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Understanding Experiences of Racial Microaggressions Among African American Women in Cross-Racial Supervision

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Abstract

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by

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Abstract

Racial microaggressions are statements that occur in everyday life that are regarded as instances of subtle or unintentional discrimination against members of a racial or ethnic minority. For African Americans, racial microaggressions are feelings of denigration and exclusion. Racial aggressions experienced by African American women in a clinical counseling profession (counseling, psychology, social work, mental health) supervision have not been well-studied. Interpretative phenomenological analysis was used in this qualitative study to explore African American women supervisees' experience of racial microaggressions in cross-racial supervision. Intersectionality theory and identity negotiation theory were used to guide the development and analysis plan. Semistructured, audio-recorded interviews with nine African American women supervisees were conducted. Seven domains and 19 themes were developed from the interviews. The findings of this study provided a better understanding of how racial microaggressions occur in cross-racial supervision with African American women supervisees and White supervisors, the implications to supervisees' professional development, and how it impacted the supervisory relationship. The nine participants interviewed for this research candidly shared their experiences with racial microaggression, how racial microaggressive acts affected them, how they coped with the incidents, and what they believed White supervisors' cross-racial supervisory roles could do to help African American supervisees. The findings of this study also offered implications for positive social change for training clinicians and supervisors and improving clinical training programs.

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Dedication

If I didn't define myself for myself, I would be crunched into other people's fantasies for

me and eaten alive. —Audre Lorde

      I dedicate this research to my grandmothers, who would be proud to see the woman I have grown into and my accomplishments. Your memory lives on with me, and I am grateful for your influence on me. Without your unconditional love and support, I would not have the strength or courage to explore the world and go after my dreams.

Acknowledgments

Completing this dissertation during COVID-19 was an enormous task that, at times, I did not know I could achieve. The emotional journey of coping with life circumstances while completing this milestone in my academic career requires a lot of support and engagement. I am grateful for the people who supported me and kept me going during my venture. To my dissertation committee, Dr. King, Dr. McCann and Dr. Best, thank you for your continual guidance throughout my dissertation journey. Your support and approval to push through on my dissertation topic helped me add to the limited body of research highlighting African American women in this much-needed conversation. To my friends and family for their encouragement and moral and emotional support. To my Aunty Hope, thank you for your love and support and for believing I can accomplish my goals. To my 'big' brother Jeff, thank you for continuously checking in and being a rational voice when I needed someone to talk to. To my cousin, Sunshine, for keeping it real with me and never letting me forget my 'Black girl magic.' To my dear friend Dan, thank you for your unwavering support and encouragement. You've grown roots in life, and I am lucky to call you my family.

To the nine African American women who shared their stories of racial microaggression in cross-racial clinical supervision, thank you! I could not have done this study without you. Your resilience and courage reminded me of the work that still needs to be done and the importance of having Black voices in research. It was an honor to have you part of this study, as your experiences have enriched this area of research tremendously.

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Chapter 1: Introduction to the Study

The 2020 United States Census Bureau (2021) marked 2030 as a demographic turning point, with the population becoming more racially and ethnically diverse. The census report estimates a decline in the White alone population for the first time in the nation's history. The population of two or more races is projected to be the fastest-growing racial or ethnic group over the next several decades, followed by Asians and Hispanics. In 2021, there was a 30% increase in the African American population over the last 2 decades from 36.2 million to 47.2 million (Tamir et al., 2021). Although mental illness affects every race and ethnicity, African Americans in the United States use mental health services less than other racial and ethnic groups. The stigma that, "Black people must be strong," or that, "mental illness does not affect Black people," adds to the underutilization of voluntary mental health services (Taylor & Kuo, 2019, p. 7). Major depressive disorders have been identified as one of the most prevalent conditions in the Black community, but these conditions often go undiagnosed and untreated, and this was reported as particularly true in African American women (Bailey et al., 2019). Taylor and Kuo (2019) also revealed that reluctance to use mental health services is due to structural impediments (e.g., lack of local access and health insurance) and the lack of culturally responsive mental health providers. Research suggests that African American clients often prefer to work with racially matched counselors because they fear that White counseling professionals are not culturally competent enough to treat their specific, which can hinder the therapeutic process due to symptom

misinterpretation, misdiagnosis, and stigma (Mental Health America, 2019; Wright, 2020).

As the U.S. population grows more racially and ethnically diverse, there is an urgent need for the counseling profession (counseling, psychology, social work, mental health) to be culturally competent in their practices and services (American Psychological Association [APA], 2017). Culturally competent counselors are sensitive, knowledgeable, and culturally aware of themselves and others to relate appropriately and work effectively and ethically across cultural differences (Conner & Walker, 2017). Many researchers have focused on the impact culture has on therapeutic intervention and its effectiveness on client outcomes. However, only a few studies have examined cross-racial and multicultural issues in clinical supervision (Hall & Spencer, 2017; Lee & Kealy, 2018; Vandament et al., 2021). According to Bernard and Goodyear (2004), clinical supervision was defined as

> an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients, she, he, or they see, and serving as a gatekeeper for those who are to enter the profession (p. 8).

While this definition has been the subject of intense scrutiny and critique, it remains a crucial aspect of every counseling profession and serves as a pillar in supervisees' professional development (Milne, 2007). The American Counseling Association (ACA,

2014) also described supervision as where a senior member of a given profession

designated as the supervisor engages in a collaborative relationship with another

individual or group, usually a junior member(s) of a given profession designated as the

supervisee(s) to (a) promote the growth and development of the supervisee(s), (b) protect

the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of

the supervisee(s). Supervisees' professional development involves improving,

maintaining, and broadening their professional skills, expertise, knowledge, and

competence (Valmas et al., 2020). Supervision is essential to ensure supervisees receive

the support and guidance they need to develop the necessary expertise and skills to ensure

optimal client care.

Kangos et al. (2018) described all supervision as a multicultural triad (i.e.,

supervisor, supervisee, and client). Each member brings multiple identities that uniquely

and complexly intersect to shape supervisees' worldviews, experiences, and behaviors.

Ironically, supervisees are more advanced in multicultural competence and more

sensitive to multicultural issues than their supervisors (Somerville et al., 2019).

Somerville et al. (2019) provided two explanations. The first is that supervisees may be

more diverse than their supervisors, allowing them to draw from their lived experience

regarding multicultural issues. The second explanation is the changes in graduate

education that provided supervisees with more multicultural training than their

supervisors.

Despite clinical supervision being a vital aspect of the counseling profession's

training, clinical supervision remains understudied. Few studies look at the influence of

supervisory alliances on cross-cultural supervision and supervisees' professional development (Lee & Kealy, 2018). Supervisors have an ethical and professional responsibility to supervisees and their clients. The supervisory alliance includes the supervisor-supervisee relationship and a clinical focus on the supervisees' clients (Vandament et al., 2021). Cultivating a strong supervisory alliance requires supervisors to engage in meaningful conversation on topics related to racial and cultural identities and other social justice issues (Asakura & Maurer, 2018; Berger et al., 2017; Vandament et al., 2021).

Since the early 2000s, research on the supervisory relationship focused on the process and effectiveness of cross-racial supervision (Borders, 2006; Wong et al., 2013); and in the last 15 years, on the dynamics of cross-racial relationships where the research focuses on supervisors who are White and the supervisees who are Black (Anderson & Jackson, 2019; Brown & Grothaus, 2019; Forrest-Bank & Jenson, 2015). An area of study that has received considerable interest is the occurrence of microaggressions in these relationships.

Microaggressions are defined as verbal or nonverbal slights that are hurtful to an individual who identifies with a minority or marginalized cultural group (Constantine & Sue, 2007; Pierce, 1970; Sue et al., 2007). Racial microaggressions are divided into three categories: microinvalidations, microassaults, and microinsults (Fattoraccti et al., 2022; Sue et al., 2007). Microinvalidation can be seen as subtle when a supervisor says they are colorblind. Microassaults are often conscious and intentional slurs, or actions such as explicit racial derogations, meant to put down minority members. Microinsults are

communications that convey rudeness, insensitivity, and demeaning behaviors to an African American's identity such as assigning a degree of intelligence based on race. The effects of racial discrimination and stereotypes have been found to have adverse effects on all racial and minority groups. However, it is recognized that African Americans in the United States have unique experiences with power differentials, oppression, institutional barriers, and related inequities and disproportionalities (APA, 2017).

Unfortunately, racial microaggression is a difficult topic to discuss in the work environment, both with the supervisors and the supervisees and therefore, it is often ignored within the supervisory relationship (Harris et al., 2019). White supervisors working with African American women require specific training on addressing difficult racial topics with their supervisees (Anderson & Jackson, 2019). Supervisors require a level of awareness of potential biases to avoid harming the supervisory triad and supervisees' professional development (Lewis, 2020). Therefore, cross-racial supervision requires a strong, trusting relationship to help supervisees process difficult conversations about racism by creating a safe space in the form of broaching. Broaching is described as directly addressing racial and cultural factors within the supervisory relationship (Bayne & Branco, 2018).

In sum, despite clinical supervision being critical to counselor development, clinical supervision remains understudied. In addition, the increased attention paid to the intersection of race and gender in supervisory relationships in research and professional development indicates the need for more studies of how microaggressions are experienced in clinical supervision with African American women supervisees.

In this chapter, I provide background information about racial microaggressions in cross-racial and cross-gender supervision in the counseling profession and literature supporting the need for this study. The research problem, purpose, research questions, frameworks, and study methodology are also described. Definitions, assumptions, scope, delimitations, and limitations are presented. I end this chapter with a summary and the implications for social change.

Background of the Study

Most of the existing literature that addresses African Americans with mental health discusses the racial disparities in mental health services and seeks to understand lived experiences and the need for multicultural counseling theories and interventions for people with stigmatized cultural identities (Burch, 2018; Wright, 2020). According to Sue and Sue (2016), although therapeutic outcomes are not determined solely by matching sociocultural similarities in therapeutic dyads, the therapist's willingness to engage with sociocultural issues related to the client's identities and or experiences of oppression is critical for clients to feel a sense of safety and comfort in engaging in and retaining treatment (APA, 2017; Burch, 2018). Cultural unresponsiveness and the omission of discussing racial and cultural identities in the supervisory alliance may reflect cultural issues and may be ignored, discounted, or dismissed by supervisors. This may adversely affect the supervisee's and the client's outcomes (Hall, 2018; Vandament et al., 2021). Discussion on racial and cultural identities requires the supervisor and supervisee to have an open dialogue for self-exploration. Creating a safe space in supervisory conversation

on racial and cultural identities does not mean conflict is absent. Instead, allowing the conflict to occur and process is more likely to enhance trust and openness.

Limited research has explored the experience of racial microaggressions in cross-racial supervision. Constantine and Sue (2007) found that racial microaggressions had detrimental impacts on African American supervisees in supervisory relationships, indirectly leading to the culturally insensitive treatment of African American clients. Lee Pichardo (2017) found similar results. However, there were differences in microaggressive themes between the experiences of African American supervisees and Asian American supervisees. For instance, Asian American supervisees endorsed themes of *pathologizing cultural values/communication styles* that were not emphasized in Constantine and Sue's) findings. The main theme in Constantine and Sue was the *invalidating of racial-cultural issues,* where White supervisors at times minimize, dismiss, or avoid discussing racial-cultural issues in supervision. The limited research on how, or if, racial microaggressions affect cross-racial supervision calls for an expansion in research. I explored the experience of racial microaggression among African American supervisees in cross-racial supervision with White supervisors to expand on Constantine and Sue. This study was specific to the experience of African American women in cross-racial supervision who have experienced racial microaggressions within cross-racial supervision in attempts to fill some gaps in the existing literature, narrow the focus, and avoid overgeneralizing.

There is limited existing research examining the lived experiences of African American women's perceptions of racial microaggression in cross-racial supervision in

the counseling profession. Therefore, expanding on the existing body of research on cross-racial and cross-gender supervision in the counseling profession is imperative. This research addressed the provision of culturally sensitive cross-racial supervision and adds to the gap in racial and ethnic groups participating in research. The strict eligibility criteria that exclude racial and ethnic groups from participating in research have tragic consequences in clinical research that may help deliver culturally sensitive interventions in healthcare and education (Clark et al., 2019; Editors, 2021; Michos et al., 2021). This study adds to the gaps in the counseling literature on racial microaggressions in supervision and racial and ethnic minorities in clinical research by providing a platform for African American women to share their experiences of being in cross-racial supervision.

Problem Statement

The discussion so far has demonstrated that more research is needed to understand cross-racial supervision and the effects of racial microaggressions on African American women supervisees' professional development, and subsequently, their work with their clients. The supervisory relationship is the heart of supervision and involves a melding of diverse perspectives, identities, and cultures (Valmas et al., 2020). The intersecting identities influence the supervisee's experiences in supervision and their professional development. The limited availability of African American supervisors to mentor African American supervisees mean African American supervisees receive clinical supervision from a White supervisor at some point in their clinical training (Vandament et al., 2021). The failure to recognize the between- and within-ethnic group differences between White

supervisees and African American clients may result in ethical violations and suffering for the client (Anderson & Jackson, 2019; Pope & Vasquez, 2007).

Despite decades of the APA, "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists" (APA, 2003), supervisors continue to struggle with adapting an integrated and contextual approach to diversity (Upshaw et al., 2020). Although competency-based training has gained momentum in the counseling profession, attention to training, research, and practice remains a missing ingredient in clinical supervision (Falender, 2018). Few supervisors receive formal preparation for their clinical supervisory roles. Most supervisors learn to rely on their personal experience of supervision, despite it being a crucial component in preparing competent counselors (Markman & Cowley, 2019). African American supervisees will likely enter cross-racial supervision with White supervisors who have limited or inadequate diversity training due to the lack of mandatory training in some applied psychology programs for psychologists to become clinical supervisors (Anderson & Jackson, 2019; Constantine & Sue, 2007). There is an assumption that the counseling profession receives adequate training to engage with cross-cultural therapeutic dynamics. For instance, previous research shows that supervisors' lack of cultural competency training may result in racial microaggressions that may influence an unsafe racial work environment (see Lewis, 2020). Racial microaggression is often not a one-time incident. It is often repetitive with multiple encounters from different experiences that create internal dissonance when African American recipients decide how to respond appropriately due to conceivable consequences (Sue et al., 2007). Lewis (2020) also

stated that the reticence to respond to racial microaggression within the supervisory relationship may be heightened due to African American supervisees' fear of negatively impacting their careers. Research evidence has also suggested that supervisees may not have accurate information about supervision (i.e., lack of clarity in roles, responsibilities, processes, and expectations). For instance, Falender (2018) suggested that the lack of direction in feedback in supervision sessions may be inadequate or harmful to the supervisees, especially when cultural differences exist. Supervisees may be unable to maximize their supervision experiences, evaluate the supervision quality, and advocate for themselves and their clients when appropriate.

Purpose of the Study

The purpose of this phenomenological study was to understand the lived experiences of African American women's perceptions of racial microaggression in cross-racial supervision in the counseling profession. Supervisors must integrate culturally competent training to avoid microinvalidations, microassaults, and microinsults (Lewis, 2020). Research suggests that culturally competent supervisors with a high degree of racial consciousness will bring awareness and understanding of microaggression to cross-cultural supervision and improve supervisees' professional development (Constantine & Sue, 2007; Lewis, 2020). This study may provide directions for future research on addressing microaggression within the workplace. Racial microaggressions left unchecked in the counseling profession can harm clinicians and the clients they serve. The counseling profession would neglect its duties to discount the mounting evidence of

microaggressions' psychological and physiological impacts that may harm African American supervisees (Williams, 2020b).

Research Questions

RQ: What is the lived experience of African American women in counseling professions in cross-racial supervision with White supervisors?

Subquestion: What do African Americans who have lived experiences with racial microaggressions in cross-racial supervision want their White supervisors to know how to best support them?

Theoretical Framework for the Study

The theoretical framework of this study focuses on the intersectionality theory coined by Crenshaw (1989) and identity negotiation theory (INT), which was first introduced by Tin-Toomey (1988). Intersectionality theory is an evolutionary expansion of the concepts in critical race theory (CRT). CRT theory was introduced more than 40 years ago by legal scholars and sociologists to describe how U.S. institutions (e.g., the criminal justice system, the medical system, housing, and labor markets) have embedded regulations and procedures that lead to differential outcomes according to race (Delgado et al., 1998). Intersectionality is a relevant framework for the study as it acknowledges that social identity categories based on race, gender, and socioeconomic status are not mutually exclusive; rather, they are overlapping (i.e., intersecting) to create the experience of multiple forms of discrimination (Atewologun, 2018; Esposito & Evans-Winter, 2021).

Identity negotiation, also known as identity shifting, refers to the conscious and unconscious processes of shifting cultural behavior and one's worldview in intercultural encounters (Dickens et al., 2019). In cross-racial supervision, African American women use identity shifting to build and maintain relationships for social and professional advancement (Dickens & Chavez, 2018). Consequently, identity shifting can be psychologically taxing on African American women, depending on how often they shift their identities. The underrepresentation of African American in the counseling profession may create a feeling of isolation, heighten pressure to perform, and modify their behaviors and appearance to increase their sense of inclusion and belonging. Feelings of inclusion include support and affirmation from supervisors in contrast to feelings of exclusion (isolation and negative contact with supervisors). INT examines African American women's perception of inclusion and how it influences their relationship with their supervisors to help develop their professional development.

Nature of the study

The nature of this study is a qualitative interpretative phenomenological analysis (IPA). Phenomenology is used by researchers interested in the experience of participants' streams of consciousness (i.e., their thoughts, feelings, and memories) to seek access to their inner lifeworld (Noon, 2018). The use of the phenomenological lens provided a format in which African American counselors shared their experiences through semistructured interviews. This phenomenological study explored African American counselors with White supervisors by making meaning of their experience with racial microaggressions in cross-racial supervision. The IPA method allowed African American

women to express their experiences based on their meaning and how they make sense of their experiences and circumstances. The use of the IPA approach fits this study's goal as it explored African American women's experience with microinvalidations, microassaults, and microinsults while in the workplace.

Definitions of Terms

For this research, the definitions below are provided to assist in a better understanding and meaning of the study.

African Americans: The U.S. Census Bureau (2021) defined an African American as a person who has origins in any of the Black racial groups of Africa.

Colorblind: The belief in treating everyone "equally" by treating everyone the same based on presumptions that differences (i.e., race, gender) are problematic is acknowledged (Sue et al., 2007).

Counseling professional: The ACA (2013) described the counseling profession as interdisciplinary teams delivering multifaceted services whose members work in various settings and serve in multiple capacities that focus on how to best serve clients by promoting social justice and practicing competently and ethically. Counseling in a professional relationship includes, "honoring diversity and embracing a multicultural approach in support of people's worth, dignity, potential, and uniqueness within their social and cultural contexts" (ACA, 2014, p. 3).

Cross-racial supervision: Cross-racial supervision involves differences in racial or ethical background between the supervisor and the supervisee (Hedin, 2018).

Cultural humility: Cultural humility is the ability to maintain interpersonal respect in an others-oriented stance developed in a power imbalance relationship (i.e., supervisors and supervisees), the openness to learn new cultural information and perform self-examination of cultural awareness (Upshaw et al., 2020).

Intersectionality: Intersectionality refers to the interaction of aspects of social identity such as race, class, and gender through life experiences, particularly as related to experiences of privilege and oppression.

Microassaults: Microassaults are "explicit racial derogation characterized primarily by a verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions" (Sue et al., 2007, p. 274).

Microinsults: Microinsults are "characterized by communications that convey rudeness and insensitivity and demean a person's racial heritage or identity" (Sue et al., 2007, p. 274).

Microinvalidations: Microinvalidations "are characterized by communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color" (Sue et al., 2007, p. 274).

Racial microaggression: Racial microaggressions are "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group" (Sue et al., 2007, p. 273).

Supervisee: Supervisee refers to licensed or unlicensed counselors, social workers, and psychologists in clinical, school, and counseling settings who have direct practice services with clients. Direct practice services with clients in clinical practices, such as private, telehealth, or community mental health organizations. Supervisees are overseen in a formal supervisory relationship by a qualified, trained professional (ACA, 2014).

Supervision: The ACA defines supervision as, "a process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s)" (ACA, 2014, p.21).

Supervisor: The supervisor is trained to oversee the professional clinical work of counselors and counselors-in-training (ACA, 2014). Supervisors are aware of supervisees' limitations that might impede performance and assist trainees in securing remedial assistance when needed (F.6.b.). Supervisors have licensed counseling professionals who meet the minimum number of years required by accredited bodies and state licensing boards.

Assumptions

Although this qualitative study aims to generate objective and generalizable results, assumptions are inevitable for credible and valid research. While some assumptions cannot be avoided, some can be minimized. I made assumptions about this

study's design and population. I assumed that African American supervisees responded honestly and accurately about their lived experiences with racial microaggressions with their supervisors. This assumption comes from similar research (see Lee Pichardo, 2017) on racial microaggression, where participants reported adverse experiences. However, everyone has a unique experience and perception, so participants who agreed to engage in this study may not share similar experiences. I also assumed those supervisors who initiate difficult cultural and racial dialogue with supervisees invite supervisees to share their lived experiences with racism with an open mind and instill cultural humility in supervisees would reduce the racial microaggression counseling profession. Various research indicated that addressing racial microaggression includes addressing cultural competence awareness and knowledge in supervisory relationships and the necessity for supervisors to create a safe space for their trainees to discuss the difficult racial conversation (see Dupiton, 2019; Kangos et al., 2018; Lee Pichardo, 2017; Pieterse, 2018; Vandament et al., 2021).

I made the third assumption that supervisors' lack of cultural awareness and knowledge makes them less likely to initiate racial and cultural-related conversations with the supervisee. Ultimately, supervisors' lack of cultural awareness and knowledge may cause a rupture in the supervisory alliances, including harmful and inadequate supervision that can substantially impact their clients (Constantine & Sue, 2007; Lee Pichardo, 2017; Patterson, 2020). I assumed that supervisees are less likely to initiate racial and cultural-related conversations or misunderstandings during cross-racial supervision because they may fear invalidation. An effective supervisory relationship

requires respect, trust, and collaboration. Supervisees can excel more when they have the

support of their supervisors, which can further their professional development (Dupiton,

2019; Kangos et al., 2018; Lee Pichardo, 2017; Pieterse, 2018; Vandament et al., 2021).

Constantine and Sue's (2007) research findings support this assumption that several

African American supervisees reported that their supervisors offered culturally

insensitive treatment recommendations that they believed were tied to racism or

unexamined cultural biases. This assumption is warranted in that supervisees tend to

assume that supervisors are culturally competent professionals as it is a requirement for

their positions (Kangos et al., 2018).

The fifth assumption I made was the importance of having a safe space for racial

and cultural-related conversation in cross-racial supervision to strengthen the relationship

and promote supervisees' professional development. Supervisors serve as gatekeepers to

the counseling profession and are ethically obligated to promote professional growth,

uphold the profession's integrity, protect clients, and model professional conduct (Kangos

et al., 2018). I assumed supervisors needed cultural competency training to understand

and address multicultural issues when working in a supervisory triad relationship. This

assumption was justified as important based on the ACA (2014) requirement that

supervisors, "actively infuse multicultural/diversity competency in their training and

supervision practices" (F.11.c.).

Scope and Delimitations

The scope of this study was to understand the experiences of racial

microaggression among African American women under cross-racial supervision.

Limited research thoroughly expresses the lived experiences of African American women, especially their perspectives on racial microaggressions in cross-racial supervision with White supervisors. The first intention of this study was to help fill the gap in involving African American women in research to share their lived experiences on racial microaggressions in cross-racial supervision. This study is not generalizable to the entire African American population. The focus was on African American women. However, using the IPA as the conceptual framework to evaluate the lived experiences of African American women show transferability. The second intention of this topic was to address the racial and ethnic discrepancies in the counseling profession. With the limited number of African American psychologists in professional counseling, most supervisors available to train supervisees maybe White (Mental Health America, 2019). Several studies support African American clients who worry that White psychologists are not culturally competent enough to treat their specific issues (Mental Health America, 2019; Upshaw et al., 2020; Wright, 2020).

Limitations

The purpose of this phenomenological study was to understand the lived experiences of African American women's perceptions of racial microaggression in cross-racial supervision in the counseling profession. Several limitations might occur during this study. First, while the focus of the study addressed the experience of African American women supervisees, I did not distinguish the gender of the supervisors. The research was generalizable to African American women supervisees, but I did not delineate how the gender of the supervisor influences the experience.

A second limitation of the study was my bias. I am an African American woman with experience with racial microaggression in the counseling profession and working with White supervisors. I took precautions to be aware of my experience relating to cross-racial supervision and took steps to avoid making assumptions. To limit my biases in this research, I used bracketing and journaling to account for my assumptions during the study and had each participant member check their data for accuracy. The third limitation was using an audio recording when collecting data for the semi-structured interviews. Unlike face-to-face interviews, telephone interviews did not allow me to observe the interviewees for visual cues such as body language and facial expressions that may convey contextual information that increases quality and understanding during the communication (Farooq & De Villiers, 2017). The lack of visual cues forces the interviewer to listen. Finally, the study depended on the reliability of African American women's self-reports and my interpretation of the data analysis. Using audio recordings of interviews transcribed into codes runs the risk of removing the meaning of the participant's words as transcribed by the transcriber, reducing the words into categories (Parameswaran et al., 2020).

Significance

The findings of this study may bring awareness and exposure to racial microaggression in cross-cultural supervision. This research addressed the intersections of race and gender to understand and support the experiences of African American women in the counseling profession and recruitment and retention in the field. The consistently low minority representation in the counseling profession does not reflect the

diversity of society overall (Fuentes et al., 2021). Discussing racial microaggression in cross-cultural supervision may address low recruitment and retention by creating safe spaces for difficult conversations about racism and helping create policies and culturally competent training in the counseling profession. There is an awareness that health practitioners need additional training to work effectively with diverse populations (Larson & Bradshaw, 2017). In addition, these authors stated that White people working with African American may not consciously be aware they are engaging in racial microaggressions or the harm they are inflicting, so they have minimal motivation to change their behaviors. This study may apply to African American women in different careers not just those working in the counseling profession.

Supervisors serve as gatekeepers to the profession and are ethically obligated to promote professional growth, uphold the profession's integrity, protect clients, and model professional conduct. Kangos et al. (2018) addressed that insufficiently trained supervisors in cultural competencies (knowledge, skills, and attitudes) may hinder supervisees' professional development and are more likely to be harmed. The supervisory triad relationship can rupture when there is a lack of safe space, trust, cultural knowledge, and awareness in supervision. Racial microaggression left unchecked reinforces discrimination, which leads to further racist oppression. White supervisors are often reluctant to discuss diversity and racial microaggressions (Houshmand et al., 2017). For instance, supervisors who engage in colorblind attitudes create exclusion, invisibility, and invalidation in African American supervisees from the dominant group.

Summary

In sum, in this chapter I reviewed the background and purpose of the study. The current literature points to a gap in the research relevant to the cross-racial clinical supervision experience. Prior research has indicated that microaggressions take place in the workplace and supervisory relationships, and more research is needed to better understand African American women's experience of microaggressions in clinical supervision. Intersectionality is proposed as the theoretical framework, and IPA is proposed as the methodological approach. It is hoped that the results of this study can be shared in scholarly and professional venues to improve the quality and value of the clinical supervision experience.

Chapter 2: Literature Review

The purpose of this phenomenological study was to understand the lived experiences of African American women's perceptions of racial microaggression in cross-racial supervision in the counseling profession. The phenomenological approach provided insights into African American women's perception of their lived experience of racial microaggression in supervisory relationships. African American women hold multiple identities, with race and gender being the two most salient forms in their lives. African American women's unique experiences are distinct from those of African American men and White women, as research suggests African American women share a unique gender and racial oppression (Brown, 2017).

Racial microaggression is a form of emotional abuse because it involves negative, demeaning messages that often include rejecting and undermining ethnic minorities' self-esteem (Wong et al., 2013). The experience of racial microaggression has been negatively associated with psychological and physiological impacts on the target group (Lee Pichardo, 2017). Racial microaggression behavior is subtle or unclear from racial discrimination because it is often embedded in American society and overlooked or viewed as minor occurrences without harm to African American (Bennett et al., 2017). Evidence suggests that stereotypes and racial microaggressions may be psychologically and physiologically harmful to African Americans (Bennett et al., 2017). Sue et al. (2009) compared this "new" manifestation of racial microaggression to carbon monoxide, "invisible but potentially lethal" (p. 88). Constantine and Sue's (2007) findings showed that African American supervisees concluded that White supervisors are no different

from their experiences in their neighbors in their communities, professional settings, and counseling education settings as they are infected with racism. There has been limited research exploring the lived experience of African American women in cross-racial supervision with a White supervisor. Additionally, there is limited research on African American women's perception of racial microaggression and the psychological and physiological effects associated with racism.

In this chapter, I provide a literature review that summarizes research on the experience of racial microaggression among African American women in cross-racial supervision. I include the keywords used in my search. I provide the conceptual framework, including the key theorists and their usefulness. I then incorporate an exhaustive literature review of the current study addressing African American experiences with racial microaggression in cross-racial supervision. Finally, I provide the rationale for the study as well as a summary of the chapter.

Literature Search Strategy

These selected articles are related to cross-racial supervision and the racial microaggressions between African American women supervisees and White supervisors. I used the two primary search engines, Google Scholar and Walden University Online Library databases (ProQuest, Eric, Thoreau Multi-Database, EBSCO Host, PsychARTICLES, PsychEXTRA, PsychINFO, and SAGE Journals).

The keywords used in the search engines were *African American, women in supervision roles, race, ethnicity, ethnic identity, Black supervisees, White supervisors, mental health, culturally competent, cross-racial supervisors, racial identity, education,*

phenomenological research, African American mentorship, racial microaggressions in the workplace, structural racism, intersectionality theory, stereotypes, race and gender, and *clinical supervision.* I focused on articles written in the past 5 years (2018-2022), except for articles that provided background on the key terms of *racial microaggressions.* Most peer-reviewed journals, professional journals, dissertations, and books were limited to current data published from 2017 to 2021 to support the study's purpose and significance.

Theoretical Foundation

The theoretical framework that best aligns with this study draws upon the following theories: intersectionality theory and INT. Intersectionality frameworks conceptualize a social problem, individuals, or groups of people affected by discrimination to understand the complexity of their prejudice (Atewologun, 2018). For instance, intersectionality looks at African American women clinicians' lived experiences in the context of their multiple identities that intersect with their ethnicity, race, gender, class, age, faith, and cultural differences. I used INT to examine African American women's perception of inclusion and how it influences their relationship with their supervisors to help develop their professional development. Feelings of inclusion include support and affirmation from supervisors, in contrast to feelings of exclusion (isolation and negative contact with supervisors).

Intersectionality Theory

Intersectionality theory helps explain how African American women might experience the workplace differently depending on their class, ethnicity, gender, culture,

and race. Their multiple identities' sensitivity enhances insight into inequality and social

justice issues in organizations and institutions. Intersectionality is relevant to this study as

it helps to make sense of the complex experiences entwined with structural implications.

