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Sexual Orientation in Counsellor Supervision
L'orientation sexuelle dans la supervision des conseillers

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ABSTRACT

Little research exists about whether sexual orientation is addressed in counsellor supervision. This study examined supervisees' and supervisors' perceptions of how knowledge, awareness, and skills related to lesbian, gay, or bisexual issues were addressed in supervision. Results indicated there was no correlation between supervisors' own sexual orientation identity and their perception of exploration of awareness, knowledge, and development of skills as related to issues of sexual orientation in clinical work. This study did find a significant difference between supervisors' and supervisees' perceptions of supervisors' explorations related to awareness of issues of sexual orientation in counselling. Implications for counsellor supervision are discussed.

RÉSUMÉ

Il existe bien peu de recherches permettant d'établir si l'orientation sexuelle est abordée dans la supervision des conseillers. Cette étude analyse les perceptions des superviseurs et des supervisés sur la manière dont furent abordées durant la supervision les questions de la connaissance, de la conscientisation et des compétences liées aux enjeux du lesbianisme, de l'homosexualité ou de la bisexualité. Les résultats indiquent qu'il n'y a pas de corrélation entre l'orientation sexuelle du superviseur et sa perception concernant l'exploration de la conscientisation, de la connaissance et du développement des compétences en lien avec les enjeux relatifs à l'orientation sexuelle dans le travail clinique. L'étude a cependant permis d'observer une différence significative entre les perceptions des superviseurs et des supervisés en ce qui concerne les explorations des superviseurs portant sur la conscientisation aux enjeux d'orientation sexuelle en counseling. Discussion des incidences sur la supervision des conseillers et conseillères.

This pilot study investigated the conversations regarding socially marginalized clients (e.g., clients who identify as lesbian, gay, or bisexual [LGB] and racialized clients) and student supervisees at university counselling centres that also function as practicum clinics on three geographically separate campuses of a large western United States university. There is a dearth of research regarding multicultural issues in counselling supervision in general, and even less research examining sexual orientation issues (Bidell, 2012). The exclusion of persons who identify as LGB comes while groups such as the Counselors for Social Justice (2011) call for an explicit inclusion of sexual orientation in the counselling system and the recognition that

"who a person is (e.g., one's cultural worldview, identity development level, gender, sexual orientation, sociopolitical status, and socioeconomic experience) always informs how one uses what one knows" (pp. 4–5). This research compared the perception of supervisors' and supervisees' ability to integrate sexual orientation and social justice issues into clinical supervision. This was accomplished by assessing the supervisor knowledge base of sexual orientation issues using an adaptation of the Sexual Orientation Counselor Competency Survey (SOCCS; Bidell, 2005) and comparing those results to supervisees' experiences in supervision using a parallel instrument, the Supervision Sensitivity Survey (SSS; Estrada, 2006). The results from this study could guide future training for clinical supervisors and counselling instructors on ways to enhance clinically significant conversations about sexual orientation and social justice issues in counselling. The research literature reviewed starts with an overview of clinical supervision before situating sexual orientation supervision in the context of multicultural supervision.

clinical supervision

Supervision is an ongoing supportive learning process for clinicians of all levels to develop, enhance, monitor, and, when necessary, remediate professional functioning (Bernard & Goodyear, 2014). Supervision is a distinct professional practice with knowledge, skills, and attitude components; in some jurisdictions, supervisors are required to obtain specific training to be recognized as an approved supervisor while other areas promote experienced clinicians into the role of supervisor after some time and clinical experience (Bernard & Goodyear, 2014; Falender, Burnes, & Ellis, 2013; Reiser & Milne, 2012). A supervisor's chief function is to minimize nonpurposeful activity and maximize intentionality with the goal of directly optimizing clinician competencies, ensuring quality control, and enhancing confidence for the end goal of improving client outcomes (Milne, 2009). Supervision and clinical training is provided in a variety of formats including one-on-one supervision, small group supervision, peer-based consultation, and facilitated team-based consultation. Supervision can include presentations via case discussion, review of videos, and live presentations/demonstrations (Todd & Storm, 2002). While consultation may be a part of supervision (Shepard & Martin, 2012), consultation is not the same as supervision. Some of the differences are that supervision involves hierarchical and ongoing relationships and consultation can include peers or an opinion given about a case rather than a focus on the supervisee and overall case context.

