

**The Experiences of Non-native English-Speaking International Students in Clinical  
Supervision: A Narrative Inquiry**

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### **Abstract**

Clinical supervision research has focused on diversity issues and the influence of cultural factors on the supervisory process in cross-cultural and multicultural clinical supervision. As higher education in Canada and the United States continues progressing toward internationalization, the number of international students in counselling and applied psychology programs is on the rise as well. Therefore, there is an increasing number of international trainees in clinical supervision as it is an integral element of clinical training. As a result, researchers and supervisors have become concerned about clinical supervision with international students. It is documented in the literature that challenges encountered by international trainees in supervision were associated with factors in the context of supervision, such as supervisors' multicultural supervision competencies. Additionally, it is documented that factors in the cultural transition process, including language barriers, discrimination, and acculturative stress are encountered by international trainees. However, no definitive conclusions have been drawn about the unique needs of international trainees, and specifically, non-native English-speaking international student (NNESIS) trainees in clinical supervision. To address this gap in the literature, the current dissertation aimed to investigate the experiences of NNESIS trainees in training programs and in the context of clinical supervision. Manuscript one explored the cultural and professional adjustment phenomenon of NNESIS in counselling and applied psychology programs in Canada and the United States. Data analysis resulted in four major themes, namely graduate students' lives as non-native English speakers, perceptions of local educational institutions, responses to distress, and reflections on personal changes and growth. Findings of this study further revealed the systemic nature of barriers facing NNESIS during their academic pursuit in the host society. Moreover, the transitioning process wherein NNESIS integrated

professional identity and international student identity was delineated. Manuscript two investigated the experiences of NNESIS in supervision throughout their clinical training in Canada and the United States. Utilizing narrative inquiry through the epistemological lens of intersectionality theory, the results captured the strengths and challenges facing participants during their clinical training. Further, the study identified that participants' dissatisfaction with supervision was related to supervisors' neglectful attitudes toward cultural factors, supervisors' pathologizing of participants' cultural background, and students' experiences with discrimination in supervision. Additionally, the study's findings necessitated the need to openly discuss supervisors' and trainees' intersecting identities, through which any biases and power differentials were addressed and thus, ameliorated. To sum up, clinical supervision – the critical and crucial element in the professional development of counsellors and psychologists – should integrate international competencies. Therefore, supervision could be culturally tailored to the needs of international trainees. Specifically, it is imperative that supervisors be equipped with knowledge of international trainees' cultural and professional transitioning processes as well as skills to facilitate a smooth transition. Implications for initiatives to infuse international competencies into program administration, teaching, and clinical supervision were discussed.

*Keywords:* international students, non-native English-speaking, clinical supervision, counselling and applied psychology, cultural transition

### Résumé

La recherche sur la supervision clinique s'est concentrée sur les questions de la diversité et de l'influence des facteurs culturels sur le processus de supervision dans la supervision clinique multiculturelle. Alors que l'enseignement supérieur au Canada et aux États-Unis continue de progresser vers l'internationalisation, le nombre d'étudiants internationaux inscrits aux programmes de counseling et de la psychologie appliquée a également augmenté. Par conséquent, le nombre croissant de stagiaires internationaux en supervision clinique rend les chercheurs et les superviseurs préoccupés par la supervision clinique des étudiants internationaux. Il est documenté dans la recherche existante que les défis rencontrés par les stagiaires internationaux en supervision étaient associés aux facteurs dans le contexte de la supervision, par exemple les compétences de supervision multiculturelle des superviseurs, ainsi qu'aux facteurs liés au processus global de transition dans le programme de formation. Ces facteurs étaient des barrières linguistiques, la discrimination et le stress acculturatif. Cependant, une conclusion définitive sur les besoins uniques des stagiaires internationaux et en particulier des stagiaires internationaux non anglophones en supervision clinique n'a pas été révélée, car il y a une pénurie de recherche. Pour combler le vide dans la recherche existante, cette thèse visait à enquêter sur les expériences de stagiaires internationaux non anglophones dans le programme de formation et dans le contexte de la supervision clinique. Le manuscrit 1 a exploré le phénomène d'adaptation culturelle et professionnelle des étudiants internationaux non anglophones dans des programmes de counseling et de psychologie appliquée au Canada et aux États-Unis. L'analyse des entrevues conduit à quatre thèmes majeurs, à savoir la vie des étudiants diplômés en tant que locuteur étranger non anglophone, les perceptions des établissements d'enseignement locaux, la réponse à la détresse et

la réflexion sur les changements et la croissance personnelle. Les résultats de cette étude ont en outre révélé la nature systémique des obstacles auxquels sont confrontés les étudiants internationaux non anglophones pendant leurs études dans la société d'accueil. De plus, le processus de transition dynamique dans lequel les étudiants internationaux non anglophones ont intégré l'identité professionnelle et l'identité des étudiants internationaux a été délimité. Le manuscrit 2 décrit une étude des expériences d'étudiants internationaux non anglophones en supervision tout au long de leur formation clinique au Canada et aux États-Unis. Utilisant une enquête narrative via la vue épistémologique de la théorie de l'intersectionnalité, les résultats ont capturé les puissances et les défis confrontés par les participants au cours de leur formation. De plus, l'étude a révélé que l'insatisfaction des stagiaires à l'égard de la supervision était liée à l'attitude négligente des superviseurs aux facteurs culturels, à la pathologisation des antécédents culturels des participants et aux expériences de discrimination dans la supervision. En outre, les résultats de l'étude ont montré la nécessité de discuter des identités des superviseurs et des stagiaires afin que les préjugés et les déséquilibres de pouvoir puissent être reconnus. Pour résumer, la supervision clinique devrait intégrer des compétences internationales et, par conséquent, la supervision pourrait être culturellement adaptée aux besoins des stagiaires internationaux. Plus précisément, il est impératif que les superviseurs soient dotés de connaissances sur le processus de transition culturel et professionnel des stagiaires internationaux ainsi que de compétences. Les implications pour les initiatives visant à infuser des compétences internationales dans l'administration des programmes, l'enseignement et la supervision clinique ont été discutées.



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### **Contribution to Original Knowledge**

Existing studies have illustrated that international students go through the cultural transition process during their sojourn, and may encounter acculturative stress, language barriers, discrimination, and racism. Several studies have also been published on the international students' perceptions of clinical supervision (e.g., Nilsson & Anderson, 2004). However, detailed qualitative accounts of the unique challenges that NNESIS experience in multicultural training, clinical training, supervision, and carrying out clinical services, have not been explored in-depth. Thus, this dissertation study yields unique contributions to knowledge that facilitates a more comprehensive understanding of the lived experiences of NNESIS in training programs and specifically in clinical supervision.

Utilizing narrative inquiry, this study provided a comprehensive understanding of experiences beyond predetermined cultural variables, such as country of origin, gender, sexual orientation, race, and ethnic. This dissertation research also elucidates the complicated cross-cultural interactions at all levels of the educational intuition experienced by NNESIS and indicates that the educational institution can serve as a primary social hub for social connections and community. Also, this study contributes to the knowledge of the participants' professional and cultural transitioning processes and deepens the understanding of what it means for them to experience discrimination. It highlights the experiences of moving from a privileged social group in their countries of origin to a new experience of being in a minority group in the host society. Further, through analyzing participants' perceptions of the individual interactions in training programs, program climate, the environment of the training sites (e.g., practicum or internship programs), and policy, the study elucidates the structural barriers faced by NNESIS during their

academic pursuits. The study specifically highlights that there are systemic disadvantages and a need for multicultural competence to support NNESIS.

Despite the systemic disadvantages, the study also throws light on the critical role that interpersonal peer support and mentorship play in assisting NNESIS in the transitioning process. Moreover, the development of professional identity, an increase in knowledge and clinical skills, and the growing passion and knowledge about social justice and multicultural issues in the host society are identified as the positive outcomes of studying abroad. Specifically, benefits for programming and workshops tailored to the needs and the challenges faced by international students are identified. This is particularly important because, as study's results indicate, a diverse student population on campus or a diverse faculty might not provide enough practical support for NNESIS. Workshops and mentorship on the practical skills and knowledge, an introduction to the North American pedagogical styles, classroom norms, different communication preferences, and career advising, are recommended. Faculty and staff's ongoing support and accommodation, when appropriate, are regarded as crucial.

As for NNESIS' experiences as a trainee and in clinical supervision, the study provides detailed, rich first-hand accounts of the meanings participants ascribe to English fluency in relation to their perceived counselling competence. Using narrative inquiry as methodology, the study offers detailed description of multiculturalism informed supervision practices that can serve as examples of supervision practice in the future. Employing intersectionality as the epistemological framework, the study sheds light on the way in which supervisory relationships and trainees' learning outcomes can be affected by unaddressed power differentials in supervision. Additionally, this study highlights the experiences in clinical supervision that NNESIS identified as helpful in developing their clinical competence and facilitating self-

awareness. Finally, the study highlights NNESIS' multilingualism as a unique strength in building a therapeutic relationship with clients and that they bring international and cross-cultural perspectives.

### **Contribution of Authors**

The following dissertation consists of five chapters including two co-authored manuscripts reporting on two qualitative studies, all of which I am the first author, and Professor Ada Sinacore (Ph.D.), my supervisor, as the second author. For both studies, I was responsible for choosing the research topic, methods, and conceptualizing the studies. I obtained ethics approval and completed the literature review, data collection, data analysis, and the write-up of each manuscript. Additionally, I worked in collaboration with my supervisor, Professor Ada Sinacore (Ph.D.), who provided theoretical and methodological feedback as well as audited on all steps throughout the research process. Professors Dennis Wendt (Ph.D) and Bassam El-Khoury (Ph.D.), dissertation committee members, provided feedback and approval of the dissertation proposal meeting. Further, to support my doctoral study, I secured the Jackie Kirk Fellowship and the Doctoral Level Needs-based Award by the Faculty of Education and Education Graduate Students' Society at McGill University, respectively.

Prior to data collection, I met with Xinyue Shu to review and practice the interview protocol. During data analysis, Shaofan Bu, Samir Durrani, and Xinyue Shu acted as peer reviewers and provided comprehensive feedback regarding coding and data interpretation. Jann Tomaro reviewed both manuscripts and provided extensive feedback and edits on written drafts. Lastly, Professors Ada Sinacore (Ph.D.) and Dennis Wendt (Ph.D.) reviewed the dissertation document as a whole and provided through edits on the written document.

### **Introduction**

In the field of counselling and psychology, clinical supervision has been well regarded as a critical component and an integral element of clinical training through which trainees develop clinical competencies and professional identities. In recent years, researchers' attention has been called to centre on the influence of factors such as culture, gender, sexual orientation, ethnicity and race, the process and the outcomes of supervision. Specifically, it has been well documented in the literature that the way supervisors addressed these cultural factors affected supervision satisfaction and working alliance, the two elements that were believed to positively contribute to supervision outcomes (Bernard & Goodyear, 2009; Falender & Shafranske, 2004; Ladany et al., 1997). The spotlight on trainees who entered supervision as international students and, specifically, as non-native English-speaking international students (NNESIS), was relatively absent from the surging studies on cross-cultural or multicultural supervision.

With increased attention on the internationalization of higher education in the United States, more universities began to recruit international students worldwide (Marsella & Pedersen, 2004), resulting in the influx of international students enrolling in colleges and universities. Similarly, the phenomenon of internationalization of higher education in Canada has been noticed (Guo & Guo, 2017) as the number of international students in Canada has increased by 13% since 2018 (Canadian Bureau for International Education, 2020). With the influx of international students in higher education, scholars have become concerned about international students' adjustment (Marsella & Pedersen, 2004). Literature indicates that while pursuing a professional degree in an academic institution in a foreign country, international students are required to quickly adjust to both the academic and social environments while simultaneously holding satisfying academic standing to maintain a valid study permit, and therefore, legal

residence status in the host country. Students who are not native-English speakers and are not from Western countries might feel particularly challenged (J. J. Lee & Rice, 2007) by language barriers, social isolation, culture shock, uncertainty about the future, financial constraints, academic stress, and perceived discrimination (Chavajay & Skowronek, 2008; Houshmand et al., 2014; Jung et al., 2007; Lee & Rice, 2007; Lin & Scherz, 2014; Mori, 2000; Sandhu & Asrabadi, 1994; Yan & Berliner, 2013). Given that international students are vulnerable to risk factors associated with acculturative stress, researchers argued that it was the host educational institution's ethical responsibility to provide culturally appropriate mentorship, support, and resources necessary for international students to succeed academically during their sojourn (Lee, 2013; Wedding et al., 2009).

NNESIS in counselling and psychology programs are further confronted with unique challenges associated with the professional requirement of delivering clinical services in English through the cultural lens of the clients' living worlds (Lee, 2013; Wedding et al., 2009). Furthermore, the experiences of accent-based discrimination based on assumed nationality (Fuertes et al., 2002; Gill, 1994) could negatively impact the sense of counselling self-efficacy of NNESIS (Georgiadou, 2013; Nilsson & Anderson, 2004). Additionally, NNESIS could lose their pre-sojourn credentials and title due to the lack of recognition of license and diploma equivalency, resulting in the students feeling devalued and deskilled (Barreto, 2013; Georgiadou, 2013). In addition, the stress associated with the pressure to translate the knowledge acquired in the host society to fit it the cultural context and needs in the home country was identified (e.g., Lau & Ng, 2012).

In the context of clinical supervision, the experiences of international students have not received enough attention from researchers and supervisors such that there is limited literature



about these students in counselling and applied psychology programs. Researchers have noted that NNESIS supervisees often perceived supervisors as culturally insensitive, stereotyping, or discriminatory due to the lack of attention to diversity issues in supervision (e.g., Sangganjanavanich & Black, 2009). Contrarily, discussions of cultural influence on trainees' clinical work were linked with supervision satisfaction from NNESIS trainees (e.g., Nilsson & Dodds, 2006). Moreover, it is postulated that international trainees' overall cultural transitioning processes, including acculturation, language barriers, and experiences of discrimination in the host country, could influence NNESIS' perception of the supervisory working alliance (e.g., Nilsson & Anderson, 2004). However, inconclusive results were found in existing quantitative research examining the influences of these factors on supervision satisfaction and working alliance. Thus, clear arguments for this link necessitate further investigation. Qualitative research exploring the NNESIS's perspectives on clinical supervision and their transitioning process in training programs is very minimal. The lack of attention given to NNESIS' experience in supervision leads to these marginalized populations being neglected in supervision research and practice.

Consequently, the proposed dissertation research conducted two related qualitative studies using narrative inquiry as a methodology through the epistemological frameworks of feminist standpoint theory and intersectionality theory. The research foci were placed on NNESIS' experiences in supervision and training programs. The dissertation research consists of five main chapters. The first chapter presents a comprehensive literature review on multicultural clinical supervision, the overall adjustment process of international students, the experiences of NNESIS in counselling and applied psychology programs, and finally, the experiences of NNESIS in clinical supervision. Following the summary of the strengths and limitations of the

current literature, the research rationale is provided. The second chapter explains the choices of epistemology, methodology, recruitment criteria, research procedure, materials, and finally, illustrates trustworthiness. The informed consent, demographic information sheet, application for ethical approval, and interview protocol are included in the appendices. The third chapter presents *manuscript one*, an empirical qualitative study that explored perceptions and experiences of NNESIS in counselling and applied psychology programs in Canada and the United States. The fourth chapter presents *manuscript two*, which qualitatively investigated the perspectives of NNESIS on clinical supervision throughout their clinical training in Canada and the United States. Finally, the fifth chapter presents a summary of the findings of manuscript one and manuscript two. Contributions of the current dissertation, clinical implications, and future directions for research are provided.

## **Chapter 1: Literature Review**

The experiences of NNESIS in clinical supervision during their education in Canada and the United States and a specific focal point on the strengths and limitations of cross-cultural and multicultural supervision models were chosen for review. The literature review began with the topic of multicultural clinical supervision. Cross-cultural and multicultural clinical supervision has received increasing attention over time (e.g., Duan & Roehlke, 2001; Gatmon, Jackson, Koshkarian, & Martos-Perry, 2001; Toporek, Ortega-Villalobos, & Pope-Davis, 2004) and research holds that all supervision sessions should be considered cultural encounters between the supervisors, the therapists, and the clients (Falicov, 2014). As the perspectives of NNESIS trainees in supervision are influenced by a larger social context, literature on the lived experiences of international students in the United States and Canada was discussed. Next, a review of the training experiences of international students, specifically the needs and challenges encountered during clinical training and service delivery, was explored. Finally, a review of empirical studies on the perspectives of international students on supervision was conducted. Building upon the analysis of the literature review, the rationale of the current dissertation research was provided.

### **Multicultural Clinical Supervision**

It is well recognized that clinical supervision has been a distinct and significant professional activity in the field of counselling and applied psychology professions. Clinical supervision has been a cornerstone in professional competency development and client welfare, and a gatekeeping entry of professional systems (Bernard & Goodyear, 2014). Consequently, clinical supervision has advanced into a well-oiled machine that has facilitated teaching theory, delivered research, monitored ethical conduct, and guided clinical service delivery. As well, it has become the basis of professionalism and standard practice, an essential need for trainees.

Several well-accepted definitions of supervision have been provided. One of the most commonly cited definitions of supervision was proposed by Bernard and Goodyear (2014): supervision is a professional relationship between supervisors and supervisees, which is evaluative and aims to improve supervisees' professional performance. Additionally, it has functioned as a gatekeeper and method of quality control for services rendered to clients. As such, it has been a consensus that clinical supervision is a process of socialization to the profession wherein supervisors are tasked to facilitate the development of trainees' professional values, professional identity, and competency (Falender & Shafranske, 2004b; Milne, 2009).

Supervisors are advised to proactively examine cultural differences between the supervisory dyad, and supervisors' own worldviews, values, and assumptions. Multiculturalism and diversity issues, as well as the manner in which such issues were addressed, have affected supervisory working alliance and supervisory relationships (Bernard & Goodyear, 2014; Constantine, 1997; D'Andrea & Daniels, 1997), and consequently affected the efficacy of supervision (Leong & Wagner, 1994).

### **Cross-Cultural and Multicultural Supervision**

With the recognition of multicultural competence as a pillar and an integral part of clinical competence in recent years, the focus of clinical training has been placed on the development of multicultural competence in supervision (Ancis & Ladany, 2010; Watkins & Hook, 2016). Researchers have advised supervisors to consider cultural differences between clients, trainees, and supervisors as cultural interactions occur not only between clients and clinicians but also between supervisors and trainees (Falicov, 2014). As such, cross-cultural supervision or cross-racial supervision has become centralized in supervision research (Bernard & Luke, 2015; Borders, 2006; Westefeld, 2009).

Cross-cultural supervision was termed by scholars to address supervision situations in which supervisors, supervisees, and clients have different ethnicities or racial backgrounds, with the goal of highlighting the importance of racial/ethnic diversity in supervision (D'Andrea & Daniels, 1997; Dressel et al., 2007; Fukuyama, 1994; Hird et al., 2001; Leong & Wagner, 1994). However, the literature on cross-cultural supervision predominantly centred on the racial identities of supervisors and supervisees who are both born and raised in the same country and therefore might share similar sociopolitical realities (Estrada et al., 2004). As such, scholars argued that the scope should be expanded from cross-racial/cultural supervision to multicultural clinical supervision, where exploring multiple cultural identities (e.g., gender, sexual orientation, race, ethnicity, socioeconomic status, age, spirituality), cultural dynamics in this triadic supervision relationship, and cultural assumptions within traditional counselling theories, occur (Ancis & Ladany, 2010; Arthur & Collins, 2015; Robinson et al., 2000; Schroeder et al., 2009).

### **Models of Multicultural Supervision**

Several integrative models using a developmental approach were proposed for the current research, with foci of developing trainees' cross-cultural competence (Carney & Kahn, 1984), and cross-cultural awareness (Bernard & Goodyear, 2014), multicultural competency of ethnic minority trainees' (Porter, 1994), racial identity development of ethnic minority trainees (Vasquez & McKinley, 1982), White counsellor's racial identity (Sabnani et al., 1991), and racial identity of White supervisees and supervisees of colour (Chang et al., 2004). It is not uncommonly observed in these models that racial identity development was considered the key and sometimes only theoretical pillar. These models have been criticized for exclusively concentrating on ethnic or racial groups, lacking conceptualization around counselling, having poor empirical support, and neglecting clinical intervention, supervisors' identities, supervisors'

multicultural competencies, supervision relationships, and the complexity of interpersonal cultural dynamics (Leong & Wagner, 1994; Miville et al., 2005). Other models that address supervisors' multicultural awareness, self-reflection, and the complex cultural dynamic within a triadic supervision relationship include the *worldview congruence* model proposed by Brown and Landrum-Brown (1995) as well as the *VISION* model proposed by Garrett et al. (2001). These models incorporated more cultural and contextual factors and take into account power differentials between supervisors and supervisees.