Intersectionality focuses on social identities as structural manifestations of workplace

inequalities (Atewologun, 2018). Dickens and Chavez (2018) examined the workplace's

institutional barriers, including discrimination and unequal pay. The combination of

sexism and racism creates obstacles to obtaining higher education and professional

advancement for African American women. As a result, African American women feel

compelled to present to the world a different self or an image they perceive will be more

acceptable to others.

Dickens and Chavez (2018) discussed identity shifting among African American

women to prevent being tokenized from adverse outcomes associated with discrimination

in the workplace. Identity shifting is the conscious or unconscious process of shifting

cultural behaviors to avoid being scrutinized because of race and gender. Tokenism is the

practice of making a symbolic gesture towards inclusivity to members of minority groups

to give the appearance of diversity and to deflect accusations of discrimination. Token

African American women may feel hypervisible and overexposed, reducing their

distinctiveness and finding ways to belong in the White work culture. Hypervisibility and

overexposure can make African American women feel isolated and under heightened

pressure to perform well. African American women use organizational cues to determine

whether an environment needs identity shifting and manage their behaviors; however,

identity shifting comes with a significant cost. For instance, African American may

become stressed due to the feeling of living in "two worlds" and behaving in an inauthentic manner that creates conflicts with their cultural values. The inability to sustain the behavior can decrease their physical and psychological well-being. The impact of the dual bias of race and gender further isolates African Americans in this experience within their roles (Dickens et al., 2018).

Identity Negotiation Theory (INT)

INT was used in this study to examine African American women's identities (see Ting-Toomey, 1988). Dickens et al. (2019) argued that validating group and personal identities are essential to developing quality relationships. When an individual's group identity is not validated, they are more likely to negotiate their identity to improve the relationship (Dickens et al., 2019). Humans have the innate desire for positive identity affirmation across various communication situations, a component of self-concept that profoundly influences an individual's emotions, cognitions, and interactions. The themes identified in this theory include inclusion-differentiation, connection-autonomy, predictability-unpredictability, security-vulnerability, and identity consistency-change across time (Dickens et al., 2019). When African American women feel understood, respected, and affirmatively valued, they feel included in the environment that endorses their identities.

Conceptual Framework

Phenomenology is a qualitative research method first conceptualized and theorized by Edmund Husserl (El-Sherif, 2017) to understand how research participants give meaning to their lived experiences (Alase, 2017). There are two schools of

phenomenology: hermeneutics (interpretive) and transcendental (descriptive).

Heidegger's hermeneutic view expanded on Husserl's work by moving from description

to an interpretation process embedded in everyday contexts to understand how

participants make sense of their world (Heotis, 2020). Although Husserl and Heidegger

focused on human experience, Husserl declared that knowledge is connected to conscious

awareness and that all experiences are gained statically by neglecting all preassumptions

to understand the lived experience's true essence (El-Sherif, 2017). Descriptive

phenomenology involves the researcher being an external observer by suspending all

judgments and preconceived ideas to understand the lived experience of participants. I

used interpretive phenomenology because it values the use of the researcher as a tool and

acknowledges the researcher's previous knowledge of racial microaggressions (see El-

Sherif, 2017).

An IPA is a qualitative method that allows for a deeper and richer exploration of

African American women's experiences of racial microaggressions in cross-racial

supervision. Because so little is known about the lived experience of racial

microaggression among African American women in cross-racial supervision, IPA

methodology allows for in-depth interviews that I analyzed to find common themes in

African American women's experiences. IPA allowed me to capture the ineffable quality

of participants' experiences and make sense of their world (see Amos, 2016). IPA

"embodies nature of understanding, alongside the cognitive dimensions of understanding,

while simultaneously recognizing the necessity of language to be used in powerful and

evocative forms" (Amos, 2016, p. 315). Qualitative research was appropriate for this

study because in it the researcher is an active participant in the interpretation process of participants trying to make sense of their experiences, perceptions, and understanding. IPA allowed me to examine African American women's subjective experiences and understand the processes by which they try to make sense of the participants' experiences and circumstances (see Constantine & Sue, 2007). Thus, there is a double hermeneutic or a two-stage interpretation process that combines an empathic hermeneutic with a questioning hermeneutic (Smith & Shinebourne, 2012).

The experiences of racial microaggressions exist from the perspective of African American women supervisees' experiences which could be difficult to measure with a quantitative methodology. The data in this study was best understood through African American women's stories and experiences, not the relationship between the variables. The nature of racial microaggression is seemingly innocuous sublet nature. IPA helps capture the nuanced description of complex and subjective experiences (Lewis, 2020). IPA allows African American women to share their lived experiences to improve counselor development, supervision training, approaches to African American and racial or ethnic background clients seeking mental health services, and direction for future research.

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Literature Review Related to Key Variables and Concepts

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Understanding Racial Microaggressions

Although the U.S. civil rights movements had substantial effects on racial interactions, racism continues to exist today and is deeply rooted in contemporary policies, norms, and practices that create and maintain White supremacy (Sue et al.,

2007). Pierce (1970) coined racial microaggression as intentional or unintentional verbal or nonverbal behavior that communicates hostile, derogatory, or negative racial slights toward racial/ethnic minorities (Sue et al., 2007). The term "micro" is not meant to minimize the effect of microaggressions on African American. It is used to identify acts that occur at an interpersonal level and the quiet form that they occur in compared to forms of overt racism (DeCuir-Gunby et al., 2020; Nadal, 2018). Racial microaggressions fall into three categories: microinvalidations, microassaults, and microinsults (Sue et al., 2007). Despite the quiet nature of racial microaggressions, the impacts have considerable implications for the African Americans that experience them. For instance, while microassaults are conscious and deliberate (i.e., racial slurs), microinsults and microinvalidations are unconscious and subtle exchanges with White people who are sometimes unaware of their hidden prejudices and biases and how they impact African Americans (DeCuir-Gunby et al., 2020). Microinsults and microinvalidations demean African American racial identity and dismiss their feelings, psychological thoughts, or experiences (Sue et al., 2007).

Intersectionality of African American Women in the United States

The civil rights movements in the 1950s and 1960s positively impacted racial attitudes and discriminatory behaviors in the United States (Sue et al., 2007). However, more changes are needed to eradicate racism. Research has shown that racism has evolved from an overt form to a more subtle form of racial microaggression over the last decade (Lee Pichardo, 2017). The term intersectionality, coined by Crenshaw (1989), is described as the interconnecting nature of social categorizations such as race, class, and

gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage (Mays & Ghavami, 2018). For this research, the focus of intersectionality was on race and gender (i.e., African American women) to call attention to the obstacles and oppression they face that are dissimilar and disproportionate to the experiences of African American men and White women. African American women suffered from unique discrimination beyond the additive effects of belonging to two marginalized groups (Schug et al., 2017). African American women are often overlooked and unrepresented in society due to their "non-prototypical" status concerning their constituent social groups, with the category, "Black typically viewed as prototypically male and the category woman viewed as prototypically White" (Schug et al., 2017, p. 223). African American women are often rendered invisible and are represented less in psychological studies, which often impacts their identity (Schug et al., 2017).

Historically, African American women have been viewed as less valued than their female counterparts in career advancement and have faced barriers concerning their counseling education and career paths (Greene, 2019). Despite significant advancements toward gender equality, evidence of disparity still exists in the underrepresentation of African American members in the counseling profession (U.S. Census Bureau, 2021). The history of race and gender in the United States is complex and deeply involved in racial oppression and discrimination. African Americans were stereotyped into oppressive roles going back as far as slavery. African American women are expected to be servile, caretakers, nonthreatening, and unseen. Stereotypes such as *Mammy*,

Sapphire, and *Jezebel* were used as a social control mechanism to punish African American women who violated social norms (Hall & Spencer, 2017). The stereotypes that emerge from the media play a significant role in constructing the images of African American women regarding their professional development and supervisor-supervisee dyad. The portrayal of African American women is often overshadowed by their professional strengths, and they are viewed as incompetent and discredited in their leadership abilities and talents (Greene, 2019).

Hall and Spencer (2017) examined the cross-cultural aspects of supervision between White supervisees and African American women supervisors. The research found that the impact of the Mammy, Sapphire, and Jezebel stereotypical image has not disappeared. African American female supervisors have experience with Mammy, Sapphire, and Jezebel transference enactments during their cross-cultural supervision that biases and stereotypes might inform. The modern Mammy is expected to be nurturing by acquiescing to their White supervisee's needs by providing verbal and nonverbal reassurance to the White supervisee. The modern Sapphire portrays African American women as argumentative, loud, aggressive, stubborn, and overbearing. To avoid accusations of being labeled *angry Black women*, many African American supervisors refrain from initiating conversation in the workplace with their White supervisees (Hall & Spencer, 2017). The modern Jezebel in a leadership position is viewed as promiscuous and willing to do anything to achieve career success. African American supervisees aware of the stereotype may be cautious not to appear as Jezebel to the point where they are uncomfortable developing supervisees' relationships with White males. Given the

power imbalance between supervisors and supervisees, supervisors must initiate multicultural counseling (e.g., racial and gender bias) discussions early in the supervisory relationship (Hall & Spencer, 2017).

Several scholars have examined racial microaggressions experienced by African American students and faculty in counseling education at a predominantly White institution and their impact on their identity and career advancement (Browne-James, 2018; Harris et al., 2019; Hollingsworth et al., 2018; Williams et al., 2020a). Negative stereotyping is not limited to supervisory relationships. Another consideration is within the psychology department in internships and supervision, where site supervisors work with students and are considered content experts, and faculty members structure students' experiential learning (Bailey et al., 2017). Internships and practicums provide graduates with students' experiences in the counseling profession, a requirement in all Council for Accreditation of Counseling and Related Education Programs (CACREP). Hendricks and Cartwright's (2018) findings reported that 42 (45.6 %) of the 92 intern participants in supervision had a negative experience across nine provinces in South Africa. A total of 26.19% of the participants categorized their experience as 'harmful', 31 (73.81%) had an 'inadequate' experience, and 14 (22.6%) reported negative supervision events weekly. Hendricks and Cartwright (2018) believed, "A significantly larger number of mixed race and mixed cultural dyads reported harmful negative supervision compared to same race/culture dyads" (p. 2). Additionally, African American women in counseling education reported racial microaggressions on campus, including hostility with harmful psychological and physiological impacts on students and faculty (Williams et al., 2020a).

Racial microaggressions on campus include colorblindness, stereotypical assumptions, minimization, and patronizing behaviors (Browne-James, 2018). For instance, African American students are most likely to be stereotyped as criminals and dangerous and are most likely to face incidents based on how they dress by campus security.

The findings of Browne-James (2018) showed African American faculty members and students described their experiences of racial microaggressions as dismissed, isolated, oppressed, and pressured to conform to White culture. For instance, African American female students reported that they faced racial microaggression on campus when a White male faculty member blatantly refused to let her work in his lab under the guise that she did not have the skills or experience. Additionally, African American faculty members recalled racial microaggressions in their hiring and tenure procedures.

The complexity of power within the academic system (e.g., faculty from the majority population and administrators) contributes to factors that make conversing about racial microaggressions difficult (Harris et al., 2019). Many participants reported going to counseling to address their concerns about racial microaggressions but stated that their counselors were not empathetic toward their lived experiences and that the counselors also committed racial microaggressions against them (Browne-James, 2018). Many African American students and faculty members reported that they rely on their faith and support from African American mentors and colleagues to help cope with their experiences of racial microaggressions.

Supervisees Racial Identity in Cross-Racial Supervision

One influence on African American women's identity stems from their experience of racial microaggression throughout the US history of discrimination. The intersectionality of African American women's lived experiences is complex and puts them in a different prototype from African American men and White women (Smith et al., 2019). For instance, African American women are often confused with "the other Black" women in the office, even when their physical appearance is vastly different. The stereotype about African American women reinforces racial microaggression and the invisibility factor of African American women. Colorblind racial attitudes contribute to racial microaggressions and mental health challenges for African American individuals because they deny African Americans' lived experience and voice to advocate for themselves. When African American women are given visibility in their workplace and supervisory relationships, they gain the ability to speak, be heard, and advocate for themselves through a sense of empowerment (Settles et al., 2019). Supervisors struggling with adapting an integrated and contextual approach to diversity may affect their supervisees' development and professional growth. African American supervisees often navigate multiple identities, putting them at a higher risk of unintended harm and burnout in cross-racial supervision (Upshaw et al., 2020).

Since microaggressions happen at an interpersonal level that is subtle and can occur quickly, it can be challenging for the supervisee to fully perceive what has happened, leaving them second-guessing whether they misperceived the behavior and how to respond. Even if the target member did not misperceive the behavior as rude or

disrespectful, there is a plausible alternative explanation without clear evidence to suggest which might be correct (Friedlaender, 2021). For instance, if a White supervisor ignores their African American supervisee's comments in a meeting, there might not be enough evidence to determine whether the supervisor's behavior falls under microaggressions. The uncertainty of the supervisor's behavior can lead to attributional ambiguity. The uncertainty leaves supervisees to seek out 'sanity checks' (i.e., asking another member of the target group to confirm whether one's perception is correct; Friedlaender, 2021). Validation of African American women's experiences is crucial. Sanity checks are the most frequent and necessary social support that allows African American women to reaffirm their experiential reality, feel that others share their experience, and immunize them against future microaggressive behaviors from their supervisors because they create the notion of a shared group experience (To et al., 2020). While sanity checks can support African American women in coping with the event of racial microaggression, on many occasions, specifically the display of microinvalidations, relaying the events can be discouraging. The subtle cues in microinvalidations that signal a lack of belief or acceptance of the subjective reality of African American women can directly negate rather than validate their lived experience. The ambiguity and uncertainty of the event can impact African American women's processing, meaning-making, social support-seeking related to the event, and coping related to the event.

Racial Microaggressions in Cross-Racial Supervision

Two primary goals of clinical supervision are increased supervisee competence and enhanced psychotherapy outcomes (Pieterse, 2018). If improving client outcomes

requires enhancing supervisee skills in clinical supervision, it is crucial to examine the contextual factors that might influence the quality and nature of cross-racial supervision (Pieterse, 2018). Cross-racial supervisory relationships have the potential to exhibit racial microaggressions. African American trainees are likely to enter into cross-racial supervision with White supervisors that is culturally unresponsive (Upshaw et al., 2020). Hendricks and Cartwright's (2018) findings show that poor racial and cultural awareness may result in racial and cultural stereotypes, biases, and views that may impact the supervisory relationship. Supervisors ignorant of racism may provide inadequate and harmful supervision involving events that cause physical and psychological harm to supervisees. Potentially harmful supervision includes passive or destructive, authoritarian or judgmental, and demanding or aggressive behaviors by supervisors. Another study shows that an overwhelming majority of supervisees (86.1%) in the Moskowits and Rupert (1993) study indicated that supervisors initiated racially/ethnically related conflict 16% of the time (Bang & Goodyear, 2021). Supervisors' unwellness or lack of awareness to discuss racial/ethnic conflict in the supervisory relationship speaks volumes about psychological and physiological harm to supervisees and their clients (Lee Pichardo, 2017; Patterson, 2020). When African Americans experience repeated race-based incidents, they develop an anticipatory racist reaction as a defense mechanism (Patterson, 2020).

White supervisors in a cross-racial supervisory relationship are responsible for providing a safe space for the supervisees to explore the power dynamics of countertransference and transference. Race-related transference in stereotyping impacts

how White supervisors encode and interpret African American women and how it influences their perceived behavior. Unfortunately, these mental representations are not easily recognized, are challenging to alter, and can occur without conscious intent or awareness (Hall & Spencer, 2017). Gait and Halewood (2019) posit countertransference as an inevitable part of the therapeutic relationship that can consequently be a double-edged sword. When clinicians are aware of their emotional entanglement with their clients, they can offer valuable insights into the therapeutic relationship. Conversely, transference happens when clinicians are unaware or lack containment of their emotional responses, they can unwittingly cause harm and become overly or underly available in the therapeutic relationship (Gait & Halewood, 2019). However, supervisors tend to be less self-scrutinizing and vigilant in cross-racial supervision, interfering with the supervisee's professional development. White supervisors' inability or unawareness of their emotional responses towards African American women supervisees may stereotypically transfer their racial biases and stereotypes into the supervisory relationship.

Race-related stereotypes often come in the form of racial microaggression and influence the supervisory relationship (Constantine & Sue, 2007). When supervisors make race-related assumptions, they invalidate the experience of African Americans' cultural background, offer supervisees culturally insensitive consultations on their cases, and refrain from providing accurate feedback to their supervisees to avoid being perceived as racist. Supervisors' lack of cultural awareness and competencies can lead supervisees to distrust their supervisor's process and therefore affect their sense of professional development and competency. Nevertheless, counseling professionals who

engage in racial microaggression create ethical concerns about harming clients in the supervisory triad relationship. For instance, the ACA (2014) Code of Ethics calls for, "counseling supervisors to be aware of and address the role of multiculturalism/diversity in the supervisory relationship" (F.2.b.).

A myriad of studies highlights the negative aspects or outcomes of cross-racial therapeutic relationships between White clinicians and African American clients. For instance, Wright (2020) discusses how African American women experience barriers to accessing and using mental health services, including historical racism, unmet cultural and ethnic needs, misunderstanding, misdiagnosis, distrust in White therapists, and stigma in the African American community. Wright's (2020) study calls attention to the need for African American in the counseling profession and the need for culturally competent training in a cross-racial therapeutic triad relationship. Since clinical supervision is vital in counseling, racial microaggression also impacts the supervisee's clients. Racial microaggression harms supervisees and their supervisees' racial and ethnic clients by denying them culturally appropriate mental health treatment. For example, one of the seven themes that emerged from Constantine and Sue's (2007) findings on African American women in cross-racial supervision was supervisors offering culturally insensitive treatment recommendations to their supervisees on their racial and ethnic clients, which can lead to supervisees with low cultural humility harming their clients. African Americans who experience racial microaggression in their everyday lives could suffer more harm when given culturally insensitive mental health treatments that could have social, physical, and emotional ramifications. Browne-James' (2018) findings show

a link between social and mental health problems and the implications of racial

microaggressions in the counseling profession. Research showed that African American

clients in counseling also experienced racial microaggression by their counselors, but

they also felt that their lived experiences were ignored in their sessions (Browne-James,

2018). Racial microaggressions in cross-racial therapeutic triad relationships can include

colorblindness, patronizing behaviors, invisibility, invalidation, and stereotypical racial

assumptions (Houshman et al., 2017). Limited empirical observation has shown that

African American supervisees do not get the training or support they need from their

White supervisors (Vandament et al., 2021). Several researchers have concluded that

supervisors who unconsciously engage in racial microaggressive behaviors in supervisory

relationships may be unaware of their actions, culturally incompetent, lack experience

working in cross-racial relationships, or lack competence in humility (Childs, 2020;

Upshaw et al., 2020; Vandament et al., 2021).

Psychological and Physiological Impact of Racial-Microaggression

The intersectionality of race and gender forms a unique oppression that can

produce a chronic stress response (Lee Pichardo, 2017). Racial microaggression has been

linked to allostatic load, which describes the cumulative buildup of physiological worry

among African American women due to chronic or persistent stressors in daily life (Allen

et al., 2019). Short-term stress responses can have beneficial protective effects on the

body. However, the prolonged stress response can compromise the body's ability to

respond to stressors, leading to sustained arousal and impaired plasticity across several

physiologic systems (i.e., neuroendocrine, cardiovascular, metabolic, and immune) (Allen

et al., 2019). Although coping is a central component of the stress response process, limited attention has been given to understanding biological pathways in racial microaggression. Racial microaggression is unpredictable, often disguised as unintended, and can dysregulate stress responses in African American women, affecting their ability to manage adverse events (Patterson, 2020).

Studies show African American women reported more race-related stress than any other group in the US (Patterson, 2020), which can impact supervisees' professional development and their clients. In the event of racial microaggression in the cross-racial supervisory relationship, African American women have to decide 1) how to deal with the adverse emotional reactions while trying to make meaning of the intentions of racial microaggression, and 2) whether or how they will address the incident (De Coster & Thompson, 2017). The catch-22 of responding to racial microaggression is challenging because racial microaggression is subtle and challenging to identify. The weight of it can exert a powerful emotional toll that has harmful psychological and physiological effects on African American women (De Coster & Thompson, 2017). The experience of not speaking up about microaggression contributes to a perceived lack of safety and trust in cross-racial supervision, which can negatively impact the experience of professional development (Hedin, 2018). Supervisees who do not initiate conversation around racial and cultural identity reported that they fear they will "rock the boat" and negatively impact on their jobs (Hedin, 2018).

Brown et al. (2017) developed the Gendered Racial-Ethnic Socialization Scale for Black Women (GRESS-BW), a scale that accounts for nine dimensions that capture

different unique messages African American girls and women receive regarding their

intersectional identities. African American women have simultaneous memberships in

multiple stigmatized groups (e.g., racial-ethnic and gender) and are associated with a

higher prevalence of race-related stress, which then contributes to an increased number of

gendered racial-ethnic socialization messages (see Brown et al., 2017; Moody & Lewis,

2019). Gendered racial-ethnic socialization messages include sexually inappropriate

comments about African American women's bodies, stereotypes (e.g., modern Mammy,

Sapphire, and Jezebel), and being ignored in work or academic settings (Moody & Lewis,

2019). African American women experience different kinds of race-related stress in the

workplace that comes from exclusion from workplace cliques, stereotypes, excessive

demands, being ignored or harassed, the absence of mentorships, and the assumption that

they are incompetent (Greene, 2019). Moody and Lewis's (2019) findings on gendered

racial microaggression show a significant relationship to greater traumatic stress

symptoms in African American and are associated with adverse mental and physical

outcomes. The study also highlighted that African American women who reported being

treated as stereotypes (the modern Mammy, Sapphire, and Jezebel) often feel silent and

marginalized in professional and counseling education settings. Subtle gendered racism

includes the invisibility and invalidation of African American women in cross-racial

supervisory relationships or counseling education settings which is assumed to be "too

dominant" and "too aggressive" (Moody & Lewis, 2019). The stress theory developed by

Lazarus and Folkman (1987) indicates a discordance between individuals and their

environment, involving environmental demands, psychosocial processes that determine

appraisal of harm and concomitant biological adaptation (Allen et al., 2019). As an

extension, minority stress is a harmful condition impacting African American women that

induces a sense of powerlessness and maladaptive stress responses (Ajayi & Syed, 2021).

Perceived racial microaggression among African American women has been linked to

adverse psychological distress (e.g., depression and antisocial behaviors) and heightened

physiological stress responses (e.g., heightened hypertension and increased unhealthy

behaviors) (Ajayi & Syed, 2021).

Gendered racial microaggressions capture the centrality of the lived experience of

African American women. African American and other racial/ethnic minority

communities (e.g., Asian Americans and Hispanic Americans) in the US are collectivistic

cultures that may depend on social support to mollify the physiological and psychological

effects caused by racial microaggression (Steers et al., 2019). African American women

may use shifting to the strong Black woman schema as a coping strategy to deal with

race-related stressors in the workplace and counseling education. The "strong Black

woman" stereotype could be portrayed as positive because it shows African American

women as having strength, resilience, and perseverance (Greene, 2019). However, the

stereotype of the "strong Black woman" could be harmful enough to induce inordinate

racial stress responses. Shifting is an internal process that breaks down the sense of self

and wholeness in African American women. Shifting is an invisible stressor that can

cause devastating effects on physiological, psychological, and spiritual well-being,

showing signs of sleep deprivation, severe cases of hypertension, and anxiety attacks

(Greene, 2019). African American shifting can be seen as altering or modifying their self-

presentation in different social contexts to acculturate in their White work environment.

For instance, African American women switching can be seen in not wearing their natural

hair, wearing a wig to be more presentable, and shifting from one linguistic code to

'proper English' and demeanor. Another example would be choosing to say, 'How are

you doing?' instead of saying, 'Wassup' to adapt to their work environment.

Racial Microaggression in Counseling Education

Examining racial microaggressions among African American students in

counseling education is essential since racial microaggressions can affect students'

academic and emotional experiences and career preparation in the counseling profession

(Hollingsworth et al., 2018). In light of this, the US Census Bureau (2017) projected that

in the years 2035 and 2060, the racial and ethnic minorities population could increase,

becoming the fastest-growing population. The rapid cultural diversification in the U.S.

will necessitate an increasing diversity of faculty and student bodies in counseling

education. This increase in African American counseling education suggests that there

will be an increase in the counseling profession that is more likely to mirror client

diversity.

Although African American students often desire mentoring from ethnic minority

faculty, with the disproportionate underrepresentation of African American in counseling

education, African American students are most likely to enter into cross-racial mentoring

relationships (Brown & Grothaus, 2019). Cultural mistrust in cross-racial mentorship

may hinder African American students' academic and professional goals. As a result of

the long history and current experiences of racism in America, cultural mistrust of White

people by African Americans may serve a psychologically adaptive function in self-protection. Brown and Grothaus's (2019) findings listed several themes of cultural mistrust African American students experience in White mentorships or supervisors, such as overt racism, tokenism, feeling isolated, and questioning one's perception. The misuse of power, intrinsic to White racism, creates a risky situation for African American students with cultural mistrust when seeking clinical supervision at their internship or practicum sites. The essence of trust is vulnerability. It is a vital aspect of any mentorship and supervision alliances.

Literature is scarce on the experiences of racial microaggression among African American students and faculty in Historically Black Colleges and Universities (HBCUs) due to the assumption that these institutions are not racialized because the majority are African American (DeCuir-Gunby et al., 2020). Contrarily, African Americans in higher education are not immune to experiencing racial microaggression in internalized oppression, isolation, and alienation, which suggests racism is prevalent at the administrative level. African American students reported a racially hostile environment, often in the form of microinsults in the ascription of intelligence (DeCuir-Gunby et al., 2020; Sue et al., 2007). African American students describe feeling their intellect was being questioned or challenged when a White professor cut them off during class discussion or made facial expressions in the form of eye-rolling (Sue et al., 2007). Forrest-Bank and Jenson's (2015) findings examine the difference in microaggression experiences among a sample of 409 Asian, Latino, African American, and White adults enrolled in college using the Racial and Ethnic Microaggressions Scale (Nadal, 2018).

The findings show that all non-White groups reported higher microaggressive experiences than respondents in the White group (Forrest-Bank & Jenson, 2015). Among the minority groups, African American participants experienced the highest level of microaggression.

Faculty members play a vital role in students' intellectual, psychological, and social/emotional development due to the cultural incongruence between White faculty and minority students (Maiden et al., 2020). When there is cultural incongruence and a lack of culturally relevant practices between White faculty and African American students, there are concerns that classroom climate (interaction between students and faculty) can manifest racial microaggression that influences student outcomes and marginalizes students (Maiden et al., 2020). For instance, the White faculty's perception of African American students regarding their capabilities, abilities, and expectations can set the tone for the classroom climate and undermine their learning experience. Some racial microaggressions are attributed to stereotypes and prejudices associated with African American students. The impacts of racial microaggression permeate counseling and education settings, leaving African American students isolated, invalidated, and often invisible. The experience of racial microaggression among African American, especially African American women, on a college campus can lead to the incompletion of their degree (Maiden et al., 2020). Maiden et al. (2020) recommend counseling programs address racial stereotypes through cultural competency faculty training and hiring diverse faculty and staff to match the growing racial/ethnic minority population. White faculty must be aware of the challenges African American women experience in their academic

and personal lives to become more mindful of engaging and supporting African American women in and out of the classroom. A mentorship program is vital in supporting African American students in retaining and promoting disproportionate representation and combating racial microaggressions (Maiden et al., 2020). Through mentorship programs, African American students can voice and share their experiences in their challenges of racial microaggression. Cultural competency training for faculty could create an inclusive university that combats racial microaggression (Sue et al., 2007).

The Interconnectedness Between Cultural Humility and Broaching in Cross-Racial Supervision

Broaching, or acknowledging racial and cultural factors, is essential for supervisors working in a cross-racial supervisory triad relationship (Bayne & Branco, 2018). King and Borders (2019) highlight the importance of racial and cultural dialogues in cross-racial dyad supervision to strengthen the alliance for supervisees' professional development. King and Borders (2019) further support the importance of supervisors' broaching within the supervisory dyad, which can spark growth in cultural responsiveness and enhance client care. The absence of broaching dialogues can leave supervisees feeling marginalized and isolated, allowing harmful biases to persist unchallenged in the dominant group (King & Borders, 2019). Despite research supporting the importance of supervisors broaching racial and cultural concerns, supervisors engage in these dialogues at a lower rate and express reluctance in their approaches to initiating the conversations. Supervisors' reluctance to broach these topics has the potential to harm supervisees, undermine their professional development, or provide constructive feedback

that can be destructive (McMahon, 2020). Several researchers highlighted the importance of broaching difficult racial topics in cross-racial supervision and why it can improve the quality of the supervisory triad relationship (Bayne & Branco, 2018; King & Borders, 2019; King & Jones, 2018).

Cultural humility is one way of incorporating multiculturalism into the counseling profession (Vandament et al., 2021). Cultural humility is a core component of multicultural orientation and the supervisory triad relationship because it involves recognizing one's cultural knowledge and limitations and the willingness to seek training to gain new perspectives. Hook et al. (2016) suggested that supervisors adopt an "initiate-invite-instill," approach to allow space to discuss cultural/racial issues within the supervisory triad. Given the power differential within supervision, African American women supervisees are less likely to initiate a conversation that plays a role in their identity and has potential psychological and physiological harm.

African American Women Coping with Racial Microaggression

African American women experience various forms of physical, mental, and emotional fatigue in the workplace and may exhibit various responses to cope with racial microaggression. DeCuir-Gunby et al. (2020) stated that individuals select various adaptive and maladaptive coping mechanisms. For example, supervisees coping with racial microaggressions in cross-racial supervision may use two coping strategies to minimize race-related stressors: adaptive or engagement coping strategies or maladaptive or disengagement coping strategies (DeCuir-Gunby et al., 2020). In engagement coping, supervisees approach the problem to address their supervisor's racial microaggression.

Adaptive coping includes but is not limited to, engaging in self-care, forming professional networks, confronting racism, setting boundaries, and engaging in communication (DeCuir-Gunby et al., 2020). African American supervisees described their supervisors as unsupportive, with the following affective reactions: anger, frustration, resentment, discomfort, discouragement, and confusion. For instance, supervisees reported they felt unsupported by their supervisors and had fewer instances of broaching the topic of race in supervision.

Maladaptive coping is a passive approach where the supervisee pretends that they did not experience racial microaggression. Supervisees avoiding racial microaggression may increase stress as it can result in suppression or internalization of feelings (e.g., social withdrawal, self-criticism), physiological consequences (e.g., high blood pressure), feeling isolated, and refusing to confront the racism experienced directly (e.g., problem avoidance), among others (DeCuir-Gunby et al., 2020). An example of maladaptive coping is the supervisee working twice as hard to prove others wrong. A supervisor's ability to cope with racial microaggression requires skills that go beyond dealing with everyday emotions. For instance, the supervisee can adapt to four coping strategies: "(1) confronting racism through open communication, (2) establishing personal and professional networks, (3) engaging in self-care, and (4) setting boundaries" (DeCuir-Gunby et al., 2020, p. 7). When supervisees confront racism through open communication, they can confront and educate their supervisors. For example, if the supervisee perceives invalidation or racial put-downs in a supervision meeting, they can engage in an open dialogue to discuss the inappropriate behavior, which may empower

the supervisee to cope with their experience of racial microaggressions. Supervisees engaging in personal and professional networks and self-care could reduce stress by helping them connect with professionals in similar positions. Finding a parallel connection can help supervisees find a safe place to debrief for emotional and social support.