Clinical supervision is increasingly being recognized as a core professional competency within the mental health field (Brosan, Reynolds, & Moore, 2008). Supervision is also considered an essential component of modern effective health care systems (Kadushin, 2002) and training programs for counsellors (Berger & Mizrahi, 2001; Milne, Sheikh, Pattison, & Wilkinson, 2011; Watkins, 2011). There are a number of definitions of supervision put forth by the various mental health professions. For example, the Association for Counselor Education and

Supervision (2011) provides a list of guidelines in 12 areas for addressing the ethical and legal protection of the rights of supervisors, supervisees, and clients. These guidelines attend to the balance between meeting the professional development needs of supervisees while protecting client welfare. The Canadian Counselling and Psychotherapy Association (CCPA) offers a range of goals specific to clinical settings and a description of the supervision process to cover the wide range of areas that counsellors practice in its definition of supervision (Shepard & Martin, 2012). For systemically oriented supervisors and psychotherapists, the self is unavoidably a part of the therapeutic system (Cheon & Murphy, 2007). Integrating the self into the therapeutic system and supervision generates self-of-the-therapist issues that are to be explored in supervision (Aponte et al., 2009). One of the purposes of this exploration is to learn how to use these emotional struggles to enhance the effectiveness of the professional self (Timm & Blow, 1999).

Aponte et al. (2009) reported that the degree to which therapists commit to exploring the challenges in their lives and engage in personal growth and development is proportionate to the ability to relate to clients' efforts to deal with their challenges. Progress in supervision is measured by supervisees' reflective journalling, review of video of therapy sessions, and exploration of challenges in group and individual supervision. Assessment of the supervision is through supervisee self-reports and review of clinical work by supervisors.

The process of supervision has knowledge, skill, attitude, and behavioural components, and the priority placed on each will vary across supervision approaches for reasons previously noted. The measurement of these interventions varies from quasi-experimental approaches to qualitative approaches that focus more on the processes of supervision. The former looks at both the impact of supervision on the supervisee and at clinical outcomes of the clients a supervisee is working with. The latter is driven more by strong qualitative research that can both develop theory and identify key processes that are part of effective supervision and explore impact on clinical outcomes.

The research presented in this article is a summary of the experiences and perceptions of counselling supervisees and their supervisors in developing culturally responsive counsellors in training settings. One area of exploration was sexual orientation, which in this research was considered one of many cultural issues (e.g., ethnicity, race, gender) that need to be explored in supervision. Historically, multicultural competencies have focused on ethnic minority and cross-cultural populations (Sue, Arredondo, & McDavis, 1992). More recently, competencies and standards have combined both multicultural and social justice concepts with a focus on "the intersection of identities and dynamics of power, privilege, and oppression" (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015, p. 3). Multicultural competencies and approaches to counselling are increasingly incorporating lesbian, gay, bisexual, and transgender populations (e.g., Bidell, 2005; Brooks & Inman, 2013; Carroll & Gilroy, 2002; Ratts et al., 2015). The research on supervision and the development of multicultural competencies is important to consider and will be briefly outlined next before moving into the specific area of supervision of clinical work with persons who identify as LGB.

Multicultural Supervision

Developing multicultural competence is integral to the formation of clinical competence (Falender, Shafranske, & Falicov, 2014). Multicultural competencies in counselling include a range of attitudes, beliefs, knowledge, skills, and actions (Ratts et al., 2015) that provide a framework to optimize client engagement and participation, and benefit from clinical intervention and research. Developmental domains of multicultural competencies include counsellor self-awareness, the client's worldview, the counselling relationship, and counselling and advocacy interventions. There are a number of obstacles to integrating cultural perspectives in supervision, including the need to clarify the role of understanding what cultural heritage and sociopolitical context have to do with human suffering and critically examining the epistemological foundations of the psychotherapies that are used (Falicov, 2014). Multicultural competence is considered an ethical and imperative practice, and there is a need to clarify the best research-based approaches to the supervision of counsellors in this area (Falender et al., 2014).