Currently, researchers appeared to reach a consensus on developing a multicultural framework for supervision to help scholars and practitioners conduct effective multicultural supervision (Falender et al., 2013; Westefeld, 2009). Falender and Shafranske (2004) proposed a supervision diversity competence, which specifies a supervisor's competencies including multicultural knowledge, multicultural awareness, assessment of trainees' multicultural counselling competence, skills in modelling multicultural conceptualization, demonstrating ongoing self-reflection, and initiating discussion of diversity. Ancis and Ladany (2010) further proposed a multicultural supervision competency framework, which translated the three by three matrix from the multicultural counselling competency framework (Sue et al., 1992) into a 6-domained competency framework, including "Supervisor-focused personal development, supervisee-focused personal development, conceptualization, intervention, process, and evaluation" (p. 78).

Falender and Shafranske's (2004) and Ancis and Ladany's (2010) competency frameworks both described supervisee's and supervisor's multicultural counselling competencies (knowledge, attitudes, skills), supervision interventions (e.g., modelling, didactic lecturing), and evaluation practices (assessing trainee's professional counselling competency). Both frameworks

extended the scope to the interaction of multiple identities and the dynamic complicated by the interaction of multiple cultural identities and power differentials. In addition, supervision theorists suggested that supervisors must continue to acknowledge the importance of multiculturalism and diversity in supervision and commit to ongoing self-reflection and knowledge acquisition (Falender et al., 2013; Watkins et al., 2019). American Psychological Association (2017b) published the *Multicultural Guidelines*, which brought into centre the guideline of providing cultural informed supervision through the lens of intersectionality and with the understanding of that identities are fluid and shaped within the everchanging cultural contexts. In recent years, researchers and supervisors have proposed the *Multicultural Orientation* (MCO) perspective for clinical supervision (Watkins et al., 2019). The MCO, including *cultural humility*, *cultural comfort*, and *cultural opportunities* as the three core components, is defined as a “process-oriented, attitudes-additive perspective” (p. 40) through which lens supervisors strive to approach cultural issues that arise in supervision with openness and curiosity and to learn from and with supervisees and clients (Patallo, 2019; Watkins et al., 2019).

It should be noted that most supervision theories and framework were develop based on the U.S. cultural contexts. Thus, there is a dearth of studies on multicultural supervision in Canada (Arthur & Collins, 2015). Canadian researchers have become concerned about supervision competencies and the developmental process of clinical supervisors in the Canadian contexts (Hadjistavropoulos et al., 2010; Johnson & Stewart, 2000; Thériault & Gazzola, 2019), which led to publication to facilitate the development of a competency framework and practice guideline for supervision practice in Canada. A few theoretical articles that aimed to explain the landscape of multicultural supervision practices in Canada were published (Arthur & Collins,



2009; Schroeder et al., 2009). These practices highlighted supervisory behaviours, including centralizing cultural discussion, sharing and modelling ongoing personal reflections, prioritizing alliance-building, attending to power differentials, concentrating on cultural dynamics and levels of acculturation, and finally, generally striking for collaborative relationships.

### **Empirical Research on Multicultural Clinical Supervision**

In spite of the attention to multicultural issues in supervision, several studies indicated that cultural issues have not received enough attention, have rarely been centralized, and have even ignored by supervisors in supervision (Bernard & Goodyear, 2014; Constantine, 1997; Fukuyama, 1994; Gatmon et al., 2001). Research showed that some trainees described supervisors as multiculturally insensitive or incompetent toward trainees and clients (Wong et al., 2013), neglecting cultural variables, stereotyping trainees or clients, and/or rarely initiating cultural discussions (Dressel et al., 2007; Fukuyama, 1994; Gatmon et al., 2001; Hird et al., 2004; Nilsson & Duan, 2007). Researchers argued that this is probably due to supervisors' lack of multicultural training (Constantine, 1997; Duan & Roehlke, 2001; Miville et al., 2005; Reid & Dixon, 2012). For instance, Constantine (1997) conducted a survey on supervisees and supervisors from 22 training programs, and the results indicated that nearly 70% of supervisors did not complete formal multicultural training courses, whereas 70% of the supervisees have completed these courses.

The absence of multicultural awareness and cultural discussion from supervisors has appeared to impede the effectiveness of supervision (Duan & Roehlke, 2001). For example, the supervisory alliance, an important partnership that determines supervision satisfaction (Bordin, 1983), could be hindered by supervisors' lack of cultural responsiveness or multicultural awareness (Constantine, 1997; Duan & Roehlke, 2001; Fukuyama, 1994; Kaduvettoor et al.,

2009). The supervisory working alliance has been defined as a collaborative relationship established between supervisors and supervisees based on the emotional bond and agreement on tasks and goals (Bordin, 1983), which has been deemed as a strong determinant of supervisory satisfaction (Ladany et al., 1999). Likewise, supervision satisfaction and a strong working alliance were believed to positively correlated with supervision outcomes, such as the supervisee's self-efficacy in counselling (Bernard & Goodyear, 2014; Falender & Shafranske, 2004b). However, this emotional bond between supervisors and supervisees could be impeded by supervisors' unchecked racism and stereotyping, resulting in a decrease in supervisees' satisfaction and self-disclosure (Fukuyama, 1994; Sangganjanavanich & Black, 2009)

On the other hand, the occurrence, frequency, and quality of multicultural discussion were found to facilitate a strong supervisory working alliance. In addition, the literature suggested that the occurrence of multicultural or cultural discussion helped to establish a strong supervisory relationship, and thereby improved supervisees' satisfaction (Gatmon et al., 2001) and multicultural competence development (Toporek et al., 2004). As such, establishing a strong supervisory working alliance has been deemed crucial in helping international supervisees cope with language and cultural barriers in clinical work (Nilsson & Anderson, 2004). With the recognition of multicultural intervention in supervision, a growing body of literature has emerged pertaining to multicultural events in supervision. Some that were thoroughly cited as the most important interventions included cultural discussion, or multicultural discussion (Nilsson & Dodds, 2006; Nilsson & Duan, 2007; Smith & Ng, 2009). For instance, Nilsson and Duan (2007) quantitatively surveyed 69 self-identified racial and ethnic minority students regarding their supervision experience with White supervisors. The results indicate that supervisors' attention to minority students' experiences being discriminated against is positively associated with

supervision satisfaction. It is worth noting that cultural discussions were not limited to multicultural case conceptualizations or multicultural treatment plans in this study. Rather, the exploration of the unique challenges faced by minority supervisees or cultural differences between the supervisors and supervisees were perceived as important cultural discussions.

While there is an emerging body of literature on the perspectives of domestic minority trainees on clinical supervision, it became noticeable that the experiences of international students in clinical supervision, the growing population in higher education in the United States and Canada, have not received enough attention in supervision research and practice. To facilitate a comprehensive understanding of this marginalized population, the following section provides an overview of background information of international students.

### **International Students in Canada and the United States**

Immigration Canada views international students as temporary residents in Canada under a study permit for given years (Ministère de l'Immigration et des Communautés Culturelles, 2017). According to a recent annual report released by the Canadian Bureau of International Education (2020), a total number of 642,480 international students were enrolled at academic institutions across Canada in 2019. The top five countries of origin of international students in Canada are India, China, France, South Korea, and Vietnam (Canadian Bureau for International Education, 2020). As for international students in the United States, the top four places of origin are China, India, South Korea, and Saudi Arabia (Institute of International Education, 2020). In 2018, nearly 35% and 22% of the total number of 400,000 international graduate students in the United States were from China and India, respectively. In other words, the majority of international graduate students in Canada and the United States come from countries wherein

English is not the first language. The following section sheds light on the experiences of international students in the United States and Canada.

Previous studies on international students in higher education in the United States and Canada indicated that pursuing a professional degree in a new country often brings a range of changes to these students' lives. To explain the process with which international students cope, *acculturation theory* is commonly referenced as the theoretical framework (i.e., Meyer, 1995; Nilsson & Anderson, 2004). This framework defined acculturation as “the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members” (Berry, 2015, p. 520). It asserted that international students adjust in multiple ways as they become acculturated into the host society, including linguistic, psychological, academic, and sociocultural ways (Lin & Scherz, 2014; Myles & Cheng, 2003; Nilsson & Anderson, 2004). Psychological adjustment referred to individuals' self-perceived well-being and satisfaction in the host society, while sociocultural adjustment referred to the ability to blend in and interact effectively with members of the host society (Searle & Ward, 1990).

### **Acculturative Stress**

Acculturation can be a stressful process for international students. To illustrate, individuals placed in a new environment often suffered from anxiety associated with uncertainty and difficulty predicting others' worldviews and behaviours (Koltko-Rivera, 2004). In addition, international students were often pressured to adjust to the host society and educational institutions quickly to ensure academic success (Mori, 2000). This resulted in cumulative exposure to psychological distress (Mori, 2000). Such stress, specifically associated with the acculturation process, is termed as *acculturative stress* (Berry, 1970). Literature indicated that

acculturative stress can be aggravated by adjustment challenges (which international students encounter frequently) such as language barriers, social isolation, culture shock, uncertainty about future career options, academic stress, and perceived discrimination (Chavajay & Skowronek, 2008; Houshmand et al., 2014; Jung et al., 2007; Lee & Rice, 2007; Lin & Scherz, 2014; Mori, 2000; Sandhu & Asrabadi, 1994; Yan & Berliner, 2013). Facing adjustment difficulty, perceived discrimination, lack of social support, and lack of access to mental health resources, international students were at a higher risk of mental health issues compared to their non-international peers (Dao et al., 2007; Han et al., 2013; Mori, 2000; Wei et al., 2015).

### **Language Barriers**

Among difficulties that international students experience in the acculturation process, a lack of language proficiency was cited as a major acculturative stressor (Andrade, 2006; Mori, 2000). Language barriers were thoroughly documented in the literature as a major factor that negatively affects NNESIS, which often affects their social lives as well (Dao et al., 2007; Fritz et al., 2008; Lin & Scherz, 2014; Mori, 2000; Yan & Berliner, 2013; Yeh & Inose, 2003). While fluency in English and interactions with anglophones or classmates were positively associated with sociocultural adjustment (Chavajay & Skowronek, 2008; Li & Gasser, 2005; Zhang & Goodson, 2011), language barriers became an obstacle when NNESIS attempted to socialize with anglophones in the host society, and consequently these barriers decreased the speed at which NNESIS might socially integrate into the host society (Fritz et al., 2008; Pedersen, 1991). Further, Bertram et al. (2014) indicated that Chinese international students in the United States might not be able to engage with local students because of comprehension difficulty during interactions with their native English-speaking peers.

It is noteworthy that, in a study conducted by Myles and Cheng (2003), this lack of interaction with local students did not necessarily predict ineffective cross-cultural interaction. In this study, NNESIS still acquired cultural knowledge of the host society through other channels (Myles & Cheng, 2003). One such channel was the social network that NNESIS built with other students who shared language and cultural backgrounds (Myles & Cheng, 2003).

### **Academic Adjustment Difficulty**

A lack of English proficiency also impacted NNESIS' academic performances during their adjustment (Meyer, 1995; Mori, 2000). Academic adjustment occurred when international students adjusted to pedagogical differences in the classroom, different learning styles and ways of interacting with instructors, and different expectations for class participation (Lee, 2013; Lin & Scherz, 2014; Zhai, 2004). Research indicated that academic adjustment difficulties, language barriers, academic stress, and a pressure to maintain outstanding academic standing have negatively impacted international students' mental well-being (Poyrazil, Arbona, Nora, McPherson, & Pisecco, 2002). This often manifested as lower academic self-efficacy, depressed mood, and anxiety (Poyrazil, Arbona, Nora, McPherson, & Pisecco, 2002).

### **Sociocultural Adjustment Difficulty**

Among sociocultural adjustment, difficulties were described to include acculturative stress, frustration, disconnection from the host society, and social isolation (Mittal & Wieling, 2006; Yeh & Inose, 2003; Zhai, 2004). Specifically, for NNESIS, homesickness and a lack of interaction with anglophones in the host society were commonly documented as major challenges in the process of sociocultural adjustment (Hendrickson et al., 2011; Mittal & Wieling, 2006; Yeh & Inose, 2003). International students were often disinterested in interacting with non-international peers (McDowell et al., 2012). Reasons for this lack of interest included

differing hobbies, worldviews, values, and communicative styles (McDowell et al., 2012). Furthermore, the perception of discriminatory behaviour of non-international peers, such as ignoring NNESIS or treating them as if they are invisible, was also cited as a hindrance to establishing meaningful social relationships (Lee & Rice, 2007; Lin & Scherz, 2014; McDowell et al., 2012). For these reasons, international students often established stronger social relationships with other international peers from whom they may draw a sense of social connection and emotional support (Chavajay & Skowronek, 2008; Sherry et al., 2010).

### **Discrimination**

Discriminatory attitudes of the host society contributed to acculturation stress and therefore impeded a healthy and quick acculturation process (Berry, 2003; Lee & Rice, 2007; Zhang & Goodson, 2011). Research indicated that compared to international students from European or other English speaking countries, NNESIS from elsewhere were more often confronted with prejudiced attitudes (for instance, about English proficiency, accent, racial and ethnic background, and lack of cultural knowledge of the host society) from non-international peers (Chavajay & Skowronek, 2008; Hanassab, 2006; Houshmand et al., 2014; Lee & Rice, 2007). As well, they perceived a lower level of acceptance from non-international peers compared to NNESIS from Western countries (Sherry et al., 2010). Literature indicated that discrimination occurs in forms of overt actions, such as verbal insults and stereotypes, and neglect (Dovidio et al., 2010; Hanassab, 2006; Kim & Kim, 2010; Lee & Rice, 2007). Discrimination not only transpired at the individual and interpersonal levels but also occurred at the institutional level, as demonstrated when schools lack preparation and resources for international students (Mittal & Wieling, 2006). Taken together, it was evident that individuals'

cultural differences (such as accent, language spoken, race or ethnicity) became salient factors in discriminatory situations (Sinacore et al., 2009).

Research suggested that an individual's sense of identity is formed in cultural-relational contexts. That is, individuals' social interactions with members of a host society profoundly shaped and contributed to the emergence of a new identity during acculturation and integration (Sinacore et al., 2017). This emergence of a new identity required individuals to re-negotiate their previous, salient identities that were formed before their cultural transition (Sinacore et al., 2017). As such, discrimination encountered during cultural transition might further confound the identity reconciling phenomenon.

Despite the challenges that international students experience, insufficient attention has been given to them in the extant literature. That which is relevant about this population has been criticized for employing inadequate theoretical frameworks (Pedersen, 1991), overlooking within-group variations (Yoon & Portman, 2004), and overgeneralizing results (Jacob & Greggo, 2001). Additionally, limited attention has been given to the aspect of re-entry transitioning in international students' sojourn cycles (Arthur, 2003; Brabant et al., 1990). Consequently, international students faced unique challenges in the acculturation process as acculturation factors are interrelated and interwoven (Zhang & Goodson, 2011). Employing a cumulative approach that examines the relationship between a set of acculturative variables, such as language barriers or acculturative stress, failed to grasp the dynamic process in which multiple social relations form and interact. To understand the lived experiences of international students in the United States and Canada, researchers must consider multiple social locations that students simultaneously occupy and the ways by which international students culturally adjust to the host society.



### Current Gap and Research Objectives

Currently, there is a paucity of research pertaining to supervising international students in multicultural and cross-cultural supervision. Specifically, only a handful of conceptual papers or empirical studies published in the five years on counselling and applied psychology international students in clinical supervision in Canada or United States. The current theoretical frameworks on multicultural supervision predominantly centres on ethnic and racial minority students who are American-born or raised in the United States (Estrada et al., 2004) and excluded international students' experiences (Ponterotto & Alexander, 1995). In addition, the existing literature on international supervisees suggested that supervisors might employ underdeveloped theories or the aforementioned multicultural supervision theories. Scholars further argued that applying the existing multicultural supervision models to supervising international students might be inadequate, as these models concentrated predominantly on the supervisor or supervisee's racial and ethnic identities (Ancis & Ladany, 2010). Specifically, these aforementioned models centred on ethnic minority groups in the United States: groups which may not have the same concerns as international students, such as the acculturative process or language proficiency. As for empirical research pertaining to international trainees, noticeably, there continued to be a lack of research attention on the experiences of international trainees in supervision in the United States.

Further, there is a dearth of conceptual models or empirical research on multicultural clinical supervision in Canada. The most influential multicultural competence theory, *multicultural counselling competencies* framework proposed by Sue et al. (1992), is rooted in the racial tension in U.S. history. Similarly, most cross-cultural or multicultural supervision models in the United States were developed based on racial identity theory, with the centre of attention being placed on supervisors' and supervisees' racial identity development (e.g., Chang, Hays, &

Shoffner, 2003). The current empirical research on multicultural supervision was based mostly on samples of American supervisors and supervisees. Researchers must investigate the perceptions of NNESIS trainees in clinical supervision in Canada if results are to be applied, and implications are to be proposed for this context. Additionally, it is important for research to address how Canadian supervisors attend to multicultural supervision competencies which are necessary for providing adequate supervision to NNESIS trainees in this context.

Simply put, the limitations of the literature suggest a need for a further investigation of the unique needs of NNESIS trainees in supervision in United States and Canada. It is unclear how the supervision process is complicated by unique challenges of NNESIS both in clinical supervision of supervision and in during their cultural and professional transitioning. Therefore, this study aimed to explore the experiences of NNESIS in Canada and the United States during their clinical supervision and in training programs. Using narrative inquiry as methodology, the study elicited meaningful interpersonal experiences throughout the training period. Special attention was given to addressing the role of identities, such as gender, race, social class, ethnicity, sexual orientation, and the way by which identities influenced the experiences of NNESIS in supervision.

## **Chapter 2: General Methods**

### **Epistemologies**

In this study, feminist standpoint theory and intersectionality theory were used as the epistemological frameworks in manuscript one and manuscript two, respectively. This section reviews standpoint theory and intersectionality theory followed by the rationale behind the choice of the epistemological frameworks.

#### **Feminist Standpoint Theory**

Feminist epistemologists challenge the traditional positivistic statement that knowledge is impartial and universal. In doing so, they argue that such an assumption results in biases of an unchallenged claimed knowledge (e.g., Harding, 2004). As a result, feminist standpoint theory, led by Donna Haraway (2004), Sandra Harding (2004), and Dorothy Smith (1987), asserts that scientific knowledge is produced from specific positionality and social contexts (Haraway, 2004). That is, in these contexts, various social locations that individuals employ determine the degree to which power and knowledge are rendered. Individuals' social locations may differ from one another, and so, individuals may perceive the same phenomenon through different perspectives. As dominant and privileged social locations could limit one's ability to generate critically examined knowledge, feminist standpoint theorists argue that placing the epistemic advantage with marginalized lives helps produce less skewed accounts of sociopolitical systems and knowledge (Harding, 2004). Standpoint methodology specifically allows researchers to analyze the way through which power relations are formed and perpetuated inequity, and critically examine the execution of norms in dominant institutions and social systems (Sprague, 2005). Applied to this context, the views of NNESIS can be used to understand how power relations are formed and perpetuated in graduate programs in their host countries.

## Intersectionality

Intersectionality, first coined by Kimberlé Crenshaw (1989), places the analytical focus on the interlocking and interrelating systems of oppression as Crenshaw argued that the “intersectional experience is greater than the sum of racism and sexism” (p.140). Several studies utilizing intersectionality theory place an epistemological emphasis on “the relationships among multiple dimensions and modalities of social relations and subject formations” (McCall, 2005, p.1). These relationships have focused on research about individuals who occupy multiple social locations and who are historically oppressed or marginalized (Crenshaw, 1991). Such locations include sex, gender, race, and class (Crenshaw, 1991). That is, intersectionality provides a lens through which researchers may analyze the dynamic combination of privilege and oppression and the manner in which power is rendered to perpetuate social inequity (Lykke, 2010). Intersectionality theory enables the researcher to analyse ways in which NNESIS (students who are marginalized by the host society) are affected in a system of powers.