Major Components of IPA

The IPA framework draws from epistemology and focuses on how individuals associate and interpret their lived experiences with a phenomenon (Kacprzak, 2017). The epistemological assumption is hidden in the research question, consistent with the methodological approach of how participants make meaning based on the phenomenon (Kacprzak, 2017). Therefore, the research question should encapsulate the essence of what the study tries to convey and be open-ended and exploratory. IPA helps the researcher to focus their attention on trustworthiness, triangulation, member-checking, auditing, and quality and verification tools for data gathering and analysis (Alase, 2017). Quality and verification tools will help authenticate and verify the data and findings by looking comprehensively at all the information gathered to ensure the minimum standards required for attaining credible and transferable results for an IPA research study (Alase, 2017).

Rationale for Choosing IPA

In this qualitative study, I utilized IPA to capture a nuanced description of a complex and subjective experience. The reader could understand African American women's lived experiences through their stories and the generic themes in the analysis

(Kacprzak, 2017). Researchers have to probe and investigate to find generic themes to reveal their meaning through deeper analysis. The primary research question used to guide this study is: 1) What is the lived experience of African American women in counseling professions in cross-racial supervision with White supervisors? And sub-question 2: What do African Americans who have lived experiences with racial microaggressions in cross-racial supervision want their White supervisors to know about how to support them best? The IPA design aligns best with the research questions because the goal is to understand the meanings African American women make of their experiences with racial microaggressions in cross-racial supervision, which works best if the researcher is allowed to be an active participant by examining participants' subjective experiences and how they make sense of their lived experience. One strength of using the IPA approach is that human beings are sense-making creatures. Therefore, African American supervisees' accounts in this study will reflect their attempts to make sense of their experience. The use of the IPA approach is one of the most 'participant-oriented' qualitative research approaches that show respect and sensitivity to participants 'lived experiences' (Alase, 2017). The framework also expands on previous studies that used IPA as a framework to address the racial microaggressions experienced by African American individuals and the implications for counseling (Browne-James, 2018), African Americans in helping professionals experience racial microaggressions (Lewis, 2020), the African American experience of racial microaggressions cross-racial supervision (Constantine & Sue, 2007), and Asian Americans in cross-racial supervision (Lee Pichardo, 2017).

Summary and Conclusions

In this chapter, I discussed the search strategy I used throughout this research, including Walden Library's multiple databases (ProQuest, Eric, Thoreau Multi-Database, EBSCO Host, PsychARTICLES, PsychEXTRA, PsychINFO, SAGE Journals) and Google Scholar, which are mentioned as keywords. I summarized the literature on the lived experience of African American women in cross-racial supervision with White supervisors and racial microaggressions in the counseling profession. I provided subtopics on the intersection of race and gender-related to this topic and critiqued articles showing relevant literature to justify the rationale for my study. The major theme that emerged from the literature review was the critical need for culturally competent supervisors in the counseling profession. Racial microaggression reinforces stereotypes and continues to become an issue in the workplace and counseling and educational settings. Stereotypes have negative implications for African American women in the workplace, which helps maintain racial microaggression and can have a harmful psychological and physiological impact on the supervisory triad. Researchers have consistently documented the stereotype that African Americans are less competent than White Americans and are often perceived as, "lazy, ignorant, and stupid with the expectations of failure" (Greene, 2019, p. 70). The second theme from the literature was the intersection of race and gender and how it increases racial microaggressions and influences African American women's identities and experiences in cross-racial supervision with White supervisors. There has been substantial literature that has addressed the mental health barriers of African American in mental health counseling

through the lens of the counseling professional, giving insights into the need for culturally competent counselors working with racial and ethnic minorities (Burch, 2018; Vance, 2019). Furthermore, many quantitative and few qualitative studies explored the experience of racial microaggressions among African American in counseling and the harmful implications it has on their psychological and physiological health (Williams et al., 2020a).

Although several research findings show implications of racial microaggressions in the counseling profession that could have harmful consequences for African American individuals, competency-based training remains a missing ingredient in clinical supervision (Falender, 2018). Supervision is an intimate and crucial aspect of training counseling professionals, and it is theoretically meant to ensure supervisees develop the necessary skills and expertise for an optimal level of treatment for their clients (Constantine & Sue, 2007). Research findings show racial microaggressions in cross-racial supervision contribute to impaired supervisory alliances, including harmful and inadequate supervision that can substantially impact their clients. For example, White supervisors often demonstrate covert or unconscious racism despite receiving multicultural training. Therefore, racial microaggression in the counseling profession is a pressing topic, not only in clinical supervision but also in counseling education, which has been shown to impact African American students with White counselor educators (Brown & Grothaus, 2019; DeCuir-Gunby et al., 2020; Forrest-Bank & Jenson, 2015; Hollingsworth et al., 2018; Maiden et al., 2020; Sue et al., 2007). African American students reported feeling higher anxiety levels in incidents of racial microaggressions

from White students, faculty, and admissions. Participants reported feeling hesitant to confront the perpetrators because racial microaggression is challenging to prove.

Although several studies shed light on the experience of racial microaggression in the counseling profession, including in the educational and supervision settings, the lived experiences of African American women who endure racial microaggression in cross-racial supervision with White supervisors are missing from the current literature. IPA was utilized in this study to explore African American women's experiences of racial microaggressions in the counseling profession in cross-racial supervision with White supervisors. Giving voices to African American women may lessen the gap in current literature and contribute to positive social change by improving cross-racial supervision.

In Chapter 3: Methodology, I included the research design and rationale of the study, the role of the researcher, methodology, a data analysis plan, and trustworthiness. I also provided the ethical procedures and a summary of the chapter.

Chapter 3: Research Method

The purpose of this phenomenological study was to understand the lived experiences of African American women's perceptions of racial microaggression in cross-racial supervision in the counseling profession. Chapter 3 provides an extensive overview of the IPA framework used in this study, the justification for the IPAs use, the researcher's role, the research study design, the description of the participants, recruitment, and sample size. Finally, I discuss the procedures of the study, the data analysis plan, the ethical practices used throughout the study, and the issues of trustworthiness.

Researcher Design and Rationale

In this qualitative study, I used IPA to capture a nuanced description of the complex and subjective experiences of African American women's experiences of racial microaggression in cross-racial supervision. I used it to explore how African American participants make sense of their lived experience of racial microaggressions in cross-racial supervision through semistructured interviews. IPA gives researchers the best opportunity to understand African American women's innermost perceptions and how they express their lived experience without distortion and/or prosecution (see Alase, 2017). The double hermeneutics of IPA allowed me to learn about the participants' lived experiences and how they make sense of their experiences, which I would not be able to do in a quantitative approach. Although there are several contrasting qualitative research methodologies, such as the narrative approach, which seeks to uncover the meaning of lived experience through story or narrative. However, the general inductive approach

involves conformity with the researcher's objective and finding themes and categories relevant to the data collection. General inductive reasoning allows researchers to seek simple, nontechnical means to conduct research analyses (Alase, 2017). Using the IPA approach, in contrast, provided inadept descriptions and interpretations of the participants' lived experiences with the phenomenon of racial microaggression and how it has impacted their lives and world views. The researcher's position in IPA is not to have a self-aggrandizing approach but to help participants understand and interpret their lived experiences and make sense of their experiences in a meaningful and dignified way (Alase, 2017). IPA recognizes the impossibility of authenticating the lived experience of another person's worldview, so I focused on staying on top of any explicit and implicit biases that may jeopardize the integrity of the study (see Alase, 2017). I bracketed my personal experience from the lived experiences of the research participants. IPA aims to produce transferable and verifiable research findings with trustworthy data collection procedures. Additionally, IPA was adequate for this study because the experience of racial microaggressions can be an individual experience and an emotionally sensitive topic. The small sample size of this study allowed me to look for similarities and differences among the cases while conducting an in-depth case analysis of each participant's lived experiences.

Role of the Researcher

I have a Master of Science in clinical mental health counseling and experience in clinical supervision, with most of my supervisors being White. I have experienced discrimination, marginalization, and oppression that have helped shape my worldview.

As an African American woman in a supervisee position, I am aware of the importance of exploring the intersectionality of race and gender within the supervisory relationship. As an African American woman, I may share many experiences with the participants of this study, so I am mindful of how my previous experiences, assumptions, and biases could influence data collection and analysis.

I conducted nine semistructured interviews that ranged from 50 minutes to 1 hour and 10 minutes to generate an open and natural discussion with participants about their lived experiences. To minimize my assumptions and bias throughout the research process, I took several precautions to avoid skewing the participants' answers by bracketing my experience. I asked the participants to share their experiences using open-ended questions with minimal probing. I minimized my comments during the interviews and commented only when necessary to bracket my bias. When I made comments during the interviews, it was to clarify questions, summarize statements, or help move the conversation forward toward the next question. Bracketing my reactions, assumptions, expectations, and biases in journals and notes prevented me from imposing my values and beliefs about the topic on the nine participants. Bracketing my experiences allowed my curiosity about African American women's experiences in a cross-racial supervisory relationship, regardless of my perspective or assumption. I also included member checks with participants to ensure data accuracy. The literature review reflected my curiosity about the topic, which has helped me develop a deeper understanding and knowledge of the phenomenon of racial microaggression. The literature's direction helped me remain objective in answering the research question and developing the interview question. The

data is available at the request of my dissertation committee members, who served as additional data quality reviewers for accuracy.

Methodology

Participant Selection Logic

The criteria for participation in the study included counseling professionals who self-identify as Black or African American women, master's degree or doctoral level students, or graduates in the counseling profession (counseling, psychology, social work, mental health) who have direct practice services with clients. Direct practice services with clients are defined as working in clinical practices, such as private, telehealth, or community mental health organizations.

The nature of this qualitative study was kept small, with specific characteristics. The sampling strategy for this study was purposive. Purposive sampling gave me control over the selection process by focusing on recruiting participants that met the specific requirements described above. To ensure participants met the requirements of the study, participants were asked to complete an informed consent form and a brief demographic form linked to their interviews. Each participant at this stage was given a numerical code to maintain anonymity. Data saturation in qualitative research happens when no new insights or themes can be generated by the participants, resulting in redundant data. I stopped at nine participants, who have all experienced similar phenomena, to achieve saturation. Due to the specific sampling methods, including having two participants who were randomly included in this study with the same supervisors who had a similar experience, I did not assume that this study accurately represents African American

women supervisees in cross-racial supervision with White supervisors, and the results are not generalizable.

Instrumentation

In qualitative research, I, as the researcher, was the primary instrument in the data collection. This study used multiple data collection approaches, including a demographic questionnaire, semistructured interviews, journaling, and literature reviews, to increase the reliability of the study's findings. A semistructured interview has a preconstructed interview guide that allows for probing and additional dialogue for participants to share their experiences. The method outlined in the IPA analysis allowed a researcher to review participants' interview transcripts to get a holistic account of their lived experiences of racial microaggression in cross-racial supervision (see Alase, 2017). I highlighted keywords and noted emerging common themes from the interviews. The interview questions focused on a deeper understanding of African Americans' lived experiences in cross-racial supervision with microaggression. I used journaling to use reflexivity. Reflexivity is the conscious revelation of the researcher's beliefs and values that can potentially lead to biases and assumptions, which can have ethical implications (Reid et al., 2018). The journaling helped me sustain a neutral state by capturing my feelings and emotions with an account of the participant's experiences with racial microaggression. The literature review further helped develop the interview questions and address a critical gap in the literature.

Procedures for Recruitment, Participation, and Data Collection

Once I obtained Walden University's Institutional Review Board (IRB) approval

to start collecting data for this study, I began my procedures for recruitment. I notified

participants from various geographic regions in the United States using purposive

sampling. Purposive sampling allowed me to gain greater control over the selection

process. Criterion sampling was used to identify and recruit participants that met study-

specific requirements (e.g., African American women in the counseling profession).

I randomly selected states in the different regions of the United States (e.g.,

Northeast, Southwest, West, Southeast, and Midwest). Participants were selected from

two public directories, Therapy for Black Girls and Psychology Today, to meet the

inclusion criteria of this study. Some participants had active licenses in multiple

surrounding states (e.g., California and Oregon) and were listed in both states. I created a

list of all participants that were randomly selected to avoid sending multiple emails to the

same person and to keep track of who responded and in what regions they were listed.

The use of a Google random number generator was used to select participants. A similar

process was conducted to recruit participants from the Psychology Today directory,

except to change the filter to see only "Black and African American therapists" and

"women" in the area to meet the inclusion criteria of this study. Therapy for Black Girls

does not have a filter system but shows what appears to be self-identifying Black and

African American women. A sample size of 200 participants was recruited over three

weeks. I emailed each individual the research study/letter of introduction (see Appendix

A) and the participant informed consent form (. The research study/letter of introduction

provided a brief introduction to the study, including criteria, purpose, time required, my

contact information, and that of my committee chairperson. Due to the nature of the

virtual recruitment, the Walden IRB approved a procedure allowing each participant to

respond using their personal email address to communicate with me. Participants were

instructed not to use their work email address if they volunteered by indicating their

consent with the words "I consent." I emailed participants the demographic questionnaire

(see Appendix B), interview questions (see Appendix C) for transparency, and the racial

microaggression in the supervision checklist (see Appendix D). For those who fit the

criteria and agreed to an interview, I set up times to interview. All participants were given

the choice of a phone or video interview. All participants opted to do a phone interview.

I reviewed the participant informed consent form with each participant before the

interview. The consent explains the voluntary nature of the study, the risks and benefits

of being in the study, and the participant's right to withdraw from the study at any time

without consequences. I emphasized the way to protect the participant's privacy and

confidentiality by using pseudonyms and that the audio and written transcriptions of the

interview will be kept in a locked and secure place, as detailed in the Walden IRB

protocol.

The interview questions supported the literature review on racial

microaggressions with African American and the theoretical framework of this study.

This study followed an IPA format to collect a semistructured interview to allow the

participants to describe their lived experiences. The semistructured interview addressed

racial microaggressions against African American women in their work environment and

their perceptions of working with White supervisors. The interview questions were broad and open-ended to capture the participant's experience with minimal prompts to ensure credibility. The audio recording was transcribed and coded for the researcher to identify themes. Interviews were transcribed using open coding and then axial coding to identify themes of racial microaggressions such as microinvalidations, microassaults, and microinsults in the workplace. Axial coding established the recurrent themes and categories and the connections they share. The data source was coded using Computer Assisted Qualitative Data Analysis Software (CAQDAS), NVivo, and manually coded to check for additional themes. Manual coding allowed me to read through each transcript interview and manually develop and assign codes and themes before moving on to the others. I read each transcript multiple times to become familiar with the content and annotate what was interesting in the margins.

I then started to connect emergent themes into domains based on clusters of themes. I looked for patterns and comparisons in each interview to generate a list of domains and themes organized in this study's analytical and theoretical framework. Although most themes were developed from the first participant's transcript, it was important to build on them to find new themes in the transcripts.

Issues of Trustworthiness

The concept of trustworthiness requires credibility, transferability, dependability, and confirmability. Trustworthiness is required to ensure the quality of the study and consists of the degree of confidence in the data, interpretation, and methods used in the research (Connelly, 2016). Trustworthiness refers to the degree of confidence in data,

interpretation, and methods used to ensure the quality of the research. There are several protocols and procedures the researchers ought to follow for the study to establish trustworthiness. Most qualitative research experts agree that trustworthiness constitutes credibility, transferability, dependability, and confirmability.

Credibility

The credibility of this research is established through the lived experiences of African American women and how they make meaning of their experiences. The credibility of the study, or the confidence in the data, is the most important criterion analogous to internal validity in quantitative research and is aligned with answering the research question (Connelly, 2016). To ensure credibility in the research, participants were asked to review the written transcripts to ensure the information reflected their intended articulation of the phenomenon. Additional techniques to establish credibility include the researcher's reflective journaling when collecting and analyzing the data (Connelly, 2016). A reflective journal to consciously acknowledge any bias, presuppositions, and experiences helped analyze essential issues.

Transferability

Transferability is the extent to which the study's findings are useful to a person in other settings, contexts, and situations that are different from the current study (Connelly, 2016). The research's intent is not to be generalizable but transferable by using a variety of participants for a rich, detailed description of context and location and being transparent about analysis and trustworthiness (Connelly, 2016). However, it is essential to note that researchers caution not to divulge too much information to betray the

participants' anonymity. The focused of this study was on understanding the experiences of racial microaggressions among African American women in cross-racial supervision in the counseling profession. However, findings may apply to African American people in different careers, not just African American working in the counseling profession.

Dependability

Dependability refers to the stability of the data over time and other researchers' ability to repeat the study process. To ensure dependability, researchers can maintain an audit trail process log, reflexivity, and debriefings with the chair and committee members (Connelly, 2016). Process logs are researcher notes of all activities during the study, step-by-step, for justifications and decisions about aspects of the study, such as whom to interview and what to observe (Connelly, 2016). The process of keeping a reflexivity journal allows the researcher to track their thought processes during the study and increases objectivity (Connelly, 2016).

Confirmability

Confirmability is the degree that findings are consistent and could be repeated. Confirmability provides sufficient reflexive details of what took place during the research process, why it happened, and what prompted the responses from the participants. To ensure confirmability, I maintained an audit trail, a process log, reflexivity, and debriefings. The goal of confirmability is to test trustworthiness.

Ethical Procedures

The overall goal of every researcher is to ensure participants' safety by following ethical procedures. My dissertation committee and Walden University's IRB reviewed

this study, recommended changes, and ensured that the study maintained the highest quality and ethical procedures throughout the study. After obtaining Walden IRB approval, I recruited and informed participants of their rights, nature, purpose, and procedures for the study, which included that the interview sessions would be recorded and transcribed and what happens with the recordings once the transcription is complete (ACA, 2014, G.2.a). The researcher used language that accurately explains any discomforts, risks, and the option to withdraw without penalty (ACA, 2014, G.2.a). Researchers will take steps to answer any inquiries concerning the procedures, including information on any limitations on confidentiality (ACA, 2014, G.2.a). However, due to the nature of the research, which asked participants to share their lived experiences, anonymity was best suited to describe how their information would be treated. The researcher took care to disguise the identity of participants by taking active steps to ensure that data were adapted or changed during the dissemination of data (ACA, 2014, G.4.d). To disguise participants' identities, participants were given identification coded (pseudonym) identifiers saved with encrypted and password-protected storage for 5 years after the final study was approved, upon which the researcher will destroy all backup data per the IRB standard.

Summary

In this chapter, I reviewed why IPA is the most appropriate method to explore the research question: What is the lived experience of African American women in counseling professions in cross-racial supervision with White supervisors? I restated the study's research design, participant recruitment strategies, data analysis plan,

trustworthiness, and ethical concerns. Additionally, the impact of social change was

discussed. Chapter 4 discussed the results of this study.

Chapter 4: Results

The purpose of this phenomenological study was to understand the lived experiences of African American women's perceptions of racial microaggression in cross-racial supervision in the counseling profession. The main research question in the study was "What is the lived experience of African American women in counseling professions in cross-racial supervision with White supervisors?" The research subquestion was "What do African Americans who have lived experiences with racial microaggressions in cross-racial supervision want their White supervisors to know about how to best support them?" In this chapter I present the data collected from nine African American women's interviews and their demographics and background information. I explain the data analysis, the results, the emergent domains and themes, and the measures I used to ensure trustworthiness in the study.

Setting and Data Collection

All interviews were done virtually through phone meetings ranging from 50 minutes to 1 hour and 10 minutes. I audio-recorded the interviews using a standard recorder on my laptop. The interviews occurred with minimum interruption. One participant was in her car while she waited for her son at a sports practice.

Participant Summary

The study included nine volunteer participants. All identified as Black or African American. Eight had a master's level degree and one had a Ph.D. Participants were student clinicians enrolled in or graduated from a clinical social worker or counseling psychology program. All participants had been in clinical supervisory relationships

within the past 5 years and had experienced racial microaggressions from White

supervisors. The participant's experience in cross-racial supervision ranges from 2 to 11

years. Table 1 below provides an outline of the nine participants.

Table 1

Participants' Demographic Data

Participant	Age	Ethnicity	Regional Location	Gender of Supervisor	Years in cross-racial Supervision
Participant 1	29	Black/African American	Southeast region	White male and White female	Approximately 5 years
Participant 2	46	African American	Northeast region	White female	2 years
Participant 3	36	Black	Northeast region	White female	1 year
Participant 4	44	Black	Northeast region	White female	11 years
Participant 5	37	Black/African American	Southeast region	White female	1 year
Participant 6	30	African American	Midwest region	White female	2 years
Participant 7	43	African American	Southeast region	White male	2 years
Participant 8	54	African American	Midwest region	White female	2 years
Participant 9	46	African American	Northeast region	White female	4 years

Participant 1

Participant 1 was a 29-year-old African American woman who completed her supervision in the Southeast region. She completed her master's degree in mental health counseling. Participant 1 had been practicing clinical counseling with clients for approximately 5 years, including time as a graduate intern, and has been under cross-racial supervision for 4 years. At the time of the interview, Participant 1 was being supervised in private practice by a White female supervisor.

Participant 2

Participant 2 was a 46-year-old African American woman who completed her supervision in the Northeast region. She completed her master's degree in marriage, couple, and family counseling. Participant 2 has been practicing clinical counseling with clients for 4 years and has been in cross-racial supervision for 2 years with a White woman. At the time of the interview, Participant 2 was not being supervised.

Participant 3

Participant 3 was a 36-year-old Black woman who completed her supervision in the Northeast region. She completed her master's degree in mental health counseling. Participant 2 has been practicing clinical counseling with clients since 2017 and has been in cross-racial supervision for 1 year. Participant 3 was supervised at a nonprofit community organization by a White female supervisor.

Participant 4

Participant 4 was a 44-year-old African American woman who completed her supervision in the Northeast region. She completed her master's degree in social work

(LCSW-C, LICSW). Participant 4 has been practicing clinical counseling with clients for 15 years and has been in cross-racial supervision for 11 years. At the time of racial microaggression, she worked with a White female supervisor. At the time of the interview, Participant 4 was not being supervised.

Participant 5

Participant 5 was a 37-year-old African American woman who completed her supervision in the Southeast region. She completed her M.Ed. in counselor education and is currently working on her Ph.D. in counselor education and supervision. Participant 5 has been practicing clinical counseling with clients for 3 years and has been in cross-racial supervision for 1 year. At the time of the interview, Participant 2 was being supervised in private practice by a White female supervisor.

Participant 6

Participant 6 was a 30-year-old African American woman who completed her supervision in the Midwest region. She completed her master's degree in Licensed Clinical Social Work (LMSW). Participant 6 has been practicing clinical counseling with clients for approximately 9 years and has been in cross-racial supervision for 2 years. At the time of the interview, Participant 6 was being supervised in an inpatient behavioral health hospital by a White female supervisor.

Participant 7

Participant 7 was a 43-year-old African American woman who completed her supervision in the Southeast region. She completed her master's degree in Mental Health Counseling (LPCA). Participant 7 has been practicing clinical counseling with clients for

3½ years and has been in cross-racial supervision for 2 years. Participant 7 was supervised in an acute behavioral health center by a White female and White male supervisor.

Participant 8

Participant 8 was a 54-year-old African American woman who completed her supervision in the Midwest region. She completed her master's degree in Clinical Mental Health Counseling (LPC). Participant 8 has been practicing clinical counseling with clients for 2 years and has been in cross-racial supervision for 2 years. Participant 8 was being supervised in private practice by a White female supervisor.

Participant 9

Participant 9 was a 46-year-old African American woman who completed her supervision in the Northeast region. She completed her master's degree in marriage and family therapy (MSMFT, LCPC, NCC) and is also in a doctoral program. Participant 9 has been practicing clinical counseling with clients for 6 years and has been in cross-racial supervision for 4 years. Participant 9 was being supervised in private practice by a White female supervisor.

Data Analysis and Results

The use of IPA as the conceptual framework provided a step-by-step guide on how to analyze my research data. In Step 1, before meeting each participant for the research, I read and immersed myself in the original data. In Step 2, after the interview with each African American supervisee, I wrote memos about my initial thoughts about the interview and noted what was interesting or significant about what the participant

said. I analyzed each transcript multiple times while I listened to the interview recording. It is important to note that I looked at one interview transcript in detail before examining the others. In Step 3, I developed emergent themes by focusing on chunks of the transcript and analyzing notes made into themes. Each time I read the transcript, it allowed me to capture each interviewee's lived experiences and meaning making on a deeper level. During Step 4, I also created an interview summary for each participant from their transcript, which included the interviewees' responses to the questions, and emailed it to them for member checking. In Step 5, I searched for connections across emergent themes in a separate Microsoft (MS) Word document to start coding the data into final themes. I used this MS Word document to add notes on phrases and words from each transcript. I bracketed previous themes with an open mind to do justice to the individuality of each case. Steps 2-5 are the start of the hermeneutic circle process. The hermeneutic circle process includes looking at each part of the individual interviews as connected to the entire phenomenon under the research (Alase, 2017). In Step 6, I looked for shared patterns across all cases and noted idiosyncratic instances. The use of NVivo helped to compare patterns across cases, but I also used an MS Excel spreadsheet to compare themes. This step enabled me to reevaluate, rename, cluster, and categorize seven domains and 19 major themes based on likeness. In Step 7, I interpreted the data more profoundly by using metaphors and temporal referents and by importing intersectionality theory and INT as lenses through which to view the analysis.

Domain and Themes

The domain and themes from the nine interviews were analyzed using IPA, as described in Chapter 3. I extracted the seven themes that are interconnected to some degree from the research analysis. The seven domains and 19 themes that emerged from the African American supervises are illustrated by examples using direct quotes from the transcripts. A list of all themes is presented below in Table 2.

Table 2

Domains and Themes

Domains	Themes	Number of Participants
Domain 1: Racial microaggressions	1A. Invalidating, dismissive, and denial of racial and cultural issues and racial reality	9
	1B. Supervisors focusing primarily on supervisees' clinical weakness	2
	1C. Supervisors making stereotypic assumptions about supervisees and African American clients	8
Domain 2: Supervisees' responses to racial microaggressions	2A: Evoked negative feelings	4
	2B: Confusion	4
Domain 3: The catch-22 of supervisees' responding to racial microaggressions	3A: Supervisees' fear of negative consequences/ repercussions	9
	3B: Supervisees' experience of confrontation	4
	3C: Supervisees' loss of respect for White authority in supervisory roles	5
Domain 4: Negative psychological and physiological impact on supervisees	4A: Supervisees self-doubt/ feeling hopeless in affecting change	7
	4B: Harmful to supervisees' professional development	9
Domain 5: Negative impact of racial microaggression on the supervisory relationship	5A: Supervisees mistrust supervisor	2
	5B: Supervisees withdraw from engaging in supervision meetings	6
	5C: Lack of supportive and safe environment	9

Domains	Themes	Number of Participants
Domain 6: Supervisees' coping strategies	6A: African American supervisee's identity shifting	8
	6B: Reaching out for support and validation	9
	6C: Avoiding supervisors and discussing racial topics	5
	6D: Broaching/confronting their supervisors on their behavior	8
	6F: Resigning from the position	
Domain 7: Supervisee's recommendation for White supervisors in cross-racial supervisory roles	7A: Safe and validating environment	9

Domain 1: Racial Microaggressions

Theme 1A: Invalidating, Dismissive, and Denial of African American Women of Their Racial-Cultural Issues and Racial Reality

This theme emerged when all African American supervisees indicated that their supervisors at times dismissed, minimized, or avoided discussions related to racial-cultural issues in supervision. All participants reported feeling frustrated that their supervisors could not provide a safe, trusting relationship where difficult topics could be discussed. Most participants stated their supervisors would cancel supervisory meetings to avoid topics on racial and cultural issues in the relationship.

Participant 1 reported being invalidated and dismissed by a White male supervisor when she turned in her resignation letter. Participant 1 stated she and a White therapist

sent in a resignation letter around the same time. However, instead of receiving the same response of validation and encouragement as the White therapist, Participant 1 stated she was angrily called into her supervisor's office and was threatened in an attempt to make her stay in the position. For example, she stated,

> He wanted to try and convince me to stay in a very manipulative way. . . he actually in a way threatened me because I put in my letter of resignation and told me that if I left, basically told me working there would not be a good reference record for employers. If anyone called him to ask about me, he would tell them negative things about me.

Participant 5 shared an experience of feeling invalidation, she said:

> As the only Black clinician for a year and a half, I brought up the fact that my bio information was not on the practice website, despite submitting professional photos. My clients were even questioning me on this. I also could not market myself to minority or Black clients because I was essentially invisible to the practice. When I told my supervisor that I wanted to serve more minority clients that looked like me, she missed the point and said it was an opportunity to get "badass clients" on medicating insurance.

Participant 8's experience of racial microaggressions was still current when recording her interview. She described two recent microaggressive events and her reaction as the only Black woman as a campus clinician, she stated, "I was asking about a key, and the comment I received was, 'We already let you on the campus; what, what more do you want?" Participant 8's initial shock and confusion left her not knowing how to respond to

the situation. Unfortunately, Participant 8's response in one form or another is common if not universal as a reaction to African American experiences that often put them in a difficult position of deciding what to do next. In any situation, the fear of being accused or labeled the "angry Black woman" silences African American from initiating racial and cultural topics in the workplace (Hall & Spencer, 2017).

Several participants reported feeling confused about what they should do in a microaggressive situation. The second microaggressive event happened just before the interview recording when Participant 8 reported sitting at her desk reading a book when she was interrupted by the question, "Oh, that is funny; you know how to read?" Participant 8's initial response was to question the inquiry for clarification, but quick recognition of the negative racial slights and insults of the comment led her to advocate for herself with a response, she at the time responded, "Yes, I know how to read, and I know how to write very well, and I have no problems with writing a complaint." African Americans may not confront the perpetrator due to the negative consequences of being accused of being racially oversensitive or told that their emotional outbursts confirm stereotypes about minorities or paranoia (Sue et al., 2007). If the victim of a racial microaggression confronts the perpetrator, it may make them feel better in the immediate moment by relieving pent-up emotions, but in reality, the general situation has not changed (Sue et al., 2007). The catch-22, "dammed if you do, and dammed if you do not," situations are likely to have negative consequences for African American supervisees (Sue et al., 2007). For instance, the situation was gently played off by the perpetrator with a follow-up comment who said, "You know, when I try to read, I just

turn the pages to make people think that I am reading." Participant 8's experience of the situation did not change when she received her business cards. She was greeted with another comment by the perpetrator who stated, "I guess this means we are keeping you." Participant 8 recalls her reaction, she shared, "It puts me in that space again. Is this a racial microaggression? Am I being too sensitive? Is that covert racism? Is it overt? It left me in that space where I am questioning my behavior." Friedlaender's (2021) findings support Participant 8's questioning of her experience, as even if the target member did not misperceive the behavior as rude or disrespectful, there is a plausible alternative explanation without clear evidence to suggest which might be correct.

