore imperative to identify barriers that may inform why this behavior is not performed within supervisory contexts on a consistent basis. The identification of barriers that limit consistent efforts to broach sociopolitical issues with supervisees would be beneficial for strengthening supervisory relationships and overall improved client welfare. Thus, the purpose of this study is to contribute to the understanding of the broaching behaviors of counseling supervisors in counseling supervision.

Method

For the purposes of this study, we applied Q methodology to assist with the identification of counseling supervisors' perceptions and points of views about their hesitations with broaching cultural issues in supervision. Q methodology, developed by William Stephenson in the 1930s, aims to reveal individuals' internal frame of reference through their preferences (i.e., human subjectivity; Watts & Stenner, 2012). By embracing the depth and richness of qualitative data (e.g., post-sort reflections) and objective rigor of quantitative data (e.g., factor analysis), Q methodology provided the opportunity to study the subjective opinions of counseling supervisors about their hesitations with broaching the issues of culture with their supervisees. In Q methodological studies, participants are presented with a series of statements that cover possible responses on the subject. Based on the preferences of the participants, these statements are sorted on a scale that is typically on a least-to-most important sequence (Watts & Stenner, 2012). Therefore, the current study utilized Q methodology in order to provide an insight into the subjective worlds of the counseling supervisors on their hesitations around multicultural issues.

Concourse Development and Q Sample

The first step of Q methodology is to create a collection of statements of opinion about the targeted topic, known as concourse. The collection of statements or concourse gathered about a phenomenon is referred to as Q-sample (Stephenson, 1978). Brown (1980) proposed that statements used to develop a concourse in Q methodology are gathered from a variety of modalities including extensive literature reviews and researcher's personal experiences and existing knowledge. Applying these methods to the current study, the authors generated 120 statements from the result of an extensive literature review on multicultural issues and broaching in supervision and personal experiences via clinical practice, training, and workshops. Following the compilation of the statements, the authors applied the suggestions of Brown, Baltrinic, and Jencius (2019) as a theoretical base, who proposed

methods of reducing statements, by compiling similar items, excluding repetitive statements, and identifying the unique items for the smaller Q sample. Finally, a comprehensive list of 36 statements were agreed upon by the authors, thus producing the final Q sample for the current study, (see Table 3 for the full list). Participants rank ordered this final Q sample during the data collection phase of the study.

P Sample (Person-Sample)

The P sample (also used as Person-Sample) refers to the participants who participated in the study. Q methodology literature encourages the use of smaller sample sizes in efforts to obtain more conclusive results (Watts & Stenner, 2012). More specifically, the number of participants should be smaller than the number of statements, which is accomplished in the current study. Brown (1980) suggested that a sample size between 20 and 60 participants would be appropriate for the emergence of factors (i.e., shared viewpoints). Watts and Stenner (2012) also stressed that quality Q data can come from those who are "likely to express particularly interesting or pivotal point[s] of view" (p. 71), leading to a group of clinical supervisors who were targeted to participate in the current study. In this study, the P sample included 27 independently licensed counseling supervisors who participated and sorted the 36 statements on broaching in supervision. To be eligible to participate in the study, participants were required to be: (a) at least 18 years of age, (b) independently licensed in the State of Ohio, possessing a supervisory designation (LPCC-S), and (c) have a minimum of two years working experience as a clinical supervisor within a clinical setting. After obtaining approval from the institutional review board, we used purposeful and snowball sampling methods to recruit potential participants from counseling agencies, private practices, and a general email list obtained from the Ohio Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board. The purposeful selection identified an adequate sample (N=29) of LPCC-S who completed all the phases of the study. Two of these participants reported to hold only a school counseling license, therefore, 27 participant responses were included in the final study analysis.

The final sample consisted of 22 females and five males; 23 of the participants identified themselves as Caucasian, two as African American/Black, one Hispanic, and one Asian. In reference to age groups, two participants reported to be 30 or younger, nine indicated they were between 31 and 40 years old, four indicated being between 41 and 50 years old, four indicated being 51 and 60 years old, and eight participants indicated being 61 or older.