With an epistemological position placed on the “interrelatedness of categories of inequality” (Winker & Degele, 2011) or “vectors of oppression and privilege” (Ritzer, 2007, p. 204), scholars provide different approaches to consider social categories of oppression and privilege (McCall, 2005; Winker & Degele, 2011). For instance, McCall (2005) proposed the complexity of intersectionality, including *anticategorical*, *intracategorical*, and *intercategorical* complexities (McCall, 2005). The anticategorical complexity is concentrating on transcending categories and the deconstruction of categories, while the intracategorical complexity refers to the point of interest in “particular social groups at neglected points of intersection” at the micro-level (McCall, 2005, P.1774). Finally, intercategorical complexity emphasizes a tactical choice of dimensions that have been socially constructed. Winker and Degele (2011) suggest a multi-level

approach that echoes Harding's epistemological considerations (Harding, 2004). This approach considers identity construction, symbolic representations, and social structures (Winker & Degele, 2011). Moreover, in aligning of the concepts of "doing gender" proposed by West and Zimmerman (1987) and "gender performativity" by Butler (2011), Lykke (2010) reminds researchers that intersecting multiple social locations should be conceptualized as the "processes of interpersonal communication" in action (p. 51). These different approaches are used to consider social categories of oppression and privilege and are relevant to research about NNESIS.

Intersectionality theory is an appropriate choice of the analytical framework in manuscript two. It enables the researchers to place the epistemological focus on participants' social locations and those who are subject to discrimination or power imbalances. Intersectionality theory provides a lens through which researchers are enabled to analyze the dynamic combination of privilege and oppression and how power is rendered to perpetuate social inequity. Moreover, it is particularly suitable for studying NNESIS' experiences in clinical supervision because it allows for a centre of attention on supervisees' intersecting identities, including their national, racial, ethnic, gender, residence status, educational, and professional identities. This is because in the literature, participants' self-identified membership of a racial group was often seen as the single salient factor that affect individuals' lived experience in supervision as a whole.

### **Main Methodological Approach**

In this study, narrative inquiry was chosen as the methodology. Chase (2005) defined narrative inquiry as "an amalgam of interdisciplinary analytic lenses, diverse approaches, and both traditional and innovative methods— all revolving around an interest in biographical

particulars as narrated by the one who lived them” (Chase, 2005)(p. 651). Emerging from a myriad of fields of study, including literary theory, anthropology, sociology, and linguistics, narrative theory understands the conceptualization of a narrative as dependent on discipline, and uses theoretical frameworks, and methodological approaches (Creswell, 2007).

Murray (2008) defines narrative in the field of psychology as “an organized interpretation of a sequence of events” (p. 113). Similarly, Czarniawska (2004) states that narrative is “understood as a spoken or written text giving an account of an event/action or series of event/actions, chronologically connected” (p. 17). The narrative structure typically includes plots where each contains a beginning, middle, and end (Riessman, 2008). Of note is a difference between narratives and narration. While narratives are first-person accounts of experiences, the narration is the way through which individuals communicate, create and ascribe meanings of a serial of events retrospectively (Chase, 2005).

The narration and the narrative can be experienced as empowering, transformative, and emancipatory by the narrator (Wolgemuth & Donohue, 2006). Narrators do not merely duplicate the status quo (for instance, the patriarchal ideology), as asserted by DuPlessis (1985): marginalized individuals centralize the fight and uprising against marginalization in their stories, and “throw up one last flare of meaning” (p. 3).

As a method, narrative research encompasses narrative analysis, wherein researchers centre attention on themes across stories (Polkinghorne, 1995). In these narratives, the analytic emphasis is placed on configuring events' collection into a story (Polkinghorne, 1995). The relationships within each plot are not marked by the literal connections or logical sequences between happenings (Chase, 2005; Webster & Mertova, 2007). Instead, they are marked by the ascribed connections that facilitate an understanding of the plot (Chase, 2005; Webster &

Mertova, 2007). In attending to participants' stories, this manner allows researchers to not only understand participants' experiences and the meanings being ascribed to stories but also note the construction of meaning and the contexts in which the stories unfold (Clandinin & Connelly, 2000). As such, narrative inquiry provides a comprehensive avenue to capture an individual's storied experiences (Creswell, 2007). It also provides a way for researchers to understand the meaning participants ascribe to their lived realities associated with a series of events (Creswell, 2007).

Narrative inquiry requires the researcher to centre on collecting the storied experience, reporting the stories, and arranging the meanings being ascribed in a chronological manner (Creswell, 2007). According to Giddens (1991), identity is not a static collection of social locations given to or acquired by individuals; rather, identity should be understood within individuals' coherent yet evolving biography. Similarly, this concept of self is understood as "happening" or "becoming" in narrative research (Giddens, 1991; Polkinghorne, 1991).

The use of retrospective data is quite common in social science research (Creswell, 2007). However, some scholars have been concerned about the accuracy of participants' recollection, and specifically the impact of recall errors. In response to these criticisms, researchers such as Polkinghorne (2005) argue that retrospective self-report should not be regarded as merely "mirrored reflections of experience," (Polkinghorne, 2005, p. 139) but rather, retrospective self-report, including recall errors, unveils the truth and transformation of the experiences (Riessman, 2002).

Because of the focal point on plots in narrative research, narrative inquiry is deemed a suitable methodology for studying international students' experiences in clinical supervision. More specifically, these experiences being studied include a beginning (beginning of



supervision), middle (middle of supervision), and end (end of supervision), along with the parallel process of “socialization to profession” in psychology (Falender & Shafranske, 2004b). The present study employed narrative inquiry to collect retrospective data from participants who have at least completed their first field placement. Because employing narrative inquiry allows researchers to closely examine social identities in storied experiences, this method is quite relevant for use with international students who have multiple social identities influencing their storied experiences.

### **Methodological Coherence**

Employing feminist standpoint theory and intersectionality as the epistemological frameworks and narrative inquiry as the methodology is a coherent combination. The philosophical underpinnings may benefit the researcher harmoniously when analyzing concepts of identity and subjectivity. Both narrative inquiry and intersectionality provide an approach to understanding identity that challenges traditional identity theory, which views identity as a static characteristic of an individual in a group. Secondly, both intersectionality and narrative inquiry provide insight into external socio-political systems that govern individuals’ lives (Chase, 2005). Similar to the stance that intersectional theory and standpoint theory assume, feminist narrative research “illustrates the ways that narrative interpretations of subjectivity as non-unitary generate alternative understandings of the self” (Bloom, 1996, p. 176). Furthermore, both intersectional theory and narrative inquiry centralize the voice on the way in which identity and subjectivity are shaped and transformed in researchers and participants’ lives. Thus, both intersectionality and narrative inquiry necessitate researchers’ reflexivity as an integral part of the research progress.

### **Trustworthiness and Rigour**

To ensure trustworthiness and rigour in the research progress, several standards were endorsed by the researcher in this study, including credibility, reflexivity, dependability, and catalytic validity. Steps and procedures were taken to ensure trustworthiness and rigour are reported in detail in manuscript one and manuscript two.

### **Subjective Stance**

Standpoint theory, intersectional theory, and narrative research all emphasize the researcher's reflexivity. That is, researchers should not only strive to understand the subject of study in the context but also analyze their subjective stance and relationship with the research questions critically. Mishler (1995) asserted that researchers recount and reconstruct participants' stories throughout the research process. In so doing, the researchers are the storytellers (Mishler (1995). Similarly, it is almost ubiquitously agreed in feminist standpoint theory research and narrative research that researchers actively co-create the story based on their positionality with the subject (Harding, 2004). Consequently, it is of utmost importance that researchers using narrative research put their understanding in context and reflect on their biases, assumptions, and intersecting social locations (Clandinin, 2013). The analysis of this researcher's subjective stance and their positionality in each study is reported in manuscript one and manuscript two.

### **Interviewing in English as the Second Language**

Language-based data has become the primary source of qualitative research data in many disciplines (Polkinghorne, 2005). While there are challenges and limitations associated with language-based data, language is still a primary source of access to participants' lived experiences—the recollection of events and the meaning-making of such events (Polkinghorne,

2005). As such, the degree to which individuals are familiar with a study's utilized language has a crucial effect on the study's results.

For example, in the current research, interviews were conducted in English, neither the interviewer's nor the participant's first language. The researcher recognizes the potential impact of language barriers on participants' comprehension of interview questions and the administrator's interpretation of responses. Hence, steps were taken to address language and translation concerns to ensure credibility. These steps are detailed in manuscript one and manuscript two.

### **Participants**

Twelve participants were recruited to participate in two proposed studies. Their countries of origin were Brazil, China, France, India, Iran, Mexico, South Korea, and Taiwan. The graduate-level training programs which participants attended included counselling psychology, clinical psychology, school psychology, and a mental health professional program. Six participants attended programs in the United States, and six participants attended programs in Canada. Three participants self-identified as male and nine as female, with one participant self-identifying as bisexual, two as queer, and nine as heterosexual. Participants' ages ranged from 26 to 41.

Interviewing the same group of participants for two related, independent studies was done to address the limitations in the literature. A literature review indicated that supervisees' experiences in clinical supervision were affected and influenced by adjustment and transitioning processes in graduate programs (Nilsson & Anderson, 2004; Nilsson & Duan, 2007). As well, there are less than a handful of studies conducted on transition issues facing international students in counselling and applied psychology. Due to this gap, it was appropriate to conduct an

independent study, manuscript one, on international students' overall transitioning process. This first study delineates a broader learning and cultural context in which researchers can situate the participants' lived experiences in clinical supervision. The situating is relevant and necessary for the second study described in manuscript two. Interviewing these participants for these related, independent studies afforded this researcher a comprehensive understanding of the process through which international students navigated the graduate programs and clinical supervision.

### **Bridging Manuscript One**

The purpose of the current dissertation is to investigate the clinical supervision experiences of NNESIS with diverse cultural backgrounds in counselling and applied psychology graduate programs in the United States and Canada. Multicultural supervision researchers and supervisors have placed a research and practice focus on supervising minority trainees (e.g., Borders, 2006), including NNESIS, in counselling and applied psychology graduate programs (e.g., Sangganjanavanich & Black, 2009). However, little is known about the transitioning experiences of NNESIS in these fields. Understanding the role of transitioning issues is necessary for supervisors to deliver effective supervision for NNESIS (Nilsson & Anderson, 2004; Nilsson & Wang, 2008). To address these transitioning issues, the first manuscript employs narrative inquiry as the methodology to examine the lived experiences of 12 participants in counselling and applied psychology graduate programs in the United States. (N = 6) and Canada (N = 6). The study explores participants' perceptions of transition at interpersonal interaction, classroom, and institution levels. Informed by feminist standpoint theory as an epistemological framework, the data analysis revealed the systemic nature of barriers facing NNESIS. Further, this analysis showed the need for infusing multicultural and international competence into teaching, research, and clinical training in counselling and applied psychology. The findings of this study highlight the dynamic and complicated process of forming an international student identity. They also identify participants' strengths of coping and resilience that were developed during the transitioning process. These strengths informed participants' professional identity as a counsellor/psychologist.

### **CHAPTER 3: Manuscript One**

## **The Lived Experiences of Non-native English-Speaking International Students in Clinical Training Programs**

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We have no known conflict of interest to disclose.

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### **Abstract**

Higher education in Canada and the United States has become increasingly internationalized in recent years. Accordingly, the number of non-native English-speaking international students (NNESIS) enrolled in counselling and applied psychology graduate programs is also rising. However, limited attention has been given to this growing student population's experiences in clinical supervision research. Thus, this study investigates the lived experiences of NNESIS in graduate programs to provide a comprehensive understanding of their unique needs and challenges during their training. Recruitment resulted in 12 participants from eight countries, including Brazil, China, France, India, Iran, Mexico, South Korea, and Taiwan. Using narrative inquiry as the methodology and feminist standpoint theory as the epistemological framework, the results were analyzed from individual, interpersonal, and institutional perspectives. During the initial phase at the interpersonal level, participants were challenged by discrimination, language proficiency, and adjustment to North American educational systems. At the institutional level, participants encountered barriers, including a lack of mentorship, career advising, and financial resources. This study indicates that a cultural and psychosocial transitioning process influenced participants' professional identity development. Counselling and applied psychology graduate programs might increase diversity representation and provide mentorship programs to assist international students in professional, cultural, and academic adjustment.

*Keywords:* Non-native English-speaking, international students, narrative inquiry, counselling, applied psychology, feminist standpoint theory, psychology, graduate training program



An increasing number of international students have entered counselling and applied psychology fields in recent years in the United States (Lau & Ng, 2012; Nilsson & Anderson, 2004). According to the report released by the American Psychological Association (APA, 2017), 4.75% of the total students in APA-accredited doctoral programs (e.g., clinical, counselling, and school psychology) were international students. Likewise, international students accounted for 4.14 % of doctoral students in counselling or related programs accredited by the Council for Accreditation of Counselling and Related Educational Programs (CACREP, 2015) in the United States. The exact number of international students enrolled in applied psychology or counselling-related programs in Canada is unclear. However, given that the number of international students in Canada across provinces increased by 13% between 2018 and 2019 (Canadian Bureau for International Education, 2020), it is suspected that the number of international students in these fields would be on the rise as well.

Scholars have asserted that international students contribute to diverse classrooms and inclusive campus environments wherein both students and faculty benefit from these students' varied perspectives and worldviews (Urban & Palmer, 2014). With the increase in international students in counselling and applied psychology, a burgeoning literature is examining the acculturation processes and, specifically, acculturative stress faced by international students (Pendse & Inman, 2017). An accumulating number of studies on the lived experiences of international graduate students in counselling-related programs (e.g., Lau & Ng, 2012) suggested that in addition to general acculturative stress, NNESIS experience distinctive challenges in linguistic, academic, and sociocultural adjustment (Lau & Ng, 2012; Mittal & Wieling, 2006; Mori et al., 2009; Nilsson & Anderson, 2004). Specifically, a lack of language proficiency was cited as a major acculturative stressor for NNESIS (Behl et al., 2017; Yan & Berliner, 2013)

which could negatively affect their social life (Lin & Scherz, 2014; Mori, 2000; Yan & Berliner, 2013) and psychological well-being (Dao et al., 2007).

### **English Proficiency**

Obtaining English mastery has become a primary concern and priority for students in counselling-related programs (Haley et al., 2015; C. Li et al., 2018; Park et al., 2017). On top of completing course work, international students complete clinical training that demands they provide therapy in English to clients with sometimes unfamiliar cultural backgrounds. To provide effective counselling services, students in counselling or applied psychology must be fluent in English and acquire a comprehensive understanding of cultures within the host society (Nilsson & Anderson, 2004; Sangganjanavanich & Black, 2009).

Some international students perceive themselves as more vulnerable to communication problems with clients because of language barriers (Ng & Smith, 2009). In fact, many international students who are capable of daily social conversation report feeling less confident when providing therapy in English (Haley et al., 2015; C. Li et al., 2018; Ng & Smith, 2009). Several studies indicate that clinical self-efficacy is positively associated with self-perceived English proficiency for non-native English-speaking clinicians (Kissil, Davey, et al., 2013b). Likewise, perceptions of insufficient English proficiency (especially in responding appropriately to clients) are cited as a significant concern for these clinicians (C. Li et al., 2018; Ng & Smith, 2009). This perception and lack of confidence could negatively influence the self-esteem of NNESIS (Mittal & Wieling, 2006; Nilsson & Wang, 2008).

### **Discrimination**

Negative aspects of transitioning, such as discriminatory attitudes in the host society, were found to impede the acculturation process (Berry, 2003; Zhang & Goodson, 2011).

Research indicated that compared to international students from European or other English-speaking countries, NNESIS from non-European and non-English-speaking countries were more often confronted with prejudiced attitudes toward their lack of English proficiency, accents, and racial and ethnic backgrounds (Chavajay & Skowronek, 2008; Houshmand et al., 2014; Lee & Rice, 2007). They also received a lower level of acceptance from non-international peers than international students from European countries (Sherry et al., 2010). Literature indicated that discrimination occurs as overt actions, like verbal insults and stereotypes, neglect, or social isolation (Dovidio et al., 2010; Hanassab, 2006; Kim & Kim, 2010; Lee & Rice, 2007).

Discrimination transpired not only interpersonally, but also at the classroom level. NNESIS trainees reported discrimination in the form of expectations and pressure to be like U.S. ethnic minority students (Mittal & Wieling, 2006). Also, expectations to demonstrate expertise in their own cultures (or assumed racial groups or country of origin) were placed on these students (Killian, 2001). Moreover, educational institutions provided insufficient resources at the institutional level and lack of preparation for international students (Lertora & Croffie, 2019; Mittal & Wieling, 2006).

### **Multicultural Training**

With the recent recognition of multicultural competencies, most counselling-related programs endorse multiculturalism as a core program value. In contrast to this claim, many NNESIS in the United States perceived their programs as centring exclusively on American multicultural issues (Duenyas et al., 2019; Lau & Ng, 2012). These students felt that their programs rarely acknowledge their knowledge of worldviews of diverse populations in their countries of origins (Smith & Ng, 2009; Woo et al., 2015). Resultantly, without considering international students' unique backgrounds, multicultural training courses were often primarily

designed for prospective local practitioners (Lau & Ng, 2012; Smith & Ng, 2009). NNESIS who return home after obtaining a degree struggled/ with translating knowledge and limited applicability of the American- or European-based counselling theories and techniques out of their learned context (Duenyas et al., 2019; Killian, 2001; Lau & Ng, 2012; Smith & Ng, 2009).

### **The Loss of Pre-sojourn Professional Identity**

The lack of consensus regarding credential equivalency between programs and nations may devalue international students' pre-sojourn expertise and training. Some international students acquire a license for practice before pursuing a degree in the United States and Canada. Nevertheless, due to the lack of license equivalency, they were unable to practice in North America (Barreto, 2013). Further, this limits possibilities to receive permission to work in Canada or the United States (for instance, with an H1-B visa). A loss of titles, credentials, salary, and recognition of competencies significantly impedes international students' acculturation process and psychological well-being. NNESIS dealing with a lack of continuity in their profession because of these hurdles may even face losing credentials, feelings of incompetence and financial precarity.

### **Coping Strategies and Social Support**

Research indicated that international students develop coping strategies and seek social support, which mitigates acculturative stress (Jackson et al., 2019; Ra & Trusty, 2017). NNESIS acquired cultural knowledge of the host society through self-education and senior international students (Duenyas et al., 2019; Mittal & Wieling, 2006; Woo et al., 2015). Besides, several studies suggested that the cultural transitioning process allowed NNESIS therapists to become aware of diversity issues in therapy (Barreto, 2013; Kim et al., 2014). Barreto (2013) indicated that immigrant therapists draw strength from their experiences and then translate their insights

into clinical work with diverse clients. Similarly, Kissil et al. (2013) argued that experiences of being socially isolated and being perceived as outsiders nourish immigrant therapists' capacity to connect with marginalized and underserved clients (Kissil, Niño, et al., 2013). Although differences exist between the cultural transitioning process for immigrant therapists and international students, it is suspected that this information about immigrant therapists' might be applied to NNESIS.

In sum, despite the emerging phenomenon of internationalization of counselling and applied psychology programs, limited research has been conducted with the emphasis being placed on international students' experiences of acculturative stress in counselling related and CACREP programs. Also, little attention has been given to the lived experiences of NNESIS in applied psychology and counselling graduate programs. To date, no empirical studies have explored international students' experiences in training programs Canada, which consequently hinders the development of multiculturalism-informed mentoring and clinical training pertaining to the needs of this unique yet growing population in Canadian-based programs. Thus, this qualitative study was conducted to explore the lived experiences of NNESIS in counselling and applied psychology programs in Canada and the United States.

## **Methods**

### **Research Design**

#### ***Feminist Standpoint Theory***

In this study, feminist standpoint theory was employed as the epistemological framework. Feminist standpoint theorists asserted that scientific knowledge is generated within specific social contexts (Haraway, 2004) in which various social locations that individuals employ determine the degree to which power and knowledge are rendered. Consequently, it gave the

epistemic advantage to relatively marginalized individuals and generated less skewed knowledge (Harding, 2004). Furthermore, standpoint theory provided researchers with the avenue of studying a phenomenon through the lens of historically underserved or marginalized individuals' perspectives (Sprague, 2005). Standpoint theorists urged researchers to begin with the oppressed and exploited to examine the way through which power relations are formed and perpetuated in the broader sociocultural system (Harding, 2004; Sprague, 2005). Utilizing feminist standpoint theory allowed the social location of NNESIS in graduate schools to be privileged, thereby producing critical knowledge about the phenomenon of studying counselling or applied psychology in North America.