Participant 8 shared an experience of racial microaggression that happened with a White woman. However, it is essential to point out another experience she had with a Black male supervisor in a previous position. Participant 8 noted a previous experience of racial microaggression with an African American male supervisor when she went back to school to earn her clinical degree. She stated:

He was an older Black male who definitely grew up during civil rights and was married to a White woman. I started picking up on vibes that he was against Black females such as, "You stand behind me and do not try to step ahead of me. Do not try to have an opinion or oppose mine; we are good, but if you do that, then I will come down on you, and I will remind you that I am the person in charge, period." While this research focused primarily on the experiences of racial microaggression among African American women in the cross-racial supervisory relationship, the experience of Participant 8 with an African American male

supervisor had a similar experience where she felt invalidated, dismissed, and in denial of racial and cultural issues.

Participant 8 questioned her racial reality that influenced her work as an African American supervisee and her professional development. Jernigan et al.'s (2010) findings suggest that African American supervisors should be willing to evaluate their cultural competency and self-efficacy concerning racial dynamics, discuss race and acknowledge conflict in the supervisory dyad, and offer extra positive regard to supervisees who are courageous enough to initiate such conversations. Not all African American supervisors are inherently better at understanding racial and cultural information solely because they are African American. Participant 8 discussed feeling mad, hurt, and disappointed with her interactions with her African American male supervisor and felt shocked when her coworkers pointed out that he has always been that way. The African American male supervisor's comments to her were not only invalidating and dismissive but also unsupportive when he told her she was not allowed to make mistakes. Participant 8 stated that she became aware that he treated Black people more harshly than White people.

Theme 1B: Supervisors Focusing Primarily on African American Supervisees' Weaknesses

This theme emerged as several participants indicated that their supervisors focused on their weaknesses instead of providing feedback. Many African American supervisees in this study indicated that they believed their supervisors viewed them as incompetent on some levels. Participant 3 stated:

I thought my experience with my supervisor was going good. She was super nice and very friendly. We would meet once a week for supervision. She asks how things are going with my client. She never really offered feedback or said much. Then, about a year into working with her, I got a message from our director that she wanted to talk to me. I go into this meeting, and she is like, "You know, your supervisor is really unhappy with your performance and has concerns about your ability to provide therapy. I said, 'I have no idea what you are talking about.' She never said a word to me about anything.

Participant 3 reported her supervisor's reluctance to give performance feedback regarding her clinical skills until she was called into a meeting a year later. She shared:

Another meeting was scheduled with my supervisor, another director, and an HR representative. I was the only Black woman in the room, along with three other White women. I was reprimanded for things I did not know were a problem and did not think were problematic. For example, I was being singled out for being on my phone when everyone else [other therapists] was on their phones. I think at that point they were going to fire me, but I advocated for myself, and it was clear that my supervisor had done a really crappy job, and they ended up giving me a written warning to make improvements for things that I had no idea were an issue, like my clinical approach to things, my perspective, and my judgment.

Constantine and Sue (2007) noted a similar theme in their study where Black supervisors' inability or reluctance to give performance feedback regarding their clinical skills was tied to the supervisors' fear of being labeled racist.

Theme 1C: Supervisors Making Stereotypic Assumptions about Supervisees and African American Clients

Although all nine participants felt comfortable advocating for themselves, eight participants indicated that their White supervisors harbored stereotypical assumptions about themselves and their clients. Four participants reported feelings of disbelief, shock, anger, and disappointment. The stereotypic assumptions have a detrimental impact on the supervisory relationship, compromising African American supervisees' growth and professional development. In line with this theme, Participant 2 shared an incident with her White female supervisor:

> When the incident happened with George Floyd, many companies expressed their feelings about police brutality and escalation in African American communities. Several clients asked her why she [the supervisor] had not made a statement. Of the 10 therapists working with her, two were interns, and eight were associate therapists like me. Nine of the 10 were Black women, so when that came out, she stated how she felt about police brutality. She [the supervisor] did not ask any of the therapists when she made the statement. She [the supervisor] did not run it by us first. None of us had any idea she was going to do this. She [the supervisor] posted a blog post, like a mailing list. Kind of like an email that she sent out to about 3,000 people then. And in this document, she said, "Black people beat their children as their White slave master beats them, and that leads to PTSD and criminality." The supervisor implied that this keeps happening to us "because it is really our own fault."

Participant 2 stated, "The majority of the supervisees were African Americans, and most of their clients were probably Black." Participant 2 described that clients also reacted to the blog email:

> They stated, "What the heck is this" and complained to their therapist. As a result, some of the therapists brought complaints from these clients to the supervisor, who got upset. She [the supervisor] responded that it was not meant to be that way. However, her supervisor felt that what she said was correct, so they [supervisees and clients] should not be upset that she [the supervisor] was not trying to offend anybody. She [the supervisor] disagreed with the people who disagreed with her and said that it was her [the supervisor] opinion. Instead of saying, "Oh wow, I may have made this statement in a hurtful way when this group of people is already hurting." She [the supervisor] goes and digs her heels in and takes a harder stance.

Participant 2 described a group supervision meeting after the release of the email blog post. She stated the following:

> During my supervision, she [the supervisor] was crying. She said that everybody would think I was mean and racist. I do not understand, and I just need someone to show me some compassion, and you know, it was not that bad. She [the supervisor] told me about other therapists who had forwarded the client's email responses, stated that she did not understand why they [the supervisees] were not defending her, and, you know, cried to us because she got called out over her behavior. We [supervisees] made it through that supervision call, although we did

not do any supervision. We ended it early, but that was ridiculous, as it is not my

job to make her [the supervisor] feel better about something she said that was

wrong. But at this point, I did not state anything because I was still under

supervision, and this woman signed my paychecks.

Following the group supervision on a Friday after the blog post was sent out to

clients and staff, Participant 2 stated her supervisor started emailing staff over the

weekend to justify her stance on racism. Participant 2 stated:

> She [the supervisor] felt like we should have defended her. She felt like she was
>
> the victim. She said that we were communists. She called us Marxists. She said
>
> racism did not really exist, and Black people should just work hard and they
>
> would be fine. She said if we end up leaving, we will have looted her heart and
>
> mind like the Black people looted the stores in DC.

In line with this theme, Participant 9 shared a similar experience as they worked

at the same site and with the same White supervisor. Participant 9 shared her experience

with the racial tension in America during George Floyd's police brutality:

> She [the supervisor] wrote and sent out a newsletter responding to police brutality
>
> to about 3,000 people. However, the newsletter did not address George Floyd's
>
> police brutality. Instead, she talked about Black parents and how they disciplined
>
> their children like slave owners. All her employees were confused, and some
>
> clients even sent emails voicing their confusion. A lot of people were offended.
>
> She got defensive and threatened the staff that they [clinicians] would have to
>
> leave her practice if they did not support her.

In line with Participant 2s experience, Participant 9 also shared similar sentiments about her supervisor's stereotypical assumptions about African American. She stated:

> The responses she had from sending her blog post were similar to what Black people did during the George Floyd protests, burning property and stealing from businesses. The stereotype or image she was trying to convey is that all Black people are criminals, which supports her case.

Participant 3 shared her view of her supervisors' stereotypical assumptions of her African American clients during their meeting:

> We worked with a large immigrant population. I noticed if I pointed out anything culturally, she [the supervisor] would have an approach that's not culturally or racially appropriate. She did not consider the context of common child-rearing practices among this racial group. For example, in South and Central America, we have clients who disciplined their children, didn't hold to specific standards or values, or supported their children in a way they expected. She was often very critical of that and did not consider cultural differences and norms that she was not aware of. I repeatedly pointed that out, and that impacted our relationship.

When asked about their supervisor's sense of cultural competence, Participant 3 recalled,

> She thought she was culturally sensitive because she [the supervisor] spoke a little bit of Spanish. She did not think things through. She would tell parents how to discipline their children and not consider that they are from another country with different values and cultural norms.

Participant 5 expressed views on African American woman stereotypes and how they impact her work as a clinician:

When Black women are assertive and verbal about their needs or things they do not feel are appropriate, they are deemed angry or defiant. That impacts my work because it lets me know that I clearly do not have a voice at the table, and it is best for me just to sit and be quiet. As a counselor educator who considers myself an advocate, it is not my role to sit back and be silent when I feel like injustice is taking place in front of my face.

Participant 6 shared the first time she felt it could have been a microaggressive experience with a White colleague who was awarded the position of become her supervisor.

I was still a new clinician working in an inpatient behavioral detention center for juveniles. As colleagues, we shared intimate things about our lives that she used against me at some point. For instance, I was working with two rival gang members, and I would spend much time trying to get them to reconcile and do clinical trauma work. At one point, things got really bad, and she [the White supervisor] said to me, 'Why do you think you care so much? Is it because your mom was not in your life, so you are trying to be a mother?' Participant 6 shared that her colleague's stereotypical assumptions about herself and her clients left her feeling disbelief, shock, anger, and disappointment.

Participant 7 shared her experience of stereotypic assumptions about African American individuals during a multicultural counseling course when her White female

professor, who called herself racially and culturally aware because of her missionary

work in a Nigerian village, qualified her to teach clinical classes. One example

Participant 7 shared about her professor's lack of racial and cultural awareness when

working with African American:

> To make them [African American clients] feel welcome, you can practice that
>
> when you are in Walmart by touching their hands when you are giving the cashier
>
> your money to let them know that you are welcoming and that it is okay. She [the
>
> professor] assumed that the cashier is a Black woman and that 'you,' being a
>
> White woman, would make them feel comfortable, and in return, they would feel
>
> liked you like them, and they could talk to you. She [the professor] had a White
>
> savior complex, which was oppressive. Because she was the only one teaching
>
> that course, and it was required, I tuned her out just to get through the course and
>
> not try to fix anything.

Participant 7's experience with her supervisor is supported in Chapter 2, the

literature review section, where several studies discuss African American students in

predominantly White institutions and the impact of racial microaggressions (Browne-

James, 2018; Cartwright, 2018; Harris et al., 2019; Hollingsworth et al., 2018; Williams

et al., 2020a). For instance, Browne-James (2018) and Williams et al. (2020a) findings

show how African American women in counseling education reported racial

microaggression, including colorblindness, stereotypical assumptions, minimization, and

patronizing behaviors on campus that could be harmful psychologically and

physiologically. African American faculty and students described their microaggressive

behavior as feeling dismissed, isolated, pressured to conform to White culture, and

oppressive (Browne-James, 2018). Although Participant 7 reported that was not the only

incident of microaggressive behavior in the class, and many students felt discontent,

limited action was taken to train the professor. The dean moved her to teach a different

class without repercussions. The complexity of power in academia contributes to making

conversing about racial microaggression difficult and can hinder African American

students' academic and professional goals (Brown & Grothaus, 2019; Harris et al., 2019).

Brown and Grothaus's (2019) findings show African American students in White

mentorships or supervision may have cultural mistrust of cross-racial mentorship that

may hinder African American students' professional development. Sue et al.'s (2007)

findings on cultural competency training for faculty show it could create an inclusive

university that combats racial microaggression.

Participant 7 also shared her experience as the only Black woman in group

supervision, creating the notion that she was the expert in all African American lived

experiences. After the group supervisor meeting, some of Participant 7s peers would

bring their clinical cases to her to discuss the possibility of race and culture being a

factor, despite her not knowing anything more clinically than they did other than her

lived experience. Participant 7 mentions a sense of exhaustion from constantly having to

bring up race and culture as factors in her cases. The common stereotypes about African

American women primarily related to were "angry Black woman" and "strong Black

woman," referring to the assumptions that Black women can take on and accomplish

every task and challenge with ease, often without praise or validation from others puts

them at greater risk of adverse psychological and physiological outcomes (Crawford, 2020). Another stereotype often not discussed is the "superwoman" "or "mammy" role that showed up in several participants' interviews as I, the researcher, reviewed the audio. The "superwoman" role involves obligations to suppress emotions, project strength, resist feelings of vulnerability, prioritize caretaking over self-care, and succeed despite limited resources (Crawford, 2020).

Participant 9 also shared similar sentiments about being the only African American therapist in the workplace:

I feel I am the person who is there to be the face of African Americans. I even said the other day in a clinical group meeting that. 'I do not represent all Black people, so let me dispel that myth if you guys think that. I have to ask myself, am I being too sensitive? Last week was the first time I started seeing a Black student. I did not want to think they were giving me all the Black students until I saw another Black student.'

Participant 9 expressed the significance of the African American student working with her. She shared her experience of empowerment and giving her clients a safe space to express themselves:

One of my clients started crying and sharing with me her experience of being a Black student in a predominantly White institution and told me, 'You know they do not want us out here. Whatever you do, please stay; do not leave. Do not let them push you out.'

African American college students are already at a significant disadvantage in academic achievement (Forrest-Bank & Jenson, 2015). Research shows African American students face institutionalized oppression and racial microaggression, preventing opportunities to grow and advance educationally like their White counterparts (Forrest-Bank & Jenson, 2015; Kyle et al., 2018). African Americans' experience of racial discrimination plays a significant role in explaining their lower graduation rates than their White peers. Participant 9 supports the current literature that African American students at predominately White institutions feel uncomfortable in their surroundings and do not belong in them (Kyle et al., 2018).

Domain 2: Supervisees' Responses to Racial Microaggressions

Several participants in this study indicated that their supervisors' racially microaggressive acts (unintentional or unconscious) posed challenges personally and professionally when they attempted to confront them.

Theme 2A: Evoked Negative Feelings

This theme emerged after most participants indicated their experience with their supervisors' racially microaggressive acts brought about both professionally and personally negative feelings. Participants 2 and 9 shared similar experiences working at the same site, and supervisors had negative feelings about the microaggressive act. Participant 9 shared the ineffectiveness of group supervision as clinicians were given little time to discuss their cases or provide feedback. Effective cross-racial supervision requires a strong, trusting relationship that allows supervisees to discuss difficult conversations regarding racial and cultural issues and the space to develop their skills

(Hall & Spencer, 2017; Crawford, 2020). In alignment with this theme are the supervisees' conflicted feelings toward the supervisor. Participant 9 further explained her experience with the power dynamics in her supervisory relationship and being discouraged by her supervisor about her goals of opening a private practice:

> There were times she [the supervisor] would ask me about my goals and what I wanted to do long-term. Every time she asked me about three or four times, I would say, 'You know, at some point, I want to have my own private practice,' and she would literally discourage me and tell me, 'You don't want to do that. It's hard work, and you will not make much money. Instead, you can be a senior therapist if you stay with me.' She was trying to get me to stay at her practice. There was a sense of power and control.

Participant 9s experience is common among professional women in all fields. The concrete ceiling prevails despite decades of efforts to end gender bias and discrimination against women in America. However, the intersectionality of African American women's experiences put them in a greater struggle to advance in their careers due to the rigidity of racial microaggression and unjust systems. McCluney and Rabelo (2019) examined the conditions of visibility and intersectionality of African American women's belongingness and distinctiveness at work. The limited number of African American mental health providers in the field was evident when this researcher recruited participants for this study. African American participants in this study described the limited options for finding an African American supervisor, especially with the availability to take on new clients. Additionally, the majority of African American supervisees discussed their

clients' appreciation for finding an African American clinician with availability. In some states and areas of the US, there were few African American mental health providers on several public clinician directories.

The APA Center for Workforce Studies uses data from the US Census Bureau's American Community Survey (ACS) to analyze the psychology workforce and education pipeline. The interactive data tool used by APA shows that in 2019, the workforce consisted of 83% White and 17% racial/ethnic minority psychologists (Luona & Ginsberg, 2021). Although the same report showed racial/ethnic minority psychologists doubled between 2000 and 2019, from 7,140 to 18,986 or an increase of 166%, the demographics of the US do not mirror the psychology workforce. The 2015–2030 results of the ACS workforce projections indicate the supply of psychologists is insufficient to address the unmet need for mental health services. In particular, the projections indicated significant demand increases among racial/ethnic minorities between 2015 and 2030, with an increase of 30% within the Hispanic population and 11% within the Black/African American population (Luona & Ginsberg, 2021).

For years, companies have framed the lack of diversity as a pipeline problem and a lack of qualified talent from diverse backgrounds. The visibility conditions are gendered and racialized and are often enforced through hierarchies that systemically normalize Whiteness and maleness in organizations (McCluney & Rabelo, 2019). Four conditions associated with visibility for African American women affect their vocational experiences: precarious visibility, invisibility, hypervisibility, and partial visibility. Participant 9s experience with her supervisor could have hindered her career if it

depended on promotions. Several participants discussed the unwelcome environments in this study, including negative stereotypes, racial microaggressions, and a lack of representation that systemic discrimination and an uneven playing field for recognition continue to uphold. Several women in this research described their lived experiences of invisibility and hypervisibility, which are addressed in the domains and themes. Participant 8's confusion about recognizing whether her experience was microaggressive left a reaction that evoked negative feelings, allowing her to find the courage to confront and address the microaggressive act. The catch-22 of confronting microaggressive people may backfire on them, making them feel more invisible or hypervisible, which can create an impenetrable concrete ceiling.

When asked by this researcher whether or not their supervision relationship would be different with an African American/Black supervisor, Participant 9 further explained:

> It could have, but I don't think there would have been issues. But I do not think I would have experienced the same issues with someone of color. Although this could be with any person having the commonality of race, I probably assumed they would encourage me to have my practice rather than discouraging me from having it.

Theme 2B: Confusion

This theme came from the ambiguity of racial microaggression that gives perpetrators power due to their ability to deny that they are being racist and the victim's hesitation or confusion about how to respond to the microaggression (Hisle, 2020; Sue et al., 2007). However, research indicates that White dominant groups in America have the

unique ability to intervene and reduce the feelings of oppression some African American people may feel. The lack of certainty about the ambiguous nature of microaggression can cause anxiety and impact an African American's physical or emotional health.

Confusion falls under three sections: confusion of expectations, what happened, and what supervisors should do in the microaggressive situation. Two participants endorsed the subtheme of feeling confused about the expectations of their supervisors. For instance, the six participants reflected that their job duties as supervisees were unclear and felt they were asked to do things because they were Black. Participant 2 recalled asking to do household chores at the office, which was in the home basement:

When I was out, she would call me and say, 'hey, could you pick up some toilet paper?' or, 'The trash can is full; can you empty the trash?' or, 'Can you vacuum the office that was in her house?' When I was an intern, there were certain things you were kind of expected to do as grunt work. I never thought anything of it until I realized or learned that she paid a cleaning company to do these things. I did not know that at first. It was not until I happened to be there one day after I left something behind that I saw her cleaning company was there, and I was like, Ok, so why am I vacuuming and doing all this? I found out much later, having spoken to the two African American therapists when White therapists were employed, that they were not asked to clean. She was only asking African American supervisors to do chores.

Participant 9 who worked at the same site as Participant 2, shared a similar experience of being asked to do household chores at her house, such as vacuuming,

which made her feel uncomfortable. Students in practicum and internship may not be aware of their roles at clinical sites. Supervision training can be integrated into practicum and internship courses as it can help introduce students to their roles as supervisees, the expected parameters of supervision, and what they should reasonably expect from the process (Falender, 2018).

Two participants reported feeling confused in reaction to racial microaggressions. Due to the subtle microaggression and participants' varied responses, Participant 3 reported being good friends and having a strong relationship with her supervisor. She was shocked when the microaggressive behavior started, negating much of her positive experience with her supervisor. Participant 8 reported a similar confusion with questioning herself, "What did I just hear? I had to stop and think. Is that racism? Am I being overly sensitive?" Participant 8 is common due to the subtlety of racial microaggression that questions African Americans' experiential reality. Sue et al. (2007) discussed how the cumulative effects of racial microaggression on African Americans can result in flattened confidence, augmented morbidity, and diminished morbidity. Without documentation and analysis for a better understanding, racial microaggression can pose threats that justify assaults in society that can be downplayed or easily ignored. Participant 8 questioned if what happened to her led to a series of questions, she asked herself, "was that deliberate or an unintentional slight? If so, how should I respond?" Responding without solid evidence of the person's intention or proof it was a microaggressive act could create a catch-22 of responding, which will be discussed further in Domain 3 of supervisees responding to racial microaggression.

Domain 3: The Catch-22 of Supervisees' Responding to Racial Microaggressions

This domain was derived from Sue et al.'s (2007) pioneering study on racial

microaggressions and the implications for clinical practice that describe the "damned if

you do and damned if you don't" response to racial microaggressions. The catch-22

encompasses the dilemma African American individuals most commonly face when

responding to racial microaggressions as they struggle to make sense of their experiences

of racial microaggressions in supervision. All nine participants in this study had a similar

reaction to a series of questions: "Did what I think happened really happen? Was this a

deliberate act or an unintentional slight? How should I respond? Sit and stew on it, or

confront the person? If I bring the topic up, how do I prove it?" (Sue et al., 2007). Due to

the ambiguous and subtle nature of racial microaggression, African American supervisees

must first determine whether a microaggression has occurred. African American

individuals often involve a variety of life experiences and rely heavily on the experiential

reality that is contextual. After determining a racial microaggression in the supervision

dyad, eight participants in this study decided to try sharing their experiences and feelings

with their supervisors. Unfortunately, most participants reported that their supervisors did

not respond positively, which led to an unsafe racial work environment. When the

supervisees tried broaching the racial and cultural factors, the initial negative interaction

left all eight participants deciding not to confront their supervisors. According to Sue et

al.'s (2007) study, African American supervisees' decision to do nothing frequently

occurs because (a) they are unable to determine whether they experienced racial

microaggression, (b) they are confused about how to respond, (c) they are fearful of the

consequences, (d) they rationalize that "it won't do any good anyway," or (e) they engage in self-deception through denial. African American supervisees who decide to do nothing expose themselves to potential psychological harm, as it often means a denial of their experiential reality, loss of integrity, or pent-up frustration, which is likely to take a physical toll. All nine participants in this study reported negative consequences related to their decision to discuss racial microaggressions with their supervisors. All participants struggled with the decision to confront their supervisors on racial topics. All nine supervisees reported negative feelings (e.g., powerlessness, frustration, and anger) and dissatisfaction due to being culturally unresponsive and insensitive to their supervisors and supervision. Supervision lacking cultural humility and dialogue can negatively impact the supervisory alliance.

The process was personal for the participants, as many had concerns about adverse consequences/repercussions. Many participants worked towards their clinical hours in practicum/internships where the clinical supervisors held a power imbalance in the supervisory relationship. In most cases, half of the participants avoided confrontation with their supervisors, which could risk a dissatisfactory evaluation.

Theme 3A: Supervisees' Fear of Negative Consequences/Repercussions

This theme could be overlapped with other themes, but it was essential to separate it as most participants indicated incidents where they fear negative consequences/repercussions if they confront or approach their supervisors' microaggressive behaviors. For instance, this aligns with Participant 2 recollection of her supervisors sending out an email blog post following George Floyd and police brutality.

While Participant 2s indicated that she disagreed with her supervisor's public stance on the racial issue, she stated, "this woman signs my paychecks." Although Participant 2 did not say it during our interview, it is presumed that most of the supervisees' who worked with this White female supervisor feared negative consequences/repercussions if they confronted or approached their supervisors' microaggressive behaviors. For instance, following the group supervision meeting, the supervisors scheduled another group Zoom meeting with all supervisees to discuss the previous day's event. This is an expert on Participant 2 interview recollection:

> During the Zoom call, she [the supervisor] said she wasn't addressing any personal hurts and just wanted to discuss how we would be moving forward. Then she [supervisor] started the meeting by demanding that one of the therapists apologize to her because she commented that she [the supervisor] berated Black parents. The therapist refused to apologize, and she [the supervisor] kept getting more agitated. Finally, she [the supervisor] stated that if we didn't start showing her some compassion, she would terminate all of our contracts, so nobody said anything, and she expressed it two more times. By then, she was screaming and yelling at us and had just hung up the call. So, we were all just sitting there wondering what in the world just happened.

Participant 2 described confusion about what happened and confusion about what to do following the microaggressive Zoom interaction with her supervisor. She added:

> Later that evening, she [the supervisor] wrote another long blog post on her stance on racism and reverse racism. She states that her staff also shared the same views,

but we did not know she was going to do that. We never talked about what she

would put in this blog post. She then reached out to us [supervisees] and said that

we needed to sign a statement saying that we agreed with her that reverse racism

existed and that White people were discriminated against by Black people more

than it happened the other way around. That spanking was wrong, or she would

terminate our contracts and report us to the board to say we were not professional.

She said, "If you are going to keep working here, you need to agree with me".

Participant 5 shared similar sentiments on the catch-22 of responding to racial

microaggressions and the power dynamic in her supervisory relationship:

I definitely feel like it was a power dynamic where I had to do what she said. And

I think because of my personality, I challenged that power dynamic and

recognized that I had a voice. I guess I was defiant. So, advocating for myself, I

think, was also viewed as defiance. How could I speak out against what she has

already told me to do?

Theme 3B: Supervisees' Experience of Confrontation

This theme is a follow-up from theme 3A: supervisees' fear of negative

consequences/ repercussions, as most of the supervisees ended up confronting their

supervisors about some of their microaggressive behaviors. After a lengthy decision-

making process, eight of the nine participants weighed the possible consequences and

decided to resign from their positions with their supervisors. Participant 2 recalled that

after her supervisor sent out a second blog post on a racial stance on African American

and racism, "I had already spoken to my clients to let them know that I would be leaving.

I knew I would not be staying, but I wrote my resignation letter when that second email came out:

Participant 2 reported not only did she resign after the blog post-incident:

Three other therapists resigned that same week and over the next couple of weeks, and most of the others resigned shortly after the incident. One therapist was almost finished with her supervision period, so she just waited out the last several weeks, but otherwise, most of us left. She is suing all the Black therapists who resign right away. So, we filed complaints with the state board and shared what happened. You know the blog post, the things she said about Black people, and how she treated the staff after this happened. Several clients filed complaints based on the blog posts and the things that she said. We updated that just in the last 6 months.

Participant 2 added a separate incident with her White supervisor and African American neighbor where police involvement resulted in her publicly making racial slurs and insulting all Black people. Despite the mounting evidence that Participant 2 described in the interview, she stated:

The board decided there was insufficient evidence to charge her formally with anything. We were upset about that. Two therapists filed complaints with the county ethics commission, where the office is located, that found her at fault and that she had discriminated against the therapist. So that is still pending and actually goes to court next week. My court date is coming up on April 11, 2022, and one other therapist is already in court for breach of contract. She sued us for

breach of contract because when we left, our clients left, and she claimed that we

took our clients with us. That is not true. The majority of the clients left because

of her views on the blog post. They were pretty open about why they were

leaving. So, when they found out we [African American therapists] were leaving,

they didn't want to be part of her practice.

Participant 2 talked about the personal impact of how the pending court case

negatively impacted her life:

I am still dealing with it. Two weeks ago, I received court documents that were

certified to my house. The sheriff knocked on my door. I was in a session with my

client. My first thoughts are my husband is a cop, and my son is a cop. So, when

the police knocked on my door, I thought something terrible had happened, and I

was freaked out. I was terrified until he handed me the paper. I realized he was

here because of the court date. But at that moment, when I saw him and talked

with him, I thought my husband had died or my son had died. That is literally

what came to mind first. I had to take the rest of the day off to pull myself

together. There is no recourse for that. She is still disrupting everyone's life and

making us anxious and scared; there is nothing we can do.

In addition to Participant 2s statement, Participant 9 provided a statement that

shared the consequences/repercussions of responding to racial microaggression and the

impact it had on her personally and professionally:

It is definitely stressful, especially, as you know, towards the end with all that

happens after. Just being somewhere for that long and ending that way was sad.

Even though this has not been the perfect experience, this is how it ended, so it was very sad and unfortunate. I just would not wish that on any supervisee. I do not think anything like that would happen to me because I'm not racist. If I were to be a supervisor, I would try to be in touch with my supervisees, want them to succeed, and be there for them as much as possible, versus how she was with us. It was an awful experience. You know, I am still dealing with her and a few of the other interns. We filed complaints against her with the Human Rights Commission for discrimination. So, it is still ongoing, but I feel like I've gotten stronger from it, even though it's been very stressful and annoying.

Theme 3C: Supervisees' Loss of Respect for White Authority in Supervisory Roles

This theme emerged as participants shared how working with their White supervisors impacted them personally and the influence the experience had on them choosing another supervisor. Several participants stated that their experience with their White supervisors deterred them from wanting to work with another White supervisor. Participant 3 reported:

I became weary of White people in authority in professional settings. It made me very distrustful of White leadership. I was always on guard, as it made me feel they would always have a critique and have something to say that I had to be on my p's and q's.

Domain 4: Negative Psychological and Physiological Impact on Supervisees

This domain emerged when several participants described the impact of racial microaggression as psychological and physiologically draining. This domain will address

the adverse psychological and physiological effects on supervisees perpetrated by their White supervisors.

Theme 4A: Supervisees Self-Doubt/Feeling Hopeless in Affecting Change

This theme addressed supervisees' sense of self and identity and the challenges they face from their supervisors, self-confidence, and self-doubt. Several participants stated a strong sense of self-doubt, which included questioning their clinical performance and whether they had the skills or were qualified to be where they were in their performance. Participant 2 reported ongoing legal proceedings following her 2020 cross-racial supervision that align with this theme of feeling hopeless about affecting change. At the time of the interview with Participant 2, the court hearing for the breach of contract her supervisor was suing her for had not taken place. However, despite the mounting evidence Participant 2 reported from the other therapist and clients who experienced the microaggressive behavior from the supervisors and blog post, little to no action has taken place. Participant 2 recalled:

> The board has already decided that even though she stated all these horrible things about Black people, it is perfectly safe for her to continue to work with Black and brown people and have Black therapists work under her who have no idea that she literally stated that she was a racist. She was proud to be called a racist and to have stood up for what she believed in. She pulled all that original blog post off her website, so people looking her up now have no idea that any of that happened, and because of how the contracts are written, she is not allowed to say anything to her current employees. I am so monumentally disappointed in our board. The

board is designed to protect the consumer, but who protects the therapist from other therapists? I do not think you can feel that strongly and be unbiased. I do not think you can have Black people talk to you about their experience with racism and discrimination when you have already stated that you do not even believe racism exists.

Participant 2s lived experience with microaggression is unique. However, the circumstances of African American counselors of racial microaggression are common. Participant 2 suggests that an African American intern experiencing racial microaggression, who is sadly in a situation where they need to get their hours, graduate on time, and get their license, has to "put your head down and do what you have to do." Like many participants in this study, the feelings of self-doubt/hopelessness in affecting change were evident, as most participants expressed a sense of exhaustion relating to fighting racism in their personal lives and professionally. Although Participant 2 described her situation as "extreme," she also stated:

> I would have switched if that situation had blown up as an intern. Like that hat stuff that I happened with George Floyd [supervisor's blog post], then you need to go because I think that staying kind of validates the argument that you know what I am doing is not wrong. It is not that big of a deal, because if it were, you would have left.