Q Sort Process

Q methodology studies are traditionally conducted through in-person meetings where researchers would guide a participant or a group of participants through a set of data collection phases. Through this process, participants express their subjective opinions on a given topic via their sorting of a Q sample and post sorting interviews. Due to the COVID-19 restrictions on in-person meetings, this current study was conducted via an online q-sorting website. The authors emailed individuals found to meet the study criteria to invite them to participate in the study. Following the email invitations, participants who were interested were redirected to a website (www.qmethodsoftware.com) to complete the study. First, participants answered demographic questions (gender, age, and indication of LPCC-S). Next, participants were instructed to reflect on their experiences and perceptions about their hesitations to broach cultural issues within their clinical supervision practice. Based on these reflections, as illustrated in Table 1, they were instructed to pre-sort the 36 Q-sample statements into three categories based upon the level of agreement with perception of broaching behaviors; from least agree, through neutral, to most agree.

In the next phase of the sorting process, participants performed the main sort by making more precise decisions among the statements to identify a ranking order within their prior decisions. As illustrated in Table 1, participants ranked statements along a continuum of seven categories, ranging from, least agree (-4) to most agree (+4). The middle category in the distribution was for the statements about which participants felt "neutral" or "indecisive."

The last step of the data collection required participants to provide their qualitative reflections on the statements they rated under *least agree* (+4) or *most agree* (-4) as well as having the opportunity to provide additional comments on any of the 36 statements they reviewed during the sorting. Q methodology studies, while comprehensive, can be challenging to navigate, especially via online platforms; therefore, participants were provided opportunities to receive additional live support from the researchers throughout this process. Approximately one third of the participants took this option to ask questions or get clarifications about the steps during their participation via emails and phone calls.

Table 1. Ranking and distribution table of the 36 Q-sorts

Least Agree -4 (2 cards)	-3 (4 cards)	-2 (4 cards)	-1 (5 cards)	Neutral 0 (6 cards)	+1 (5 cards)	+2 (4 cards)	+3 (4 cards)	Most Agree +4 (2 cards)

Data Analysis

Following the completion of data collection, participant responses were uploaded to PQMethod (Schmolck & Atkinson, 2012), a software program that is extensively used to analyze data in Q methodology studies. Factor analysis was performed using principal component analysis (PCA). With a varimax rotation, factor loadings were created. Factor rotation is a process used to explore the clusters of similar Q sorts in efforts to identify viewpoints supported more frequently by the participants. Although there are multiple methods of factor rotation (e.g., by-hand rotation, quartimax, equamax), the general goal of the process is to capture maximum amount of variance explained in Q analysis. In the current study, varimax rotation was preferred because it "maximizes the variance of each factor loading by making high loadings higher and low loadings lower to simplify factor interpretation" (Akhtar-Danesh, 2016, p. 34). As a result, a two-factor solution was accepted to produce statistically and theoretically sound data interpretation. In this study, 23 (out of 27) Q sorts had significant factor loadings on the two factors. Furthermore, inter-factor correlation between the two factors was .44, which indicated a medium degree of shared viewpoints between the two perspectives regarding the reasons for supervisors' difficulty when broaching cultural issues.

To produce more comprehensive interpretation of each factor and their connections to each other, we followed the steps suggested by Watts and Stenner (2012). First, we took distinguishing statements provided by PQMethod for each factor. Distinguishing statements are the ones that were preferred significantly higher or lower in determining each factor loading. Second, applying this process to the two factors, we also attached qualitative data that participants provided for the post sorting comments. At this stage, we also considered the participant demographics to ensure we captured a detailed interpretation of each viewpoint. Finally, putting all the elements together, we presented our elucidations as a narrative under each factor.

Table 2. Rotated Factor Loadings for Emotion Focused Supervisor and Intervention Focused Supervisor

Q Sort	Factor 1 Emotion Focused Supervisor	Factor 2 Intervention Focused Supervisor
1	**0.53X**	0.12
2	**0.66X**	0.00
3	0.29	**0.54X**
4	0.03	**0.80X**
5	**0.46X**	0.40
6	0.37	**0.47X**
7	**0.55X**	0.03
8	**0.47X**	0.29
9	**0.68X**	0.16
10	**0.75X**	0.31
11	**0.59X**	0.09
12	**0.73X**	0.17
13	0.20	**0.60X**
14	0.00	0.17
15	0.03	-0.14
16	0.25	**0.61X**
17	0.25	**0.51X**
18	0.15	**0.39X**
19	0.29	**0.69X**
20	0.15	0.31
21	**0.33X**	0.33
22	0.09	**0.43X**
23	0.01	**0.54X**
24	**0.44X**	0.11
25	0.56	0.46
26	**0.69X**	0.01
27	**0.47X**	0.07