### ***Narrative Inquiry***

Narrative inquiry was employed as it allowed the researchers to comprehend the series of events lived and told by participants, as well as meanings that participants apply to these lived experiences (Creswell, 2007). In addition, the emphasis of narrative inquiry on the chronological order of meanings in participants' storied experiences enabled the researcher to identify threads that permeate participants' sojourn. Likewise, an emphasis on the context in narrative research served as the analytical tool for researchers to reveal the sociocultural and historical contexts in which stories are situated, told, or constrained (Chase, 2003).

### **Procedure**

Ethics approval was obtained from the Research Ethics Board-II that governs research involving human participants in the Faculty of Education at McGill University. Subsequently, the researcher proceeded to the recruitment process using purposive sampling strategy across Canada and the Northeast Corridor in the United States to ensure that the selected participants provided a relevant and rich depiction of the storied experiences being studied (Creswell, 2007;

Patton, 2005). Participants were recruited via word of mouth, online forums, newsletters, and recruitment flyers geared toward international student associations in universities. After each participant completed an informed consent document and a demographic information sheet, the researcher collected data through interviews in English via video conferencing using Skype for Business. The interviews lasted 1.5 to 2 hours each, and were audiotaped and transcribed verbatim, de-identified, and verified to ensure accuracy after data were collected. Confidentiality was achieved through restricted access to the encrypted, stored data that contained participants' identifying information.

### **Data Analysis**

Following the steps of narrative analysis outlined by Chase (2003), the researcher first read each transcript thoroughly to familiarize herself with the data. Secondly, the researcher completed the interview summary and the researcher's initial impression of the data, which outlined the methodological issues, as well as an interview index summarizing the content of the interview. In this step of the data analysis, the researcher determined whether or not sufficient data was collected such that no new information was attained in the interview. Further, the researcher proceeded to write down a "code" for each identifiable data unit and then wrote the "interpretative comments" and contextual factors that later facilitated the researcher's understanding of the data units (Chase, 2003). The themes were identified after the researcher coded each transcript. Then, the researcher verified that each code fell under one theme. A peer reviewer audited the researcher's data analytics and provided feedback.

The re-storied narratives for each transcript were generated, along with the researcher's interpretation. The re-storied narrative was presented to each participant for member-checking to establish trustworthiness. Eight participants responded to the researcher's follow up and

approved their re-storied narrative. Finally, the cross-case comparison was conducted after all the themes were identified for each transcript.

### ***Rigour and Trustworthiness***

To ensure trustworthiness and rigour in the research progress, several standards were endorsed by the researcher in this study, including credibility, reflexivity, dependability, and catalytic validity. Credibility, which refers to the degree to which the research findings are accurate and authentic (Spencer & Ritchie, 2012), was achieved through peer debriefing (analytic triangulation) and member checking (Creswell, 2007). Further, journaling was employed to engage in self-reflection of biases (Creswell, 2007; Spencer & Ritchie, 2012). Furthermore, the researchers documented and audited each step during the research process to achieve methodological reliability. Finally, debriefing questions were utilized during the interviews to facilitate the achievement of catalytic validity.

**Subjective stance.** Feminist standpoint theory and narrative inquiry endorse the assumption that researchers are pre-reflexive beings who actively participate in narration from their own context of culture, language, and practices (Harding, 2004). Thus, the researcher of this study endeavoured to critically analyze her subjective stance and relationship with the research questions. The researcher is a Taiwanese female international student who arrived in Montreal, Canada, in 2012 and enrolled in a counselling psychology doctoral program while on a study permit. The researcher speaks Mandarin Chinese as her first language.

Consequently, the researcher is positioned to some extent as an “insider” to the participants of interest. This positionality allowed the researcher to acquire an insider’s perspective and a contextual understanding of participants’ storied experiences. In contrast, as international students are diverse in terms of socio-cultural backgrounds, the researcher was also



positioned as an “outsider.” Measures such as member-checking were utilized such that the data authentically represented the participants’ narratives.

**Interviews in English as the second language.** The researcher recognized the potential impact of language barriers on the research process, given that neither the interviewer nor the participants spoke English as a first language. Consequently, several steps, including member checking, peer debriefing, and data triangulation (Creswell, 2007) were taken to address concerns associated with language and translation and to ensure credibility further.

### **Participants**

Recruitment of this study resulted in 12 participants. Three participants self-identified as men and nine as women. The age range of participants was 26 to 41 years. Nine participants self-identified as heterosexual, two as queer, and one as bisexual. Participants were international students from the following countries: Brazil, China, France, India, Iran, Mexico, South Korea, and Taiwan. All participants identified English as their second language. Location wise, six participants studied in Canada and the other six in the United States. Six participants were pursuing a master’s degree in counselling psychology or mental health counselling, whereas six other participants were pursuing a doctoral degree in applied psychology. Nine participants obtained a master’s or post-bachelor’s degree in applied psychology or marriage and family therapy before studying abroad. Participants’ countries of origin, gender identity, sexual orientation, or degree pursued were carefully shared in the results to ensure confidentiality.

### **Results**

Data analysis resulted in identifying four major themes: graduate student lives as an NNESIS, perceptions of local educational institutions, responses to distress, and reflection on personal changes and growth.

### **Graduate Student Lives as a Foreign Non-native English Speaker**

In describing their daily social interactions on the school campuses, all participants shared that they were international students and enrolled in a graduate program while holding a study permit or F1 visa when they started their program. Living in a foreign country for the first time in their lives, participants reported that initially they were inundated with changes and cultural differences in almost every aspect of life, which required them to adjust, adapt, and navigate through different social and educational systems. Participants reported that their initial adjustment was not easy, and challenges arose quickly. Most participants identified the pressure of achieving English mastery in classes as the most major challenge.

#### ***Self-perception of English Fluency***

Most participants reported that their self-perception of English proficiency was “shaken” when they began studying abroad. Several participants described feeling anxious and incompetent about writing and speaking in English in class, including writing an academic essay, participating in class discussions, comprehending lecture content, and expressing a complicated idea in English. Their concerns about English proficiency led them to experience self-doubt, fear of negative evaluation, and frustration. A participant from Iran stated: “We have very sophisticated ideas, but when you try to explain it with your second language, it turns out to be very simple; you can’t really express the complexity of your thinking process.” In explaining such frustration, participants felt as though this obstacle prevented them from achieving their full potential. Another participant illustrated: “It was bothering me because I wasn’t like this in Iran. I was a student that could go beyond the meaning and get the essence very quickly. It was very hard for me to just stay at the first level.”

Additionally, participants who felt incompetent with their English proficiency also reported worrying about clinical skills. They felt expected to achieve a higher level of English proficiency to demonstrate they could comprehend cultural issues in the host society and capture the essence of the clients' presenting issues. As such, some participants equated their English proficiency with clinical competence. One participant explained: "Specifically in psychology, you need English more, and your English should be perfect." The same participant went on to state: "It might take several years to just talk like [local students]. What about other skills? I was always thinking, 'I can't be a good counsellor like them.' I had those feelings all the time."

### ***Discrimination***

Participants reported that the stress related to perfecting English was exacerbated by experiences of discrimination and microaggressions in the classroom. All participants reported that they had either directly experienced or anecdotally learned about discrimination and microaggressions against international students in their respective programs. Participants identified several types of discrimination, including racism, accent-based discrimination, and credential discounting.

Regarding experiences of racism, being ignored and excluded from conversations were cited as the most common incidents. A participant from Brazil stated feeling dismissed or ignored by classmates during class discussions. Likewise, another participant from India indicated that her opinions, if not dismissed, were interrupted by the course instructor, unless non-international classmates repeated them. In other cases, participants experienced combined sexism and racism in the form of stereotypes regarding participants' gender and perceived nationality. For example, a participant shared: "I am a quiet person, and a lot of times people

assume: Oh, you are a woman from Iran, and all women from Iran are oppressed, and that's why you are quiet."

Moreover, participants reported that they were presumed less capable of delivering clinical service, such as therapy or psychological assessments, compared to English-speaking non-international students. This presumption was based on their accents or status as an international student. A participant from France shared a comment given by the professor: "Your accent is probably not going to be a problem for therapy, but for the assessment? I don't know." Similarly, a participant from Iran indicated that she felt as though her non-international classmates assumed that she was less competent. She shared, "if you are successful, getting better, or if you're improving, they'll say, Oh! We couldn't believe that! You could do it! So, by default, they look at you from a deficit perspective."

Contrarily, participants described experiencing "color and nationality-blindness" in that faculty ignored the realities of adjustment difficulties facing international students and rarely gave international students equitable support. A participant from Taiwan shared, "I brought it up that I might need more time to meet with the professors, but [the faculty] all just kind of said: Oh, it's going to be not fair to other students."

Additionally, some participants had either worked as a mental health clinician or were licensed as a clinician before studying abroad. However, their foreign clinical experiences and credentials were not frequently recognized or mentioned in the classroom. None of the participants reported that their foreign credentials were formally recognized or consulted by instructors, supervisors, or peers in this study.

To note, most participants reported that they had rarely experienced discrimination or racism in their countries of origin. As such, most of them lacked the knowledge to identify the

encounters of racism during their sojourn. This lack of previously formed knowledge resulted in feelings of overwhelming self-doubt: “When that first happened, I started questioning myself everything I’ve learned before. I started doubting all of my experiences and knowledge.” Some of these participants reported that they were unaware of being victimized via discrimination until their friends identified these incidents and helped reframe the participants’ self-blame.

### ***Relationships with Non-international Students***

Most participants reported that, by and large, their cohort members and other students in the program were non-international and mostly, White students. Participants’ relationships with non-international students varied from one to another. A few participants reported that they had established a close relationship with non-international students that later on became major support and resource in the department. In contrast, other participants described their relationships with non-international students as distant, including navigation of different interpersonal and communication styles as primary obstacles. A participant from Mexico stated:

Back home, my friends would ask me out for a cup of coffee, and a cup of coffee lasts for several hours, and you ended up going to a movie. Here, it’s like, Let’s have a cup of coffee! But when the coffee is over... the conversation is over. For me, it was shocking.

Nonetheless, participants reported that regardless of the depth of friendships, non-international students helped them significantly to adjust to the different education systems and teaching styles. A participant from France stated: “When I came to the program, I quickly became friends with two girls. I think they are really the two people that helped me not feel too attacked by discrimination.”

### ***Classroom Interactions***

In describing their learning experiences in the program, participants reported that their attention was quickly attracted by the instructors' pedagogical styles. Within these styles, instructors rarely dominated the lecture. Instead, they encouraged students to participate in group activities or discussions. This style was radically different from what participants had expected in the past. A participant from China stated, "Back home, students were expected by the teachers to remember the correct answer. Here, there is no 'right' answer." Likewise, a participant described: "In Iran, we expected the teachers to be a bit more didactic." Despite being new to the Canadian or U.S. educational systems, participants reported that they enjoyed the North American teaching style wherein the instructors concentrated on the discussion process and training students to form their arguments. Further, participants reported feeling empowered when their foreign experience and credentials were acknowledged in class. One participant who had practiced several years as a psychotherapist before studying in North America shared:

A professor asked me directly during the class: What do you think about this therapeutic approach? Can you tell us a little bit more? I feel so empowered! I felt like, she's acknowledging my knowledge, and she wants me to share.

### ***Experiences in Multiculturalism Courses***

All of the participants had taken multicultural training courses as part of the program requirements. Participants reported having mixed feelings about the multicultural course that they attended. While a few participants perceived the class as beneficial, most participants described the lectures and readings as stereotyping or superficial. A participant from Taiwan explained that Asian countries were overgeneralized into a single entity in the class lectures:

Asians are [collectivist]; Asians are family-oriented... something like that. But actually, in East Asia [alone], each country has a very different culture. Each country speaks different languages, and we don't necessarily understand each other at all. But in the class, they wouldn't address such details.

Participants noticed that discussions were often dominated by native-English-speaking, White, non-international students in the multicultural classes. In contrast, international students fell silent in the classroom instead of sharing their diverse lived experiences. For example, a participant from Iran shared: "People who would be talking more in those classes are White blonde girls, not people who actually have diverse experiences coming from another part of the world— they shut up. They don't talk. So, it's very ironic."

Another participant explained that international students rarely spoke up in multicultural classes because of a lack of familiarity with the host society's social-political issues. One participant added that this lack of familiarity is not within professors and non-international classmates' consideration of international students' experiences. An equitable sharing of background information about the host society's history or culture was not provided. Having a lack of prerequisite information, recently-arrived NNESIS were not able to fully participate in course discussions. The same participant said, "They assumed that students in the class all know about what we were talking about, but I did not grow up in the U.S. so, I did not know many of the issues." On the other hand, participants indicated feeling included and less marginalized when instructors or classmates intentionally included international students in the conversation by providing them with more contextual information and an issue's history.

Participants' previous learning experiences also influenced their perceptions of multicultural courses. Some participants reported that they never learned multiculturalism and

diversity issues in their country of origin. Those participants were excited by the opportunities to explore and discuss social justice, advocacy, and multiculturalism. A participant from China stated: “We never talked about multiculturalism, social justice or diversity, those kinds of things back home, whether on media, social media or in the school system. Never.”

### **Perceptions of Educational Institutions**

#### ***Mentorship***

Most participants reported that they did not receive sufficient instruction or guidance from their program and department. This lack of support led them to believe the department did not consider international students’ needs for guidance, mentorship, and challenges associated with adjusting into new social and learning environments. As a result, participants reported feeling “lost” and unattended to. On the other hand, a few participants reported that when the department offered additional orientation programs and workshops tailored to international students’ needs, they felt supported and guided.

#### ***Administration***

Similarly, several participants reported that their departments not only provided insufficient support to international students but also hindered the immigration process. In these cases, the administrative staff did not provide documentation required by the government’s immigration office in time, resulting in a significant delay in the process of obtaining a study permit. One participant shared, “If the program is going to accept international students, they have to give students the paperwork they need. I felt it was unnecessary stress on me, and it’s unfair.”



***Financial Resources***

Additionally, several participants reported that they encountered restrictions and barriers to financial aid and funding opportunities. Most participants shared that they were excluded from participating in many fellowships or scholarship competitions because they, as non-citizens, are not eligible. Participants reported that they usually paid tuition fees that were three times higher than those for non-international students. The lack of funding opportunities aggravated their financial stress on top of other challenges that they encountered during the adjustment process.

***Career Opportunities***

Employment restrictions were cited as another barrier for international students. The lack of credential equivalency prevented participants from securing a job as a part-time counselor or psychologist, even if they, by law, were allowed to work 20 hours per week. Participants who pursued a degree in the United States reported that their career options were limited because they are ineligible to hold federal civil service jobs, such as an internship at a Veterans Affairs hospital, to which only U.S. citizens are eligible to apply. Participants did not describe sufficient guidance from the university regarding issues such as these employment restrictions.

***Diversity and School Environment***

Very few participants reported that their departments had a diverse student population, while most participants described the program or campus environment as homogenously White. Participants also reported that diverse representation among the faculty and students contributed to a sense of belonging to the department. A few participants perceived the school environment as inclusive and diverse by seeing other international students on the school campus, but most participants reported feeling isolated as they were often the only international student in their cohort or program.

Furthermore, participants perceived the learning environment as homogenous and exclusive when there were few faculty members of color or with international backgrounds. Participants highlighted the importance of the visibility of diverse faculty and staff. Participants who connected with faculty members from a similar cultural background reported feeling less anxious during the initial transition process. As well, when the program offered an orientation designed for international students, participants reported feeling welcomed, supported, included, and less isolated. A participant from China shared,

The professors and some senior Asian international students introduced local things to us, trying to help us better adjust to the culture, prepare us also to demonstrate that they are aware of the actual support that will be important for international students.

## **Responding to Distress**

### ***Consequences of Discrimination***

Participants reported that they were expecting North Americans to be liberal and open-minded and the society to be multicultural and friendly before studying abroad. However, several participants reported that these expectations were unmet and negated by discrimination and institutional barriers. These hurdles also resulted in feelings of lost identity. A participant from Iran stated,

At a deeper level, I lost my identity. I lost everything; I lost all my abilities. People here don't understand that I was a very smart student, that I was very capable, that if it was in my mother tongue, I could get the gist of things in a snap.

Participants felt as though their status as an international student or foreigner became their only identity and status. Some participants reported that the experiences of discrimination resulted feeling ashamed and apologetic for "not assimilating enough." Further,

participants learned to expect discrimination, which lead to disengagement in classes. One participant from India shared, “I don’t want to answer! Because I felt like, if I do, they are probably not able to understand, and maybe, again, I would be shut down. So, I’d rather be quiet.”

### ***Initial Responses***

Participants reported employing three initial responses to distress, including seeking out social support, avoiding or ignoring feelings, and assimilating. Some participants reached out to mental health clinicians, friends in the country of origin, family members, and other international students. In contrast, some other participants ignored their distress and did not respond to troubling events. Such a response was frequently employed by participants who experienced repeated discrimination during their first year or semester in the program. Without an extensive knowledge about the school system, participants reported that they did not know whom to confide for support. Therefore, they coped by ignoring further distressing interactions. Lastly, some participants put in considerable effort to act and talk like a local student, for instance, by taking accent classes. A participant from Taiwan explained: “You have to put yourself away, put your own experiences away. I felt like I must pretend that I am an American... that I understand the culture very well over here.”

### ***Acceptance***

Most participants indicated that their responses to distress changed later as their time in North America progressed. Specifically, they indicated that they gradually reached an acceptance of their international student status. In other words, participants reported less frequent feelings of shame for being different over time. A participant from Taiwan stated: “You are who you are. You have your own background. You’re not them. When I understand that they are

not me and they wouldn't completely understand me, I no longer feel disappointed or frustrated after a while."

### **Reflection on Personal Changes and Growth**

Participants reflected on their journey, specifically on how they achieved academic milestones. In completing these milestones, they needed to overcome many challenges. Many participants concluded that the process of pursuing a degree in counselling or applied psychology in Canada or the United States resulted in personal and professional growth.

Most participants indicated that they became flexible and humble by going through the ebb and flow of their journey. They also embraced uncertainty and viewed it as an opportunity to grow. A participant from China used "peeling an onion" as an analogy to illustrate the growing process:

There's always another layer to be peeled off: the constant searching for change. It's quite a grounding and humbling process for me. Receive it as what it is. I just keep trusting... it would bring me the gift I need.

Likewise, a participant from Iran stated: "It wasn't just about becoming a therapist or researcher. What this program, including each of practicum, really impacted me, was my personhood. I never thought that this would happen... I've changed for a different and better person."

### ***Self-competence as a Clinician***

Participants shared that upon reflection, their self-competence and confidence as a clinician improved. Specifically, all the participants who were once worried whether or not their English was proficient enough to deliver clinical services reported that through self-reflection,

observation, and positive feedback from peers and instructors, they were no longer disturbed by such worries. A participant from Iran stated,

English is not everything. It is the therapy process that matters. English is very important, but not as important as the pain that you have in your life such as the difficulties as an international student. Because you have experienced these difficulties and pain, you can understand more people.

### ***A Focus on Social Justice and Diversity***

Participants reported that experiences of discrimination and institutional barriers fuelled their passion and interests by expanding their understanding of social justice and multicultural issues. For instance, a participant from Taiwan stated: “I used to think it is not my business. It’s not related to me. But after experiencing discrimination, I started to pay more attention to cultural issues and began to grow more self-awareness.” Some participants became engaged in research and self-learning on social justice and diversity issues, such as gender, sexuality, immigration, and poverty.

## **Discussion**

This study explored the lived experience of NNESIS in counselling and applied psychology programs. Consistent with the literature (e.g., Behl et al., 2017; Li et al., 2018; Park et al., 2017), English proficiency concerns are cited as a salient stressor for participants during the initial phase of studying and they associate these concerns with a lack of confidence in providing clinical services to clients (C. Li et al., 2018). In addition to stress related to clinical training competencies, participants experience general acculturative stress facing international students (Jackson et al., 2019) and specific discrimination (e.g., Dovidio et al., 2010). Despite feeling challenged, participants’ agency and strength are identified in the results of this study.

Specifically, their ability to cultivate coping strategies and maximize available resources helps them master professional skills and develop their professional identity. Yet, parting from the literature, this study highlights the complex nature of forming an international student identity.