As mentioned throughout this research, an African American encounter with racial microaggression is never an isolated incident. African Americans have faced

racism and discrimination all their lives and expect it to continue going forward.

Participant 1 explained:

> The lack of support and space in my workplace made me not want to get out of
>
> bed because I had to hold the space for my clients and supervisor, and it was a lot
>
> to deal with working there.

Participant 4 offered the following perspective of self-doubt about working with a

White supervisor in what she perceived as racial microaggression in clinical supervision:

> It was horrible. When you recently graduate and get into your field, you know
>
> nothing. Then, you self-doubt yourself, so when someone [the White supervisor]
>
> tells you that everything you do is wrong, you never grow. The micromanagement
>
> created anxiety. It created unsureness. She always had something to say about
>
> documentation. I became the expert on all Black experiences. I realized I was the
>
> only Black therapist, and all the other clinicians wanted to give me all their Black
>
> clients. The other therapist had options on what clients to take, but I was given
>
> cases for which I did not have the skill set yet. I would make a diagnosis, and she
>
> would ask why I did that without properly trusting me and educating me. I did not
>
> have that support and guidance. Because of my philosophy with particularly
>
> Black clients, I didn't want to give a heavy diagnosis in the beginning. What
>
> people do not realize is that when you work with insurance, you don't think you
>
> have a diagnosis right away. And because I was new in the game, I did not want
>
> to give a heavy diagnosis based on insurance purposes. I want to monitor you
>
> consistently to provide you with the proper diagnosis, but now that I have more

experience, I can make a diagnosis right away based on your symptoms. Black people understand, but White people don't understand that they want to diagnose you with a heavy diagnosis for the money.

Participant 4s experience of being micromanaged created self-doubt when she made diagnoses. Evidence supports that African Americans face treatment disparities in the healthcare system and are three to four times more likely to be diagnosed with psychotic disorders than White clients (Pappas, 2019). Wright's (2020) findings align with African American clients' unique barriers of historical racism, distrust of providers, misdiagnosis, misunderstanding, and unmet cultural and ethnic needs. Participant 4 experience is unfortunately common due to a lack of advocacy for African American being misdiagnosed. Participant 4s stated that she had to provide additional facts to justify her diagnosis, while her White colleagues' skills were not questioned. In addition, Participant 4 said her skills were questioned based on what she graduated from. She pointed out:

Being a graduate from a Historically Black College & University (HBCU) vs. a Predominantly White Institution (PWI) plays a part in my skill set. Am I good enough, and am I smart enough? The reputation of an HBCU vs. a PWI impacts how you are perceived and whether you get a call back for a job.

Participant 8 shared her imposter syndrome, which started when she started working in her current position as an academic clinician at the time of her interview.

As a Black woman working in a predominantly White space, I've dealt with looks and stares from people looking at me like "You are Black". What are you doing

here? But I shrugged it off and ignored it because it's a look or stare, and what am I going to do with it? I had to remind myself constantly that I was there because I was qualified to be there.

Edwards (2019) findings addressed the underpinnings of the imposter syndrome, stereotype threat, and intersectionality of Black women by giving voices to their experiences in predominately middle-aged White male academics. Rooted in the ideologies of privilege and oppression, both phenomena ignite a sense of otherness. Whether they feel as though they do not belong (i.e., imposter syndrome) or they feel as though they must prove they belong (i.e., stereotype threat), some marginalized groups are hyperaware of how they are othered. This awareness influences how they navigate spaces. As seen in several examples from the participants in this study, instead of showing up as themselves, they often felt the need to musk, shift, or camouflage themselves by altering who they were to be accepted by the majority group. Intersectionality theory is not just a theoretical framework for understanding the behaviors and emotions of imposter syndrome and the stereotype threats to African American women. It also provides a practical lens for the daily reality of African American women.

Theme 4B: Harmful to Supervisees' Professional Development

In this theme, four participants reported that racial microaggression negatively impacted their professional development. Participant 2 described the impact of racial microaggression on her supervisory relationship with her clients and how it set her back in her professional development:

Several clients stated, I really like you, but as long as you're working for her [supervisor], I will not be able to see you anymore. When I didn't know why, I just knew certain questions I would not ask her [the supervisor]. I didn't have a valid reason, but I felt I shouldn't bring up race in our conversations.

When the researcher asked Participant 2 to provide an example, she stated:

I had a couple of clients who had issues with race at work or felt they were being discriminated against; it was really taking a toll on me, and I did not really know how to help them with that, but something in my gut just told me not to talk to her about it. I did not know why because I did not think she was racist. It did not feel like something I could speak to her about, so I didn't reach out.

Participant 2s loss of trust in her supervisor made her feel she could not reach out in cases where she needed help, even though it would benefit her client. Instead, she reached out to two other therapists with more experience to consult on her cases. Racial microaggression can harm and oppress supervisees and put African American clients in the unenviable position of a catch-22 (Sue et al., 2007). However, African American clients may be less likely to confront their therapist and more likely to question their perception of the microaggressive event. Participant 2 described how many of her clients leaving the practice could have been negatively impacted by the supervisor's blog post and chose to exit therapy instead of working on their feelings with their therapist.

Participant 3 experienced not having a supportive and safe environment to discuss her cases as challenging. Even though she knew she was a good therapist, she had to learn many of her skills independently. Participant 3 stated, "I had very challenging

clients. I had very complicated cases with a lot of trauma. But I became very skilled as a result of it. I had to teach myself because she didn't teach me anything." Participant 4 shared her experience of how she thought her racial microaggressions negatively impacted her professional development:

> All my work experiences have been with White women. I'm in the human service field, which is usually White women, and it has been a horrible experience. It's as if they never gave good feedback. It was always this is how you're supposed to do it, but they never give you skills on it, they never gave you the ability or the tools to improve your skills. It was so bad one time that ask one of my White colleagues to write a progress note for me, and my supervisor still ripped it up to pieces because she thought I wrote it. And this is one of her favorites. She glorified this White girl's documentation. So, once I saw that, I knew it was time to leave.

Domain 5: Negative Impact of Racial Microaggression on the Supervisory Relationship

This domain is endorsed by the participants' statement that they believed their supervisory relationship had a negative impact on them personally and physically. The themes that emerged from this domain are listed below.

Theme 5A: Supervisees' Mistrust in Supervisor

Two participants endorsed this theme and discussed how they grew to distrust their supervisors following their experience with racial microaggressions. Supervisees' loss of trust in their supervisor's clinical competence and cultural awareness made it

challenging to feel safe to discuss various issues, including questions that could support

their professional development. Participant 2 shared:

> I would say her cultural awareness is very textbook. One of the things that she
>
> stated was that she had taken multicultural counseling classes and probably spent
>
> $30,000 of her graduate and Ph.D. studies taking multiple multicultural
>
> counseling classes, so she knew better than we did about racism, and our book
>
> knowledge does not trump my lived experience. The fact that she thinks that her
>
> book knowledge accounts for more than the lived experience of actual people
>
> shows me that she is not very culturally aware.

Participant 2's distrust started early in the supervisory relationship because she knew,

"race was not something about which we could talk. Participant 2 explained the feeling of

mistrust as invalidating and dismissive, with one example of receiving feedback on one

of her African American woman client cases:

> The client's issue was that she held an authoritative position in upper management
>
> whenever she engaged her subordinates in helping them correct their behavior.
>
> She was viewed as hostile or aggressive. I remember saying to her [the White
>
> supervisor] specifically that when Black women speak up for themselves, they are
>
> labeled as hostile or aggressive. Is it possible that she may be being labeled that
>
> way? She [the White supervisor] stated that is probably not it. If she could make it
>
> up to upper management, there probably are no issues of racism; otherwise, they
>
> would not have promoted her. So, you need to consider that maybe it is her tone
>
> or behavior. After walking through with my client to hear exactly what she said, I

felt there was no aggression. There was nothing wrong with her language or aggression in her voice or body. She [the client] said she thought it how Black women can come off, or at least that is how we are [African American women] are interpreted, so she tries to go into every situation cognizant of the fact that you have to make sure that you keep an even voice tone and be careful with the words. She even make sure that I talked to them after lunchtime so that nobody was irritated because they were hungry. She [the participant's client] works primarily with White men, so anything she says going into a conversation about their performance will challenge or correct them. The client stated that she knew it would go bad, so she tried to control other things she could. She purposely wore neutral colors because she knew she would have a calm meeting with them.

Participant 2 described her White supervisor's culturally insensitive treatment approach as invalid. She stated:

As a therapist, it must be something that we do not address. And it was not until I changed supervisors that I realized we actually discussed these things. I just could not address them with her. As an intern, I understood that I had asked something wrong, like that I was not supposed to ask questions about race, as that is not what therapists do. We focus on the practical things; we do not talk about race, which was kind of my takeaway from my experience with my supervisor.

In line with this theme, Participant 3 shared her distrust with her supervisors, following her supervisor's inability or reluctance to give performance feedback regarding her clinical skills. She said:

That changed our supervisory relationship and set the tone of the relationship over

the next couple of years. She would highly criticize my clinical approach to

things. She held me to a different standard in comparison to White therapists. If I

told her something, she would hear what she wanted. Even if I told her, that is not

what I said. But she would just go with whatever she felt like going with. So, I

definitely did not trust her.

Participant 5 recalls the time when she started with her White supervisors:

I enjoyed working with her and being a part of the practice. She made me

feel like a team member, as though I was sitting under someone incredibly

knowledgeable. I felt like I was gaining more and more clinical experience with

someone who could support me on my journey to becoming a great clinician. We

were colleagues before she became my supervisor. Then we started doing

supervision with my supervisor's best friend. The topic of race would come up,

and I became the enemy.

Participant 5 described her supervisor coming to her and talking about another

Black women clinician who began working there. Her exact words were, "She just comes

off as an angry Black woman," after being challenged on her racial bias that little girls at

school should not be wearing *Black Girls Magic* t-shirts. Participant 5 described

observing the supervisor and African American supervisees in training and not getting the

vibe from the African American supervisee, so she expressed to her supervisor privately:

I am a Black woman, it was offensive that they felt it was okay to even come to

me and speak so poorly about another Black woman. I don't want you to forget

that I am a Black woman. But when I confronted her, apparently, I ruffled her feathers. She returned to the boss [previous supervisor], who took the other White clinician instead of affirming me because it was her best friend. Her [previous supervisor] explained away the behavior that I misunderstood my her behavior of her statement that she does not see color.

Participant 6 shared the impact of her supervisor's mistrust and how it changed what she self-discloses with coworkers and future relationships with others in the workplace:

It changed what I chose to disclose moving forward, even though it was in a clinical department where we were talking about trauma when I disclosed that information. It is important to find the right balance of what is appropriate self-disclosure because it can help support and build understanding not only with clients but also in the supervisory relationship.

Robinson-Perez's (2019) findings support the importance of self-disclosure and its impact on the supervisory relationship. Supervisees who are reluctant to share personal information during clinical supervision may prevent clinicians from gaining knowledge and experience, reducing the efficacy of the supervision. A strong supervisory working alliance has shown the importance of clinicians' willingness to self-disclose during supervision. If supervisees do not feel supported by their supervisor, they are less likely to engage in parallel processing through collaboration without the fear of being judged. Participant 9 discussed how her supervisor's lack of cultural awareness and

clinical abilities to support her on client cases created mistrust that impacted their supervisory relationship. Participant 9 further explained:

> I do not think she [the supervisor] handled my cases involving culture and race properly, so we never discussed how it might be a factor in my cases or how race might impact my client. She offered very basic supervision. When it came to trust in the relationship, I was very cautious with my documentation because there were times when I noticed discrepancies in my pay, saying that I did not see a client when I did or keeping track of my clinical hours just to make sure there were not any issues.

Theme 5B: Supervisees Withdraw from Engaging in Supervision Meetings

This theme emerged after several participants indicated dealing with racial microaggressions by withdrawing from supervisory relationships after realizing that their supervisors were not much help in training. Participant 3 reflected on how she censored what she discussed in supervisory meetings to avoid unwanted microaggressions from her supervisor:

> In supervision, if I was quiet and just being present, she [the supervisor] would say, 'You are not engaging, you are being standoffish, or your demeanor is not conducive to a team playing environment.' She was intimidated by me, so she would reprimand me for not saying too much. I got to a point where I would say my piece, whether she agreed with me or not, because I did not care anymore. I trusted my judgment, and I trusted my approach. I knew I was a good therapist, and I was doing a good job because I had very high client retention. Our

supervision times were tense and unpleasant, and I could not wait for them to end. Anytime she wanted to cancel or reschedule, I was more than happy to do so.

After Participant 5 expressed her concerns about her supervisor being, "color blind," the supervisor started canceling her supervision meetings to avoid dealing with difficult racial and cultural-related conversations.

Theme 5C: Lack of Supportive and Safe Environment

This theme emerged when the supervisees' cultural issues were ignored, dismissed, and actively discounted by supervisors. Several supervisees reported having to "figure out" how to approach challenging clients themselves because their supervisors provided a supportive and safe environment for difficult racial/cultural topics and opportunities to discuss their cases. Participant 1 reported feeling a lack of support and a safe environment amidst the racial tension of Ahmaud Aubrey, Breonna Taylor, and George Floyd in America in 2020. Participant 1 stated she had to hold space for her African American clients during the racial tension in America and for her White female supervisor when she confronted her about feeling "dismissive and invalidated" in the working environment. Participant 1 felt she did not have the option to ignore the racial issues at the time and felt that her supervisor did not give space for racial conversation. In the supervisory relationship, there is an element of power and influence that sometimes has inevitable components of privilege, and many White supervisors may lack awareness of their impact on the relationship (Constantine & Sue, 2007). Considering the intersection of race and the current and historical climate of racism, White supervisors should address their power and privilege issues and how they show up in the supervisory

relationship. This is pertinent to how White supervisors interact with African American supervisees, the varying levels of African American supervisees' racial identity, and how they identify and respond to racial microaggressions. Whiteness is often associated with unearned privilege; therefore, it can be seen as invisible and thus directly or indirectly discourage honest racial dialogue and self-exploration (Sue & Sue, 2019). The invisible nature of Whiteness can lead to implicit bias and make it difficult for White supervisors to identify and respond to racial microaggressions. For instance, Participant 1 stated her supervisor's reaction to the racial tension and police brutality in the news and on social media:

> That is your White privilege not to acknowledge, turn your head, and ignore, even when I want to ignore. Because I tried to ignore the media, I was trying to stay off social media, but it was still coming up. So even when I want to ignore this, I am still faced with it. I don't get to turn my head, and I do not get to pretend like nothing is happening, and she was very receptive to that, and she acknowledged White supremacy and her White privilege.

Although Participant 1 stated, "We just had a great conversation" referring to a talk she had with her supervisor. She reported that her supervisor:

> [She] began to cry, and although she did not ask me to hold the space for her, it becomes emotional work for the Black person who is trying to express themselves. Because she feels guilty about something, she begins to cry.

Only after Participant 1 broached the racial dialogues with her supervisor could she build trust and a sense of safety in supervision. The lack of racial and cultural awareness

regarding supervisors' engagement and their own biases and stereotyping is the most frequent factor contributing to positive supervisees' supervision experiences (Lee Pichardo, 2017). Supervisors' racial and cultural awareness plays an essential role in fostering openness and safety in cross-cultural supervision relationships.

Most participants reported the pressure of having to be the one who brings up racial and cultural topics in supervision. Modern-day racism persists, with overwhelming evidence of daily incidents of racism in the news and on social media. Most African Americans report frequent experiences with various forms of racial microaggressions, such as offensive comments, negative assumptions, slurs, and insensitive comments about their race (NPR, 2017). Daily exposure to racial microaggression on news and social media can significantly impact African American by sending denigrating messages. These messages can be especially harmful because of their subtlety, making it difficult for African American to recognize that they have been insulted. However, Participant 5 reported a conversation she had after a client made a racial remark after not receiving support and a safe space from her supervisor:

> I had a White male client who did not want to be in therapy but would use racial statements towards me to ward me off, but when I brought up that, he said, 'Black people carried diseases, which is why segregation should still be happening.' And I was shocked when she asked, 'How could I say that?' It was a problem just asking her, like how dare I say that? It was hard for her to hear, but it made having a racial conversation dismissive. She looked at me like a deer in headlights.

Participant 6 spoke about the lack of support when she reached out to help address the behavioral concerns between her clients' inpatient juvenile detention center:

My clients were fighting every other day. Two of them were from rival gangs saying they would kill each other. Their family members and friends have been killed because of their position and the gang they associated with, but there was only so much I could do because they were minors. I can take away their rewards, but I cannot lock them up in their rooms because of their rights, and it is not therapeutic. So every chance they got, they were fighting. They [the supervisor] would blame me as a submission for their behaviors without taking accountability for the gang rivalry before they got there. When I asked for help or let them know what was going on, they did not listen. They [the supervisor] waited until things got out of control before they tried to assist. I feel like that was a situation where they [the supervisor] could have been more proactive because I was coming to them asking for help, and I did not receive it until several people got injured. It felt very dismissive, and she was blaming.

Participant 7 shared that her overall internship and clinical supervisor were positive experiences. However, the lack of her supervisor creating a safe and supportive environment left Participant 7 to figure it out independently. Participant 7 recalls creating the space she needed to have the difficult racial conversations with the supervisors and finding the support she needed from peers:

I needed to create a space for self-care, so I reached out to my peers. I felt frustrated trying to talk to my site supervisor about what was happening, but I was

talking to White people about White people. Although some experiences are universal for all humans, not all cultural experiences are created equal.

Domain 6: Supervisees' Coping Strategies

This domain focuses on how African American supervisees cope with racial microaggression. There is limited research on how African American people cope with racial microaggression, and even fewer studies focus explicitly on how African American women cope with gendered racism (Jones, 2020). Some of the coping strategies reported by African American supervisees in this study are supported by findings from previous studies (Constantine & Sue, 2007; Jones, 2020; Sue et al., 2007; Lee Pichardo, 2017). Jones (2020a) studied Black women's enrollment in historically White colleges, their experiences with gendered-racial microaggressions, and how they cope and respond. Several coping strategies emerged from the study, including using one's voice as power, leaning on one's support network, becoming desensitized, becoming a strong Black woman, and escaping. Similar results, emerged in this research, highlighted in the themes as participants showed strategies listed below. The themes present coping strategies that African American women utilized to alleviate the psychological distress and harmful impact of racial microaggressions. Most participants reported some avoidance in broaching the topic of race and some form of avoidance in dealing with these experiences.

Theme 6A: African American Supervisee's Identity Shifting

This theme emerged as all nine participants described some feelings of identity shifting into stereotypical notions that include strong Black women. African American

women reported feelings of invalidation and of living in "two words" and behaving in an inauthentic manner that conflicts with their cultural values. Dickens and Chavez's (2018) findings support the theme that African American women identify shifts to avoid adverse outcomes associated with discrimination and being tokenized in the workplace. The strong Black woman stereotype is harmful enough to inordinate racial response, as it could be seen as an internal shifting process that breaks down the sense of self and wholeness in African American women (Greene, 2019). African American women shifting to the strong Black women schema as a coping response to racial microaggressions could be invalidated as it can be seen as altering or modifying their self-presentation. However, the portrayal of strong Black women could be positive because it shows African American women as having strength, resilience, and perseverance. Participant 2 defines a strong Black woman as:

> She knows her purpose, knows what she is good at, and is it not apologetic about what she is good at. She is good at her job, earns whatever is required, and can communicate clearly. I think a lot of times, it is communicating clearly that comes across as aggressive because I feel historically, as Black women, really women in general, but Black women in particular, our usefulness, I mean, our work has always been tied to how useful we are to other people. So, when we are in a position of authority other people are supposed to be useful to us, we are, in a sense, not sort of forgiving ourselves and taking whatever, we are given.

Participant 3 described her idea of a strong Black woman as being tired. She explained:

The perception of being a strong Black woman is an empowering statement. It is

not. It is the world deciding that we need to have a posture of strength because we

have been undermined. We have been undermined, and yes, we are strong. But I

think it does not permit us to not be strong. It kind of fosters this performance

mentality. As a Black woman, I always say I have to jump higher and run faster

than my White colleagues. Because no one is expecting me to do well. No one is

expecting me to try. So, I have to always prove myself and improve myself. I

always have to work harder. I have to work longer. I have to put it on display for

everyone to notice because otherwise, they do not think I'm capable of doing a

great job or that I'm a really skilled therapist. After a while, which gets very

tiring. There's physical strain, but there's also mental, emotional, and spiritual

that's involved in this, so I have to be strong all the time. In reality, as human

beings, we're not all strong all the time.

Participant 3 described her firm boundaries towards her supervisors, which to her

colleagues may seem aggressive. Hall and Spencer's (2017) findings show that many

African American women tried to avoid accusations of being labeled an "angry Black

woman" by deterring them from initiating conversations. This includes another

stereotype of the modern "Jezebel," being viewed as promiscuous and willing to do

anything to achieve career success. The masking or shifting of African American identity

may hinder them professionally and personally from showing up authentically.

Participant 2 described their experience of masking their Blackness to avoid a racial

response:

I never had to do it with my Black client, but in interviews when I was looking for an internship position, I had to use a very educated voice. As you know, you live in two worlds. I have locks now, but at that time, I had natural hair and typically wore my really big afros in twist-outs, but for every single one of my interviews, my hair was in a bun. I am wearing very conservative colors, and I'm wearing flat shoes. It's not to say I don't like flats, but I'm typically the kind of person where if I had on a navy-blue dress or Black dress, I'm probably going to put on a pair of patent leather pumps, but I definitely toned it down because I did not want to stand out. The clothes I wore to work for the first month or two were different from those I wore after that. Once I felt comfortable, I started going back to dressing more like who I naturally am. I stopped wearing the bun and started wearing my afro. But that took a while because I felt like I did not want to put all my Blackness out there. I had to turn it down until she no longer felt threatened by me, and then I could let some of my Blackness creep in. But it took a while before I would do that, even before I wear heels, because I feel Black women in particular, when you are curvy, are often sexualized by people, and so you know, I wore a whole bunch of very long, flowy skirts, flat shoes, and Mr. Roger sweaters for like six weeks because I did not want to come off like that. But that is not naturally who I am.

Participant 2s experience was common among all nine participants, not just with toning down how they are perceived physically (i.e., wearing certain outfits, wearing natural hair in certain styles, or choosing not to wear natural hair), but also with how they

communicate (i.e., tone, body language, and choice of words). In 2022, the CROWN Act (Creating a Respectful and Open World for Natural Hair) was passed to end hair discrimination in employment and education (Donahoo, 2021). Discrimination and intersecting forms of oppression directed at African American women influence how they look, live, work, interact with others, and even view their bodies and identities. Black hair has been and remains a target of this discrimination and oppression, which obliges Black women to strive toward White beauty norms. The fact that African American women continue to be challenged and discriminated against their natural in multiple venues confirms the need for a national CROWN Act. Participant 2 recalls a conversation she had with her mother when she went natural:

> My mom went completely crazy when I went natural. She asked, 'What are you
> doing?' I told her I did not want to put chemicals in my hair anymore, and she
> complained for the first 2 or 3 years, 'Your hair looks nappy. Why are you
> wearing your hair like that? Afros went out of style in the 70s. You are not going
> to be able to have a job. It was not seen as professional.'

Participant 3 expanded on the CROWN Act by adding:

> it should not take the CROWN Act for black hair to be acceptable, but
> unfortunately, that is the case. As I said, we have to run faster, jump higher, and
> go above and beyond to be considered acceptable in society. It takes people
> lobbying to pass a law for us not to be fired or not to be written up for having our
> hair in a particular way (wearing it braided or wearing it curly) because it can be
> considered unprofessional.

Participant 3 recalled an experience of being aware of her Blackness and how it influenced her navigating the workplace. For instance, Participant 3 stated:

> There is an idea that sounding Black or acting Black is very subjective, but it is not appropriate, professional, or acceptable in formal spaces. I view my Blackness, the way I speak, the way I act, and the way I dress- according to me, not according to what the Black masses have decided it should be or what White people should be. There is a social standard of blackness, and I do not feel like I have to adhere to that. My blackness is whatever I am in the moment, whether I am choosing to use formal English that I have learned in school, choosing to use slang, or if I am choosing to wear my hair in braids, or choosing to wear it straighten. To be considered a professional, I felt like I always had to dress in a particular way as a Black woman. I had to either be very professional or very neat. I was overdressed a lot of the time, enough to draw attention because nobody else was dressed like that.

Participant 4 shared similar sentiments about her experience of identity shifting:

> In the beginning, you want to get the job, so I would put my natural hair in a bun for it to look professional. I remembered being told by someone that I might not get the job if I went to the interview with the hot pink braids so I took out the pink braids and replaced them with black ones and placed them in a bun. Because I was afraid, I would not get the job. I had a nose ring; I took that out. I toned down my nail polish, my heels couldn't be too high, and I had to make sure the pants I wore were not too fitting to show my curves. I had to change my dialogue to a

monotone. I was new at the game. I had just graduated from school and had to get

a job, so I had to code-switch my identity.

The destructive myths of the strong Black women are harmful and not beneficial

in promoting a wellness approach. Several participants in this study shared their lived

experiences of being a strong Black woman and the courage, tenacity, and resilience it

took to break free of the detrimental impacts of operating in White spaces. The thin line

between the strong Black woman and the angry Black woman is often misrecognized and

suppressed by Black women who identify with physiological and psychological effects

caused by racial microaggression (Steers et al., 2019).

Participant 5 expressed the notion of what it is like to be a strong Black woman

and the challenge it is on African American women's identity:

I challenge people when they realize the statement of a strong Black woman. And

I will be honest. Just being a clinician and having my own therapist has been

something that I've had to unpack. Like, truly, what does it mean to be a strong,

Black woman? And at what point do I have the opportunity not to be strong, and

to be vulnerable, to be fragile, and to express emotion? I'm big on my identity as a

strong Black woman because I have the space and the power to truly be

vulnerable and establish the boundaries that allow me to have the best reflection

of self-care for myself. I do not believe that being a strong Black woman means

being angry or bitter, but I acknowledge the power it means for me when I walk

into a room. And that I am also able to care for myself unapologetically.

Participant 6 also shared similar sentiments about strong Black women's identities;

I think a strong Black woman is someone who knows she deserves a seat at the table. Someone who is outspoken, kind, listens with intention, and resilient, instead of being easily seen as a product of their environment. For instance, society says that I was not supposed to be in college and that I was not supposed to be a clinical manager or on a director track. A strong Black woman knows who she is, but that takes time to develop.

Participant 7 shared a similar experience as previous participants in this study. She acknowledged she was thrown into having to teach herself and support her peers when she had a challenging time finding access to the help she needed. She added, "I was the resource trying to explain, help, or coach others when I was trying to figure it out myself. I was pouring from an empty cup." When asked about shifting her identity in the workplace, Participant 7 stated:

Absolutely not. I am 43 years old. I can remember in my previous career in banking management, there was a need to really show up, blend in, and be a real team player, but now I wear my hair in a big afro with wooden earrings, and I am very comfortable and free in who I am, but I will acknowledge that part came with age as there is more freedom to show up as you are. That was a process.

Participant 9 shared her take on the strong Black woman:

It means being motivated, determined, resilient, and consistent. It means empowering others. It means encouraging others and just being a good person. I guess it means standing up for your beliefs.

Participant 9 added her experience with the CROWN Act:

I wear braids a lot, so every time I did not have my hair in braids, I would get a

hair rinse and blowout [straighten]. My supervisor would always tell me my hair

looked nice, but every time I got braids again, she would not say anything. I

mean, it was like every single time over like four years it. You know, it might be

something super small, but I noticed that I was like, wow.

Theme 6B: Reaching Out for Support and Validation

This theme refers to African American participants intentionally using their

support network to help cope after experiencing a racial microaggression. Participant 5

created a supportive group of friends to have a safe space to process. She said:

I had to speak to my friends; I had a support system, and my best friend is a

therapist who has her own practice. I had to unpack things with her. I asked if this

is what supervision is. And she said, 'No.' That's not what it is supposed to be

like. So, it was tough. I wanted my time in the office to be less frequent. My

clients started to pick up on the disgruntled atmosphere in the office I shared with

my supervisor. She [the supervisor] would hold her session later. And my session

would run behind because I was waiting for her to leave the office. And one of

my clients picked up on it, you know, and was like, That was really rude. She

knew we were waiting and continued her session for another 20 minutes. So, my

clients started to pick up on the aggressive things that were taking place to show

anger or frustration with me.

Participant 7 also shared her experience of reaching out for support from other clinicians

to help her understand some of her cases:

> There was a senior therapist from Trinidad. I would have conversations with him, but his experience was different because he came to the US as an adult. We discussed racism not being a thing in Trinidad regarding his experience, but it allowed me to have racial and cultural conversations.

Lewis's (2020) findings support the importance of supervisees having a safe space to process difficult conversations about racism, as it helps supervisees' professional development.

Participant 8's experience of invaliding, dismissing, and denial of racial and cultural issues and racial reality leads her to question herself and seek support and validation from her coworkers. Although Participant 8 stated she has been experiencing racial microaggressions since October 2021, the recent comments led her to speak up about the incident and ask her coworker for validation. Participant 8 added, "Did you hear what she just said to me? If I know how to read," she asked her coworker, who responded, "yes, that made me start paying attention to what was going on." Participant 8 reached out for support and validation from her coworker and stated:

> After I explained what was happening, he went from talking to me to looking through me. However, I could tell he was getting uncomfortable, but he offered advice that I took to management. I told him [the coworker] I am going to address this first because the first couple of times she said something inappropriate to me, I did not say anything because I wanted to take a step back and evaluate and make sure it was not just me and I was not being hypersensitive. But then she came at

me again, and I talked to some of my colleagues outside this establishment, and

they validated and supported it as a racist comment.

The coworker that Participant 8 reached out to offered additional support and

reassured her that she was not overly sensitive. In addition, Participant 8 recently shared

her experience on social media of her current experience of racial microaggression and

how she started questioning herself and her ability to be here. Participant 8s social media

videos not only provide support and validation of her experience but also spread

awareness of racial microaggression in clinical settings. It was her social media

conversation that helped others connect and share their experiences. Participant 9 shared

some of her coping experiences of reaching out for support and validation during her

experience working in a racial microaggression with her White supervisor:

I communicated with some of the interns who work there to support each other.

But my goal was just to finish my hours and move forward. I was very determined

to finish. I entered therapy to help me cope with all of it and to kind of vent.

Theme 6C: Avoiding Supervisors and Discussing Racial Topics

This theme of avoiding supervisors and discussing racial topics may not be an

ideal coping mechanism. However, African American supervisees were likely to use it to

deal with their supervisors. Avoidance could be interpreted as a self-protective factor in

which the participants attempted self-defense against the detrimental impact of racial

microaggressions. Several of the participants discussed dealing with racial

microaggression with avoidance. Participant 3, for instance, stated plainly:

I would ignore her [the supervisor] when I needed to ignore her. I had very strict

boundaries with her. She would have a habit of texting me about work stuff when

I was not working, and I would just ignore it. When I responded, I would tell her I

could address it when I got to work. There were times when I texted, 'Do not text

me because it either does not pertain to me or is not relevant at the moment.' I am

very direct and had to really set tight boundaries.