Note. Flagged loadings in PQMethod are with an "X" in boldface

Results

The data analysis revealed two distinct viewpoints that we separated into factors (i.e., factors 1, and 2) on the broaching behaviors of clinical supervisors when addressing culture. We categorized these factors as (1) The Emotion Focused Supervisor and (2) The Intervention Focused Supervisor. Factors together explained 36% of the total variance. More specifically, Factor 1 included 13 participants accounting for 20% of the variance, and Factor 2 included 10 participants accounting for 16% of the variance. The remaining four participants either loaded significantly on more than one factor (i.e., one participant) or did not load significantly on any of the factors (i.e., three participants), therefore, their responses were excluded from the final factor interpretations. Factor loadings and determining (i.e., flagged sorts) Q sorts are presented in Table 2.

Table 3. 36-Item Q Sample and Factor Arrays

Item #	Statement	F1	F2
1	I am not sure if supervision is the place for culture related issues	-3	-2
2	It may create distance to talk about race issues in supervision	2	2
3	It is supervisees' responsibility to bring up culture	-2	-2
4	Broaching cultural issues may not help supervisees with their development as competent counselors	-1	-3
5	Most of my supervisees do not have different cultural backgrounds than mine	2	2
6	Due to the power difference, I do not want to force my supervisee. So, I expect them to broach culture first.	-2	0
7	How culture influences people's life is a private matter not a topic for supervision	-4	-1
8	I do not have enough training	2	1
9	No one showed me how to do it	4	2
10	No one is checking to see if I am doing it appropriately	3	4
11	I feel uncomfortable talking about some issues like race, sexual identity, or religion	0	-3
12	I do not think it is necessary	-4	-4
13	If my supervisee does not want it, I will not do it	0	0
14	I do not know how to structure such discussions in supervision	3	0
15	I am afraid it might go badly	3	-1
16	I do not want to pressure my supervisees	1	1
17	There are more urgent issues all the time	-1	3
18	Supervision is not the place for societal level problems	-3	-4
19	I can only do so much	3	3
20	I do not want to try anymore because of some bad experiences	-1	-3
21	Supervises do not appreciate the value of such conversations	0	0
22	I have not taken initiative to gain more knowledge in this area	-2	1
23	I feel uncomfortable because of my limited experience working with other populations	-1	-1
24	I feel uncomfortable because of my own issues within diversity (my own race, sexual identity, etc.)	0	-3
25	I fear that I will be viewed as judgmental or uncaring	2	0
26	I never experienced the broaching of multicultural issues when I was being supervised	1	4
27	I may end up confronting some of my own biases	1	3
28	I fear knowing biases or limitations of my supervisee might	1	-1
29	I have not much knowledge about the language around these issues (sexual orientation, race conversation etc.)	-1	0
30	It is not related to the counseling work between supervisee and their client	-3	-1
31	It may not serve the client	-2	2
32	Clients, supervises, and I all come from similar background	1	1
33	We may be overemphasizing the issues of culture	-3	1
34	I may feel nervous to learn about the misconceptions/assumptions my supervisees may have about me	4	-2
35	I am unsure if I can fully understand my supervisee's culture	0	3
36	I need more experience in the field before I can fully engage in cultures issues in supervision	0	-2

Factor 1: The Emotion Focused Supervisor

Factor 1 is most distinguished by the view that exploring cultural issues is an emotionally charged process, which is not the main belief for Factor 2 supervisors (Item 34; +4, -2, respectively). Participants who loaded on this factor also expressed this main idea of Factor 1 in their post-sort reflections:

Participant 26: I think it's fear of offending, hurting feelings, or even being accused of discrimination.

Participant 7: I can think of a lot more reasons to take responsibility for querying culture and privilege, than for avoiding it. But most of the avoidance reasons are interpersonal rather than professional.

Participant 8: Possibly to not offend … supervisee in anyway or feeling (supervisors) might reveal their own ignorance in doing so.

The possibility of having negative reactions from the supervisees was another concern for Factor 1 supervisors (Item 15, +3). As a result of being misunderstood, supervisors of this factor feared being viewed "as judgmental or uncaring" (Item 25, +2). Representatives of this factor provided significantly different responses to the Items 11 and 24 than Factor 2 counterparts did (Item 11; 0, -3; Item 24; 0, -3, respectively) revealing an important component of Factor 1, which is that participants who loaded on this factor may feel that their personal process with their own race, sexual orientation, religion, etc. may be the core reason behind the feelings of discomfort when broaching such issues with their supervisees. Additionally, Factor 1 supervisors expressed lacking skills in structuring such discussions of culture in supervision (Item 14, +3) as one participant stated, "In general, I don't have much training in cultural diversity in supervision mainly because I live and work in a predominantly white, rural, area." Lacking training in broaching cultural aspects of supervision seems to be another reason for avoiding emotionally charged topics for Factor 1 supervisors.