### **Acquired Identity as International Students**

To begin with, being a NNESIS is cited as an essential and salient identity for participants after they transitioned into their new linguistic, social, and educational systems. Similar to the literature (Halic et al., 2009; Sinacore et al., 2017), participants' identities are reshaped such that their international student identity became constantly present. Specifically, participants are usually the sole international students in their respective programs. As these programs are often the primary social hub for participants, the status as NNESIS is simultaneously at the forefront of their classroom and key social contexts. Participants have a lack of varied contexts for other aspects of their identities to become more salient than their membership to a NNESIS category. Other possible identities related to occupation, religion, sexual orientation, ethnicity and race are not highlighted.

NNESIS in this study face changes in identity resulting from discrimination. To illustrate, victimization by way of discrimination challenge participants' acceptance of their new identities. This is salient in situations where participants are members of privileged social groups in their countries of origin. The prevalence of experiences with discrimination reported by participants suggest that there appear to be a systemic disadvantage for international students. On the other hand, NNESIS identify that the new professional identity as a counsellor or psychologist emerges and become integrated into their sense of self. Consistent with the literature (Kuo et al., 2018), NNESIS develop a unique narrative of integrating their professional identity and international student identity. Through coursework, field experiences,

supervision, and personal reflection, participants came to value their experiences of academic, linguistic, and cultural transition. Further, NNESIS' cultural transition experiences, which afford them distinctive competencies in conducting research and delivering clinical services internationally, have become an integral part of their professional identity. That is, participants transitioned from being students and "foreigners," in the "double liminal" zone (Park-Saltzman et al., 2012), to a social location of international non-native English-speaking clinicians. Drawing together, the acquisition of new identity for NNESIS is rather complicated and was influenced by competency development, victimization, loss of membership in a privileged social group, and being met by systemic disadvantage. While only one female participant in this study shared her direct encounter with sexism, assuming the standpoint feminism, it is imperative to highlight the experiences with combined sexism and racism in North America.

### **Program Climate**

Drawing upon this study's findings, a few participants perceive the programs to support diversity and equity. The perceptions of program climate are influenced by a lack of diversity representation, discrimination, and an absence of support from the department. Specifically, faculty and staff assumed power over NNESIS by virtue of their social positions and made discriminatory comments about participants' nationalities and accents. Such actions of aggression lead participants to experience the program climate as discriminatory for NNESIS and proceeded to silence themselves. With the overrepresentation of White, English-speaking, and native-born people in power positions, NNESIS perceives Whiteness, English proficiency, and citizenship status are valued and the norm. This message resulted in participants feeling a need to assimilate. To add, the internal and external financial resources exclusively available to citizens perpetuated the marginalization of NNESIS' voices. Lastly, inequitable sharing of

background information about the host society's history or culture prevented recently arrived NNESIS from partaking fully in course discussions. Program instructors did not address this lack of prerequisite information, and it continued to challenge NNESIS' ability to participate. On the other hand, diverse faculty and staff, the use of inclusive language, and providing and sharing prerequisite information for academics are demonstrations of power balances described by NNESIS.

### **Multicultural Courses**

Consistent with the literature (Lau & Ng, 2012), multicultural courses' contents were criticized for a bias manifested by Euro- or American-centric pedagogies. Moreover, the course contents were described by participants as superficial, stereotyping, and not reflective of the lived experiences of minority individuals, including those of international students. Thus, there appeared to be a lack of attention to international issues in the course content and international students in the classroom interactions. NNESIS's lived experiences, and multicultural counselling competencies that were developed in countries of origin are not acknowledged. Simply put, NNESIS might be confronted with a “double duty:” they are expected to develop the same multicultural counselling competencies as local, non-international, and English-speaking students, yet are simultaneously expected to be “culture ambassadors,” providing classmates with cultural information and cross-cultural experiences, which is an expectation that NNESIS do not always meet since they do not always share in classroom discussions.

### **Mentorship and Peer Support**

This study's findings support the notion of employing mentorship programs to assist NNESIS transition into university (Park-Saltzman et al., 2012; Sinacore & Lerner, 2013). Mentorship programs might assist with learning about educational systems and adjusting to



everyday life in the host society. The results show that peer support from fellow NNESIS buffers cultural shock, and alleviates social isolation. Some NNESIS perceive relationship-building with non-international students as challenging, but other accounts note the potential value of peer mentorship from these students, or, “insiders.”

### **Recommendations and Conclusions**

Findings of this study revealed the systemic nature of barriers facing participants in counselling and applied psychology programs. As such, it is imperative that training programs employ strategies to address these barriers and promote internationalized competencies. Such global regulation of skills should occur at all levels, including curricular, research, clinical training, and program development considerations.

To begin with, international competencies could be promoted by infusing international issues, such as those pertaining to immigrants, refugees, and asylum seekers, into coursework. Training programs could provide elective courses that focus on mental health issues and practices in the international cultural contexts, such that NNESIS are prepared to conduct research and practice therapy upon returning to their countries of origin. Training programs could encourage faculty and students to engage with international research by providing funding for collaboration with international research institutions. Regarding programmatic implications, the training programs could promote peer support by providing mentorship programs, workshops, or drop-in support groups. In an effort to create an inclusive and internationalized program climate, training programs could implement employment strategies to increase recruitment and retention of diverse faculty, staff, and students. To prevent discrimination and racism, faculty, staff, and advisors who work with international students could engage in examining their pre-existing beliefs and assumptions about NNESIS given the heterogeneity

among international students. Finally, future research is needed to explore the international competencies that are required for faculty and staff to teach, train, and supervise effectively with international students.

Several strengths were identified in this study. First, the study employed a feminist standpoint epistemology allowing the researcher to centralize the voice of NNESIS in counselling and applied psychology programs and further delineated and highlighted NNESIS' the unique "double bind" dilemma. Secondly, the study used narrative inquiry as the methodology, which enabled the researchers to delineate the way in which participants' multiple identities intersected and integrated as they progressed through academic and clinical training while simultaneously transitioning culturally and professionally. However, the study was not without limitations. However, the study was not without limitations. There could be a self-selection bias as participants who volunteered to be interviewed in English might have perceived their English as proficient, whereas international students who felt challenged by language barriers might not consider participating. Secondly, this study's analytic focus was not placed on exploring the differences of the social milieu of participants' locations in Canada and the United States.

Overall, the results of this study indicated that the cultural and professional transitioning process for NNESIS is complex and interactive with the environment. The inclusion of these students internationalizes the fields of counselling and applied psychology and affords valuable multicultural learning experiences for non-international students and staff. Unfortunately, an exploration of the lived experiences of NNESIS in these programs revealed recurring challenges such as struggling with identity changes, power dynamics in the program climate, issues in multicultural courses, problems with mentorship and peer support resources, and challenges with

professional identity. By employing strategies to promote internationalized competencies, training programs could generate a program environment that facilitates a healthy transition for international students and counteracts the challenges revealed in this exploration.

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### **Bridging to Manuscript Two**

Clinical supervision plays a critical role in facilitating trainees' socialization to the profession and developing professional ethics, identity and competence (Falender & Shafranske, 2004b; Milne, 2009). For NNESIS, clinical supervision could help them navigate the socio-political realities in the host society (Nilsson & Wang, 2008). Consequently, it is imperative to explore and understand the transitioning experiences of NNESIS in order to provide culturally adequate supervision. Manuscript one indicated that NNESIS experience structural barriers such as discrimination, concerns related to English fluency, and the lack of support and resources at the interpersonal and institutional levels. Moreover, as suggested in manuscript one, participants' perceptions of their professional identity were complicated by the transitioning process, including a concurrent acceptance of international student identity. Building on the findings of manuscript one, manuscript two further explores the perceptions of the same group of participants in clinical supervision throughout their clinical training in the United States and Canada. Data were analyzed using narrative inquiry as the methodology. Guided by the intersectionality epistemological framework, the results of the study in manuscript two provide evidence that NNESIS utilize multilingualism as a clinical strength. Secondly, this study captures the dynamic and context-based nature of participants' needs in clinical supervision. Positive experiences in supervision were associated with supervisors' attempts to build a supervisory working alliance in the triad, including supervisors, trainees, and clients. Good experiences were also linked to supervisors' addressing intersecting identities in this triad. In contrast, negative experiences were associated with discrimination and a lack of attention to cultural-laden concerns in counselling and supervision. Recommendations and directions for future research are provided.

## **CHAPTER 4: Manuscript Two**

**The Experiences of Non-native English-Speaking International Students in Clinical  
Supervision: A Narrative Inquiry**

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We have no known conflict of interest to disclose.

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### **Abstract**

Multicultural clinical supervision, specifically the perspectives of minority supervisees in supervision, has received increased research recognition in recent years. However, limited attention has been given to non-native English-speaking international student (NNESIS) trainees' experiences. Consequently, this study explored the lived experiences of NNESIS in supervision during their clinical training in counselling and applied psychology programs in Canada and the United States. Using narrative inquiry as methodology, 12 participants from Brazil, China, France, India, Iran, Mexico, South Korea, and Taiwan were recruited and interviewed. The data analysis captures the intricate and dynamic supervisory process as trainees' needs in supervision change based on socio-psychological circumstances and training context. This study highlights participants' perceptions of supervision as useful and multiculturally informed when supervisors consider trainees' preferred communication styles, experiences of privilege and oppressed identities, bilingualism, and needs for skills or knowledge development. Supervisors are advised to bring into awareness individual differences of NNESIS as well as differences between these students. They are also advised to engage in self-reflection and assess trainees' culturally laden needs for supervision and professional development.

*Keywords:* Clinical supervision, international students, non-native English speaking, counselling and applied psychology, training and supervision, cultural competency, multiculturalism

Clinical supervision has been recognized as one of the most important and frequently practiced training methods in the field of applied psychology and counselling-related programs. Clinical supervisors occupy roles in gatekeeping the entry of professional systems, developing trainees' professional competency, protecting the public, and ensuring client treatment outcomes (Bernard & Goodyear, 2014). With attention to the multicultural and demographic changes unfolding in the United States and Canada, a growing body of literature has emerged to address diversity issues in supervision contexts (Ancis & Ladany, 2010; Arthur & Collins, 2015; Borders, 2006). Multicultural clinical supervision has been centralized in current research wherein there is an exploration of multiple cultural identities, cultural dynamics in the triadic supervision relationship, and cultural assumptions within traditional counselling theories (Ancis & Ladany, 2010; Arthur & Collins, 2015).

Given the growing number of international students enrolled in applied psychology programs (American Psychological Association, 2017) and Council for Accreditation of Counselling and Related Educational Programs (CACREP) accredited programs (CACREP, 2015), multicultural supervision researchers have become further concerned with the experiences of international trainees in clinical supervision (e.g., Nilsson & Anderson, 2004). However, international trainees have long been marginalized in supervision research either in Canada or the United States. Specifically, only a handful of U.S.-based theoretical papers and empirical studies were published about non-native English-speaking international students (NNESIS) in clinical supervision. Consequently, multicultural and cross-cultural supervision studies were criticized for excluding NNESIS from participation, or grouping international students as ethnic- or racial-minority supervisees (Ng, 2006) or as a homogenous group (Jacob & Greggo, 2001).



### **International Trainees in Clinical Supervision**

Early studies indicated that international trainees perceived their supervisors as multiculturally incompetent such that supervisors mistakenly overgeneralize supervision theories designed for racial or ethnic minorities in the United States (Nilsson & Wang, 2008; Yoon & Portman, 2004). Further, supervisors who typecast international trainees or clients, or rarely initiate cultural discussions were perceived as culturally incompetent by their international trainees (Dressel et al., 2007; Fukuyama, 1994; Nilsson & Duan, 2007). International trainees perceived their clinical supervisors as indifferent to trainees' cultural backgrounds or prone to stereotyping trainees based on race or ethnicity (Sangganjanavanich & Black, 2009). Nilsson and Wang (2008) suggested that supervisors might not be capable of using multiculturally-informed methods to evaluate international trainees' performances due to a lack of awareness of international trainees' challenges. Further, it was noted that supervisors might lack the ability to distinguish issues related to language barriers versus clinical competencies (Nilsson and Wang, 2008). Several studies suggested that international students are not satisfied with their clinical supervision experience (Nilsson & Anderson, 2004; Park et al., 2017; Sangganjanavanich & Black, 2009).

To improve the quality of clinical training provided to international trainees, American researchers have investigated these trainees' unique needs and challenges in clinical training and supervision. Research revealed that international trainees encounter difficulties including language barriers, an absence of a social support system, acculturation issues, and discrimination (for instance, being ignored or isolated) (Kissil, Davey, et al., 2013b; Mori et al., 2009; Ng & Smith, 2012; Nilsson & Anderson, 2004; Sangganjanavanich & Black, 2009). The experiences of international trainees in practicum and internship training were also marked by a fear of

unfamiliarity with American insurance and billing systems and a lack of internship site information (Park et al., 2017). In addition, international trainees experienced difficulty understanding supervisors' expectations and supervisory goals, meeting evaluation criteria due to their prior experiences of discrimination, addressing language barriers or managing unfamiliarity with cultural norms (Mori et al., 2009; Nilsson & Anderson, 2004).

Nilsson and Dodds (2006) and Mori et al. (2009) suggested that supervisors engage in multicultural discussion during supervision to address these abovementioned challenges. International trainees, especially those with more experiences of discrimination in the host society, reported a high level of supervisory satisfaction when cultural discussions are frequently present in supervision (Ng & Smith, 2012). Likewise, researchers argued that multicultural discussions on sexual orientation, gender, and racial identities in supervision might contribute to developing a supervision working alliance, multicultural counselling self-efficacy, and subsequent supervision satisfaction (Crockett & Hays, 2015; Phillips et al., 2017). Specifically, supervisors and supervisees who both approached racial issues with open attitudes tended to form strong working alliances (Bhat & Davis, 2007).

However, inconsistent results were reported. Cultural discussions were not predictive of supervisory satisfaction when international trainees perceive themselves as well acculturated (Nilsson & Anderson, 2004). Furthermore, Akkurt et al. (2018) indicated that the frequency of multicultural discussion in supervision does not affect the strength of the relationship between acculturation and the supervisory working alliance. Similarly, Ng and Smith (2012) indicated that international trainees reporting higher English proficiency and acceptance to the host society did not report higher supervision satisfaction because of more multicultural discussion. Another study on cross-cultural supervision suggested that more culturally acculturated trainees required

an advanced level of multicultural discussion than those who were less socioculturally acculturated. (Kissil, Davey, et al., 2013a). This study suggested that the way supervisors initiate multicultural conversation might determine the conversations' quality (Killian, 2001).

Furthermore, supervisors who pathologize non-Western cultural heritages deterred international trainees from sharing their cultural values and worldviews (Mittal & Wieling, 2006). Likewise, Killian (2001) concluded that given the power differentials between supervisors and trainees, and language barriers, international trainees had trouble defending their worldviews. As such, Killian (2001) asserted that supervisors must first create a safe and supportive environment marked by a strong supervisory alliance for international trainees to feel safe and engage in multicultural discussion (Killian, 2001).

In light of the unique challenges that international trainees encounter, American supervision scholars advocated for a culturally responsive supervision model for supervision with international trainees (Lee, 2018; Reid & Dixon, 2012; Tsui et al., 2014). Lee (2018) suggested that clinical supervisors be culturally competent and knowledgeable about the distinctive experiences and challenges facing international trainees to advocate for them when necessary. Likewise, some scholars demonstrated ways through which clinical supervisors could address specific challenges facing Asian international trainees, such as attending to the impact and nuances of language on therapy, prioritize clients' preferred language, fostering assertiveness, and encouraging trainees' feedback (Qi et al., 2019).

It is noted that there appeared a dearth of empirical studies or conceptual framework on clinical supervision with international trainees in Canada. While several Canadian researchers have published articles on Canadian-based multicultural supervision framework (e.g., Arthur & Collins, 2015; Schroeder et al., 2009), guidelines for supervision (e.g., Johnson, 2019), and

supervision practices in Canada (e.g. Johnson & Stewart, 2000), minimal empirical studies have been conducted on NNESIS's experiences in clinical supervision in Canada.

As a result, it remains unclear how supervision's processes are complicated by the unique challenges faced by NNESIS. Consequently, the process through which NNESIS progress throughout the course of practicum or internship training is unclear. As such, this qualitative study investigated the lived experiences of NNESIS in clinical supervision, including supervision intervention, the supervisory relationship, and ways multicultural issues among the supervisory triad were addressed in clinical supervision throughout practicum or internship training.

## **Methods**

### **Research Design**

#### ***Intersectionality***

The researchers endorsed intersectionality theory as the epistemological framework of this study, emphasising "the relationships among multiple dimensions and modalities of social relations and subject formations" (McCall, 2005, p.1). As such, intersectionality serves to analyze the way through which power relations interact with normativity and social categories, and the process through which social inequity is produced and perpetuated (Lykke, 2010). Employing intersectionality allows the researcher to address methodological flaws and challenge the theoretical pitfalls in the existing research on clinical supervision in which the cultural and social identities that international trainees occupy were overlooked. For instance, intersectional researchers found that students who share the label of "international students" often go through similar processes as they enter the host country; however, their acculturation processes were profoundly influenced by other cultural factors (Sinacore et al., 2009). Employing

intersectionality allows the researcher to place the epistemological privilege on NNESIS, thereby producing critical knowledge that has been missing from the literature.

### ***Narrative Inquiry***

Narrative inquiry as a methodology aims to understand participants' lived experiences and the ways by which lived experiences are configured into a narrative with a storyline (Polkinghorne, 1995). The researcher recognized the contextual meaning and relational significances of the experiences of international trainees in clinical supervision. Because narrative inquiry methodology honours the full extent of diverse individual accounts (Riessman, 2008) and allows the epistemic privilege to be placed on marginalized voices (Mohanty, 2013), it complements intersectional research. Specifically, they both analyze power relations and intersecting social agency and in clinical supervision, which can be explored by taking note of the multivocality within each trainees' narrative (Chadwick, 2017).

### **Procedure**

Participants were recruited through word of mouth and social media (e.g., Facebook, listserv) after the ethical approval was obtained. Eligible participants were individuals who were NNESIS enrolled in a counselling or applied psychology graduate program in Canada or the United States. As well, they completed their first field placement and received clinical supervision weekly. After prospective participants were identified, the researcher conducted a pre-interview phone conversation with each participant to explain the study's purpose, research activities, and determine participants' eligibility for the study. Participants signed a consent form, then completed a demographic form and contact information sheet. The researcher conducted a confidential video-conferencing interview using Skype for Business in English for 90 to 120 minutes with each participant. Adhering to the principles of narrative inquiry, the

researcher used the interview guide as a reference. Specifically, the interviewer focused on inviting storytelling by giving participants leeway and following up on the participants' responses carefully during the interview process. Participants received a \$25 gift card promptly after the interview as compensation for their time. Each interview was audio-recorded, transcribed verbatim and checked for accuracy. Confidentiality was ensured by de-identifying participants' information from the data set and encrypting data accessible only by the researcher and her supervisor.

### **Data Analysis**

The researcher followed the steps in narrative analysis outlined by Chase (2003) and the three-dimensional approach for narrative inquiry outlined by Clandinin and Connelly (2000). The researcher began the analysis by reading each transcript thoroughly and completing an interview summary promptly after each interview. During this step of the analysis, the researcher determined if no new information had been attained such that sufficient data had been collected. Secondly, the research wrote down interpretative comments on the margin of the transcript for each interview. Thirdly, the researcher re-storied the interview chronologically for each transcript, and the re-storied summaries were sent to each participant for member checking. Then, focus points were identified using a three-dimensional approach to narrative analysis (Clandinin & Connelly, 2000). Themes were constructed based on the correlation between focus points, and data charts were created that supported each theme. The researcher completed a cross-case comparison analysis following the completion of all data charts.

### ***Rigour and Trustworthiness***

To ensure the accuracy and authenticity of research findings (Spencer & Ritchie, 2012), peer debriefing (analytic triangulation) and member checking were employed (Creswell, 2007).

As well, the researcher actively sought journaling and peer debriefing to facilitate reflexivity and self-reflection on how the researcher's worldviews and biases might impact the research progress (Creswell, 2007; Spencer & Ritchie, 2012). Furthermore, an audit trail was created in which the researchers documented each step taken through the research process to ensure methodological reliability. Finally, the researcher asked participants debriefing questions during the interviews to achieve catalytic validity.