Recent research points to evidence that cultural competence yields positive experiences and outcomes in counselling (Benish, Quintana, & Wampold, 2011; Chu, Leino, Pflum, & Sue, 2016). Falender and colleagues (2013), for example, identified evidence for six implications of the need to attend to cultural competencies in supervision as it relates to clinical efficacy. A few of the implications Falender et al. noted were (a) shifting to a competency-based supervision model; (b) attending to clients', supervisees', and supervisors' multiple identities; and (c) increasing attention to cross-national studies of supervision and international supervision competencies. In another example, a study exploring three treatment approaches in China, Xu and Tracey (2016) found that treatment modalities that more closely matched Chinese understandings of pathology and change experience were more effective. To date, the cultural factors explored in the research tend to be nationality, race, and ethnicity. Further clarifying *if* sexual orientation is even addressed in supervision is one step toward understanding the possible impacts on clinical outcomes of integrating sexual orientation issues in supervision. What follows is a brief review of the research about sexual orientation in supervision.

Sexual Orientation in Supervision

To further the inclusion of LGB persons as part of "cultural competency," Bidell (2005) developed the SOCCS. The limited instrumentation available to measure how sexual orientation is addressed in supervision is a stark reminder of how little sexual orientation has been considered in the research about supervision. This is in contrast to the research demonstrating that persons who identify as LGB use counselling services at a higher rate (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000; Cochran, Sullivan, & Mays, 2003; Moleiro & Pinto, 2015) and average more sessions (Liddle, 1997) than their heterosexual counterparts. Further, researchers have documented the need for training programs to better prepare therapists for working with LGB clients (Carlson, McGeorge, & Toomey, 2013; Doherty & Simmons, 1996; Green, 1996; Henke, Carlson, & McGeorge, 2009;

Long & Serovich, 2003; McGeorge, Carlson, & Toomey, 2015; Rock, Carlson, & McGeorge, 2010). The need for such preparation is highlighted by the fact that the majority of counsellors will have LGB clients in their practice over the course of their careers (Henke et al., 2009).

LGB clients are more likely to screen potential counsellors for information about their training, experiences working with LGB clients, inclusive language, and LGB-affirming attitudes and practices (Liddle, 1997; Pachankis, Cochran, & Mays, 2015). The need to infuse supervision with the assumption that counsellors will be working with LGB clients, whether knowingly or not, is amply documented. Both CCPA (2015) and the Canadian Psychological Association (2001) have asserted the need for accurate information and competent practice with LGB individuals. Other organizations (e.g., American Psychological Association, 2012; Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, 2012) have also published competency guidelines for the practice and training of clinical work with LGB individuals.

While there is a clear need for training competent clinicians to work with LGB clients, these realities may not be reflected in graduate training programs. Many graduate programs take a generalist approach to cultural training where LGB issues are integrated into a multicultural course, often in a single course (Kilgore, Sideman, Amin, Baca, & Bohanske, 2005; Sherry, Whilde, & Patton, 2005). Many posttraining clinicians report inadequate graduate preparation to meet the needs of LGB clients (Grove, 2009; Murphy, Rawlings, & Howe, 2002). The importance of supervision for counsellors-in-training that integrates the range of competencies required to be effective with LGB clients is further highlighted by the lack of course work and clinical supervision preparing trainees for this work.

Bidell (2005) defined *sexual orientation counsellor competency* as the "attitude, knowledge, and skill competencies that counsellors need to provide ethical, affirmative, and competent services to LGB clients" (p. 268). These competencies are specific to LGB persons, as the prejudice and biases LGB persons experience are different than those experienced by ethnic minorities (Fassinger & Richie, 1997; Meyer, 2003, 2013). Counsellors need to develop an awareness of their assumptions and prejudices concerning sexual orientation because of pervasive negative attitudes that everyone is exposed to (Israel & Selvidge, 2003; Meyer, 2013). To further competency with LGB clients, counsellors also need knowledge of LGB sociocultural history, biases in mental health care, and intragroup diversity (Mereish & Poteat, 2015a, 2015b). Finally, counsellors need direct clinical experience with LGB clients and the opportunity to develop effective counselling skills with these populations (Kocarek & Pelling, 2003). Supervision is a key element to the development of these effective counselling skills with this client population.