The representatives of this factor were also distinguished by a belief in the need to broach cultural issues in supervision. According to the participants on this factor, the influences of culture are not too private to discuss in supervision (Item 7, -4), and they would not be overemphasizing issues of culture (Item 33, -3). Furthermore, they believed that broaching culture in supervision is interconnected to the counseling relationship between the supervisee and the client (Item 30, -3), which may help the client indirectly (Item 31, -2).

Factor 2: The Intervention Focused Supervisor

Factor 2 represents supervisors' struggles of integrating culture-sensitive interventions into their supervision practice (Items 35, +3). According to the supervisors associated with this factor, there appears to be a lack of accountability within the counseling field to help them with their struggles of broaching culture in supervision (Item 10, +4), and they did not have a role model during their own training (Item 26, +4). Additionally, the supervisors associated with this factor believed that cultural issues should be a part of the supervision process (Item 18, 4-), however, they still struggled to see how culture-focused discussions could be integrated into the application of supervision, when there are other issues that seem more pertinent (e.g., crisis, clinical documentation). Participants who loaded on factor 2 stressed the main idea of this factor in their post-sort comments:

Participant 3: I do not know how to structure it: Can this be learned?

Participant 4: If a supervisee does not feel it would be helpful to discuss these issues, then unless it is evidently an issue, I will not force the topic.

Supervisors in this group recognize the necessity to broach culture, however, prioritize other tasks such as clinical issues and documentation over this practice. This was supported by a participant comment, "because time for supervision is often limited, time spent exploring cultural issues does not occur because of the necessary time spent addressing risk concerns (and) interventions/strategies." Another participant who loaded on this factor offered their supervises to "read and consider cultural factors outside of formal supervision" as a compensation for not having enough time for culture related discussions. It is not a surprising outcome that factor 2 supervisors are leaving the cultural aspects of supervision relationship to their supervisees outside learning as Factor 2 supervisors themselves did not have a mentor after whom they modeled (Item 9, +2).

Unlike Factor 1, Factor 2 placed less emphasis on their personal processes with their own cultural identity (Item 24, -3), uncomfortable feelings that may arise as a result of broaching cultural issues (Item 11, -3), and priori bad experiences (Item 20, -3). Additionally, lacking experience in the field is not a reason for their hesitations they feel when broaching cultural aspects of supervision relationship. Here it is noteworthy to notice that they saw more experience in the field as not helpful in broaching strategies. Instead, supervisors of factor 2 voiced their need for culture sensitive interventions and mentors who could model the expected behaviors.

Discussion

The purpose of this study was to investigate counseling supervisors' broaching behaviors of cultural issues in supervision. The results of the study support that supervisors' hesitations were mainly captured by two factors which described as: (1) The Emotion Focused Supervisor and (2) The Intervention Focused Supervisor. We view the results of this study as significant empirical data to bring clarification into supervisor hesitations to broach (or not broach) cultural issues during supervision. These findings and factors supported the prior research on broaching as a strategy and a necessity to improve the effectiveness of supervisory relationships (Jones et al., 2019; Meydan & Kağnıcı, 2018). Factors identified further validate the need for supervisors to consistently broach culture within a supervisory context to enhance overall effectiveness of supervision and subsequent client care.

Factor 1 (The Emotion Focused) supervisors' responses were indicative of a pattern of hesitation, that can be attributable to anxiety of identifying and dealing with the negative emotions that may arise during the supervision process. It can be ascertained that this fear is perceived judgement from supervisees who may note their lack of knowledge in cultural areas. This category of responses also sheds light on another important issue, the disproportionate rate of cultural training that is advertised or made available within their occupational environment. This notion presents limitations for clinical supervisors, as they fear being exposed for having a lack of cultural knowledge due to a lack of training. Lack of availability of cultural training has been noted within the literature, being identified as impacting effective cross-cultural relationships (Day-Vines et al., 2020; White-Davis et al., 2016; Wong et al., 2013). Furthermore, Factor 1 supervisors' anxiety remains congruent with the first two styles on the broaching continuum; *avoidant* and *isolating* elaborated by Jones et al. (2019). Although these two styles were initially theorized as slightly different from one another, according to a broaching survey development study of Day-Vines et al. (2013), they both loaded on the same factor. Therefore, characteristics of Factor 1 supervisors in the current study are consistent with avoidant and isolating styles of broaching.