Participant 9 discussed how she had to be strategic in her supervisor's meetings

around difficult racial topics to get the support or help she needed:

I adopted the whole idea that there is no stupid question. I was very hesitant to ask

her questions because I felt like she would absolutely make me feel stupid for

asking them. Like, why don't you know this? She would be very condescending at

times, and I would question myself. Her comment made me feel like I should

have known it already.

Theme 6D: Broaching/Confronting their Supervisors on their Behavior

This theme of broaching the topic was seen as a difficult coping strategy, as most

African American women participants did not feel they could confront their supervisors

about their behaviors. Participant 1 reported feeling anxious, uncertain, and unsure how

the initial confrontation would impact their relationship moving forward, despite her

supervisor's positive and receptive reaction. For example, participant 1 reported:

At the moment, she seems receptive, but I did not know if I was going to feel

disconnected or lack support, or if she was just going to pull back or not talk as

much. Not talk to me in person or engage with me as much. I was nervous about that and bracing myself for a reaction after our conversation.

Participant 7 described her experience in broaching difficult racial and cultural topics with her supervisor:

I was rebellious in terms of not being silent. My supervisor would want to take the topic of race off the table. Even though it was dismissed in clinical meetings, I would consider race a factor in my case. I was forced to teach myself because they [the supervisors] were not helping me conceptualize my cases when they took race off the table. However, I found the information I received helpful. I just needed to go back and do the extra step to add race back into it.

Theme 6F: Resigning from the Position

This theme emerged when asked what suggestions they have for African American supervisees who experience racism or discrimination during clinical supervision with a White supervisor. The majority of participant supervisees reported they should leave and find another supervisor.

Participant 4 discussed her supervisor's lack of support and a safe environment as a hinder to her personal and professional development, ultimately leading to her leaving the position working with Child Protective Services after 1 week:

My supervisor did not like my dialogue with my clients [kids]. They were not supportive. I observed how White people in power at the job did not care, and it will blow your mind. We were tasked with removing kids from their homes. It was unbelievable to see White women in power when they were removing kids

from homes. They would be glorified. They [White women] would say, 'I tell

them what to do; they do not tell me what to do.' I could not be a part of that. I

knew how to engage with my clients, so I did not have to call the police. I had the

skill, but I did not have the support or confidence to advocate for myself.

Participant 5 shared a conversation with her supervisor about power-tripping when she

turned in her resignation letter and the events that followed:

I do not think she expected me to be as knowledgeable. She told me I had to close

my Psychology Today account, which I paid monthly out of pocket. That fact that

I could no longer use my *Psychology Today* account to market or recruit for

clients was an interesting transition. But I continued to show up and be quiet. She

would schedule me for supervision but not show up. She tried to use the aspect of

power as a supervisor and a business owner by saying I cannot use my

Psychology Today account when it has nothing to do with her business. The

perception was that I would not understand and I would go with the flow. When I

did not, that was the problem.

Participant 6s confrontation created a series of consequences that harmed the

supervisory relationship. Participant 6 reported being micromanaged after her

supervisor's microaggressive behavior substantially led to her leaving the position.

During the 3 days of supervised observation, Participant 6 reported that her supervisor

would assert herself in front of her clients, making it difficult for them to open up and

irritate them. At the microaggressive event, Participant 6 stated that most clinicians were

African American, her supervisor and another woman were the only White women in a

managerial position, and many African American clients could not identify with her. Participant 6 stated that when other African American clinicians started discussing their microaggressive experience of being micromanaged without appropriate training, in turned into an "us vs. them" situation and an uncomfortable environment. Participant 6 stated:

> I did not feel I could overcome that type of experience with her, and for her to think I cared about my clients because my mom was not there, it had nothing to do with my clinical care. I came from a loving household. I did not have a mother in it, but it was supportive. I am very educated and went to one of the top schools in the state.

Participant 9 shared that she turned in her notice three weeks after the microaggressive events because she disagreed with her supervisor's views on racial topics.

Domain 7: Supervisee's Recommendation for White Supervisors in Cross-Racial Supervisory Roles

This domain emerged from the research sub-question: what do African American women who have experiences with racial microaggressions in cross-racial supervision want their White supervisors to know about how to support them best?

Theme 7A: Safe and validating environment

This theme showed up in all nine interviews with participants and is worth noting as an important step in future research on racial microaggressions in cross-racial supervision. As Participant 1 mentioned above in theme 1A of feeling invalidated and in

denial when she tried to turn in her resignation letter with her White male supervisor, she also stated that if she had not discussed racial concerns earlier with her female supervisor and cultivated a safe space, it would have been a different experience. Participant 1 acknowledges that supervisees having a space to process and release is a vital aspect of the supervisory relationship and encourages African American supervisees to "actively look for someone that they might feel a little bit safe with," to "process those traumatic and stressful interactions... as they affect us as people." Participant 1 stated that after the initial racial conversation with her White female supervisor went well, "I can just about imagine how much more that would have been if I were with a Black supervisor." Participant 1 reported that having Black supervisors could provide, "shared language, shared experiences" and a, "Black community" where she could, "show up authentically as me. As much as I can, but there are still barriers that exist for me personally where I feel I cannot fully connect" when interacting with a White person. While Participant 1 stated that having a Black supervisor would be different, she was very intentional about what qualities she wanted in a supervisor. For instance, Participant 1 shared:

> I was clear on whom I was looking for and what I needed, in my consultation of interviewing for a supervisor, I made sure to bring up those very uncomfortable conversations that most White people believed to be surrounding race and things, and my interest, and my passion, and Blackness and helping the Black community.

All participants in the study reported that having a safe open space in clinical supervision was a vital aspect, despite the racial background of their supervisor. Participant 2, when asked what aspect of supervision she found important, reported:

I think being able to talk about difficult things, particularly because of people of color's lived experiences, can be challenging. I think you should be able to discuss that under supervision. I should be able to come to my supervisor and say that my client feels like they might be racially discriminated against in this setting. For example, I had a couple that I was seeing that were mixed races, and in the middle of an argument, the girlfriend, who is White, made a derogatory statement to her boyfriend, who was my Black client. In the context of the relationship, because he still wanted to preserve the relationship, which was something I should have been able to discuss with her [supervisor]. I tried to work things out with my client, but that was something I did not even know where to start with. That was not something I should have felt comfortable talking about with my supervisor.

Participant 3 also shared a similar sentiment:

Safety is something I value—having emotional safety or feeling like I can be transparent about things that I may be struggling with without being criticized for it or being deemed inefficient. The freedom to be vulnerable and transparent about things I do not understand or think I am not doing right. Having the freedom to fail at something. I felt like I could not get something right because I was held to a different standard than other White therapists.

When Participant 2 was asked if her relationship would have been different if she was paired with a White supervisor, she answered:

Oh, I know it would have been different because once the whole situation happened, I was one year out of my two-year supervision after graduation, and because I knew I wasn't staying with her, I had to scramble and find another supervisor. I found an African American woman supervisor, and my experience was very different. She was very supportive and helpful, but there was not anything I could not talk to her about. She was able to assist in racial situations or even in other cases. I needed help as a therapist. She would point out that race might be a factor when I had not realized it myself, which is not something my first supervisor ever did.

Although Participant 2 stated before the microaggressive event that her supervisor was "supportive" and was very open to her sitting in on her sessions and discussing different counseling modalities, she would suggest African American supervisees try and find a Black supervisor. Participant 2 is aware of the shortage of African American clinical supervisors after she experienced scurrying to find a new one in her state, so she suggested African American supervises if they can, try and engage in difficult racial conversation because there were things I didn't learn that I learned with my second African American supervisor in my second year. Participant 3 acknowledged:

While having a Black or African American supervisor could have been a different experience, it depended on the Black supervisor's supervisory style. Just because someone is Black doesn't mean they will automatically be a better supervisor. I've

had not-so-great Black supervisors. It depends on their ability to lead and supervise in a conducive learning environment. I think all of that takes precedence, including that of supervisors. Blackness or being Black comes second because that's where relatability comes into play. Having a Black supervisor means they will understand why I wear my hair in a particular way. They will understand why I value certain cultural norms. They could make space for me; they will be a voice for me in an environment where I feel like I am not appropriately represented. So, in that sense, they're not only a Black supervisor but also an ally for me.

Participant 4 shared her experience of driving 102 miles roundtrip to work in Black space:

I feel safe in the city under Black leadership. The learning environment was very supportive. I felt safe emotionally. I was around other Black people who loved me and taught me about the social work world. They cared for me right versus when I was in White places that were toxic. They made me feel as though I wasn't getting it right or questioning my hair being different or why I wrote it [the therapy notes] that way. I probably stayed for a week even though I was on my lower license, so there was not much opportunity for me to bounce around. I found this job with Black leadership, and it was amazing. My approach was appropriate, and they told me I was enough, which built my confidence.

Participant 4 shared that having a collaborative, open, supportive space is more than being present:

There is so much more to supervision than talking about a case. It's being

emotionally supportive. Being culturally and racially aware of some of the

struggles and barriers of being Black. It requires asking African American

supervisees, 'What are your goals? What do you think that you struggle with?

How do you think I can help you get to where you need to be? and How can I be a

part of navigating your craft?'

Participant 4 discussed supervisees' advocating for themselves which starts with

normalizing saying, "No" as a form of self-care. Participant 5s experience is in line with

this theme, as she shared her approach to an ideal supervision approach:

It is important that we honor each other's cultural differences and areas of

weakness. I have to ensure that I seek out the literature and consult with other

supervisors of a different race or culture. To better understand student dynamics,

meet students where they are to help them grow and progress into who they truly

desire to be as clinicians. We must validate our supervisees' experiences,

especially when discussing harm to clients. But there is something I do not think

we talk about enough: harm to clinicians. I have a protective factor in supervision,

both for the client and the supervisee, and we do not think about that as

supervisors enough. We must ensure that this person does not leave this master's

program or supervision experience burned out.

Participant 6 provided her experiences based on her previous role as a supervisor:

It is important for me to build personal relationships my supervisors

supervisees. I would do bonding activities in the community. I would do

rounds and check-ins with them [supervisees] pretty regularly, at least

once a week, and say, 'Hey, is there anything I can help you with?' I had

an open-door policy, and most of them [supervisees] felt very comfortable

coming to me. It can become very robotic if I have to remain in a clinical

stance for the majority of 8 hours. However, it is important to have

boundaries, rapport building, constructive criticism, and be mindful. You

get stressed out when working in clinical settings. The clients you work

with never make you want to leave. It is always management, policies, and

procedures.

While Participant 7 stated she had to create space to discuss racial and cultural

topics in clinical meetings, she recommends that African American supervisees in similar

situations go somewhere else where they can get what they need or select another

supervisor. Additionally, look for someone they can talk with to advocate for themselves

if they cannot find another supervisor. Participant 9s goals of becoming a clinical

supervisor align with this question: how might you address cultural differences in clinical

supervision issues? Participant 9 went on to say:

I would make it a topic and address with my supervisees how they work with

different cultures and how sensitive they are to different cultures. Not that they

have to know everything about their culture; depending on the issue, do a bit of

research on it, but just being culturally aware and making sure that you know you

don't offend people, but I think I would definitely bring it to light and make it a

thing versus waiting for it to happen. That would be proactive.

Cultural responsiveness in cross-cultural supervisors is vital for supporting supervisees in their cultural issues, positively affecting client outcomes (Lee Pichardo, 2017). In contrast, when cross-cultural issues are ignored, dismissed by supervisors, or actively discounted, both the supervisee and the client are negatively impacted. Participant 9 also discussed what suggestions she would give someone going through a similar experience of microaggression. She shared:

> I would probably tell them it's not worth it. Not that everything will be to this extreme. I know it is hard to find a supervisor sometimes, but I would have recommended having someone they are comfortable with to have a better experience. It will be beneficial overall not to have to work with someone like I did.

Racial Microaggressions in Supervision Checklist

The racial microaggressions in the supervision checklist (see Appendix E) were given to the participants after they consented to participate in the research (Constantine & Sue, 2007). Giving participants the checklist before the interview allowed them the opportunity to reflect on their thoughts about cross-racial issues that might occur in the supervisory relationship and what happened when the issue of microaggression arose. All nine African American supervisees reported that their supervisors reacted negatively towards them after confronting their racial microaggressions in supervision.

Discrepancies

All cases were consistent with the research to learn about the lived experiences of African American women who experienced racial microaggressions in cross-racial

supervision. The only discrepancies I uncovered were that two participants reported similar lived experiences with the same supervisor. Both participants' experiences are extreme regarding racial microaggression, which could have impacted them differently from the other seven participants in this study. For instance, Participants 2 and 9 reported that their supervisor filed an ethics board review one year after they resigned. Both participants reported that a pending lawsuit was filed against them and other African American clinicians by their White supervisors at the time of the interview.

Evidence of Trustworthiness

Qualitative researchers are required to provide evidence of trustworthiness in their studies. Evidence of trustworthiness includes four measurements: credibility, transferability, dependability, and confirmability.

Credibility

Credibility involves expanding the current research literature, including the steps I took to support my work using intersectionality theory and INT. Additionally, credibility includes the member checking on each participant. I conducted an exhaustive literature review of current research that supported or contradicted my findings. After the initial interview and data analysis of each participant's transcript for margining themes, I reached out to participants for member checks to accurately capture their lived experiences. All nine participants confirmed their interview transcripts were reviewed by participants who provided the information for accuracy. Each participant was allowed to give any feedback, corrections, or revisions to ensure an accurate depiction of their responses and participation in the study. Member checks occurred at three points

throughout the study: during the interview by asking each participant clarifying questions, at the end of the interview, and after they were analyzed and transcribed by this researcher.

Transferability

Interpretative phenomenological analysis research intends to investigate and interpret the 'lived experience' of any research participant with the desired objective of understanding the experience from the participant's perspective and trying to amplify it (Alase, 2017). IPA research should have tools and mechanisms for creating credible and transferable findings so that the results are not cued or defective. For instance, according to Alase (2016), IPA research studies must include quality and verification tools as a mechanism (i.e., trustworthiness and member-checking) for a credible and transferable finding. The quality and analytical tools of any qualitative research project findings are vital to the credibility of a study. Creswell (2013) proposed standard questions that must be applied uniformly to every IPA research to guide researchers on their quest to produce credible and transferable research studies and results. For example, Creswell (2013, p. 260) stated the following questions:

- Does the author convey an understanding of the philosophical tenets of phenomenology?

- Does the author have a clear "phenomenon" to study that is articulated in a concise way?

- Does the author use procedures of data analysis in phenomenology, such as the procedures recommended by Moustakas (1994) or Van Manen (1990)?

- Does the author convey the overall essence of the experience of the participants?

- Does this essence include a description of the experience and the context in which it occurred?

- Is the author reflective throughout the study? (p. 152-153)

Alase (2017) posited that IPA researchers have a dual position; in one sense, the researcher is like the participant, a human being drawing on everyday human resources to make sense of the world. However, the researcher is not a participant. The researcher has access to the participant's experience through what the participant reports and sees this through the researcher's experiential lens. The researcher established rapport quickly within the interviews due to the connection between speaking with another African American counseling professional and the nature of the topic. Due to the shared cultural experiences, similar professional backgrounds, and the researcher's understanding of slang and terminology, the limitation of transferability is that there are no discrepant findings or cases. To reduce research bias, participants in this study were randomly recruited from diverse backgrounds and areas across the US. The researcher also created a reflective journal to capture as many thoughts, ideas, and perceptions as possible before and after each interview. As a qualitative research approach that is an interpretive research tool and 'participant-oriented, it is vital that researchers are in a constant state of

'self-reflections' and must have a sense of 'oneself' and an understanding of intruding into another human being's life (Alase, 2017). Each interview was scheduled at least 5 days apart to give the researcher time to reflect on each interview separately. By keeping a reflective journal, the researcher was able to focus attention on the participant's lived experiences, which lessened the likelihood of personal bias and judgment that could interfere with the outcome of the study. For instance, when participants shared their experiences with racial microaggression with their supervisors, the journal allowed the researcher to bracket her experiences by processing thoughts and feelings that triggered feelings or thoughts that were difficult to analyze. As Alase (2016) stated, self-reflection should be a descriptive journey that tells the twists and turns of the process by giving a brief narrative of the researcher's journey and should be part of the study's narration. It is up to the research study to tell the participants' stories and allow the audience to partake in the journey, as life is nothing but what we make of it in this experiential life journey.

Dependability

Dependability involves a step-by-step approach I took during this research allowing others to follow a similar study based on the research methods used. For instance, if another researcher replicates this study, they should be able to follow the steps outlined in this chapter. The step-by-step approach included the inclusion criteria outlined in Chapter 3 to make my sample purposeful and homogeneous.

Confirmability

Like dependability in a qualitative study, confirmability requires researchers to keep records of each data collection. Confirmability requires that I, the researcher, keep

records of the data collected and analyzed and support the findings and interpretations using the existing research literature. I completed an extensive literature review on this research topic to show integrity in the data I collected. I also secured all my electronic data records, including the audio recording, interview transcripts, research notes/journal notes, and all other forms of data I collected during the study, on my password-protected computer, on which I am the only user. However, the data is available at the auditors' request at any time during this process and for the next 5 years if needed. An additional step I took to ensure the trustworthiness of this study was using informed consent and practicing confidentiality. I minimized my comments during the interviews only when necessary to bracket my bias. When I made comments during the interviews, it was to clarify questions, summarize statements, or help move the conversation forward toward the next question. Bracketing my reactions, assumptions, expectations, and biases in journals and notes prevented me from imposing my values and beliefs about the topic on the nine participants. I allowed each participant to freely share their experiences in semi-structured interviews and reminded them that they could share whatever they wanted in response to each interview question. I reassured each participant that there were no right, wrong, or desired answers.

Summary

The findings presented in this chapter highlight the experiences of African American women supervisees in cross-racial supervision. I presented the study's findings from the data collection phase which included seven domains (1) racial microaggressions; (2) supervisees' responses to racial microaggressions; (3) the catch-22

of supervisees' responding to racial microaggressions; (4) the negative psychological and physiological impact on supervisees; (5) the negative impact of racial microaggressions on the supervisory relationship; (6) supervisees' coping strategies; and (7) the supervisee's recommendation for White supervisors in cross-racial supervisory roles. The domains were consolidated into 19 themes (1A) invalidating, dismissive, and denial of racial and cultural issues and racial reality; (1B) supervisors focusing primarily on supervisees clinical weaknesses; (1C) supervisors making stereotypic assumptions about supervisees and African American clients; (2A) evoked negative feelings; (2B) confusion; (3A) supervisees' fear of negative consequences/ repercussions; (3B) supervisees' experience of confrontation; (3C) supervisees' loss of respect for White authority in supervisory roles; (4A) supervisees self-doubt/feeling hopeless in affecting change; (4B) harmful to supervisees' professional development; (5A) supervisees mistrust in supervisor; (5B) supervisees withdrawal from engaging in supervision meetings; (5C) lack of supportive and safe environment; (6A) African American supervisee's identity shifting; (6B) reaching out for support and validation; (6C) avoiding supervisors and discussing racial topics; (6D) broaching/confronting their supervisors on their behavior; (6F) resigning from the position; and (7A) safe and validating environment. The findings of this study provided a better understanding of how racial microaggressions occur in cross-racial supervision with African American women supervisees and White supervisors, the implications for supervisees' professional development, and how they impact the supervisory relationship. During the interviews with the nine participants, the African American supervisees candidly shared their experiences with racial

microaggression, how these microaggressive acts affected them, how they coped with the incidents, and what they believed White supervisors in cross-racial supervisory roles could do to help African American supervisees. In Chapter 5, I provided a more detailed analysis and interpretation of the participant's lived experiences and the study's overall findings. I discussed the study's strengths and limitations, recommendations, implications, and social change implications related to cross-racial supervision in the counseling profession.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to learn about the lived experiences of African American women who experienced racial microaggressions in cross-racial supervision. The data were collected using semistructured interviews with nine volunteer African American women supervisees in cross-racial supervision with White supervisors. Using IPA for the design and data analysis, the results of the study produced 19 themes. In this chapter I discuss the interpretations of the findings, the discussion of the results, the limitations of the study, recommendations, the implications, and the conclusion of this chapter.

Interpretations of the Findings

The unique narratives of the nine participants revealed that racial microaggression heavily influences African American women in cross-racial supervision and the supervisory alliance. Several of the major themes that emerged in this research are consistent with the current literature on African American individuals of various ages and career backgrounds experiencing racial microaggressions at various times and settings throughout their lives (Burch, 2018; Constantine & Sue, 2007; Hall, 2018; Smith et al., 2019; Wright, 2020; Vandament et al., 2021). One of the main goals of this study was to expand on Constantine and Sue's (2007) and Lee Pichardo's (2017) studies. Constantine and Sue examined racial microaggression in cross-racial supervisory relationships among African American. Lee Pichardo examined racial microaggression in cross-racial supervisory relationships among Asian Americans. The results of both studies suggested many differences in the experiences of African American supervisees and Asian

Americans. However, both groups reported receiving a culturally insensitive evaluation, feeling invalidated in their racial realities, and being treated based on stereotypes of their race (Lee Pichardo, 2017).

All nine participants shared specific incidents of racial microaggressions from their White supervisors and the coping strategies they used in response to stereotypical assumptions. The use of the IPA approach provided the best opportunity for participants to express themselves and their 'lived experience' stories without distortion (see Alase, 2017). The stories of all nine participants are consistent with the prior literature on supervisors making stereotypic assumptions about supervisees and African American clients (see Constantine & Sue, 2007; Falender, 2018; Upshaw et al., 2020). Of the nine participants, eight indicated that their White supervisors harbored stereotypical assumptions about themselves and their clients. Four participants reported feelings of disbelief, shock, anger, and disappointment. These occurrences align with Hall and Spencer's (2017) research, which found that the impact of the "Mammy, Sapphire, and Jezebel" stereotypical images have not disappeared and has had detrimental impacts on cross-racial supervision. These seemingly innocuous stereotypical assumptions can trigger African American women to feel dismissed, isolated, oppressed, and pressured to conform to White culture (Browne-James, 2018; Houshman et al., 2017).

This study showed that African American supervisees found it difficult to cope with and respond to their supervisors' racial microaggressions due to confusion about expectations, what happened, and what they should have done. Many participants noted that they at times felt unsure whether their experiences with racial microaggressions

occurred because of their race, gender, age, or other demographic factors or a combination of them, which coincides with supporting research that participants intersecting identities contributed to their marginalization. For example, one participant reported being constantly asked to vacuum and buy miscellaneous items for her supervisors' shared office/home space. The participant shared that she thought it was normal until she found out her White female supervisor hired a cleaning company to clean both spaces. The evoked negative feelings of responding to racial microaggressions left many participants in a catch-22 of responding. Due to the fear of negative consequences/repercussions, many participants avoided confrontation. The research of Sue et al. (2007) further supports the fear of responding to racial microaggression, as many supervisees shared initial confusion about whether the incident was racial microaggression when their supervisors gently played off their concerns. For example, Participant 8 recalled a reaction to an incident with her supervisor where she stated, "It puts me in that space again. Is this a racial microaggression? Am I being too sensitive? Is that covert racism? Is it overt? It left me in that space where I am questioning my behavior". Friedlaender's (2021) findings support Participant 8's questioning of her experience. Even if the target member did misperceive the behavior as rude or disrespectful, there is a plausible alternative explanation without clear evidence to suggest which might be correct. Furthermore, supervisors can respond to their supervisees after an occurrence in ways that subject them to a form of epistemic gaslighting, altering the supervisees' experience of uncertainty altogether and leaving them believing their initial experience was simply wrong. Friedlaender's study supports

several participants' reactions to their supervisor's racially microaggressive act, leaving them unable to defend themselves adequately from these insidious acts. The attributional ambiguity disrupts the capacity of members of oppressed groups to determine whether one has occurred, making it a source of distraction as more cognitive energy is needed to make sense of the incident. The fact that there is often no open discussion of what occurred not only leaves African American supervisees to second guess what happened without necessarily any resolution but also opens the door to epistemic gaslighting.

All nine of the African American supervisees reported the theme of a lack of a safe and validating environment when working with White supervisors. Several studies throughout this study showed the vital need for having an open safe space to discuss difficult conversations to help foster a positive therapeutic alliance to promote professional development, respect, trust, and collaboration (Dupiton, 2019; Kangos et al., 2018; Lee Pichardo, 2017; Pieterse, 2018; Vandament et al., 2021). While many of the participants discussed challenges in not having an open safe space, Participant 1 stated that if she had not addressed racial concerns earlier with her female supervisor and cultivated a safe space, it would have been a different experience. Participant 1 acknowledged that supervisees having a space to process and release is a vital aspect of the supervisory relationship and encourages African American supervisees to "actively look for someone that they might feel a little bit more safe with" to "process those traumatic and stressful interactions… as they affect us as people".

All nine participants provided suggestions of what they perceived to be important in improving cross-racial supervision based on their experiences. The central theme in all

nine interviews was a heightened focus on a safe, supportive space for supervisees to talk about difficult conversations regarding racial and cultural issues and the space to develop their skills. Hall and Spencer (2017) and Crawford (2020) both supported and recognized the importance of that adequate cross-racial supervision, which requires a strong, trusting relationship that allows supervisees to discuss difficult conversations regarding racial and cultural issues and the space to develop their skills. Enlow et al.'s (2019) research supported the importance of establishing a safe, supportive supervisory alliance as an influential nature to the supervisee's growth. The authors provided a practical recommendation for cultivating a working alliance by using an "ask vs. tell" approach to strengthen the supervisory alliance, address contextual factors that affect supervisees' performance, and collaborate with the supervisee to improve areas of weakness. Several participants stated that they felt their supervisors focused on their weaknesses instead of providing feedback. Many African American supervisees in this study indicated that they believed their supervisors viewed them as incompetent on some levels Vandament et al.'s (2021) research supports cultural humility as a factor in strengthening the supervisory alliance because it involves recognizing one's cultural knowledge and limitations and the willingness to seek training to gain new perspectives. Constantine and Sue (2007) noted a similar theme in their study where Black supervisors' inability or reluctance to give performance feedback regarding their clinical skills was tied to the supervisors' fear of being labeled racist. Hook et al. (2016) suggested that supervisors adopt an "initiate-invite-instill" approach to allow space to discuss cultural/racial issues within the supervisory triad.

Given the power differential within supervision, African American women supervisees are less likely to initiate a conversation that plays a role in their identity and has potential psychological and physiological harm. In alignment with the research framework on intersectionality theory and INT, the psychological and physiological impact of racial microaggression has been linked to the dysregulation of stress responses in African American women, affecting their ability to manage adverse events (Patterson, 2020). The same author shows that African American women reported more race-related stress than any other group in the United States, which can impact supervisees' professional development with their clients and their overall experiences in cross-racial supervision. Intersectionality focuses on the social identities of the structural manifestations of workplace inequalities (Atewologun, 2018). Dickens and Chavez (2018) examined the workplace's institutional barriers, including discrimination and unequal pay. The combination of sexism and racism creates obstacles to education and professionalism for African American women. As a result, African American women feel compelled to present to the world a different self or an image they perceive will be more acceptable to others.

Dickens and Chavez (2018), like the participants of my study, acknowledged that at some point during their supervision they had to shift their identity to avoid being scrutinized because of their race and gender. The same authors discussed how African American women might feel hypervisible and overexposed, reducing their distinctiveness and finding ways to belong in the White work culture. Hypervisibility and overexposure can make African American women feel isolated and under heightened pressure to

perform well. The cost of identity shifting comes with a significant cost. For instance, Dickens et al.'s (2018) finding supports the African American identity shift of living in two worlds and behaving in an inauthentic manner that creates conflicts with their cultural values. Several participants described their inability to sustain the behavior, which may lead to decreased physical and psychological well-being. The impact of the dual bias of race and gender further isolates African American in this experience within their roles, which may hinder them professionally and personally from showing up authentically. Several participants stated different ways they felt they needed to mask their Blackness to avoid racial responses. For instance, several participants mention using an educated voice to sound professional instead of using slang, wearing their hair straighten than wearing it in braids, and being mindful of the overall dress code not to draw attention. In 2022, the CROWN Act (Creating a Respectful and Open World for Natural Hair) was passed to end hair discrimination in employment and education (Donahoo, 2021). The recent past shows how much work is still needed to address the discrimination and intersecting oppression directed at African American women, influencing how they look, live, work, interact with others, and even view their bodies and identities. The fact that African American women continue to be challenged and discriminated against for their natural hair in multiple venues confirms the need for a national CROWN Act. The response from this study's participants helps shed light on the impact of racial microaggression in cross-racial supervisory relationships. More research needs to be conducted that will further help understand and improve cross-racial supervisory relationships.

Discussion of Results

The research domains and themes that emerged from this study came from nine participants based on their specific incidents of racial microaggressions in cross-racial supervision with White supervisors. This study demonstrated that racial microaggressions in supervision surprisingly impact African American women supervisees and the supervisory relationship.

Domain 1: Racial Microaggressions

All nine African American participants shared their specific incidents of experiencing racial microaggressions from their White supervisors in clinical supervision. This domain includes (1A) Invalidating, dismissive, and denying of racial and cultural issues and racial reality, (1B) Supervisors focusing primarily on supervisees' clinical weakness, and (1C) Supervisors making stereotypic assumptions about supervisees and African American clients. With this study, I attempted to expand on Constantine and Sue's (2007) and Lee Pichardo's (2017) studies on microaggression in cross-racial supervision. Lee Pichardo found similar results to Constantine and Sue's findings; however, there were differences in microaggressive themes between the experiences of African American supervisees and Asian American supervisees. For instance, Asian American supervisees endorsed themes of *pathologizing cultural values/ communication styles* that were not emphasized in Constantine and Sue's findings. The main theme in Constantine and Sue was the *invalidating racial-cultural issues,* where White supervisors at times minimize, dismiss, or avoid discussing racial-cultural issues in supervision.

The results of this study suggest that although there are several differences in racial microaggression between Constantine and Sue's (2007) and Lee Pichardo's (2017) findings, the theme of supervisees feeling invalidated, dismissive, and denial of their racial and cultural issues and racial reality, being treated based on African American stereotypes, and receiving culturally insensitive evaluations and/or recommendations that hinder their professional development. All participants reported feeling frustrated that their supervisors could not provide a safe, trusting relationship where difficult topics could be discussed. Most participants stated their supervisors would cancel supervisory meetings to avoid topics on racial and cultural issues in the relationship. African Americans may not confront the perpetrator due to the negative consequences of being accused of being racially oversensitive or told that their emotional outbursts confirm stereotypes about minorities or paranoia (Sue et al., 2007). Several participants reported feeling confused about what they should do in a microaggressive situation.