CURRENT STUDY

Supervision of counsellors can vary according to the supervisor, therapeutic approach, clinical setting, counsellor, resources available to support supervision,

access to supervisors, and profession, as well as other factors. Educational settings responsible for supervising counsellor trainees share the duties as outlined by the Council for Accreditation of Counseling and Related Educational Programs (2016). These supervision interventions include a tutorial and mentoring form of instruction in which a supervisor monitors the student's activities and facilitates the associated learning and skill development experiences. The measurement of this form of supervision happens with direct verbal feedback, grading, and feedback forms. In our research the supervision was conducted in settings that included case presentations, presentation of video or audio tapes from a counselling session, exploration of self-of-the-counsellor issues, or process recordings (interpersonal process recall). The supervision took place in one-to-one, triadic (1 supervisor and a supervisee dyad), in a group format, and live (with call-in) formats.

METHOD

The data for this study were collected from three graduate counselling programs at three different campuses of one large western U.S. university. Within each counselling program, data were collected from two specific groups: clinical supervisors and clinical supervisees. At the time of data collection, all clinical supervisees were enrolled in practicum and internship courses. The clinical supervisors were all certified and/or qualified by state regulatory standards to supervise counsellors in training. The instruments used in the study were a demographic questionnaire and a Supervision Sensitivity Survey (Estrada, 2006) that utilized a 5-point Likert scale. Both these instruments were administered in person during data collection procedures.

After Institutional Review Board review and permission were obtained, counselling departments and clinical coordinators were contacted and asked permission for a graduate assistant to present the study to supervisees and supervisors separately. The graduate assistant sent an e-mail describing the study and requesting an opportunity to present the research to supervisees during a scheduled practicum and internship class. The graduate assistant presented the research project in person to clinical supervisors during staff meetings or individually at each separate counselling program site. During all presentations, the graduate assistant explained that participation in the study was voluntary and confidential. If at any point participants did not want to answer a question or participate in the study, they could withdraw without penalty. To further support confidentiality, it was explained to both groups that the specific information provided would not be shared amongst other participants or program members. Participants were not compensated for their participation in the study.

Participants

In order to participate in the study, supervisees were required to be enrolled in clinical practicum or clinical internship with an assigned supervisor at the time of participation. In order for supervisors to participate, they were required to be

the assigned supervisor to enrolled practicum and internship students. A total of 90 possible participants were approached; 74 participants returned completed packets to the graduate assistant. As shown in Table 1, the characteristics of the participants are displayed as a percentage of the sample.

Study Measures

A demographic questionnaire was developed to access information related to participants' age, race/ethnicity, sexual orientation, gender, and employment status. Participants' program concentration and multicultural training was requested on the questionnaire as well.

The SSS presented 68 questions exploring supervisor experience in three specific competencies: ethnicity competency (ECQ), gender competency (GCQ), and sexual orientation competency (SOCQ). The responses were on a 5-point Likert Scale (1 = *strongly agree*, 2 = *agree*, 3 = *somewhat agree*, 4 = *somewhat disagree*, and 5 = *strongly disagree*). There are two parallel instruments, one completed by supervisors and the other completed by supervisees. The SSS requested supervisees and supervisors to rate statements based on experiences during one-on-one supervision sessions. Supervisees rated their assigned supervisor, and supervisors rated their general interactions with all of their supervisees during the current semester.

Table 1.
Participant Demographics: Supervisee and Supervisor Characteristics as a Percentage of the Sample

Characteristic	Supervisee (*n* = 54)	Supervisor (*n* = 20)	Characteristic	Supervisee (*n* = 54)	Supervisor (*n* = 20)
Gender identity			Program concentration		
Female	85.1	75.0	CFT	29.6	N/A
Male	14.9	25.0	CMH	29.6	N/A
Racial/ethnic			Clinical Psy. D	12.9	N/A
Arab American	1.9	5.0	Forensic Psy.	1.8	N/A
Asian American	7.4	10.0	MC	12.9	N/A
Chicano	1.9	0.0	SC	12.9	N/A
EA/Caucasian	81.4	85.0	Credentials		
Hispanic/Caucasian	1.9	0.0	CACIII	N/A	5.0
Latina	1.9	0.0	Certificate	N/A	5.0
Multiracial	3.7	0.0	LCSW	N/A	5.0
Sexual orientation			Licensed Psy.	N/A	30.0
Bisexual	3.7	0.0	LMFT	N/A	25.0
Gay	0.0	15.0	LMFT and LPC	N/A	5.0
Heterosexual	88.9	75.0	LPC	N/A	15.0
Lesbian	3.7	5.0	LSW	N/A	5.0
Queer	3.7	0.0	No Response	N/A	5.0
Same gender loving	0.0	5.0			

The survey was used to assess how cultural competency knowledge, skills, and awareness were addressed and supported during clinical supervision. The SSS questions measured three subscales: (a) *Awareness*—supervisors' exploration of counsellors in training's awareness of assumptions, values, and biases and stereotypes; (b) *Knowledge*—supervisors' exploration of supervisees' understanding and knowledge of the worldview of culturally diverse clients; and (c) *Skills*—supervisors' exploration of supervisees' skill development of appropriate intervention strategies and techniques.