### ***Subjective Stance***

In light of both intersectional epistemology and narrative approach necessitating reflexivity across the research procedure (Chadwick, 2017), the researcher strived to examine her subjective stance rigorously. The researcher self-identified as a cis-gender Taiwanese female who pursued her doctoral degree in counselling psychology in Quebec, Canada, as an international student. While the positionality as an international student affords the researcher the privilege to comprehend the contextual meaning of participants' lived experiences as international students, the researcher acknowledged that each participant occupied different social locations. As a result, they might not share an identical conceptual scheme during a seemingly similar sojourn trajectory. Finally, member-checking was employed to ensure the credibility so that the data accurately characterized the participants' narratives.

### ***Second Language Considerations***

The researcher recognized that the interview process, as well as data analysis, might be impacted by language barriers, given that neither the researcher nor participants were native-English speakers. As such, member checking, peer debriefing, and data triangulation (Creswell, 2007) were employed to further ensure credibility.

## **Participants**

Recruitment resulted in 12 participants. The countries of origin include Brazil, China, France, India, Iran, Mexico, South Korea, and Taiwan. The age of participants ranged from 26 to 41. Six participants were enrolled in mental health counselling and counselling psychology master's programs, and six other participants were enrolled in counselling psychology, clinical psychology, and school psychology doctoral programs. The length of participants' study in the programs enrolled ranged from two to six years. Location-wise, half of the participants were admitted to American programs while six others were enrolled in Canadian programs. Three participants identified themselves as men and nine others as women. In terms of sexual orientations, one participant self-identified as bisexual, two as queer, and nine as heterosexual. In order to ensure confidentiality, participants' background information, such as gender and their countries of origin, were not reported in the results when sharing such information could make participants identifiable.

## **Results**

### **Initial Clinical Experiences as a Novice Trainee**

Participants all reported that they cherished their clinical experiences working with clients, from which they received a sense of fulfilment. Some participants shared that they specifically enjoyed applying counselling theory to practice. Upon reflection on their experiences as trainees, participants recalled vivid memories of going through linguistic challenges and feeling anxious about conducting counselling sessions in English as the non-native language.

### ***Concerns about English Fluency***

Most participants identified accents or language barriers as the first cultural difference that they encountered in session with clients. Several participants reported that at times they



could not fully understand their English-speaking clients in the first few sessions. Believing that a counsellor must speak perfect English, some participants reported feeling embarrassed and apologetic when they had to ask their clients for clarification. A participant from Iran explained: “it was very embarrassing for me to say those stuff first, like ‘please repeat’ ‘pardon,’ ‘excuse me, what do you mean?’ or ‘I can’t understand.’” One participant from Taiwan echoed, “At the beginning, if I needed time to formulate my words, I used to say, ‘Sorry, let me think about it;’ ‘Sorry, let me repeat again.’” Other participants reported that when it came to addressing their accents and foreigner identity with clients, they went through a wide range of emotions from nervousness, embarrassment, relaxation and confidence. Participants indicated that initiating an open discussion on accent differences with clients brought positive influences on their relationship. A participant from Mexico shared: “It has helped me with rapport with clients. They don’t feel like they need to be perfect with me, because I’m not perfect and that’s fine.”

**Bilingual therapy.** Some participants reported that they came to recognize their bilingualism as a strength when working with immigrant clients or international students from the same country of origin. Participants reported that speaking in the same language allowed them to establish a relationship with these clients quickly and connected clients with additional resources, which one participant described as “an overwhelmingly powerful experience.” Subsequently, participants reported that their worries about language as a barrier to relationship development with clients were resolved upon bonding with the clients. Specifically, most participants reported that throughout their training experiences, they had never experienced discrimination from clients.

### ***Multicultural Interactions***

Most participants agreed that each session was a multicultural encounter for them as trainees from a different country. A participant from China stated: “All of my clients back then were White. So, almost every therapy session that I had with my clients were cross-cultural communication.” Providing clinical services was not without challenges. Participants reported they became mindful that they were in the host country, a different social and cultural context, and developed an awareness of their own assumptions and worldviews. For instance, a participant from Mexico stated, “There is a very different way of processing and approaching mental health and wellness [in my host country]. For me, it was the first time that I thought, Oof, I need to be careful. I am in a different context here.”

### ***The Training Environment***

Participants shared that they completed their practicum or internship at different types of service agencies, including university counselling centres, private practices, specialized mental health facilities, community mental health centres, and hospitals. Participants disclosed that their experiences as trainees were profoundly influenced by their interactions with other clinical staff members. That is, while some participants reported that they strived in a perceived multicultural, inclusive and friendly environment, other participants described feeling edgy and apprehensive following their direct personal experience or observation of discrimination.

**Culturally inclusive environment.** Participants described the training environment as safe and inclusive when cultural awareness and cultural discussions were centralized during interpersonal interactions, such as staff meetings. For example, a participant from Iran reported that the director of the practicum site brought awareness to a mass shooting, wherein Muslims were victimized, during a staff-wide meeting. As well, participants indicated that they perceived

the workplace to be diverse when there was a representation of various racial, ethnic, and gender identities.

**Discriminatory training environment.** Discriminatory environments were mostly marked by racist comments against trainees or clients. For example, a participant from Iran recalled a conversation in which her practicum cohort and supervisors stereotyped the Iranian culture based on an Iranian individual's behaviours. She said, "One of the people said, 'Is that [stalking] a cultural thing?' Like, do Iranian men stalk women?" In other cases, clients' gender identities were subjected to discrimination. For instance, a participant shared that during a case conference at the hospital where she completed her training, the medical doctors openly ridiculed patients who self-identified as non-binary. Discrimination also occurred in forms of using non-inclusive language. A queer-identified participant noticed that the intake form excluded demographic questions about clients' sexual orientation or gender identities and addressed this fact with the internship coordinator, who replied saying: "Oh! We don't ask that, because this is not important to everybody."

### **Supervision Process**

Participants reported that their initial interactions with supervisors were largely guided by the learned social norms of a supervisor-supervisee relationship in their country of origin. For instance, a participant reported that, informed by the social norms learned in China, he expected the supervision interaction to be didactic wherein supervisors give direct instructions. Likewise, a participant from South Korea said,

I've been taught to not disagree and that I need to respect authority and people that are older than me. I have struggled with speaking with my own needs and wants, because I don't want to disrespect people who have power.

***Relationship Building***

Participants noted that relationships began to build upon supervisors' validation and acknowledgement of participants' general or unique concerns as an international student. For example, the relationship strengthened when supervisors validated trainees' worries about conducting therapy in their second language or a general lack of confidence in clinical skills. A participant from Taiwan used to apologize to clients for any struggles that she experienced with English during sessions. She recalled the conversation wherein her supervisor stated: "You don't have to say sorry to your client, because you didn't do anything wrong. You can say, Hmm, please give me some time to process or please give me some time to think about it."

Additionally, participants indicated that they felt connected with their supervisors when the supervisors self-disclosed personal experiences as an immigrant or international student. This self-disclosure occurred, for instance, to normalize participants' worries. Moreover, most participants indicated that supervisors' expressions of care, such as asking participants about their overall well-being or academic adjustment, not only facilitated connectedness, but also provided emotional support for trainees. This included supervisors' verbalization of appreciation and acknowledgement of trainees, which ameliorated power differentials. Another participant from Taiwan stated: "[Supervisor] always said, 'thank you so much;' 'thank you for preparing.' I think it makes me feel like the power dynamics are not very apparent." Further, participants reported that supervisors' verbalization of interest in learning about participants' cultural heritage and norms was helpful. Furthermore, supervisors' professionalism, such as preparation for supervision, was cited. A participant from South Korea explained:

[My supervisor] writes down each client and her own conceptualization for each client on her notes; when I forwarded her the notes, she got back to me right away. She puts in so much work and effort into our supervision that I feel like she really cares about it.

**Barriers in building relationships.** In contrast, participants reported that they had difficulty building relationships with supervisors when they perceived them to be unavailable or uninterested in preparing for supervision. A participant from South Korea stated, “the supervisors just came in and like, Okay, what do you want? It made me feel like she didn’t care and didn’t prepare it at all.” Likewise, when supervisors rarely expressed their interests in learning about participants’ cultural contexts or overall well-being, participants perceived supervisors as distant and uninterested in building a relationship with trainees. Similarly, when supervisors rarely attended or addressed cultural factors that trainees deemed crucial to clients’ presenting issues, participants perceived the supervisors as indifferent to trainees’ needs for multicultural discussion in supervision, which hindered relationship building.

Moreover, the negligence of addressing the supervisory relationship, unresolved conflicts, and supervisory goals was also cited as a barrier. Additionally, the evaluative nature of supervision was cited as a barrier for participants to bring up any concerns or requests. Another participant from South Korea reported that she rarely discussed her feelings and expectations for supervision due to the fear of disappointing supervisors and being evaluated negatively.

**Repairing supervisory relationships.** On the other hand, some participants said their relationships with supervisors were built after supervisors addressed the conflicts in the dyad. For example, a male participant reported feeling judged when the supervisor commented on his interpersonal style as “aggressive,” whereas the participant perceived himself as “passionate.”

The participant reported that their relationship was repaired after his supervisor revisited the conversation and expressed interest in learning about the participant's cultural background.

### ***Supervisory Interventions***

Participants reported experiencing a variety of supervisory interventions employed by different supervisors, including live observation, and video or audiotaping, as well as teaching theories, case conceptualizations and specific techniques (e.g., constructing a genogram).

Participants described supervisor inventions as most helpful when they perceived the supervisors as knowledgeable, non-judgmental, and genuinely curious about participants' conceptualization and choices for interventions. For participants who worked with clients at high risk for suicide or with severe psychopathologies, supervisory interventions were found to be helpful if they taught crisis intervention and normalized trainees' emotional distress. A participant from France described: "[My supervisor] was very good at helping me learn how to tolerate the frustration and how to still be engaged, be caring, and protecting the relationship with clients, despite all the chaos or distress."

Participants also reported benefiting from supervisory interventions that centred on facilitating trainees' awareness of their personal attitudes or beliefs. For instance, a participant from Taiwan stated, "She pointed out some patterns that she observed from my interactions with clients. She brought up and asked me: 'Do you notice that you have this [pattern]? Will this thing apply to other parts of your life?'"

### ***Multicultural Issues***

Whether sharing a similar cultural background with supervisors or not, all participants reported that cultural factors and identities affected their experiences in supervision.

Participants' experiences of multicultural discussions in supervision varied. All of the

participants indicated that a conversation about supervisors' perceived identities and cultural backgrounds, specifically nationality and ethnicity, was crucial in building supervisory relationships. Several participants reported that their supervisors initiated conversations on cultural differences, privileges, and power differentials between the supervisor and the participant. For example, the participant from India recalled a conversation wherein the supervisor acknowledged his White, male, and age privileges in supervision, which opened an opportunity to explore cultural factors about clients, the participant, and the supervisor. Likewise, participants reported that supervisors shared past training experiences as an immigrant or international student, and processed participants' reactions about sharing similar cultural backgrounds with supervisors. Further, participants reported that a candid conversation helped them become aware of their biases and assumptions about supervisors based on perceived or assumed identities. For instance, a participant from China shared, "Very soon, I discovered [my supervisor] is not an American at all. She speaks perfect English, and she looks White... but she is, surprisingly, the immigrant from [a middle eastern country]."

Participants explained that such cultural discussions initiated by supervisors built the supervisory relationship and, at the same time, modelled the ways in which participants could address cultural issues with clients. For example, a participant from Taiwan stated:

[My supervisor] shared her experiences: She told her clients that: 'I am a counsellor with an accent. If there's anything during our conversation that you don't understand, please feel free to ask me. In case I couldn't understand you right away, I probably would ask you to repeat again for me. Do you feel okay with that?' I learned it from her, and I also used it with all my client. It really helped me build a relationship with my clients.

Participants noted that supervisors used their own clinical experiences as an example to illustrate different interventions when participants described their clients' difficulty understanding accents in sessions. Participants reported feeling supported when their supervisors provided positive framing and normalization. A participant from Mexico recalled a conversation wherein the supervisor said: "Many of the children are not exposed to different accents. They're very used to like local dialect. So, when they come across someone from a completely different culture, it's not about you. It's because their ears are not trained." Participants explained that they learned the most from their mistakes when they trusted supervisors' evaluations would not hinge on linguistic issues.

**Bilingual therapy.** Occasionally, supervisors authorized participants to conduct psychological assessments or therapy in their native language and then follow up in supervision with reflections in English. Two participants explained that supervisors who did not speak their native language used their trainees' self-report and process notes to mitigate any language barriers in supervision. This permission sent the message to participants that their supervisor recognized multilingualism as a strength. Such authorization fostered feelings of trust and empowerment for the participants.

### **Conflicts and Discrimination**

Most participants reported that they had experiences of direct conflict or discrimination by at least one of their supervisors. Specifically, participants recalled being discriminated against based on their perceived accents or background. A female participant recalled that her supervisor asked if she knew what the word "sushi" meant, assuming that the participant's country of origin did not provide her with knowledge of international cultures. A participant from India reported that the supervisor belittled the clinical training that the participant received in the country of



origin. The participant explained the pre-sojourn hospital-based training backgrounds to the supervisor, and the supervisor replied in a scornful tone of voice, “Oh yeah? That’s the kind of supervision you got [weakness in clinical skills] from?” Likewise, a participant from France reported that a supervisor evaluated international students as less competent in conducting psychological assessments because of their foreign accents. Resultantly, the fear of discrimination and bias resulted in participants’ self-preservation and non-disclosure. For instance, a participant who self-identified as a Muslim reported that she never disclosed her religious identity to any supervisor to avoid potential negative evaluation or judgement.

Some participants reported that they had attempted to address observed discrimination in the workplace. However, all participants brought up such incidents reported that supervisors’ responses further silenced them in supervision. A participant from Iran recalled: “It was very hard for [my supervisor] to understand what I was saying [about the hostile climate]. She started arguing with me. It got so bad that I started apologizing. I said, ‘I’m sorry, you’re right, it’s just in my head.’” Participants felt threatened and frightened that supervisors would use their power to evaluate participants negatively due to the conflicts or arguments, which also led participants to cope via self-preservation, such as limiting self-disclosure in supervision, “just to get through,” said one participant.

### **Outcome of Supervision**

Some participants reported that therapist-client relationships strengthened upon learning to respond to clients therapeutically or addressing cultural differences in sessions. This response technique was often a mirroring of the multicultural skills their supervisors conducted in supervision. Other participants identified an increased knowledge of case conceptualization. Furthermore, participants described a healing quality of supervision wherein supervisors were

perceived as warm, caring, and present. Such characteristics fostered trust in the dyad and allowed participants to disclose challenges or countertransference experienced in sessions. Also, timely responses from supervisors enabled participants to provide adequate and appropriate care to clients, which, in turn, enhanced their self-confidence and efficacy as trainees.

### **Discussion**

This study investigated the experiences of NNESIS in supervision over the course of clinical training through an epistemological lens of intersectionality theory. The strengths of and challenges faced by NNESIS trainees provide an understanding of these students' training experiences and clinical perspectives. Consistent with the literature, NNESIS trainees report dissatisfaction with supervision when supervisors neglect cultural factors, pathologized trainees' cultural backgrounds, or made microaggressions (Dressel et al., 2007; Sangganjanavanich & Black, 2009). Yet, the results of this study indicate that supervision with NNESIS trainees is complicated and dynamic. Trainees' needs in supervision constantly change based on trainees' sociopsychological circumstances (such as prior supervision experiences and cultural identities), or the training context (such as client population and the training environment).

The analysis indicates that NNESIS trainees, despite being challenged with English proficiency and cultural adjustment, develop cross-cultural skills from their international training experiences through which they foster a strong relationship with clients. These skills include the utilization of multilingualism and its recognition as a strength. However, in an environment where diversity is underrepresented, and White, native born clinicians make up the staff population, feelings of marginalization and lack of safety are present for international students. NNESIS trainees are victims of discriminatory comments and cope by becoming silent and self-preserved. The climate described in this study indicates a double burden of these students as they

must translate and adapt any acquired knowledge to work in their home country but are simultaneously facing discrimination and pressures of assimilation in the host country.

Consistent with the literature (Nilsson & Anderson, 2004), the results of this study highlight the positive influence of a strong supervisory relationship on NNESIS trainees' self-perceived clinical competence. Moreover, trainees report being more engaged in the supervisory process when they frequently self-disclose and reflect in supervision. In addition, the study supports the literature (De Stefano et al., 2017) in that the levelling of power differentials via supervisors' self-disclosure and transparency fosters a positive supervisory relationship. Specifically, this study underscores the importance of supervisors' attention to NNESIS trainees' cultural contexts and the influence of intersecting identities on their experiences. Such attention is cited by participants as the cornerstone of supervision.

### **Intersecting Identities in Supervision**

Consistent with the literature (Burkard et al., 2006), this study found that NNESIS trainees are sensitized to how culturally unresponsive events occur and are addressed in supervision. Further, the analysis shows that through personal exposure or observation, NNESIS become acutely aware of power dynamics and groups that are marginalized in their North American host societies. The results indicate that NNESIS trainees consider shared aspects of social locations, such as marginalized cultural identities, with their supervisors and might feel less of a power imbalance because of that commonality. Both social location and initiation of cultural discussion in supervision influence NNESIS' perceptions of supervisors' multicultural competence. White, non-international supervisors who do not initiate cultural discussion are not perceived as culturally competent by NNESIS trainees. Further, supervisors' privileged career

status maintains a power position above that of participants, which is independent of race and effortfully initiated cultural discussion.

Leaving intersecting identities unexplored and unaddressed can result in both supervisors and NNESIS trainees' biases and assumptions to be unchallenged. The study showed that not challenging assumptions hinders supervision for NNESIS trainees. When NNESIS trainees read supervisors as White, native-born and culturally incompetent, they self-disclose less or conceal marginalized identities to avoid potential xenophobia or other discrimination. NNESIS who perceive that their supervisors do not comprehend the intersectionality of their identities feel that many aspects of their narratives are missed by supervisors. This perceived lack of supervisors' comprehension might result in a lack of recognition for challenges met by NNESIS as well as their strengths.

An evident signal of unchallenged prejudices is discriminatory comments made by supervisors. This study indicated that such discrimination includes the invalidation of participants' experiences with racism or heterosexism. Another form of discrimination appears as a lack of attention to trainees' culturally laden concerns. Such undirected attention, according to the analysis, leads NNESIS to feel unsafe and disregarded in supervision. For example, failure to address a trainee's social location as a racial and linguistic minority, trainee, and international student leads to feelings of marginalization for these students. A lack of acknowledgement of privileges and oppression prevents supervisors and NNESIS trainees from fostering self-awareness, attunedness, and openness—the cornerstone in multicultural supervision (Bernard & Goodyear, 2014; Sangganjanavanich & Black, 2009).

**Multicultural Supervision Foci**

This study highlights that participants perceive supervision as most useful and culturally informed when supervisors consider NNESIS trainees' preferred communication styles, experiences of privileged and oppressed identification, multilingualism, and needs for skills or knowledge development at the time. Moreover, NNESIS trainees perceive the supervisory relationship as strong and positive when supervisors are not only aware of their own identities but attuned to trainees' identities. In other words, multicultural supervision interventions include the analysis of trainees' lived, cross-cultural experiences, and any social location differences within the supervision dyad. To have such multicultural supervision intentions involves a dual process wherein supervisors maintain continuing self-reflection and simultaneously express appreciation of and interest in learning about trainees' culture and identities. This process parallels those which trainees have with clients. This trainee-client dynamic similarly includes awareness of identities from both parties. Simply put, the process acts as a channel that reduces biases and enhances multicultural-informed practices. Further, this study aligns with the literature (Killian, 2001; Ladany & Inman, 2012), demonstrating that while a demographic match in the supervisory dyad might be preferred by trainees, the supervisors' non-judgmental manner and openness to addressing cultural issues are cited as a dominant critical factor for supervision satisfaction.

**Multicultural Evaluative Practices**

Consistent with the literature (Bernard & Goodyear, 2014), the results of this study show that the evaluation of the trainees conducted by the supervisor is a critical stressor for participants. Further, they perceive the evaluation process as unfair and stress-inducing when they consider that the evaluations are coloured by supervisors' unchecked biases, such as racism,

accent-based discrimination, or heterosexism. To add another layer of complexity to this concern, NNESIS trainees worry about negative evaluations resulting from the confrontation of racism and discrimination with supervisors. Thus, trainees encounter the double bind: they are encouraged to self-disclose in supervision while considering that such openness could ignite supervisors' potential discriminatory attitudes, negatively impacting evaluations.