Domain 2: Supervisees' Responses to Racial Microaggressions

This domain includes (2A) Evoked negative feelings, (2B) Confusion, and (3A) Supervisees' fear of negative consequences/ repercussions. Several participants in this study indicated that their supervisors' racially microaggressive acts (unintentional or unconscious) posed challenges personally and professionally when they attempted to confront their supervisors. Adequate cross-racial supervision requires a strong, trusting relationship that allows supervisees to discuss difficult conversations regarding racial and cultural issues and the space to develop their skills (Crawford, 2020; Hall & Spencer, 2017). In alignment with this domain are the supervisees' conflicted feelings toward the

supervisor. The ambiguity of racial microaggression gives perpetrators power due to their ability to deny that they are being racist and the victim's hesitation or confusion about how to respond to the microaggression (Hisle, 2020; Sue et al., 2007). However, research indicates that White dominant groups in America have the unique ability to intervene and reduce the feelings of oppression some African American people may feel. The lack of certainty about the ambiguous nature of microaggression can cause anxiety and impact an African American's physical or emotional health. Confusion falls into three sections: confusion of expectations, what happened, and what supervisors should do in the microaggressive situation. The second microaggressive event occurred just before the interview recording when Participant 8 reported sitting at her desk reading a book when she was interrupted with the comment, "Oh, that is funny; you know how to read?" The initial response of Participant 8 was to question the comment for clarification, but quick recognition of the negative racial slights and insults of the comment led her to advocate for herself with a response, "Yes, I know how to read. And I know how to write very well, and I have no problems with writing a complaint". If the victim of a racial microaggression confronts the preparator, it may make them feel better in the immediate moment by relieving pent-up emotions, but in reality, the general situation has not changed (Sue et al., 2007).

Domain 3: The Catch-22 of Supervisees' Responding to Racial Microaggressions

This domain includes (3B) Supervisees' experience of confrontation, (3C) Supervisees' loss of respect for White authority in supervisory roles. The catch-22, "dammed if you do, and dammed if you do not," is likely to have negative consequences

for African American supervisees. Supervisees discussed feeling disappointed by their supervisor's cultural insensitivities, Lack of cultural competency, and harboring of stereotypical beliefs. All nine participants in this study had a similar reaction to a series of questions: "Did what I think happened really happen? Was this a deliberate act or an unintentional slight? How should I respond? Sit and stew on it, or confront the person? If I bring the topic up, how do I prove it?" (Sue et al., 2007, p. 7). Due to the ambiguous and subtle nature of racial microaggression, African American supervisees must first determine whether a microaggression has occurred. After determining that a racial microaggression occurred in the supervision dyad, all nine participants in this study decided to try sharing their experiences and feelings with their supervisors.

Unfortunately, most participants reported that their supervisors did not respond positively, which led to an unsafe racial work environment. Participant 2 and Participant 9 provided similar statements about the consequences/ repercussions of responding to racial microaggression and its impact on them personally and professionally after working with the same White supervisor. For instance, both reported being sued for breach of contract by their supervisor for disagreeing with her racially charged and microaggressive actions and for advocating for themselves. Their court cases were pending years after the initial event at the time of their interviews. Some participants in this study reported feeling stripped of their African American identities when their supervisor invalidated, negated, or nullified their experiences with stereotypic racial assumptions. This study showed how deeply ingrained systematic discrimination is in the hierarchy of the White dominant group. Participant 3 reported that she became weary of

White people in authority in professional settings. It made her very distrustful of White leadership, which always made her feel on guard or being critiqued.

Domain 4: Negative Psychological and Physiological Impact on Supervisees

This domain includes (4A) Supervisees' self-doubt/feeling hopeless in affecting change and (4B) Harmful to supervisees' professional development. This theme addressed supervisees' sense of self and identity and the challenges they face from their supervisors, self-confidence, and self-doubt. Several participants stated a strong sense of self-doubt, which included questioning their clinical performance and whether they had the skills or were qualified to be where they were in their performance. Participant 1 described that the lack of support and space in her workplace made her not want to get out of bed because she had to hold the space for her clients and supervisor, and it was a lot to deal with. Participant 4 experienced being micromanaged and being forced to misdiagnose her African American clients, created self-doubt in making diagnoses. Evidence supports that African Americans face treatment disparities in the healthcare system and are three to four times more likely to be diagnosed with psychotic disorders than White clients (Pappas, 2019). Wright's (2020) findings align with African American clients' unique barriers of historical racism, distrust of providers, misdiagnosis, misunderstanding, and unmet cultural and ethnic needs. Participant 4's experience is unfortunately common, with the lack of advocacy for African American being misdiagnosed. Participant 4 stated that she had to provide additional facts to justify her diagnosis, while her White colleagues' skills were not questioned.

Domain 5: Negative Impact of Racial Microaggression on the Supervisory Relationship

This domain includes (5A) Supervisees' mistrust of supervisor, (5B) Supervisees' withdrawal from engaging in supervision meetings, and (5C) Lack of supportive and safe environments. This theme emerged after several participants indicated dealing with racial microaggressions by withdrawing from supervisory relationships after realizing their supervisors were not much help in training. African American supervisees' mistrust and withdrawal from engaging in supervision meetings create fewer learning opportunities to check their blind spots in therapeutic and supervisory relationships with their clients. After Participant 5 expressed her concerns about her supervisor being "color blind," she [the supervisor] started canceling her supervision meetings to avoid dealing with difficult racial and cultural-related conversations.

Domain 6: Supervisees' Coping Strategies

This domain includes: (6A) African American supervisee's identity shifting; (6B) Reaching out for support and validation; (6C) Avoiding supervisors and discussing racial topics; (6D) Broaching/confronting their supervisors on their behavior; (6F) Resigning from the position. The main takeaway from this study was that racial microaggressions exist among African American women supervisees in cross-racial supervision. Dickens and Chavez's (2018) findings support the theme that African American women identify shifts to avoid adverse outcomes associated with discrimination and being tokenized in the workplace. The strong Black women stereotype is harmful enough to inordinate racial response, as it could be seen as an internal shifting process that breaks down the sense of

self and wholeness in African American women (Greene, 2019). In 2022, the CROWN Act was passed to end hair discrimination in employment and education (Donahoo, 2021). Discrimination and intersecting forms of oppression directed at African American women influence how they look, live, work, interact with others, and even view their bodies and identities. Participant 3 expanded on the CROWN Act by adding that "it should not take the Crown Act for black hair to be acceptable, but unfortunately, that is the case. As I said, we have to run faster, jump higher, and go above and beyond to be considered acceptable in society. It takes people lobbying to pass a law for us not to be fired or written up for having our hair in a particular way (e.g., wearing it braided or in an afro) because it can be considered unprofessional.

Domain 7: Supervisee's Recommendation for White Supervisors in Cross-Racial Supervisory Roles

This domain emerged from the research sub-question: what do African American women who have experiences with racial microaggressions in cross-racial supervision want their White supervisors to know about how to support them best? This domain: (7A) Safe and validating environment. All nine participants responded similarly as they reflected on what could have made their supervisory relationship positive. All participants in the study reported that having a safe, open space in clinical supervision was a vital aspect, despite the racial background of their supervisor. Cultural responsiveness in cross-cultural supervisors is vital for supporting supervisees in their cultural issues, positively affecting client outcomes (Lee Pichardo, 2017). In contrast,

when cross-cultural issues are ignored, dismissed by supervisors, or actively discounted, both the supervisee and the client are negatively impacted.

Limitations of the Study

The first limitation is that the research criteria resulted in a highly selected group that might be representative of some, but not all, ross-racial supervisory relationships. While the experiential reality of the nine African American supervisors allowed this research to help fill the gap in the literature, caution must be exercised in generalizing these findings to all African American supervisors involved in cross-racial supervision with White supervisors. The sample size is consistent with the two other studies, Constantine and Sue (2007) and Lee Pichardo (2017), that examined racial microaggression in cross-racial supervisory relationships among African American and Asian Americans. This study included nine self-identified African American women used in the purposive criterion as a condition of inclusion, which included each participant who experienced and acknowledged the existence of subtle racism in clinical supervision. The second limitation of this study is that all racial microaggressive incidents participants were asked to recall happened within the last 5 years. Although this use of semi-structured interviews allowed the participants to share their lived experiences with racial microaggressions in cross-racial supervision, the memories to recall and describe in detail some of the incidents could be faulty to some degree or could be incomplete. The majority of participants reported incidents happening closer to the end of their clinical training, and these incidents were some of the first times they realized they were experiencing racial microaggression. All participants recalled that these experiences left

them with strong negative impressions that led to trust issues with White supervisors moving forward. This observation from speaking with the participants may indicate the strong emotional impact racial microaggressions in cross-racial supervision had on African American supervisees, as they could recall specific incidents after a long time.

The third limitation of this study is the narrow criteria for African American women supervisees participants. African American men supervisees were excluded from this study, which could change the outcomes of this study. Moreover, this study excluded the experiences of individuals of all other Black ethnicities, such as Afro-Latinas, Africans, Caribbean Americans, or Haitian Americans, including those who were raised in a different country or had work experience in a different country.

The fourth limitation of this study is that most participants resided in urban areas on the East Coast, with a few on the West Coast that had a lower concentration of African American individuals. The geographic regions could impact African American supervisees' experiences of racial microaggressions in cross-racial supervision. African Americans in the Northeast, Southwest, Midwest, Southwest, and West may experience different racial microaggression behaviors. For example, historically, Jim Crow laws were used at the local and state to enforce racial segregation in the southern states of the US. However, African Americans continue to struggle with freeing themselves from the remnants of slavery and racism. New and often surreptitious laws and policies on cultural norms in America (e.g., the prison industrial complex, the war on drugs, and voting restrictions) continue to monitor and control the everyday lives of African Americans (Lavalley & Johnson, 2020).

The fifth limitation of this study was I was the sole person to analyze and code the data. My interpretation may be biased due to personal experience as an African American women supervisee who has experienced racial microaggressions with White supervisors. While participants were asked to member check, the final results, such as the thematic analysis that yielded the study, were completed solely by me. Additionally, the researcher may have asked specific follow-up questions, which could have swayed the participants to answer in a particular way. However, the inclusion of racial microaggression in the supervision checklist was an attempt to increase the validity of the primary researchers' findings (see Appendix E). The sixth limitation of the study is that all the participants reported that their supervisors were White. This study did not specify the gender or age of the supervisors.

The sixth limitation of this study was the interview questions that were designed to elicit the participants' experiences of racial microaggressions. The interview questions were adopted from questions used by Constantine and Sue's (2007) research, which looked at racial microaggressions experienced by Black supervisees in cross-racial supervision dyads. Additional questions were adopted from questions used by Lee Pichardo's (2017) study on racial microaggressions experienced by Asian Americans. Both questions from Constantine and Sue's (2007) and Lee Pichardo's (2017) studies have been reviewed and edited to fit the current research. The semi-structured protocol flexibility in the interview questions allowed the inquiry of the participant's experiences and encouraged a dialogue between the participants and the researcher on situations where racial microaggressions occurred in supervisory relationships and their feelings

and reactions to those situations. The interview questions also investigated how stereotypes of African Americans have influenced the supervisors' view of the supervisee and how it affected the supervisee's professional development.

Recommendations

The results of this research and the limitations discussed above raise several important questions that might be valuable to explore in future research. Several research questions warrant further research. How can researchers replicate the study with a revised interview questionnaire and an independent coder/analysis member to corroborate interpretations? What are some possible domains and themes in cross-racial supervision relationships with African American men? What are some of the negative effects of African American supervisors in cross-racial supervisory relationships with White supervisees? How does the subtle racial microaggression by White supervisors in same-race supervision with White supervisees impact their professional development and their work with racial/ethnic minority clients? How are African American supervisors more racially and culturally attuned to working with African American supervisees? How can quantitative or mixed methods studies be used to investigate the frequency and types of racial microaggressions in cross-racial and heterogeneous samples?

The qualitative method in this research provided a comprehensive understanding of African American supervisees' lived experience with racial microaggressions in cross-racial supervision. However, in quantitative studies, researchers can use the Racial and Ethnic Microaggressions Scale (REMS) and include triangulation of sources (e.g., a qualitative case study to examine geographic/regional variations).

Implications

This study better explained how racial microaggressions occur in the cross-racial supervisory relationship. The complexity of stereotypical assumptions warrants a vital discussion on how to improve cross-racial supervision. This study revealed that more training and support for supervisees are needed to address the cross-racial supervision experiences of African American women. All nine participants reported that their supervisors did not provide a safe, educational environment, and the aftereffects of their experience with racial microaggression and their trust and respect for their supervisors Several participants stated that their experience with their White supervisors deterred them from wanting to work with another White supervisor. Many recalled giving up, expecting to receive culturally relevant help on their cases.

This study revealed the need to address and update supervisory and culturally competent training policies. Although competency-based training has gained momentum in the counseling profession, attention to training, research, and practice remains a missing ingredient in clinical supervision (Falender, 2018). A multitude of factors needs to be considered when it comes to updating and presentations at professional associations. For instance, Falender (2018) recommends infusing supervision didactics and training throughout the curriculum and making accreditation for supervision include review and assessment with a minimum of 3 years of professional experience. Additionally, supervisors are required to update their supervision skills every 5 years (American Counseling Association, 2014).

Effective supervision begins with the supervisor checking their resistance (i.e., character, content, and transferences), their supervisee's resistances, and the supervisee's client (Anderson & Jackson, 2019). Supervisors can be prepared to protect the client's and the public's well-being while simultaneously supporting their supervisee's professional development (Wright et al., 2021). This study revealed the need to revisit the APA Code of Ethics (2019), which states the goals of psychologists to protect the welfare and protection of the individuals and groups with whom they work and the education of members, students, and the public regarding the ethical standards of the discipline (APA, 2017a). The American Psychological Association Code of Ethics (2019) and the American Counseling Association Code of Ethics (2014) are two of several required guidelines for counseling professionals that provide guidelines and prohibitions relating to therapeutic relationships so that they are better equipped with knowledge of what to do when they encounter moral or ethical dilemmas. Unfortunately, very few guidelines and research exist that consider protecting supervisees from their supervisors, despite research indicating occurrences at startling rates (Ellis et al., 2015).

I used this research finding in attempts to serve as a starting point for stimulating action and change in implementing ethical laws and policies to protect racial microaggressions in cross-racial supervision. This research finding could be used to develop cultural competency training in cross-racial supervision as it adds to the limited body of research that highlights African American women in cross-racial supervision. It is vital to include minorities in research when developing an intervention that takes into account their lived experiences.

More conversation is needed to address the issues discussed in these research findings. Still, it starts with having the difficult racial conversation in open, safe spaces at presentations at professional associations. This study showed, along with several supporting research findings, White supervisors often showed reluctance to have difficult racial conversations with their supervisees (Constantine & Sue, 2007; Dupiton, 2019; Kangos et al., 2018; Lee Pichardo, 2017; Pieterse, 2018; Vandament et al., 2021). Discussing racial microaggression in cross-cultural supervision may address low recruitment and retention by creating safe spaces for difficult conversations about racism and helping create and change current policies and culturally competent training in the counseling profession. Culturally competent training is a foundation and entry point into supervisors' and supervisees' professional development and addresses racial microaggression in cross-racial supervision (Falender, 2018).

Conclusion

The ambiguous and subtle nature of racial microaggression often makes it difficult to identify and quantify. However, the experiential reality of the nine African American women who volunteered in this study supported the prevalence of racial microaggression in cross-racial supervisory relationships. To expand on Constantine and Sue's (2007) and Lee Pichardo's (2017) studies on racial microaggressions in cross-racial supervision relationships, the current study explored the experiences of racial microaggressions among African American women in cross-racial supervision. This study reveals the complexity and nuances of their experiences and challenges as African

American women intersect with marginalized identities and their reactions to racial microaggression.

This study highlighted the unique and complex experiences African American women face in response to racial microaggressions, such as the intersectional invisibility that makes them easily disregarded with a feeling of invalidation, dismissiveness, and minimization because they are non-prototypical members of their gender and racial identity groups. The results of this study contribute to the literature on several psychological areas, such as the topic of racial microaggressions and the limited literature on African American women in research studies. The unique dynamics of African American women supervisees and White supervisors in cross-racial supervision provided a glimpse into the resourcefulness and helpful tools for future African American supervisees. This study emphasized the importance of cultural awareness and racial sensitivity in cross-racial supervisory relationships. All nine participants discussed the importance of their supervisor's openness to initiate difficult cultural and racial dialogue with supervisees, invite supervisees to share their lived experiences with racism with an open mind, and create a safe space for building a trusting, strong supervisory alliance for supervisees' professional development.

References

Ajayi, A. A., & Syed, M. (2021, March 8). *How stigma gets under the skin: Internalized oppression and dual minority stress among Black sexual minorities*. https://psyarxiv.com/cv3yq/

Alase, A. O. (2016). *The impact of the Sarbanes-Oxley act (SOX) on small-sized publicly traded companies and their communities* [Unpublished doctoral dissertation]. Northeastern University.

Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, *5*(2), 9-19.

Alba, R. (2018). What majority-minority society? A critical analysis of the census bureau's projections of America's demographic future. *Socius*, *4*.

Allen, A. M., Wang, Y., Chae, D. H., Price, M. M., Powell, W., Steed, T. C., ... & Woods-Giscombe, C. L. (2019). Racial discrimination, the superwoman schema, and allostatic load: exploring an integrative stress-coping model among African American women. *Annals of the New York Academy of Sciences*, *1457*(1), 104-127.

Alvarez Torres, M., & Wilinski, J. E. (2018). *Perceptions of self-disclosure impacting the supervisory relationship and recognizing countertransference*. [Master's thesis, California State University, San Bernardino]. CSUSB ScholarWorks. https://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?article=1716&context=etd

American Counseling Association. (2014). *ACA American Counseling Association code of ethics.* https://www.counseling.org/docs/default-source/library-archives/archived-code-of-ethics/codeethics05.pdf

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58*, 377-402. https://doi.org/10.1037/0003-066X.58.5.377

American Psychological Association. (2015). Guidelines for clinical supervision in health service psychology. *American Psychologist, 70*(1), 33. https://doi.org/10.1037/a0038112

American Psychological Association. (2017a). *Ethical principles of psychologists and code of conduct.* https://www.apa.org/ethics/code/index.aspx

American Psychological Association. (2017b). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality.* http://www.apa.org/about/policy/ multicultural-guidelines.pdf

American Psychological Association. (2020). *Commission on accreditation 2020 annual report online.* https://www.accreditation.apa.org/data-and-research/aro

American Psychological Association. (2021). *Center for workforce studies data tool: Degrees in psychology.* https://www.apa.org/workforce/data-tools/degrees-psychology

American Psychological Association. (2018). *Demographics of the U.S. psychology workforce: Findings from the 2007-16 American Community Survey..* https://www.apa.org/workforce/publications/16-demographics/report.pdf

American Psychiatric Association. (2017). *Mental health disparities: African Americans*. https://www.psychiatry.org/File percent20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-African-Americans.pdf

Amos, I. (2016). Interpretative phenomenological analysis and embodied interpretation: Integrating methods to find the 'words that work.' *Counseling and Psychotherapy Research*, *16*(4), 307-317.

Anderson, S. A., & Jackson, L. C. (2021). Training and supervision needs of practitioners working with African American women. In *WE Matter!* (pp. 253-275). Routledge.

Asakura, K., & Maurer, K. (2018). Attending to social justice in clinical social work: Supervision as a pedagogical space. Clinical Social Work Journal. https://doi.org/10.1007/s10615-018-0667-4

Atewologun, D. (2018). Intersectionality theory and practice. In *Oxford research encyclopedia of business and management*.

Bailey, R. K., Mokonogho, J., & Kumar, A. (2019). Racial and ethnic differences in depression: Current perspectives. *Neuropsychiatric Disease and Treatment*, *15*, 603.

Bailey, S. F., Barber, L. K., & Nelson, V. L. (2017). Undergraduate internship supervision in psychology departments: Use of experiential learning best practices. *Psychology Learning & Teaching*, *16*(1), 74-83.

Bang, K., & Goodyear, R. K. (2021). Unsatisfactory supervisory experiences reported by South Korean supervisors: Types, responses, and cultural context. *Journal of*

Contemporary Psychotherapy: On the Cutting Edge of Modern Developments in Psychotherapy, 51(3)*, 191-199. https://doi.org/10.1007/s10879-021-09498-4

Bayne, H. B., & Branco, S. F. (2018). A phenomenological inquiry into counselor of color broaching experiences. *Journal of Counseling & Development*, *96*(1), 75-85.

Bennett, L. M., McIntosh, E., & Henson, F. O. (2017). African American college students and racial microaggressions: Assumptions of criminality. *Journal of Psychology*, *5*(2), 14-20.

Berger, R., Quiros, L., & Benavidez-Hatzis, J. R. (2017). The intersection of identities in supervision for trauma-informed practice: Challenges and strategies. *Clinical Supervisor, 37*(1), 122-141. https://doi.org/10.1080/07325223.2017.1376299

Bernard, J. M., & Goodyear, R. K. (1992 & 2004). *Fundamentals of clinical supervision*. Pearson.

Borders, L. D. (2006). Snapshot of clinical supervision in counseling and counselor education: A five-year review. *Clinical Supervisor*, *24*(1-2), 69-113.

Brezinski, K. J., Laux, J., Roseman, C., O'Hara, C., & Gore, S. (2018). Undergraduate African American student's experience of racial microaggressions on a primarily White campus. *Journal for Multicultural Education*, *12*(3), 267-277. https://doi.org/10.1108/JME-06-2017-0035

Brown, D., Blackmon, S., Rosnick, C., Griffin-Fennell, F., & White-Johnson, R. (2017). Initial Development of a Gendered-Racial Socialization Scale for African American College Women. *Sex Roles*, *77*(3–4), 178–193. https://doi.org

Brown, E. M., & Grothaus, T. (2019). Experiences of cross-racial trust in mentoring relationships between Black doctoral counseling students and White counselor educators and supervisors. *Professional Counselor*, *9*(3), 211-225. https://files.eric.ed.gov/fulltext/EJ1232233.pdf

Browne-James, L. (2018). *Black individuals' lived experiences with racial microaggressions and implications in counseling* (Publication No. 10977302). [Doctoral dissertation, Walden University]. ProQuest Dissertations & Publishing.

Burch, K. S. (2018). *A Qualitative Study of African American Mental Health Professionals: Exploring Rewards and Opportunities of Same-Race Counseling Relationships* (Doctoral dissertation, The Chicago School of Professional Psychology).

Burkard, A. W., Johnson, A. J., Madson, M. B., Pruitt, N. T., Contreras-Tadych, D. A., Kozlowski, J. M., Hess, S. A., Knox, S., Burkard, A. W., Johnson, A. J., Madson, M. B., Pruitt, N. T., Contreras-Tadych, D. A., Kozlowski, J. M., Hess, S. A., & Knox, S. (2006). Cross-Cultural Supervision Interview Protocol. [Title provided by HaPI]. *Journal of Counseling Psychology*, *53*(3), 288–301.

Carter, R. T., Johnson, V. E., Kirkinis, K., Roberson, K., Muchow, C., & Galgay, C. (2019). A meta-analytic review of racial discrimination: Relationships to health and culture. *Race and Social Problems*, *11*(1), 15-32.

Charlick, S. J., Pincombe, J., McKellar, L., & Fielder, A. (2016). Making sense of participant experiences: Interpretative phenomenological analysis in midwifery research. *International Journal of Doctoral Studies*, *11*, 205.

Childs, J. R. (2020). Proceeding with caution: Integrating cultural humility into multicultural supervision practices with master-level counseling students. *Reflections: Narratives of Professional Helping*, *26*(2), 39-53.

Clark, L. T., Watkins, L., Piña, I. L., Elmer, M., Akinboboye, O., Gorham, M., Jamerson, B., McCullough, C., Pierre, C., Polis, A. B., Puckrein, G., & Regnante, J. M. (2019). Increasing Diversity in Clinical Trials: Overcoming Critical Barriers. *Current Problems in Cardiology*, *44*(5), 148–172. https://doi.org/10.1016/j.cpcardiol.2018.11.002

Clarke, G. (2021): Diversity explosion: How new racial demographics are remaking America. *International Trade Journal*, *35*(6), 587-589. https://doi.org/10.1080/08853908.2021.1878075

Connelly, L. M. (2016). Trustworthiness in qualitative research. *Medsurg Nursing*, *25*(6), 435.

Conner, G., & Walker, W. (2017). The culturally competent counselor: Issues specific to four minority groups. *Open Journal of Social Sciences*, *5*, 113-121. https://doi.org/10.4236/jss.2017.53010

Constantine, M. G., & Sue, D. W. (2007). Perceptions of racial microaggressions among Black supervisees in cross-racial dyads. *Journal of Counseling Psychology*, *54*(2), 142.

Crawford, C. R. (2020). *Black supervisors matter: The experiences of Black supervisors working cross-racially with White supervisees*. [Doctoral dissertation, Montclair State University]. Montclair State University Digital Commons.

https://digitalcommons.montclair.edu/cgi/viewcontent.cgi?article=1665&context=
etd

Creswell, J. W. (2013). *Qualitative Inquiry and research design choosing among five approaches* (3rd ed.). Sage Publications.

Crockett, S., & Hays, D. G. (2015). The influence of supervisor multicultural competence on the supervisory working alliance, supervisee counseling self-efficacy, and supervisee satisfaction with supervision: A mediation model. *Counselor Education and Supervision*, *54*(4), 258-273. https://solmonsongrowthacademy.com/wp-content/uploads/2019/09/The-Influence-of-Supervisor-Multicultural-Competence.pdf

David, E. J. R., Petalio, J., & Crouch, M. C. (2019). Microaggressions and internalized oppression: intrapersonal, interpersonal, and institutional impacts of "internalized microaggressions." *Microaggression Theory: Influence and implications*, 121-137. https://books.google.co.th/books?hl=en&lr=&id=u6JtDwAAQBAJ&oi=fnd&pg=PT140&dq=related:-QrD5_NEsjsJ:scholar.google.com/&ots=E85kSMrL8h&sig=BkUQTVDplcDmQOFSSXKOJ4DBtJ4&redir_esc=y#v=onepage&q&f=false

De Coster, S., & Thompson, M. S. (2017). Race and general strain theory: microaggressions as mundane extreme environmental stress. *Justice Quarterly, 34*(5), 903-930. doi:10.1080/07418825.2016.1236204

DeCuir-Gunby, J. T., Johnson, O. T., Womble Edwards, C., McCoy, W. N., & White, A. M. (2020). African American professionals in higher education: Experiencing and coping with racial microaggressions. *Race, Ethnicity and Education*, *23*(4), 492-508.

Delgado, R., & Stefancic, J. (1998a). Critical race theory: Past, present, and future. *Current Legal Problems, 51*(1), 467-491. doi:10.1093/clp/51.1.467. ISSN 0070-1998.

Dickens, D. D., & Chavez, E. L. (2018). Navigating the workplace: The costs and benefits of shifting identities at work among early career U.S. Black women. *Sex Roles*, *78*(11-12), 760-774. https://doi-org.ezp.waldenulibrary.org/10.1007/s11199-017-0844-x

Dickens, D. D., Womack, V. Y., & Dimes, T. (2019). Managing hypervisibility: An exploration of theory and research on identity shifting strategies in the workplace among Black women. *Journal of Vocational Behavior*, *113*, 153-163.

Donahoo, S. (2021). Why we need a national CROWN Act. *Laws*, *10*(2), 26. https://www.mdpi.com/2075-471X/10/2/26

Dupiton, L. M. (2019). *Wearing a mask to supervision: A phenomenological exploration of Black female therapists and covering in cross-racial clinical supervision*. Eastern University. https://www.proquest.com/openview/2e767f253812d9373ddee62090b9c497/1?pq-origsite=gscholar&cbl=18750&diss=y

Editors. (2021). Striving for diversity in research studies. *New England Journal of Medicine*, *385*(15), 1429-1430.

Edwards, C. W. (2019). Overcoming imposter syndrome and stereotype threat: Reconceptualizing the definition of a scholar. *Taboo: The Journal of Culture and Education*, *18*(1). https://digitalcommons.lsu.edu/cgi/viewcontent.cgi?article=1205&context=taboo

El-Sherif, H. (2017). Transcendental and hermeneutic phenomenological research approaches Working Paper. https://www.researchgate.net/publication/313760640_Transcendental_and_Hermeneutic_Phenomenological_Research_Approaches

Ellis, M. V., Creaner, M., Hutman, H. B., & Timulak, L. (2015). A comparative study of clinical supervision in the Republic of Ireland and the US. *Journal of Counseling Psychology, 62*, 621-631. doi:10.1037/cou0000110

Enlow, P. T., McWhorter, L. G., Genuario, K., & Davis, A. (2019). Supervisor supervisee interactions: The importance of the supervisory working alliance. *Training and Education in Professional Psychology, 13*(3), 206-211.

Esposito, J., & Evans-Winters, V. (2021). *Introduction to intersectional qualitative research*. SAGE Publications.

Falender, C. A. (2018). Clinical supervision: The missing ingredient. *American Psychologist*, *73*(9), 1240-1250.

Farooq, M. B., & De Villiers, C. (2017). Telephonic qualitative research interviews: When to consider them and how to do them. *Meditari Accountancy Research*.

https://researchspace.auckland.ac.nz/bitstream/handle/2292/40467/Farooq%2B%2
6%2BDe%2BVilliers%2B2017%2BMedAR%2BTelephonic%2BResearch%2BIn
terviews%2B-%2Baccepted%2Bversion.pdf?sequence=27

Fattoracci, E. S., & King, D. D. (2022). The need for understanding and addressing
microaggressions in the workplace. *Perspectives on Psychological Science*,
17456916221133825.

Forrest-Bank, S., & Jenson, J. M. (2015). Differences in experiences of racial and ethnic
microaggression among Asian, Latino/Hispanic, Black, and White young
adults. *Journal of Sociology and Social Welfare*, *42*, 141-161.
https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=3885&context=jssw#
page=149

Fuentes, M. A., Zelaya, D. G., & Madsen, J. W. (2021). Rethinking the course syllabus:
Considerations for promoting equity, diversity, and inclusion. *Teaching of
Psychology*, *48*(1), 69-79.

Friedlaender, C. (2021). Microaggressions and the problem of attributional
ambiguity. *The Routledge Handbook of Social and Political Philosophy of
Language*.
file:///Users/nicoledaley/Desktop/School%20/Dissertation/Microaggressions_and
_The_Problem_of_Attr.pdf

Gait, S., & Halewood, A. (2019). Developing countertransference awareness as a
therapist in training: The role of containing contexts. *Psychodynamic
Practice*, *25*(3), 256-272. https://doi.org/10.1080/14753634.2019.1643961

Greene, S. M. (2019). Barriers encountered by African American women executives in Fortune 500 companies. Scholar Works. https://scholarworks.waldenu.edu/dissertations/7475/

Hall, J. C. (2018). Black women talk about stereotypical transference enactments in cross-cultural supervision. *Journal of Human Behavior in the Social Environment*, *28*(8), 1019-1032.

Hall, J. C., & Spencer, R. E. (2017). Illuminating the phenomenological challenges of cross-cultural supervision. *Smith College Studies in Social Work*, *87*(2-3), 238-253. https://doi.org/10.1080/00377317.2017.1324108

Harris, R. (2019). *Getting back up again: A critical-interpretive exploration of African American women c-suite executives coping with microaggressions in the workplace* (Publication No. 27818683). [Doctoral dissertation, University of Cincinnati]. ProQuest Dissertations Publishing.

Harris, J. R. A., Trepal, H., Prado, A., & Robinson, J. (2019). Women counselor educators' experiences of microaggressions. *Journal of Counselor Preparation & Supervision*, *12*(2), 189-215.