The SSS used in this study included an adaptation of the SOCCS. The SSS was selected due to its inclusive exploration of multiple marginalized identities factors (i.e., ethnicity, gender, and sexual orientation). Recent multicultural counselling literature (e.g., Hernández & McDowell, 2010; Sue & Sue, 2015) emphasize the importance of clients' intersectional cultural identities in the assessment and treatment of counselling, yet there is a dearth of research instruments and quantitative research aiding in the exploration of multicultural supervision competency. Therefore, the use of the SSS and the inclusion of modified items from the SOCCS attempt to fill a gap in the counselling field's research instrumentation and knowledge base. The items in the instrument reflect statements from the Multicultural Competency Standards (Ratts et al., 2015) and the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2015).

After the items were created, four experts in the field reviewed the items for validity. Content validity was reported as good by experts in the field, who matched the instrument statements with multicultural competency statements focused on knowledge, skills, and awareness. Cronbach's alpha reliability of the SSS was high (Estrada, 2006). Internal consistency for each subscale is as follows: awareness of assumptions, values, and biases, $\alpha = 0.91$; understanding of worldview of culturally diverse clients, $\alpha = 0.96$; development of appropriate intervention strategies and techniques, $\alpha = 0.94$. The Coefficient alpha for the overall SOCCS on which the SSS was based was 0.90, 0.88 for the attitudes subscale, 0.91 for the skills subscale, and 0.76 for the knowledge subscale. One-week, test-retest reliability correlation coefficients were 0.84 for the overall SOCCS, 0.85 for the attitudes subscale, 0.83 for the skills subscale, and 0.84 for the knowledge subscale.

RESULTS

Independent *t*-tests were used to compare the means between supervisors' ethnic identity, gender, sexual orientation, and their explorations of multicultural awareness, knowledge, and skills during the supervisory process. Homogeneity of variance was tested using Levene's test for equality of variance, and only one case met the assumption. The following is a review of the results. There were no significant differences in means between supervisors' sexual orientation identity (i.e., gay or heterosexual) and exploration of awareness ($M = 2.70$; $M = 2.78$), knowledge ($M = 2.82$; $M = 2.77$), or development of skills ($M = 2.61$; $M = 2.50$) regarding issues of sexual orientation. Comparison of means for supervisors' perception of

their exploration of awareness, knowledge, and development of skills based on supervisors' sexual orientation can be found in Table 2. There was a significant difference in means between supervisors' (M = 2.17) and supervisees' (M = 2.75) perceptions of supervisors' explorations related to awareness of issues of sexual orientation in counselling. Another significant difference was found between supervisors' (M = 2.28) and supervisees' (M = 2.78) perceptions of supervisors' explorations related to understanding of the clients' worldview (knowledge) of issues of sexual orientation in counselling. There were no significant differences in supervisors' (M = 2.29) and supervisees' (M = 2.53) perceptions of supervisors' explorations regarding development of skills related to issues of sexual orientation in counselling. Results of t-tests for independent group perceptions of explorations regarding awareness, knowledge, and development of skills related to issues of sexual orientation in counselling can be found in Table 3.

DISCUSSION

The present study examined the perception of supervisors' and supervisees' ability to integrate sexual orientation and social justice issues into clinical supervision. Multicultural competence is considered an ethical and practice imperative, and there is a need to clarify the best research-based approaches to the supervision of counsellors in this area (Falender et al., 2014). This study is an analysis of the experiences and perceptions of counselling supervisees and their supervisors in

Table 2
Comparison of Means by Supervisors' Sexual Orientation

	Supervisor's sexual orientation			
	Gay/lesbian		Heterosexual	
Subscale	*M*	*SD*	*M*	*SD*
Awareness	2.70	.93968	2.78	.84729
Knowledge	2.82	.81950	2.77	.76195
Skill	2.61	.85808	2.50	.71590

Table 3
Results of t-test for Independent Groups on Each Scale

	Type of respondent					
	Supervisor		Supervisee		*t* sig. (2-tailed)	
Subscale	*M*	*SD*	*M*	*SD*		
Awareness	2.17	.6515	2.75	.86534	-2.746	.008*
Knowledge	2.28	.4550	2.78	.7706	-3.442	.001*
Skills	2.29	.6059	2.53	.8060	-1.198	.235

* = significant difference

developing culturally responsive counsellors in training settings. The primary area of exploration was sexual orientation, which in this research was considered one of many cultural issues that needs to be explored in supervision.