### **Recommendations and Conclusion**

In conclusion, this study sheds light on the complex nature of multicultural supervision with NNESIS trainees. Specifically, supervisors' understanding of NNESIS trainees' needs and cultural concerns, culturally responsive interventions, and evaluative practices heavily influence participants' experiences in supervision. As well, the study enriches our understanding of how NNESIS trainees simultaneously go through acculturation and clinical competence development wherein they negotiate identities while meeting performance expectations. Finally, given the experiences with culturally unaware supervisors reported in this study, there appears to be a systemic need for multicultural education for supervisors to provide culturally responsive supervision.

The results of the study yield implications for supervision, clinical training, supervisor training, and supervision research about NNESIS trainees. Repeatedly, the study supports the notion that supervision is multicultural in nature (Falicov, 2014) and the importance of multicultural and diversity awareness in supervision. As well, supervisors' self-reflection efforts, assessments of NNESIS trainees' cultural needs, and efforts to address cultural differences are critical actions needed for relationship building in the supervisory dyad.

Because NNESIS trainees often represent a wide range of cultural identities, including nationality, gender, race, social class, religion, and sexual orientation, supervisors should be

aware of individual differences within and between international trainees. Simultaneously, they must acknowledge the system of oppression might influence international trainees by virtue of their assigned social locations. Moreover, in addition to employing the competence approach which usually views knowledge acquisition as the end goal, supervisors may assume cultural humility and openness to diversity in supervision (Watkins et al., 2019). To do this, they may regularly initiate cultural discussion and assist NNESIS trainees in connecting with their identities in the contexts of competency development and clinical service delivery. For instance, supervisors, instead of enabling cultural assimilation, could employ a strength-based approach to assist international trainees in highlighting multilingualism and international perspectives as strengths. They can reinforce the idea that such linguistic skills and multicultural perspectives are an asset that enriches clinical services with diverse populations. Repeatedly, given the power differential in supervision, it is critical that supervisors draw attention to the role of their own intersecting identities and how these might inform and influence their approaches and practice (Falender et al., 2013). To facilitate multicultural practices in supervision, it is imperative that supervisors continue engaging in reflexivity exercises and peer consultation. Similarly, supervisors should receive on-going training to familiarize themselves with recent cross-national supervision research and supervision practice outside of Canada or the United States.

This study indicates that the perceptions of NNESIS trainees' supervision experiences hinge on the degree to which the environment and program are inclusive, diverse, and non-hostile. As such, training institutions and internship placements could consider increasing minority representation through the recruitment and retention of diverse trainees, clinical staff, and faculty. Additionally, while these institutions and placements should provide trainees with

multicultural and social justice training, faculty and staff should complete professional development on such competencies as well.

### **Strengths, Limitations, and Directions for Future Research**

Research on multicultural supervision has focused on racial and ethnic identities, thus overlooking the influences of interacting identities in supervision. Applying intersectionality theory as the epistemological framework, this study complements previous research by centralizing participants' diverse, unique voices across various supervision settings. In employing narrative inquiry as the methodology, this research affords a process-oriented perspective of NNESIS trainees' experiences in clinical training, an understudied topic in supervision literature.

However, this study is not without limitations. First, the data consisted of retrospective accounts of supervision. While it is arguable that participants reported the most meaningful elements of their lived experiences in this narrative study, the accuracy of experiences is not completely assured as participants were not followed and interviewed over time. Additionally, this study focuses on the experiences of NNESIS trainees, and thus additional conclusions about supervision based on the perspectives of supervisors and clients might not be drawn. Lastly, while this study took an intersectional approach, the analytical focus was not explicitly placed on participants' educational levels (i.e., M.A. or Ph.D.) and socioeconomic status.

More qualitative research on NNESIS trainees is needed to form evidence-based practice guidelines for supervision with this population. As well, longitudinal data would provide a comprehensive understanding of NNESIS' experiences in supervision over time. Future studies exploring the supervisor-trainee-client triad might also enhance an understanding of NNESIS' supervision experiences as a factor relating to client treatment outcomes.



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## **CHAPTER 5: Summary and Conclusions**



Clinical supervision is a vehicle that facilitates trainees' development of professional identity and clinical competence. As researchers and supervisors become concerned about diversity and multiculturalism in supervision (e.g., Borders, 2006), a research focus has been placed on such supervision from the perspectives of minority supervisees. Considering the increasing numbers of NNESIS in counselling and psychology programs in Canada and the United States, it is imperative to explore experiences of NNESIS in clinical supervision and the factors which make it most effective. To this end, two studies have been conducted: Manuscript one focuses on the experiences of NNESIS in graduate training programs, and manuscript two presents a qualitative analysis of NNESIS' accounts of supervision.

### **Summary of Results**

#### **Manuscript One**

Findings from manuscript one contribute to an in-depth understanding of the overlapping process wherein NNESIS in counselling and applied psychology programs transition professionally and culturally. The results of this study provide a rich description of participants' experiences, including interpersonal interactions with members of the host society. Such interactions took place in their daily lives as international students, in contexts including educational institutions.

At the interpersonal level, salient themes include the receipt of peer support, acquisition of knowledge about the cultures of the host society, and the positive experiences with discussion-oriented teaching style. As well, themes comprise challenges encountered by NNESIS trainees during the initial adjusting phase, concerns related to English proficiency, and discrimination. Participants described relationships with non-international students, classroom interactions, perceptions of multiculturalism courses, and classroom dynamics. Through narrative accounts,

the marginalization and of NNESIS trainees' voices and needs in the classroom are captured. At the institutional level, the study provides evidence that NNESIS recognize the positive influence of a diverse student population on campus but perceive program climates as ill-prepared to provide international students with sufficient support, including mentorship, career advising, and funding opportunities.

Finally, the results of the study highlight the way through which NNESIS trainees respond to distress and integrate their identities as an international student and professional clinician. The study described in manuscript one captures the dynamic and complex nature of the international student identity and the interaction of this identity with others (such as professional identity). Secondly, it captures the systemic nature of insufficiency and ineffectiveness in multiculturalism courses in counselling and applied psychology programs in the United States and Canada.

## **Manuscript Two**

Results of manuscript two present the experiences of NNESIS as trainees in clinical supervision throughout clinical training. Results include two major areas of findings, namely trainees' experiences providing clinical services to clients, and secondly, the supervision process. NNESIS trainees' experiences delivering clinical services are characterized by concerns about English proficiency, recognition encounters with clients as "multicultural," and training environment factors. The results highlight NNESIS trainees' strengths, such as the use of multilingualism to work with a diverse population and foster therapeutic relationships with clients.

Secondly, NNESIS trainees' perceptions of supervision are influenced by relationship building, supervisors' interventions, multicultural issues, and conflicts and discrimination.

Trainees identify the role of a parallel process in positive supervision outcomes, such as confidence in clinical skills and multicultural competence. In this parallel process, supervisors assume an open and humble position to learn from trainees while acknowledging privileged and oppressed identities in the supervisory triad. Specifically, the results of the study provide rich practical information about effective strategies that supervisors have employed in addressing participants' multicultural concerns in supervision.

Drawing upon this study's findings, one may conclude that supervision competence with NNESIS trainees includes a number of skills and attitudes. These skills include including exploring trainees' concerns about culture and identity and their preferred communication styles. Additionally, it is important for supervisors to note the strengths associated with multilingualism. Lastly and most importantly, supervisors' self-awareness of their own social locations and an ongoing commitment to addressing multiculturalism and diversity in clinical supervision is imperative for effective and satisfactory supervision with NNESIS trainees.

### **Overarching Findings**

The current dissertation explored the lived experiences of NNESIS in clinical supervision and their sojourn experiences in counselling and applied psychology programs. This topic has not received research and clinical attention that is reflective of the growing numbers of this student population. Several overarching themes were identified from the findings of these studies and their contributions to knowledge in the field is discussed.

First, both findings of the studies provide evidence of participants' strengths and agency in creating meanings of their lived experiences as international students. Through meaning-making, NNESIS simultaneously develop an identity that enriches their sense of professional and international student selves. These studies reveal the strengths of NNESIS trainees, such as

multilingualism and an ability to use international backgrounds as a reference with clients. While coping with challenges during cultural and professional transitioning, such as marginalization, NNNESIS trainees develop strategies and perspectives to understand to face them. Overcoming such challenges and transitioning culturally and professionally sensitizes NNESIS to multicultural and social justice issues faced by marginalized people in the host society.

Consistent with extant literature (e.g., Sangganjanavanich and Black 2009), NNESIS trainees are able to share an appreciation for the unique opportunities offered by being trained in Canada and the United States. Further, NNESIS recognize that their knowledge and clinical skills improved as a result of training when instructors and classmates collaborated to create an inclusive climate.

The analysis of the challenges facing NNESIS reveals a systemic nature of barriers faced by these students in some educational institutions. That is, NNESIS are excluded or do not receive equal access to resources or support at the levels of teaching, training and supervision, and administration. The recognition of this systemic issue de-essentializes the characterization of international students as incompetent or deficient. As such, the results suggest that challenges facing NNESIS might be reflective of a gap between academic expectation and NNESIS students' realities. This gap may therefore be resulting from structural inequality, and not necessarily an inherited deficit. The findings support a shift away from deficit perspectives of NNESIS that have been commonly presented in the literature (Mittal & Wieling, 2006; Sawir, 2013).

These studies unveil additional challenges facing NNESIS in counselling and applied psychology programs. While previous research has provided evidence of the ways that language barriers, acculturative stress, adjustment difficulties, and experiences with discrimination impact daily lives and the clinical training experiences for NNESIS (e.g., Nilsson & Anderson, 2004),

the studies reveal the lack of multiculturalism infused into supervision, training, teaching, and administration. Consistent with the literature (e.g., Mittal & Wieling, 2006), supervisors, program administration, and teachers might not be well prepared to provide adequate support or training for these students due to the lack of training on diversity issues. When NNESIS are considered as a separate group rather than an integral part of the student body, the curriculum and clinical training are consequently not representative of the student population, classroom, and program diversity.

### **Contributions to Original Knowledge**

Existing studies have illustrated that international students go through the cultural transition process during their sojourn, and may encounter acculturative stress, language barriers, discrimination, and racism. Several studies have also been published on the international students' perceptions of clinical supervision (e.g., Nilsson & Anderson, 2004). However, detailed qualitative accounts of the unique challenges that NNESIS experience in multicultural training, clinical training, supervision, and carrying out clinical services, have not been explored in-depth. Thus, this dissertation study yields unique contributions to knowledge that facilitates a more comprehensive understanding of the lived experiences of NNESIS in training programs and specifically in clinical supervision.

Utilizing narrative inquiry, this study provided a comprehensive understanding of experiences beyond predetermined cultural variables, such as country of origin, gender, sexual orientation, race, and ethnic. This dissertation research also elucidates the complicated cross-cultural interactions at all levels of the educational intuition experienced by NNESIS and indicates that the educational institution can serve as a primary social hub for social connections and community. Also, this study contributes to the knowledge of the participants' professional

and cultural transitioning processes and deepens the understanding of what it means for them to experience discrimination. It highlights the experiences of moving from a privileged social group in their countries of origin to a new experience of being in a minority group in the host society. Further, through analyzing participants' perceptions of the individual interactions in training programs, program climate, the environment of the training sites (e.g., practicum or internship programs), and policy, the study elucidates the structural barriers faced by NNESIS during their academic pursuits. The study specifically highlights that there are systemic disadvantages and a need for multicultural competence to support NNESIS.

Despite the systemic disadvantages, the study also throws light on the critical role that interpersonal peer support and mentorship play in assisting NNESIS in the transitioning process. Moreover, the development of professional identity, an increase in knowledge and clinical skills, and the growing passion and knowledge about social justice and multicultural issues in the host society are identified as the positive outcomes of studying abroad. Specifically, benefits for programming and workshops tailored to the needs and the challenges faced by international students are identified. This is particularly important because, as study's results indicate, a diverse student population on campus or a diverse faculty might not provide enough practical support for NNESIS. Workshops and mentorship on the practical skills and knowledge, an introduction to the North American pedagogical styles, classroom norms, different communication preferences, and career advising, are recommended. Faculty and staff's ongoing support and accommodation, when appropriate, are regarded as crucial.

As for NNESIS' experiences as a trainee and in clinical supervision, the study provides detailed, rich first-hand accounts of the meanings participants ascribe to English fluency in relation to their perceived counselling competence. Using narrative inquiry as methodology, the

study offers detailed description of multiculturalism informed supervision practices that can serve as examples of supervision practice in the future. Employing intersectionality as the epistemological framework, the study sheds light on the way in which supervisory relationships and trainees' learning outcomes can be affected by unaddressed power differentials in supervision. Additionally, this study highlights the experiences in clinical supervision that NNESIS identified as helpful in developing their clinical competence and facilitating self-awareness. Finally, the study highlights NNESIS' multilingualism as a unique strength in building a therapeutic relationship with clients and that they bring international and cross-cultural perspectives.

### **Implication for Supervision, Training, and Program Administration**

#### **Supervision and Training**

The findings of the two studies have implications for supervision and training with NNESIS. As the findings suggest, all supervision sessions should be regarded as multicultural encounters (Falicov, 2014). Consequently, it is imperative that supervisors and training directors centralize multicultural issues and diversity in supervision and training. Consistent with the literature (Falender et al., 2014), supervisors could engage in ongoing self-reflection and assume a curious and humble stance in learning international issues. Supervisors could consider engaging in reflective exercises to recognize personal and cultural beliefs and worldviews and assumptions about NNESIS. NNESIS in these studies demonstrate the heterogeneity within the population, including preferred communication styles, attitudes toward authority figures, age, gender, pre-sojourn clinical experiences, and English fluency. Thus, it is suggested that supervisors give special attention to consider heterogeneity and diversity within the NNESIS

trainees (Lee, 2018; Mittal & Wieling, 2006). Additionally, supervisors could reflect on the impact of their own social identities of privilege and oppression on the supervision process.

By using the findings from the current dissertation, future supervision interventions tailored for NNESIS may more effectively target the unique needs of NNESIS trainees. First, supervisors can engage in regular check-ins and ongoing cultural discussions with NNESIS trainees. Based on the findings of the studies, cultural discussions should be centralized early in relationship to establish a strong working alliance. Findings support the notion that supervisors should initiate discussions of intersecting identities to ameliorate power differentials. As unchecked assumptions about NNESIS trainees and supervisors' perceived identities hinder the supervision experience, open discussion of identities could facilitate alliance building and multicultural competency development. By exploring the intersecting identities, including their own, supervisors simultaneously engage in self-disclosure with NNESIS trainees, deemed a building block for a strong working alliance.

Cultural discussions and exploring NNESIS trainees' identities and beliefs need to be flexible and avoid cultural or context-specific assumptions. Supervisors should be cognizant that NNESIS trainees face "dual tasks" wherein they develop clinical and multicultural competencies that are adequate both in the social context of the host society and also in their countries of origin. That is, supervisors may initiate the conversations on the applicability of American or Canadian-based clinical interventions to the diverse socio-cultural communities worldwide.

When it comes to evaluation of trainees' performance, supervisors are encouraged to consider the following steps to ensure that evaluation contents are culturally appropriate. First, supervisors are advised to reflect on the way in which evaluation may be affected by supervisors' unchecked assumptions and biases. Secondly, supervisors are encouraged to address NNESIS



trainees' concerns about receiving a negative evaluation due to cultural differences, discrimination, or English proficiency.

### **Program Administration**

The findings of these studies highlight participants' experiences as NNESIS trainees as influenced by context at the individual, classroom, and institutional level. Further, structural barriers are cited as major challenges during the participants' transition process. As such, strategies used to address these structural barriers and facilitate NNESIS students' professional development should occur at the interpersonal, curricular design, administration support, and program climate levels.

At the interpersonal level, participants discussed the benefit of having support from peers or faculty with international or immigrant backgrounds. As such, it is advised to implement mentorship programs and international graduate student support groups that aim to foster connections between international students' peers. As well, NNESIS are recommended to reach out to peer students for peer support and to student representatives to communicate and provide feedback on international student matters. Moreover, they are encouraged to join professional affiliations, such as American Psychological Association or Canadian Psychological Association, which may provide rich opportunities to connect with mentors, faculty, and graduate students with international backgrounds.

Additionally, it is imperative to provide supervisors, staff, and faculty with continuing education to foster multicultural competencies necessary to work with NNESIS. It is critical that staff and faculty recognize that there is diversity and heterogeneity of the international student population despite overlapping themes in their experiences. The continuing education should engage faculty and staff in self-reflection on biases and assumptions about NNESIS.

At the level of curricular design of the multicultural course in particular, it is imperative that the contents include international issues, such those pertaining to immigrants, refugees, and asylum seekers. Consistently, findings of the study indicate that NNESIS experience marginalization and in the classroom as discourses centralize on U.S. or Canadian based issues. Consequently, instructors could foster NNESIS' perspectives by providing information that could assist NNESIS in understanding the historical, social context of a specific issue. Instructors are advised to discuss the cultural applicability of U.S. or Canadian multicultural counselling competence models and theories in the social contexts of international students' countries of origin.

At the level of program climate, findings indicated that the underrepresentation of diversity in the program could lead participants to perceive the program as unsupportive and unappreciative of racial, ethnic, or linguistic diversity. Thus, program administrators could give special attention to change the program climate to enhance diversity by increasing the recruitment and retention of diverse staff, faculty, and NNESIS. The program could consider supporting research on international issues or providing travel and research grants to study international issues.

### **Directions for Future Research**

A number of directions for future research are presented in the current dissertation. While supervision researchers have proposed cultural considerations for supervision with international trainees (e.g., Li, Liu & Lee, 2018), it is advised that supervision researchers continue exploring global and multicultural supervision for NNESIS trainees. Given that previous multicultural supervision and training research has mostly overlooked cultural factors and concentrated on ethnic and racial, future research should investigate the multiple interacting identities in the

supervision triad. Such identities might include sexual orientation, gender identity, socioeconomic status, and nationalities. Moreover, a research attention on the supervisory triad between supervisors, supervisees, and clients could enrich the understanding of the relationships between the supervision process, supervision outcomes, and treatment outcome.

In terms of research design, longitudinal studies are recommended to capture and delineate the comprehensive process of NNESIS trainees' professional development across time. A research focus could also be placed on other integral elements of clinical training, such as supervisor training and supervision courses. Studies in this area could provide a richer understanding of NNESIS trainees' supervision competence.

This current dissertation research placed the epistemological privilege on NNESIS in both the United States and Canada. However, there is a dearth of research on the perspectives of NNESIS on supervision as well as the lived experiences in counselling and applied psychology programs in Canada. Hence, future studies are needed to deepen the understanding of NNESIS' perceptions of social milieu in Canada as well as the dynamic process in which these perceptions continuously interact with NNESIS' pre-sojourn cultural frame of reference through which subsequently influence the sojourn experiences. As well, more Canadian research are needed to facilitate the development of competency framework for clinical supervision practice in Canada. Finally, when conducting studies, researchers could give careful attention to identifying and valuing the resilience and agency in order to prevent perpetuation of the cultural deficit perspective of NNESIS.

With the increasing numbers of international students in Canada and the United States, fostering supervisors, teachers, and administrative staff's multicultural competencies for working with these students is important. It is imperative now, more than ever, to provide adequate

support, supervision, and training to international students. Strategies for such support would be most effective if implemented at levels of interpersonal, classroom, supervisor, and program administration interaction with NNESIS trainees.

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## Appendix A: Advertisements



Are you a Non-native English speaking international graduate student enrolled in an applied psychology program in Canada or the USA?

Have you completed your first clinical practicum and received clinical supervision weekly?

If you answer YES to these questions...  
We invite you to participate in this study!

The goal of this study is to learn more about the experiences of non-native English-speaking international students in clinical supervision over the course of clinical training in Canada or the USA.

You are eligible to participate in this study if:

- You are not a native-English speaker
- You are an international graduate student enrolled in an applied psychology program at a university in Canada or the USA on a study permit
- You have completed your first clinical practicum and received clinical supervision

You will be offered a \$25 gift card as a compensation for your time

If you are willing to participate in a 60-90 minute confidential online interview, please contact me at [Jennifer.ho3@mail.mcgill.ca](mailto:Jennifer.ho3@mail.mcgill.ca) for more information.

Jennifer Ho, M.A.  
Doctoral Candidate  
Department of Educational Counselling and Psychology  
McGill University, Montreal, Canada

\*This study is conducted under the supervision of Ada Sinacore, Ph.D. (Associate Professor in the Counselling Psychology Program at McGill University, Tel: (514) 398-3446, [ada.sinacore@mcgill.ca](mailto:ada.sinacore@mcgill.ca))

\*This study has been reviewed and approved by the Research Ethics Board II at McGill University (REB File #: 482-0518).