Hedin, J. (2018). The Experience of Microaggressions within Cross-Racial Videoconferencing Supervision: A Case Study. https://cornerstone.lib.mnsu.edu/cgi/viewcontent.cgi?article=1791&context=etds

Hendricks, S., & Cartwright, D. J. (2018). A cross-sectional survey of South African psychology interns' perceptions of negative supervision events. *South African Journal of Psychology*, *48*(1), 86-98.

Heotis, E. (2020). Phenomenological research methods: Extensions of Husserl and Heidegger. *International Journal of School and Cognitive Psychology, 7*, 1-3. doi:10.35248/2469-9837.20.6.221

Hill, L. (2020). *Black women college students, impostor phenomenon, stereotypes, and mental health: A mixed-methods approach* (Doctoral dissertation, Loyola University Chicago). https://ecommons.luc.edu/cgi/viewcontent.cgi?article=4795&context=luc_diss

Hisle, N. S. (2020). *Racial microaggressions and Black and White teachers: Their perceived experiences* (Publication No. 27831863). [Doctoral dissertation, Robert Morris University]. ProQuest Dissertation Publishing.

Hollingsworth, L. D., Patton, D. U., Allen, P. C., & Johnson, K. E. (2018). Racial microaggressions in social work education: Black students' encounters in a predominantly White institution. *Journal of Ethnic & Cultural Diversity in Social Work*, *27*(1), 95-105.

Hook, J. N., Watkins, C. E., Jr., Davis, D. E., Owen, J., Van Tongeren, D. R., & Ramos, M. J. (2016). Cultural humility in psychotherapy supervision. *American Journal of Psychotherapy*, *70*(2), 149-166. doi:10.1176/APPI.PSYCHOTHERAPY.2016.70.2.149

Houshmand, S., Spanierman, L. B., & De Stefano, J. (2019). "I have strong medicine, you see": Strategic responses to racial microaggressions. *Journal of Counseling Psychology*, *66*(6), 651-664. https://doi.org/10.1037/cou0000372

Houshmand, S., Spanierman, L. B., & De Stefano, J. (2017). Racial microaggressions: A
    primer with implications for counseling practice. *International Journal for the
    Advancement of Counselling*, *39*(3), 203-216.

Isom, D. (2016). Microaggressions, injustices, and racial identity: An empirical
    assessment of the theory of African American offending. *Journal of
    Contemporary Criminal Justice*, *32*(1), 27-59.

Ivers, N. N., Rogers, J. L., Borders, L. D., & Turner, A. (2017). Using interpersonal
    process recall in clinical supervision to enhance supervisees' multicultural
    awareness. *The Clinical Supervisor*, *36*(2), 282-303.
    https://doi.org/10.1080/07325223.2017.1320253

Jang, H., Bang, N. M., Byrd, J. A., & Smith, C. K. (2020). Cross-cultural supervision:
    Racial/ethnic minority supervisees' perspectives. *Journal of Counseling Research
    and
    Practice*, *5*(2),https://egrove.olemiss.edu/cgi/viewcontent.cgi?article=1036&conte
    xt=jcrp

Jones, A. M. (2020a). *"My Black womanness, she is fierce": How Black graduate women
    respond to and cope with gendered-racial microaggressions at a historically White
    institution* (Publication No. 28025015). [Doctoral dissertation, George Washington
    University]. ProQuest Dissertation Publishing.

Jones, A. M. (2021b). Conflicted: How Black women negotiate their responses to racial
    microaggressions at a historically White institution. *Race Ethnicity and
    Education*, *25*(5), 1-16. doi:10.1080/13613324.2021.1924136

Jones, C. T., & Branco, S. F. (2020). The interconnectedness between cultural humility and broaching in clinical supervision: Working from the multicultural orientation framework. *The Clinical Supervisor*, *39*(2), 198-209.

Jones, H. A., Perrin, P. B., Heller, M. B., Hailu, S., & Barnett, C. (2018). Black psychology graduate students' lives matter: Using informal mentoring to create an inclusive climate amidst national race-related events. *Professional Psychology: Research and Practice*, *49*(1), 75.

Joseph, J. (2010). Willingness to seek professional psychological help among Canadians of African descent: A culturally based help-seeking model [Unpublished doctoral dissertation]. University of Windsor.

Jernigan, M. M., Green, C. E., Helms, J. E., Perez-Gualdron, L., & Henze, K. (2010). An examination of people of color supervision dyads: Racial identity matters as much as race. *Training and Education in Professional Psychology*, *4*(1), 62.

Kacprzak, K. (2017). From bad through good to excellent interpretative phenomenological analysis (IPA) studies – presenting criteria to evaluate IPA papers and provide high-quality future research. *Journal of Education Culture and Society*, *8*(2), 53-68. https://pdfs.semanticscholar.org/093b/b74b751bf5c79267dc03c14190ec407a58e3.pdf

Kangos, K. A., Ellis, M. V., Berger, L., Corp, D. A., Hutman, H., Gibson, A., & Nicolas, A. I. (2018). American Psychological Association guidelines for clinical

supervision: Competency-based implications for supervisees. *The Counseling Psychologist*, *46*(7), 821-845.

King, K. M., & Borders, L. D. (2019). An experimental investigation of White counselors broaching race and racism. *Journal of Counseling & Development*, *97*(4), 341-351. https://libres.uncg.edu/ir/uncg/f/L_Borders_Experimental_2019.pdf

King, K. M., & Jones, K. (2018). An autoethnography of broaching in supervision: Joining supervisee and supervisor perspectives on addressing identity, power, and difference. *The Clinical Supervisor, 38*(1), 17-37. https://doi.org/10.1080/07325223.2018.1525597

Larson, K. E., & Bradshaw, C. P. (2017). Cultural competence and social desirability among practitioners: A systematic review of the literature. *Children and Youth Services Review*, *76*, 100-111.

Lavalley, R., & Johnson, K. R. (2020). Occupation, injustice, and anti-Black racism in the United States of America. *Journal of Occupational Science*, 1-13. https://www.tandfonline.com/doi/pdf/10.1080/14427591.2020.1810111

Lee, E., & Kealy, D. (2018). Developing a working model of White supervision: A competence- and alliance-based framework. *Clinical Social Work Journal, 46*(4), 310-320.

Lee Pichardo, V. (2017). *Experiences of racial microaggressions among Asian American supervisees in cross-racial dyads* (Publication No. 10983865). Available from ProQuest Dissertations & Theses Global. (2095902137).

Lewis, W. (2020). *An examination of how African American helping professionals experience racial microaggression in the workplace* (Publication No. 27995686). [Doctoral dissertation, Hampton University]. ProQuest Dissertations Publishing.

Lin, L., Stamm, K., & Christidis, P. (2018). Demographics of the US psychology workforce. *Washington, DC: Author*. https://www.apa.org/monitor/2018/02/datapoint

Lincoln, K. D., Taylor, R. J., Watkins, D. C., & Chatters, L. M. (2011). Correlates of psychological distress and major depressive disorder among African American men. *Research on Social Work Practice, 21*(3), 278-288. https://doi.org/10.1177/1049731510386122

Luona, L., & Ginsberg, A. (2021). American Psychological Association uses ACS data to identify need for mental health services, education, and training.

Maiden, J., Mizelle, N., Nichols, B., & Stewart, D. (2020). The impact of microaggressions on men of color in graduate counseling programs. *International Journal of Social Policy and Education, 2*(5), 57-66. https://www.researchgate.net/profile/James-Maiden/publication/344596036_The_Impact_of_Microaggressions_on_Men_of_Color_in_Graduate_Counseling_Programs/links/5f8da2ac458515b7cf8b87ad/The-Impact-of-Microaggressions-on-Men-of-Color-in-Graduate-Counseling-Programs.pdf

Markman, J. D., & Cowley, M. D. S. (2019). Professional Development. *Supervision in Psychiatric Practice: Practical Approaches Across Venues and Providers*, 409.

Mays, V. M., & Ghavami, N. (2018). History, aspirations, and transformations of intersectionality: Focusing on gender. In *APA handbook of the psychology of women: History, theory, and battlegrounds, Vol. 1* (pp. 541-566). American Psychological Association. https://sites.psych.ucla.edu/britecenter/wp-content/uploads/sites/9/2019/01/History-aspirations-and-transformations-of-intersectionality-Focusing-on-gender.pdf

McClain, S., Beasley, S. T., Jones, B., Awosogba, O., Jackson, S., & Cokley, K. (2016). An examination of the impact of racial and ethnic identity, impostor feelings, and minority status stress on the mental health of Black college students. *Journal of Multicultural Counseling and Development*, *44*(2), 101-117.

McCluney, C. L., & Rabelo, V. C. (2019). Conditions of visibility: An intersectional examination of Black women's belongingness and distinctiveness at work. *Journal of Vocational Behavior*, *113*, 143-152. https://www.sciencedirect.com/science/article/abs/pii/S000187911830109X

McMahon, A. (2020). Five reflective touchstones to foster supervisor humility. *The Clinical Supervisor*, *39*(2), 178-197.

Mekawi, Y., & Todd, N. R. (2018). Okay to say? Initial validation of the acceptability of racial microaggressions scale. *Cultural Diversity & Ethnic Minority Psychology*, *24*(3), 346-362.

Mental Health America. (2019). *Black & African American communities and mental health*. http://www.mentalhealthamerica.net/african-american-mental-health

Michos, E. D., Reddy, T. K., Gulati, M., Brewer, L. C., Bond, R. M., Velarde, G. P., ... & Ferdinand, K. C. (2021). Improving the enrollment of women and racially/ethnically diverse populations in cardiovascular clinical trials: An ASPC practice statement. *American Journal of Preventive Cardiology*, *8*,

Middleton, T. J. (2020). *Racial microaggressions, social support, and the self-esteem of African American women enrolled at predominately White institutions* (Publication No. 28121595). [Doctoral dissertation, The University of Akron]. ProQuest Dissertation Publishing.

Milne, D. (2007). An empirical definition of clinical supervision. *British Journal of Clinical Psychology*, *46*(4), 437-447.

Moody, A. T., & Lewis, J. A. (2019). Gendered racial microaggressions and traumatic stress symptoms among Black women. *Psychology of Women Quarterly*, *43*(2), 201-214.

Moustakas, C. (1994). *Phenomenological research methods*. Sage Publications.

Nadal, K. L. (2018). What are microaggressions? In *Microaggressions and traumatic stress: Theory, research, and clinical treatment.* (pp. 39-52). American Psychological Association.

Nixon, T. (2021). *An exploration of African American women's clinical experience with European American clinicians* [Doctoral dissertation, Walden University].

Noon, E. J. (2018). Interpretive phenomenological analysis: An appropriate methodology for educational research. *Journal of Perspectives in Applied Academic Practice,* *6*(1).

Novacek, D. M., Hampton-Anderson, J. N., Ebor, M. T., Loeb, T. B., & Wyatt, G. E. (2020). Mental health ramifications of the COVID-19 pandemic for Black Americans: Clinical and research recommendations. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(5), 449.

Pappas, S. (2019). Continuing Education Treating Women and Girls in Context. *Monitor on Psychology*, 27. https://www.apa.org/education-career/ce/treating-women-girls.pdf

Parameswaran, U. D., Ozawa-Kirk, J. L., & Latendresse, G. (2020). To live (code) or to not: A new method for coding in qualitative research. *Qualitative Social Work*, *19*(4), 630-644.

Patterson, L. T. (2020). *The significance of social support among Black mental health counselors: The role of counselor educators and supervisors in combating race-related stress* (Publication No. 27740173). [Doctoral dissertation, Available from ProQuest Dissertations & Theses Global. (2411055843). Retrieved from https://ezp.waldenulibrary.org/login?qurl=https%3A%2F%2Fwww.proquest.com %2Fdissertations-theses%2Fsignificance-social-support-among-Black - mental%2Fdocview%2F2411055843%2Fse-2%3Faccountid%3D14872

Peoples, K. (2020). *How to write a phenomenological dissertation: A step-by-step guide* (1st ed.). Sage Publications.

Pérez Huber, L., & Solorzano, D. G. (2015). Racial microaggressions as a tool for critical race research. *Race, Ethnicity and Education*, *18*(3), 297-320.

http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.698.6362&rep=rep1&type=pdf

Pieterse, A. L. (2018). Attending to racial trauma in clinical supervision: Enhancing client and supervisee outcomes. *The Clinical Supervisor*, *37*(1), 204-220. https://doi.org/10.1080/07325223.2018.1443304

Pitcan, M., Park-Taylor, J., & Hayslett, J. (2018). Black men and racial microaggressions at work. *The Career Development Quarterly, 66*(4), 300. https://www.proquest.com/docview/2162427743/fulltextPDF/E0D32797B8E742A9PQ/1

Pope, K. S., & Vasquez, M. J. T. (2007). *Ethics in psychotherapy and counseling: A practical guide* (3rd ed.). Jossey-Bass.

Reid, A. M., Brown, J. M., Smith, J. M., Cope, A. C., & Jamieson, S. (2018). Ethical dilemmas and reflexivity in qualitative research. *Perspectives on medical education*, *7*(2), 69-75. https://link.springer.com/article/10.1007/s40037-018-0412-2

Resane, K. T. (2021). White fragility, White supremacy, and White normativity make theological dialogue on race difficult. *In Die Skriflig, 55*(1)

Robinson-Perez, A. (2019). *Exploring racial microaggressions and the intersectionality of Black masculinity: Reconceptualizing mental health for structural change* (Publication No. 27548662). [Doctoral dissertation, State University of New York at Binghamton]. ProQuest Dissertations Publishing.

Robinson-Wood, T., Balogun-Mwangi, O., Fernandes, C., Popat-Jain, A., Boadi, N., Matsumoto, A., & Zhang, X. (2015). Worse than blatant racism: A phenomenological investigation of microaggressions among Black women. *Journal of Ethnographic & Qualitative Research*, *9*(3).

Rose, J., & Johnson, C. W. (2020). Contextualizing reliability and validity in qualitative research: toward more rigorous and trustworthy qualitative social science in leisure research. *Journal of Leisure Research*, *51*(4), 432-451.

Rundquist, E. (2018). Supervision of art psychotherapy: transference and countertransference. In *Clinical Supervision of Psychoanalytic Psychotherapy* (pp. 73-84). Routledge. https://library.um.edu.mo/ebooks/b31682170.pdf#page=181

Settles, I. H., Buchanan, N. T., & Dotson, K. (2019). Scrutinized but not recognized:(In) visibility and hypervisibility experiences of faculty of color. *Journal of Vocational Behavior*, *113*, 62-74. https://icos.umich.edu/sites/default/files/lecturereadinglists/Settles,%20Buchanan, %20&%20Dotson%202018%20Scrutinized%20but%20not%20recognized.pdf

Schen, C. R., & Greenlee, A. (2018). Race in supervision: Let's talk about it. *Psychodynamic Psychiatry*, *46*(1), 1-21. https://guilfordjournals.com/doi/pdfplus/10.1521/pdps.2018.46.1.1

Schug, J., Alt, N. P., Lu, P. S., Gosin, M., & Fay, J. L. (2017). Gendered race in mass media: Invisibility of Asian men and Black women in popular magazines. *Psychology of Popular Media Culture*, *6*(3), 222-236

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research.*

Smith, J. A., & Shinebourne, P. (2012). *Interpretative phenomenological analysis*. American Psychological Association.

Smith, A. N., Watkins, M. B., Ladge, J. J., & Carlton, P. (2019). Making the invisible visible: Paradoxical effects of intersectional invisibility on the career experiences of executive Black women. *Academy of Management Journal*, *62*(6), 1705-1734. https://doi-org.ezp.waldenulibrary.org/10.5465/amj.2017.1513

Steers, M. N., Chen, T., Neisler, J., Obasi, E., McNeill, L. H., & Reitzel, L. R. (2019). The buffering effect of social support on the relationship between discrimination and psychological distress among church-going African American adults. *Behavior Research and Therapy, 115*, 121-128. doi: 10.1016/j.brat.2018.10.008

Sue, D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2009). Racial microaggressions and the Asian American experience. *Asian American Journal of Psychology*, *S* (1), 88-101

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *American Psychologist*, *62*(4), 271. https://gim.uw.edu/sites/gim.uw.edu/files/fdp/Microagressions%20File.pdf

Sue, D. W. & Sue, D. (2019). *Counseling the culturally diverse: Theory and practice* (8th ed.). Wiley.

Sukumaran, N. (2016). *Racial microaggressions and their impact on supervisees of color in cross-racial counseling supervision* (Publication No. 10145394). [Doctoral dissertation, University of Missouri]. Kansas City ProQuest Dissertations.

Somerville, W., Marcus, S., & Chang, D. F. (2019). Multicultural competence–focused peer supervision: A multiple case study of clinical and counseling psychology trainees. *Journal of Multicultural Counseling and Development*, *47*(4), 274-294.

Syed, M., Santos, C., Yoo, H. C., & Juang, L. P. (2018). Invisibility of racial/ethnic minorities in developmental science: Implications for research and institutional practices. *American Psychologist*, *73*(6), 812.

Tamir, C., Budiman, A., Noe-Bustamante, L., & Mora, L. (2021). Facts about the US Black population. https://www.pewresearch.org/social-trends/fact-sheet/facts-about-the-us-black-population/

Tanhan, A. (2018). Beginning counselors' supervision in counseling and challenges and supports they experience: Based on developmental models. *Adıyaman Üniversitesi Eğitim Bilimleri Dergisi*, *8*(1), 49-71. https://dergipark.org.tr/en/download/article-file/498805

Taylor, R. E., & Kuo, B. C. (2019). Black American psychological help-seeking intention: An integrated literature review with recommendations for clinical practice. *Journal of Psychotherapy Integration*, *29*(4), 325.

Thompkins Jr, F., Goldblum, P., Lai, T., Hansell, T., Barclay, A., & Brown, L. M. (2020). A culturally specific mental health and spirituality approach for African

Americans facing the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(5), 455.

Thompson, V. L. S., Bazile, A., & Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional Psychology: Research and Practice, 35*, 19-26. http://dx.doi .org/10.1037/0735-7028.35.1.19

Thrower, S. J., Helms, J. E., & Manosalvas, K. (2020). Exploring the role of context on racially responsive supervision: The racial identity social interaction model. *Training and Education in Professional Psychology*, *14*(2), 116-125

Ting-Toomey, S. (2017). Identity negotiation theory and mindfulness practice. In *Oxford Research Encyclopedia of Communication*. https://onlinelibrary.wiley.com/doi/10.1002/9781118540190.wbeic129

To, A., Sweeney, W., Hammer, J., & Kaufman, G. (2020). " They just do not get it": Towards social technologies for coping with interpersonal racism. *Proceedings of the ACM on Human-Computer Interaction*, *4*(CSCW1), 1-29. https://dl.acm.org/doi/pdf/10.1145/3392828

United States Census Bureau. (2019). *Quick facts*. https://www.census.gov/quickfacts/fact/table/US/PST120219

United States Census Bureau. (2021). *2020 census statistics highlight local population changes and nation's racial and ethnic diversity*. https://www.census.gov/newsroom/press-releases/2021/population-changes-nations-diversity.html

Upshaw, N. C., Lewis, D. E., Jr., & Nelson, A. L. (2020). Cultural humility in action: Reflective and process-oriented supervision with Black trainees. *Training and Education in Professional Psychology*, *14*(4), 277-284.

Valmas, M. M., Himrich, S. J., & Finn, K. M. (2020). Women's experiences of supervision and professional development. *Journal of Psychotherapy Integration*, *30*(1), 130-139.

Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany State University of New York Press.

Vance, T. A. (2019). Addressing mental health in the Black community. *Columbia Department of Psychiatry*. https://www.columbiapsychiatry.org/news/addressing-mental-health-Black -community

Vandament, M. L., Duan, C., & Li, S. (2021). Relationships among supervisee perceived supervisor cultural humility, working alliance, and supervisee self-efficacy among White supervisor and supervisee of color dyads. *Training and Education in Professional Psychology*. https://doi-org.ezp.waldenulibrary.org/10.1037/tep0000370

Varner, T. (2020). *Microaggressions, coping strategies, mentorship, and Black female corporate leaders: A phenomenology study* (Doctoral dissertation, Grand Canyon University).

Vespa, J., Armstrong, D. M., & Medina, L. (2018). *Demographic turning points for the United States: Population projections for 2020 to 2060*. DC: US Department of Commerce, Economics and Statistics Administration, US Census Bureau.

https://www.seniorlifestylemortgage.com/media/2018/5/ce7b2af1-5aa7-4c2e-8836-174fe5066868-1526987085564.pdf

Wang, S. C., Hubbard, R. R., & Dorazio, C. (2020). Overcoming racial battle fatigue through dialogue: Voices of three counseling psychologist trainees. *Training and Education in Professional Psychology*, *14*(4), 285-292.

Ward, E., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research*, *62*(3), 185.

Watkins, C. E., Hook, J. N., Owen, J., DeBlaere, C., Davis, D. E., & Callahan, J. L. (2019). Creating and elaborating the cultural third: A doers-doing with perspective on psychoanalytic supervision. *The American Journal of Psychoanalysis*, *79*(3), 352-374. https://www.researchgate.net/profile/Clifton-Watkins-Jr/publication/334720166_Creating_and_Elaborating_the_Cultural_Third_A_Doers-Doing_With_Perspective_on_Psychoanalytic_Supervision/links/5d509a96299bf1995b7803f3/Creating-and-Elaborating-the-Cultural-Third-A-Doers-Doing-With-Perspective-on-Psychoanalytic-Supervision.pdf

Wilcox, M. M., Franks, D. N., & Azarani, M. (2020). Microaggressions. In *Encyclopedia of Critical Whiteness Studies in Education* (pp. 393-398). Brill Sense.

Williams, B. A. (2020a). *The space between black & White: Examining the lived experiences of African American supervisees in cross-racial supervisory*

relationships (Publication No. 27961242). [Doctoral dissertation, James Madison University]. ProQuest Dissertations Publishing.

Williams, M. T. (2020b). Microaggressions: Clarification, evidence, and impact. *Perspectives on Psychological Science*, *15*(1), 3-26.

Williams, M. T., Skinta, M. D., Kanter, J. W., Martin-Willett, R., Mier-Chairez, J., Debreaux, M., & Rosen, D. C. (2020). A qualitative study of microaggressions against African Americans on predominantly White campuses. *BMC Psychology*, *8*(1), 1-13.

Wong, L. C., Wong, P. T., & Ishiyama, F. I. (2013). What helps and what hinders in cross-cultural clinical supervision: A critical incident study. *The Counseling Psychologist*, *41*(1), 66-85.

Wright, A. J., Chávez, L., Edelstein, B. A., Grus, C. L., Krishnamurthy, R., Lieb, R., ... & Wilson, M. (2021). Education and training guidelines for psychological assessment in health service psychology. *American Psychologist*, *76*(5), 794.

Wright, N. N. (2020). *Black women's voluntary use of mental health services* (Publication No. 27961170). [Doctoral dissertation, Walden University]. ProQuest Dissertations Publishing.

Appendix A: Recruitment Material: Email for Research Study/Letter of Introduction

Dear Participant,

My name is Nicole Daley, and I am a doctoral candidate in the Social Psychology program at Walden University Minneapolis, Minnesota. For my dissertation, I am conducting a research study on the perception of racial microaggressions among African American women supervisees in cross-racial supervisory relationships. Racial Microaggressions are subtle, often automatic, verbal, or non-verbal exchanges that communicate hostile or derogatory insults towards a target group.

This study aims to examine African American clinicians' experience of racial microaggressions in supervision to gain a clear understanding of their experiences. The data will provide information that will enhance the field of counseling and identify the manifestation and effect of racial microaggressions on clinical practice.

I am seeking participants who meet the following criteria:

1. You identified as a Black or African American woman.
2. You are a Master's or Doctorate level student or graduate in psychology, social work, or mental health counseling.
3. You are currently or previously received supervision from a White supervisor within the past five years.
4. You acknowledge that covert racism exists and have personally experienced racial microaggressions in supervision.
5. You agree to share your supervision experience in a 60-90 minute, digitally recorded interview via phone or Zoom video meeting with the researcher.

Your participation is completely voluntary. You can withdraw at any time for any reason without penalty, and your information will be kept confidential.

If you or anyone you know might be interested in participating in this study, please pass on this email on to interested participants. You are under no obligation to share this information.

Thank you in advance for your interest and participation!
Nicole Daley (Primary Researcher)
Doctoral Candidate
Department of Social Psychology

Dr. Carolyn King (Research Chair)
Contributing Faculty member in the Psychology Department at Walden University
Dissertation Committee Chair

Appendix B: Demographic Questionnaire

Please complete this demographic questionnaire. The resulting data may be used in the analysis of additional information gathered during the semi-structure interview. All data will remain strictly confidential.

1. What is your age?
2. What is your ethnicity (please be specific)?
3. Where are you located?
4. What is/will be your graduate degree or credential? If you are not graduated, what year are you in your program?
5. Approximately how long have you been practicing clinical counseling with clients?
6. How long have you been in cross-racial supervision?
7. Are you currently supervised by the supervisor with whom you experienced microaggressions? If not, how long ago was that supervision experience?
8. Enlist the location (State, City) in this supervision?
9. What is the primary employment setting (e.g., community mental health, private, school, hospitals)?
10. To the best of your knowledge, what is the ethnicity of your supervisor (s)?
11. What is the gender of your supervisor?
12. What is the supervisor's primary theoretical orientation (s) with which they conceptualize and approach?

Other Comments:

Appendix C: Interview Questions

Your participation in this interview is based on your acknowledgement that subtle racism exits, your engagement in a supervisory relationship within the past two years in which your supervisor was not African American, and your acknowledgement that you have had personal experiences with racism in supervision with your supervisor. For this interview, racism in the form of racial microaggressions, which are often subtle, unconscious interactions that communicates insulting or demeaning to African Americans.

Below are the interview questions that I will be used to ask about your experience in cross-racial supervision with the aspect of racial microaggressions.

1. Please describe how you were matched with your clinical supervisor
2. Describe aspects of counseling supervision, generally, that are important to you.
3. With that in mind, how well do you think your clinical supervision experience is going with your White supervisor?
4. Describe a typical clinical supervision session with this supervisor (how is time spent, do you review recordings, do you discuss theory)?
5. Please describe your working alliance/relationship.
6. Do you think the supervision relationship would be different if you would have been paired with an African American/Black supervisor? How so?
7. How has trust been established within the supervisory relationship with your White supervisor?
8. Describe how you experience the power dynamics present in your supervisory relationship.
9. Tell me about your sense of your supervisor's clinical competence.
10. Tell me about your sense of your supervisor's cultural awareness.
11. Have you experienced incidents of racism or discrimination within clinical supervision with this supervisor? (Describe the context, your thoughts and behaviors in the moment, was the issue(s) addressed or discussed thoroughly in clinical supervision?)
12. Describe how the attention (or lack of) to the previously described incidents may have impacted your relationship with clients? (Could it have impacted your relationship with clients from different cultural backgrounds?)
13. How would you want your clinical supervision experience to be different, if at all?
14. If and when you are a supervisor, how might you address issues of cultural differences in clinical supervision?
15. What suggestions do you have for African American supervisees who experience racism or discrimination during clinical supervision with a White supervisor?
16. Can you detail your experience of cross-racial supervision? Are there any negative or positive experiences specifically that can highlight your experience as

a whole? Were you comfortable with addressing racial concerns during cross-racial supervision?

17. How do you define authenticity or congruence? How are you able to be your definition of authenticity in cross-racial supervision?

18. If you are able to be your authentic self in your cross-racial supervision experience, what factors do you think assist or motivate you in being able be present as your true self? If not, what do you think the barriers are in your cross-racial supervision that do not allow you to be your authentic self?

19. Have you ever felt that as a Black woman you would be judged for asking for help, or admitting that you are struggling with a particular aspect of your job as a therapist? Do you have an example of this experience?

20. How has the common stereotypes about Black women impacted your work as a therapist? As a supervisee? What were your concerns?

21. In general, what are some of your thoughts about being a Black female therapist? How does your culture impact your work as a therapist?

22. How would you define a Strong Black woman? What are your thoughts on the ideology?

23. Have you ever attempted to mask your Blackness or womanhood as a therapist? If so, how? Why did you think it was necessary?

24. Discuss the most memorable situation in supervision in which you felt uncomfortable because you perceived the interaction with your supervisor to have racial undertones. What feelings came up for you? Please describe the impact of this interaction on your supervision relationship specifically.

25. Think of some of the stereotypes that exist about your racial group. How has/have your supervisor (s) subtly expressed their stereotypical belief about you?

26. How have you felt "put down" because of your cultural values or communication style in supervision?

27. As an African American woman supervisee, what specific challenges do you face in deal with subtle racism or racial microaggressions in supervision? What types of feelings did you experience? How did you deal with these feelings? To what extent did you share those feelings with your supervisor?

28. What impact do you believe that specific experiences of subtle racism or racial microaggressions in supervision has on you personally? On the supervision relationship? On your work with your clients/ on your professional development in general?

29. Did your strategies for dealing with experiences of subtle racism or racial microaggressions in supervision change over the course of your supervision relationship? If so, how?

30. Is there anything else you'd like to add the interview that I asked about earlier or that I did or that I did not inquire about specifically?

Appendix D: Racial Microaggressions in Supervision Checklist

The statements below are intended to represent some situations or events that may have transpired in supervision with your supervisor. Please read each item and answer strongly disagree, disagree, neutral, agree, strongly agree next to each item that you believe to be true with regard to your supervision relationship.

1. My supervisor sometimes avoided discussing or addressing racial or cultural issues that I thought were important.
2. At times, my supervisor was insensitive about my racial or cultural background(s).
3. My supervisor sometimes denied or minimized having racial or cultural biases or stereotypes. 4. My supervisor may have thought at times that I was overly sensitive about racial or cultural issues.
5. My supervisor sometimes seemed unaware of the realities of race and racism.
6. My supervisor sometimes seemed to have unconscious racial or cultural stereotypes about me. 7. My supervisor sometimes seemed to have some unconscious racial or cultural stereotypes about my clients.
8. I sometimes felt offended in supervision because of my supervisor's racial or cultural insensitivity.
9. I believe that my supervisor sometimes focused on my clinical weaknesses in supervision because of my racial or cultural group membership(s).
10. My supervisor sometimes minimized the importance of racial or cultural issues in our supervision meetings.
11. My supervisor often was very knowledgeable about racial and cultural issues with regard to supervision and therapy.
12. My supervisor at times seemed reluctant to discuss or process racial or cultural issues with me.
13. My supervisor sometimes seemed hesitant to give me challenging feedback about my clinical work, possibly for fear of being seen as racist.
14. My supervisor occasionally suggested culturally inappropriate treatment conceptualizations or strategies that may not have fully considered my clients' racial or cultural background(s).
15. In general, I did not trust my supervisor because of his or her racial or cultural biases or insensitivities.

Sources:
Constantine, M. G., & Sue, D. W. (2007). Perception of racial microaggressions among Black supervisees in cross-racial dyads. *Journal of Counseling Psychology, 54*(2), 142-153.