Understanding how supervisors and supervisees integrate sexual orientation and social justice issues into clinical supervision was accomplished by administering parallel instruments to supervisees and supervisors who were paired in supervision. The items in the parallel instruments administered reflect statements from the Multicultural Competency Standards (Sue et al., 1992), and the SOCCS (Bidell, 2005, 2015). Data for this study were collected from three different graduate counselling programs on three different campuses of one large western U.S. university. Data were collected from clinical supervisors and clinical supervisees for a total of 74 participants: 54 supervisees and 20 supervisors.

Results from the statistical analyses indicated that supervisors' own sexual orientation identity (i.e., gay or heterosexual) did not appear to significantly impact their perception of the exploration of awareness, knowledge, and development of skills related to issues of sexual orientation in clinical work. Therefore, the sexual orientation identity of supervisors did not appear to impact how much or how little issues of sexual orientation were attended to in clinical supervision; supervisees perceived their supervisors similarly regardless of supervisor sexual orientation identity. Supervisees tended to "assess" their supervisors' inclusion and focus of sexual orientation in supervision as similar across supervisors regardless of the supervisors' demographic identity. Additionally, there were no significant differences in supervisors' and supervisees' perceptions of supervisors' explorations of the development of skills related to issues of sexual orientation in counselling.

Where this study did find significance was in comparing supervisors' and supervisees' perceptions of supervisors' explorations related to awareness of issues of sexual orientation in counselling. Supervisors as a group, regardless of their own sexual orientation identity, tended to believe that they addressed issues related to sexual orientation; however, supervisees' perceptions of this in their clinical supervision did not match supervisors' perceptions. It is possible, given that 25% of the sample of supervisors identified as LGB, that supervisors' perceptions of their own sensitivity and openness to addressing issues related to sexual orientation was higher than what supervisees reported experiencing in supervision.

Similarly, supervisors and supervisees also differed in their perceptions of supervisors' explorations in understanding clients' worldview (knowledge) as related to issues of sexual orientation in counselling. This result would indicate, again, that supervisors believe they are attending to issues of sexual orientation and clients' experiences while supervisees' perceptions are that these issues are "somewhat" being brought up in clinical supervision. With 25% of supervisors surveyed identifying as LGB, it is possible that they experienced and perceived themselves as attuned to and sensitive to encouraging and supporting supervision conversations focused on sexual identity. A fairly atypical high percentage of self-identified LGB supervisees in the sample may also be a reason that supervisees themselves did not experience their supervision similarly to their supervisors. While supervisors

may view themselves as attuned to issues of diversity in all its forms because of their own personal identity and experiences, students' experiences of these same supervisors did not support supervisors' self-assessment. Each group may be coming into the supervision experience with certain expectations of knowledge (self and other), assumptions of each other, and lenses that may have hindered a more cohesive, integrated experience and perception of supervision and its inclusion of sexual orientation issues. Supervisors, given their own personal experiences and identity, may believe that they are addressing sexual orientation issues overtly and adequately, but may be missing cues from their supervisees that the focus is actually not enough, given supervisees' own personal experience and knowledge. This is not to say that either group's perceptions are incorrect or suspect; primarily it is indicative of how cognizant and responsive supervisors must be of their own assumptions based on their own personal identities and experiences and what impact this is actually having on supervisees' experiences. Checking in frequently with one's supervisees about how the process is going for them, what their perceptions are of supervision and the supervision relationship, what they believe is lacking in terms of focus, and how their own and their supervisor's personal identities come into play in the supervision process should become a routine part of supervision itself.