Another salient theme in Factor 1 was, as concisely stated by a participant, that "I don't want to pass biases on to supervisees." While an honest assessment, as Jones et al. (2019) stated, "it [broaching] is not a discussion of world events or a lesson about a certain cultural group per se, although both may be included at times" (p. 6). Given the lack of training opportunities and limited experiences with cultural diversity, Factor 1 supervisors appear to focus on the teaching aspect of the process as opposed to viewing broaching as a continued effort to understand how cultural dynamics improve or hinder the

process of supervision and the supervisee's counseling relationship with clients (Jones et al., 2019). It can be argued that those associated with Factor 1, also view broaching culture as a negative process due to their own emotional reasoning. The fear associated with broaching may have potentially triggered a negative ideology, thereby irrationally considering a positive dialogue with their supervisees as a negative experience. It can be ascertained that some supervisors in this group remain focused on the emotional reactions of themselves and their supervisees. In addition, Factor 1 supervisors may question their own ability to remain unbiased and are concerned that such a conversation would skew the views of the supervisees.

Factor 2 supervisors revealed that lack of broaching behaviors was in part due to the lack of intervention skills, speaking specifically to their own supervisory experiences and formal/informal training. According to Jones at al. (2019), the third level on the supervision broaching continuum model is *continuing/incongruent.* Supervisors acting from *continuing/incongruent* point of view are willing to broach cultural issues, however they are uncertain about how to implement this practice effectively. Lack of cultural understanding of either party can lead to a disconnect within the supervisory relationship, often resulting in supervisees failing to remain open and honest (Gray, Ladany, Walker, & Ancis, 2001; Meydan & Özyiğit, 2016). Bernard and Goodyear (2019) note that the establishment and maintenance of trust within the supervisory context is a necessary function for effective supervision (also see Tümlü & Ceylan, 2021). The results of this study in comparison with Day-Vines et al. (2013)'s work on practicing counselors were consistent, noting that they "seem open to the prospect of broaching but lack the skill set to explore the contextual dimensions of race, ethnicity, and culture with their [supervisees]" (p. 218).

This particular finding is valuable to the connection between statewide licensure regulations and supervisor ability to work with cultural issues. For example, those seeking supervisory credentialing are not typically required to complete specific CEU focused on multicultural supervisor competence (also see 4757 Ohio Admin Code). For example, in one midwestern state, the application process for an individual seeking supervisory endorsement states six hours of training in each of the following levels: (1) Assessment, evaluation, and remediation, (2) Counselor development, (3) Management and administration, and (4) Professional responsibilities. Of those areas, only (2) Counselor development, speaks directly to the need to increase 'awareness and acknowledgement' of individual and cultural differences. Unfortunately, that statement lacks clarification for this 'awareness and acknowledgement', failing to hold supervisors accountable to any cultural standard.

Recommendations and Limitations

The purpose of this study was to gain insight into the barriers that may inform supervisor hesitations of broaching culture in clinical supervision. Findings of this study support two important implications regarding the administration of clinical supervision. Factor 1, depicted as "The Emotion Focused Supervisor", produced viewpoints of those that recognized the necessity of broaching culture, but focused more on the emotional responses of themselves and the supervisee. On the other hand, Factor 2, identifies as "The Intervention Focused Supervisor" consisted of perspectives that to a degree recognized the need to broach, but focused more on the lack of training or specific techniques utilized to engage in meaningful cultural dialogue with supervisees. Responses gained, further validate the need, not only for multicultural training, but also more emphasis on specific skill building on how to broach cultural issues in supervision.

Speaking to clinical supervisors, the ability to consider the emotions of self and others is a skill that should not be overlooked. However, that recognition of emotion has hindered important conversations regarding cultural issues known to impact the counseling and supervision process. Therefore, a recommendation would be to consider methods of overcoming this hesitation in an effort to improve supervision and awareness of cultural differences and similarities. Rather than avoid or minimize this process out of fears of judgment or offending supervisees, it is important for supervisors to find methods that can take the accompanying and often uncomfortable emotions into account. Increased mindfulness can be attained through concentrated perspectives of the client explored, the supervisee, and most importantly the supervisor's reaction to this process. The need is for supervisors to increase their levels of vulnerability within this context and push forward in manners that will initiate trust and respect. To accomplish this, there should be more emphasis on pushing through the discomfort of being judged or using lack of training as reasons to opt out of implementing. Much work is needed in putting together strong, evidenced based training, which will require more applied research and inclusion of a plethora of persons of different cultural backgrounds to design and implement the training. Additionally, opportunities to assess efficacy of these training sessions are required.

This point of view, for supervisors of Factor 2, was minimized by statements referencing a lack of training or mentorship with this process. Many spoke to the availability of such training in their current area or lacking formal training within their supervisory modules. A suggestion to remedy this would be that CACREP standards include inclusion of broaching training in accrediting counselor education programs, with specific guidelines. From this process, counselor trainees would learn the urgency of this practice prior to entering the workforce and matriculating into supervisory roles where they are deficient in initiating cultural conversations. The implementation of such a process, and the support of the accreditation body assists with another concern presented, being a lack of accountability. Currently CACREP mandates training in specific areas such as multiculturalism but fails to specify the level of proficiency within this area. In Turkey, although the accreditation efforts are in progress (Özyürek et al., 2021), there is no body of accreditation to enforce or control the work of supervisors, which leaves the efforts of multicultural supervision unsupported at the institutional level. Consideration of implementation of such skills within multicultural classes in counselor education would be beneficial, especially with most clinical programs mandating this class for counselor trainees in the US. Regarding Turkish the context, most counseling programs do not offer multicultural counseling courses, thus, there is even more pressing need for supervisors with awareness of cultural issues and broaching skillsets. Cultural conversations must be viewed as essential components in any counseling training curriculum, rather that suggestive. As a result of the early intervention, counselor trainees will be armed with a mindset of modeling the same behaviors learned as they develop into supervisors. In addition to more accountability from CACREP, another idea would be more rigorous state licensing mandates that include specific multicultural supervision training consisting of skill-based training on broaching. This might include both videos, role plays and other interactive modalities to promote methods of having the 'difficult' conversation.

While early intervention is key, the mindset should eventually encompass the infusion level described on the broaching continuum (Day-Vines, Ammah, Steen ve Arnold, 2018). This level speaks to supervisors/counselors who have remained successful in infusing dialogue around culture into actions, and their daily interactions. Broaching should be a part of conversations with students in every curriculum area and supervisory setting. Should broaching receive more emphasis within counseling via consistent dialogue across a variety of arenas, not simply part of the academic culture, then fear of judgment, lack of accountability, and lack of urgency will no longer be legitimate reasons for not performing. Admittedly, there is much work to advance this issue, but in the current climate, awareness is no longer enough, it must be accompanied by significant and effective action to implement change.

In the current study, Q methodology was utilized to reveal the subjective perspectives of clinical supervisors. Q as a mixed research method has become a common methodology in social sciences over the last decades due to its focus on subjectivity and having the participants in the center of the data analysis (i.e., by-person factor analysis; Yenen & Yöntem, 2020). Future researchers should consider utilizing the methodology in education, counseling, and supervision studies with the emphasis on the theoretical foundations of Q (see Brown, 1980; Watts & Stenner, 2012) and suggested steps to conduct Q methodological research (Karasu & Peker, 2019).

Several limitations should be considered when interpreting the finding of the current study. Q methodology studies are not generalizable to larger populations, which is similar to qualitative studies. The current study captured the subjective opinions of 27 counseling supervisors. The results should be viewed with caution due to the self-reporting nature of Q methodology in the same manner as other qualitative and quantitative studies (Watts & Stenner, 2012). Future studies might focus on supervisee perspectives on broaching behaviors of their supervisors. Another limitation is that although we attempted to recruit a culturally representative sample to capture the diverse supervisors' views of broaching, readers should consider the findings with the representativeness limitation of gender, race, and ethnicity. A more diverse sample may reveal different viewpoints on the supervisor hesitations of broaching cultural issues. For example, White-Davis et al. (2016) found that White supervisors were less likely to initiate race conversations in supervision in comparison to their fellow supervisors from culturally diverse backgrounds. A final limitation of the current study is that due to the COVID-19 pandemic, we decided to conduct our study through an online platform. It is possible that through face-to-face meetings, participants may have reflected more deeply or differently during the sorting and post-sorting interviews. An in-person replication study may reveal insights into how online Q studies differ from face-to-face Q studies as the latter has been a norm in the Q literature.

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