Compared to the previous studies to date, where cultural factors such as nationality, race, and ethnicity were explored in relation to supervision, the present study focused on understanding how supervisors and supervisees experienced sexual orientation in supervision as it relates to clinical work. The present study further clarified if sexual orientation is even addressed in supervision. As the results suggest, sexual orientation is addressed; however, there is some variability in terms of supervisors' and supervisees' perceptions about the experience of how, when, and how much this issue is addressed in clinical supervision. Supervisors in general appear to be more optimistic that they are indeed addressing the issue of sexual orientation, while supervisees' perceptions of this is that the issue is "somewhat" being addressed by supervisors.

Despite these tentative and mixed results, the present study provides some additional understanding of the possible impacts on clinical outcomes of integrating sexual orientation issues in supervision. While the present study has some limitations, primarily small sample size, the results are indicative of the continued need for attention to issues of sexual orientation and cultural responsiveness in clinical supervision. It is important to note that the demographics of the study participants themselves (i.e., 25% of supervisors and 11.1% of supervisees identified as LGB) may have had an impact on how supervisees and supervisors answered the surveys as well as how they described their particular experiences and perceptions of the supervision experience. Maybe more importantly, this study sheds light on the need for supervisors to take on an active role of overtly and frequently checking in with their supervisees about their perceptions of the supervision experience, and processing the differences and similarities between supervisee's and supervisor's perceptions of the experience. Otherwise, in many ways supervisors are operating

"in the dark" when it comes to whether or not their supervisees are feeling adequately supported and given important opportunities to dialogue in supervision on critical issues such as sexual orientation and identity.

The present study could guide future trainings for clinical supervisors and counselling instructors on ways to enhance clinically significant conversations about sexual orientation and social justice issues in counselling. While this study was conducted with master's-level supervisees and their supervisors, the results of the study are useful for doctoral-level counselling programs who are not only training counsellors as clinicians but also as future supervisors themselves. Supervision at the doctoral level is a unique opportunity for trainers and educators to model effective methods of supervision, including how to include and focus on issues of diversity and identity such as sexual orientation. It can be an opportunity for doctoral students learning about the process of supervision to also experience how effective supervisors and supervision can be when supervisors are also willing to take the dialogue to another level of "processing the process," engaging in conversations that allow supervisee and supervisor to check in, follow up, restructure, and engage in a way that fewer misunderstandings and misperceptions of the experience occur on both sides.

An additional contribution of this study is how the development and adaptations of instruments such as the SOCCS to further the inclusion of sexual orientation as part of "cultural competence" (Bidell, 2005) would provide future instrumentation that better attends to research with LGB client populations. Improving understanding of these cultural variables and the impact on clinical work provides opportunities for the development of effective counselling skills with diverse populations. Supervision is a key element in the development of these effective counselling skills with this client population, and this study can be the first step toward developing culturally responsive methods of research and clinical supervision that attend to the needs of persons who identify as LGB.

CONCLUSION

We found that, as reported by both supervisors and supervisees, supervisors' sexual orientation did not appear to impact discussion of sexual orientation in supervision. Supervisors, however, tended to believe that they addressed issues related to, and clients' knowledge of, sexual orientation while supervisees' perceptions of this did not match supervisors' perceptions reporting that these issues are "somewhat" being brought up in clinical supervision. These findings are consistent with self-report research about what cultural issues are addressed in supervision, with supervisors overreporting the degree to which they attend to these matters. This is an important finding because it is critical that supervisors realize that they cannot make assumptions about what their supervisees are experiencing and what their perceptions are regarding the supervision process. Paying attention to and bringing to light the potential for a mismatch between supervisor's and supervisee's perceptions are opportunities to deepen the supervision experience, engage

in course correction if needed, and ultimately impact client welfare in a positive way. Both supervisors and supervisees would benefit from an explicit conversation about how and why issues of sexual orientation need to be integrated into supervision on an ongoing basis, and would also benefit from ongoing, explicit conversations about supervisees' and supervisors' expectations, experience, and perceptions of the supervision process.

Further research is needed on the supervision process, especially as it relates to supervisors' engagement in conversations with supervisees on issues of diversity and identity. Research on effective ways to include these conversations in supervision is needed. Additionally, supervisors can benefit from research that helps them find ways to engage in topic-specific issues related to diversity. Maybe more importantly, research is needed on how supervisors can confront and explore the supervision process at the meta level, ensuring that their supervisees' and their own perceptions and experiences of supervision are more aligned and thus more in line with the needs and welfare of clients.

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