## **Appendix B: Informed Consent Form**

### **PARTICIPANT CONSENT FORM TO PARTICIPATE IN RESEARCH**

You are invited to participate in the research project entitled:

The Experiences of Non-native English-Speaking International Students in Clinical Supervision:  
A Narrative Inquiry

Research conducted by Jennifer Ho, M.A., Ph.D. Candidate, Dept. of Educational and  
Counselling Psychology, McGill University, [jennifer.ho3@mail.mcgill.ca](mailto:jennifer.ho3@mail.mcgill.ca)

Research supervised by Ada Sinacore, Ph.D., Dept. of Educational and Counselling Psychology,  
McGill University, (514) 398-3446, [ada.sinacore@mcgill.ca](mailto:ada.sinacore@mcgill.ca)

This study is conducted by Jennifer Ho for the purpose of completing her doctoral dissertation.  
This research project is under the supervision of Dr. Ada Sinacore and has been subject to  
evaluation and approval by the Review Ethics Board, which adheres to the Tri-council Policy  
Statement on Ethical Conduct for Research Involving Human Participants.

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#### Purpose of the Study

The purpose of this study is to investigate the experiences of non-native English-speaking  
international students in clinical supervision during the field placements in Canada or in the US.  
The results of this study will help to understand international students' experiences of receiving  
supervision in English as the second language and the influences of clinical supervision on  
trainees' professional development.

#### Process of Study

You will be asked to fill out the demographic form, contact information sheet, and participate in  
a 60-90-minute confidential interview. The interview will be conducted in English by the  
principal researcher of this study, Jennifer Ho. You may choose to participate in the face-to-face  
interview or online interview via Video conferencing. The interview will be audio recorded by a  
digit voice recorder.

A pre-interview conversation will be scheduled with you to explain the purpose of the study,  
activities involved in participation, the voluntary nature of the participation, and address any  
question that you may have.

If you choose to participate in the in-person interview, the interview will be scheduled at the  
Social Justice and Diversity Research Lab (EDUC B111/112) at McGill University, or a  
mutually agreed location. On the interview day, the researcher will first explain the consent form  
in detail with you. If you consent to participate in this study and sign this consent form, you will  
then be asked to fill out the demographic form and contact information sheet. You will also be  
invited to share your personal experiences in clinical supervision and your interaction with your  
clinical supervisors.

If you choose to participate in the online interview, you will receive the consent form with password protected after the pre-interview conversation. The password will be sent to you in a separate email. After you sign the consent form and send the scanned copy to the principal researcher, the researcher will send you the demographic form and contact information sheet with passwords protected. The password will also be sent to you in a separate email. A Skype interview will be scheduled with you after the researcher receives those forms. You will be provided with a secured link to the Skype interview. You will not need to sign in Skype with your personal account, and only the audio will be recorded but not the video image.

After the interview, your audio file will be transcribed, and the transcript will be checked for accuracy. Afterward, you will be presented with a summary of the interview. You may add or correct any information.

#### Voluntary participation

Your participation is voluntary. You may decline to answer any questions that you are not comfortable answering. You may choose the information that you wish to share during the interview and choose not to answer any questions. You may also withdraw from this study at any time without penalty. If you choose to withdraw from this study, any information you provided up to that point would be removed from the database and destroyed as long as datasets remain identifiable.

#### Risks of Participation

There are minimal potential risks to you by participating in this study. In case of any unforeseen psychological distress, the principal researcher has expertise in psychological interviewing and will make every effort to address any problems that arise. Should the needs arise, the principal researcher will refer you to the appropriate and accessible mental health services.

#### Potential Benefits

Participating in the study might not directly benefit you, but we hope to learn more about the experience of non-native English-speaking international students in clinical supervision, and further provide educators and supervisors with suggestion and recommendation.

#### Confidentiality

The interview will be audio recorded, and the principal researcher or a hired/volunteer transcriber will transcribe the data. If a transcriber is assigned to transcribe the audio recording of your interview, he/she will be required to sign a confidentiality agreement first. The transcriber will not have access to your consent form, demographic form or your contact information. The transcribe confidentiality agreement is attached to this consent form for your reference.

The researcher will remove all the identifying information from your transcript (e.g., names, city, school, etc.). The hard copies of the de-identified or ID coded data (i.e., transcript, demographic form) will be stored in a locked filing cabinet in the researcher's lab separately from your identifiable data (i.e., informed consent, contact information sheet). The electronic data (i.e., audio recordings, electronic transcript) will be stored in the primary researcher's personal laptop

with passwords protected. Only the principal researcher and the research supervisor will have access to the data.

Audio recordings will be erased after the completion of the study. The original data will continue to be stored in locked filing cabinets for archival purposes for seven years following the submission of the thesis. Your identifying information will not be used in any publication of this study.

#### The Use of Information and Data in Research

The results of this study will be used in the researcher's dissertation, published in scholarly journals and/or presented at professional academic conferences.

#### Compensation

To thank you for your time, you will be offered a \$25 hard copy of gift card as compensation for participating in this study.

#### Contact information

Should you have any questions or concerns about this study, please feel free to contact us:

Jennifer Ho                      Jennifer.ho3@mail.mcgill.ca

Dr. Ada Sinacore              ada.sinacore@mcgill.ca

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If you have any ethical concerns or complaints about your participation in this study, and want to speak with someone not on the research team, please contact the McGill Ethics Manager at 514-398-6831 or lynda.mcneil@mcgill.ca

Please sign below if you have read the above information and consent to participate in this study. Agreeing to participate in this study does not waive any of your rights or release the researchers from their responsibilities. A copy of this consent form will be given to you and the researcher will keep a copy:

Participant's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal researcher's name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Appendix C: Contact Information Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Phone number(s):

	Number	OK to leave message? (Yes/No)	Best time to be reached?
Cell			
Home			
Work			

Participant ID (For Primary Researcher Only): \_\_\_\_\_

**Appendix D: Demographic Form**

Participant ID: \_\_\_\_\_

**SECTION A: Background Information**

- 1) Year of birth \_\_\_\_\_
- 2) Preferred pronoun (e.g. he/him/his) \_\_\_\_\_
- 3) Relationship status  
☐ Single      ☐ Married      ☐ Common law      ☐ Divorced/separated  
☐ Widowed/widower      ☐ In a relationship      ☐ Other: \_\_\_\_\_
- 4) Sexual orientation  
☐ Heterosexual      ☐ Gay      ☐ Lesbian      ☐ Bisexual      ☐ Queer  
☐ Other: \_\_\_\_\_
- 5) Gender  
☐ Cisgender man      ☐ Cisgender woman      ☐ Transgender man      ☐ Transgender women  
☐ Non-binary      ☐ Other: \_\_\_\_\_
- 6) Religious affliction(s)  
☐ Buddhist      ☐ Taoism      ☐ Christian      ☐ Catholic      ☐ Muslim      ☐ Baha'i  
☐ Other: \_\_\_\_\_
- 7) Ethnicity/ies:  
\_\_\_\_\_
- 8) Nationality/ies:  
\_\_\_\_\_
- 9) Cultural identity(ies):  
\_\_\_\_\_
- 10) Where were you born (city/province/country)?  
\_\_\_\_\_
- 11) Where did you grow up (city/province/country)?  
\_\_\_\_\_
- 12) What is/are your first language(s)/mother tongue(s)?  
\_\_\_\_\_

13) Year of arrival in Canada: \_\_\_\_\_

14) Year of obtaining your first study permit: \_\_\_\_\_

15) What is your present level of English fluency (oral)?

- ☐ Basic/beginner      ☐ Elementary      ☐ Intermediate      ☐ Upper intermediate  
☐ Advanced      ☐ Proficient

16) What is your present level of English fluency (written)?

- ☐ Basic/beginner      ☐ Elementary      ☐ Intermediate      ☐ Upper intermediate  
☐ Advanced      ☐ Proficient

#### SECTION B: Education History

17) Please list all the secondary degree(s) and you have degree obtained prior to coming to Canada (e.g., Bachelor in Psychology, degree obtained in Japan):

\_\_\_\_\_  
\_\_\_\_\_

18) Highest level of clinical training you've received prior to coming to Canada (e.g., master's internship):

\_\_\_\_\_

19) Length of the first field placement you have completed in Canada (e.g., 2017 September – 2018 April):

\_\_\_\_\_

20) Total number of clients you have seen during your first field placement in Canada:

\_\_\_\_\_

21) Years in the program:

\_\_\_\_\_

#### SECTION C: Clinical Training Information

22) Level of the first field placement you have completed

- ☐ First master's internship      ☐ First doctoral practicum

23) Type of first on-site training agency/agencies

- ☐ University counselling center      ☐ High school      ☐ Hospital      ☐ Out-patient clinic  
☐ Private practice      ☐ Community Mental Health Centre  
☐ Others: \_\_\_\_\_

24) Frequency of clinical supervision received (all that applies)

- ☐ Weekly individual supervision on site      ☐ Weekly group supervision on site  
☐ Weekly individual supervision in the department      ☐ Weekly group supervision in the department

25) Total hour of supervision received during your first field placement in Canada:

\_\_\_\_\_

26) Background information of your primary clinical supervisor

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Highest degree obtained: \_\_\_\_\_

Credential (e.g., Clinical psychologist): \_\_\_\_\_

#### SECTION D: Occupational History

27) Current occupation:

\_\_\_\_\_

28) Previous occupation(s) (title/year)

- ☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

29) Were you licensed as a psychologist/psychotherapist/counsellor/therapist in your home country or other country?

☐ Yes: Title of Credential/ Year of registration:

☐ No \_\_\_\_\_

## Appendix E: Narrative Interview Protocol

### Opening statement

Thank you for choosing to participate in this study. I am collecting stories about the experiences of non-native English-speaking international students in clinical supervision over the course of their training (including practicum and internship) in Canada or the U.S. I am interested in events and experiences that have been important or meaningful to you up to now. One way to do this is to begin the interview with a few interview questions.

### The general areas of interview questions

- a) Looking back over your time as an international student in your program, can you tell me about your experiences?
  - Points to listen for:
    - i. How have they been different or the same through time?
    - ii. Unique experiences associated with being an international student
    - iii. How was it like when you first began the program?
    - iv. What challenges did you encounter? (e.g., language, weather, communication styles)
    - v. How did you respond to this/these challenge(s)?
    - vi. Support received from the program/department/school?
- b) Upon reflection, can you describe your experiences in clinical supervision over the course of your training? How was it like for you in your early experience in supervision?
  - Points to listen for
    - i. Unique experiences associated with being an international student
    - ii. What has changed/stayed the same for you?
    - iii. What challenges did you encounter? (e.g., language, weather, communication styles)
    - iv. How did you respond to this/these challenge(s)?
    - v. Perceived critical (helpful/unhelpful) events in each supervisory relationship(s)?
    - vi. Influence of the/these critical events?
- c) On reflection, if you think about yourself as trainee in training, in what ways have your supervisory experiences influenced you through time?
  - Points to listen for
    - i. Professional development as a trainee?
    - ii. Other competency development (research/academic)?

### General probes:

- How did that experience influence you?
- How did that make you feel?
- Can you tell me more/explain more about that?
- What does that mean to you?

- Can you give me an example?
- How did it happen?
- And then, what happened?

#### Debriefing Questions

- What was this interview like for you?
- What else would you want to let me know that was not addressed in this interview?
- What would it have been like if we did this interview in your first language?
- What was it like being interviewed by a non-native English-speaking international student?

#### Post-interview procedure (off the record)

- Do you have any question or feedback for this interview, or for this study?

## Appendix F: The Applications for Ethics Approval for Human Subject Research



Applicable Research Ethics Board

☐ REB-I ☐ REB-II ☐ REB-III

### Application for Ethics Approval for Research Involving Human Participants

(please refer to the [Application Guidelines](http://www.mcgill.ca/research/researchers/compliance/human/) [www.mcgill.ca/research/researchers/compliance/human/] before completing this form)

**Project Title:** The Experiences of Non-native English Speaking International Students in Clinical Supervision: A Narrative Inquiry

**Principal Investigator:** Jennifer Ho

**Dept:** Educational and Counselling Psychology

**Phone #:** (514) 549-2968

**Email:** [Jennifer.ho3@mail.mcgill.ca](mailto:Jennifer.ho3@mail.mcgill.ca)

**Status:** Faculty ☐

Postdoctoral Fellow ☐

Other (specify) ☐

Ph.D. Student ☒

Master's Student ☐

Undergraduate ☐

**Type of Research:** Faculty Research ☐

Thesis ☒

Honours Thesis ☐

Independent Study Project ☐

Course Assignment (specify course name and #) ☐

Other (specify) ☐

**Faculty Supervisor (if PI is a student):** Dr. Ada Sinacore **Email:** [ada.sinacore@mcgill.ca](mailto:ada.sinacore@mcgill.ca)


**Co- Investigators/Other Researchers (list name/status/affiliation):** Not Applicable

**List all funding sources for this project and project titles (if different from the above). Indicate the Principal Investigator of the award if not yourself.**

**Awarded:** Not Applicable.

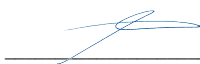
**Pending:** Not Applicable.

**Principal Investigator Statement:** I will ensure that this project is conducted in accordance with the [policies and procedures](#) governing the ethical conduct of research involving human participants at McGill University. I allow release of my nominative information as required by these policies and procedures.

**Principal Investigator Signature:** 

**Date:** April 23, 2018

**Faculty Supervisor Statement:** I have read and approved this project and affirm that it has received the appropriate academic approval. I will ensure that the student investigator is aware of the applicable [policies and procedures](#) governing the ethical conduct of research involving human participants at McGill University and I agree to provide all necessary supervision to the student. I allow release of my nominative information as required by these policies and procedures.

**Faculty Supervisor Signature:** 

**Date:** April 23, 2018

**Respond directly on this form to each section (1-8). Do not re-order or omit any section or any of the questions under each section heading. Answer every part of each section. Forms with incomplete sections will be returned.**

## **1. Purpose of the Research**

**a) Describe the proposed project and its objectives, including the research questions to be investigated (one-two page maximum).**

The purpose of this study is to explore the lived experiences of non-native English speaking international students in clinical supervision during their field placements in Canada. The results of this study will advance researchers and supervisors' understanding of international students' experiences of receiving supervision and the influence of clinical supervision on students' professional development as trainees.

In the age of the internationalization of higher education, there have been a growing number of international students enrolled in academic institutions in Canada. As such, the numbers of international students in applied psychology graduate program is on the rise. In the field of study in applied psychology, clinical supervision plays a crucial role in protecting clients' welfare and in training these helping professionals. Therefore, it is usually mandatory for students, including international students, to receive clinical supervision during clinical training.

Recent studies on clinical supervision indicated that the outcome of supervision and supervision alliance are influenced by the discussion of multiculturalism and diversity issues and the manners in which such issues were addressed (e.g., Bernard & Goodyear, 2009). However, these studies investigated the experiences of supervisors and trainees who were born and raised in the same country, excluding international students from the subjects of research interest. Consequently, little is known about the experiences of non-native English speaking international trainees in supervision. A few studies suggested that these international trainees experienced different types of challenges in supervision than their domestic peers. These challenges included supervisors' lack of multicultural awareness (e.g., Nilsson & Wang, 2008), language barriers (e.g., Ng & Smith, 2012), and experiences of discrimination in the host society (e.g., Smith & Ng, 2009). Furthermore, literature indicated that the lack of attention to these challenges in supervision influenced the effectiveness of supervision on these trainees' professional development (e.g., Sangganjanavanich & Black, 2009).

Yet, the existing studies on non-native English speaking international trainees predominantly investigated trainees' satisfaction with supervision using quantitative measures. As a result, there is a lack of a comprehensive understanding of these trainees' experiences in clinical supervision, and consequently hinders the development of a theoretical framework for supervising international trainees.

Thus, the proposed study aims to explore the experiences of non-native English speaking international trainees in clinical supervision over the course of clinical training in Canada. Specifically, this study aims to answer two research questions: a) how does supervision influences non-native English speaking trainees' personal and professional development as a mental health professional in training over time? And b) how do trainees' intersecting identities influence trainees' experiences in supervision?

**b) What is the expected value or benefits of the research?**

The results of the study will provide valuable information and advanced knowledge by eliciting meaningful information regarding non-native English speaking trainees' perception and needs in supervision. These results are crucial in developing a theoretical framework for cross-



cultural and multicultural clinical supervision with international trainees. Recommendations and pedagogical suggestion will be provided to educators, supervisors, and policymakers.

*c) How do you anticipate disseminating the results (e.g. thesis, presentations, internet, film, publications)?*

The results of the proposed study will be disseminated through the primary researcher's doctoral dissertation. Furthermore, the result of the thesis will be presented in peer-reviewed journals that focused on multicultural counselling or supervision (e.g., *Journal of Multicultural Counselling and Development*, or *Journal for International Counselor Education*) or peer-reviewed journals that focused on international students or college students (e.g., *Journal of college student development*, or *International Journal of Intercultural Relations*). Additionally, the results of the study will be presented at academic conferences (e.g., Canadian Psychological Association, American Psychological Association).

## **2. Recruitment of Participants/Location of Research**

*a) Describe the participant population and the approximate number of participants needed.*

This study aims to recruit minimally 12 participants, which are considered sufficient number for a qualitative study (Polkinghorne, 2005). Participants in this study are individuals who a) were admitted to a master's or Ph.D. program in applied psychology program as the first degree being pursued in Canada on a study permit; b) completed at least the first clinical practicum in English; c) are non-native-English speaking; d) never attended an English or bilingual school before they came to Canada; e) never lived in a foreign country in which the official languages include English for more than a year before they came to Canada.

*b) Describe how and from where they will be recruited. Attach a copy of any advertisement, letter, flier, brochure or oral script to be used to solicit potential participants (including information to be sent to third parties).*

All the participants were recruited using purposive sampling (Polkinghorne, 2005). Participants will be recruited through words of mouth, online forums, social networking services, Newspapers, and recruiting flyers. Specifically, the researcher will reach out and forward recruitment flyers (appendix A) to the following groups by email: a) applied psychology programs in universities in Canada, b) psychology graduate student groups (i.e., APAGS), c) student-focused or internationally-focused professional groups (e.g., International and Cross-Cultural Psychology Section and Students Section in Canadian Psychological Association), d) graduate student associations and international students offices in universities in Canada. The email messages to the abovementioned groups are included in Appendix B

*c) Describe the setting in which the research will take place.*

Individual face-to-face interviews will be conducted in the Social Justice and Diversity Research Lab (Education Building, B111/112) at McGill University or a private location chosen by the participant (e.g., participant's school). Skype for Business will be utilized for interviews if an in-person interview is not feasible, or the participant chooses to be interviewed via Skype. In the case of Skype interview, the researchers will conduct the Skype interview in a private office or home to protect participant's confidentiality.

*d) Describe any compensation subjects may receive for participating.*

Each participant will be compensated with a \$20 Starbucks physical gift card for their time. The physical gift card is chosen because in so doing the researcher will not be required to supply the name of the recipient.

### 3. Other Approvals

*When doing research with various distinct groups of participants (e.g. school children, cultural groups, institutionalized people, other countries), organizational/community/governmental permission is sometimes needed. If applicable, how will this be obtained? Include copies of any documentation to be sent.*

Not applicable.

### 4. Methodology/Procedures

*Provide a sequential description of the methods and procedures to be followed to obtain data. Describe all methods that will be used (e.g. fieldwork, surveys, interviews, focus groups, standardized testing, video/audio taping). Attach copies of questionnaires or draft interview guides, as appropriate.*

**Methodology:** In this study, narrative inquiry was chosen as it allows the researchers to comprehend the series of events lived and told by participants, as well as meanings that participants apply to these lived experiences. Narrative inquiry reveals the specific sociocultural and historical contexts in which the stories are situated, told, or constrained (Chase, 2003). Narrative researcher aims to capture a storied experience through understanding the individuals' personal experiences and the meaning they ascribed to their lived experiences associated with a series of events (Denzin & Lincoln, 1994; Creswell, 2007). In this case, the narrative of interest is novice non-native English speaking international trainees' experiences in clinical supervision, and how their experiences change over time.

**Procedures:** After obtaining the ethical approval, the researcher will proceed to recruit 12 to 15 participants. The researcher will first schedule a pre-interview phone conversation with each prospective participant to explain the purpose of the study, activities involved in participation, and to determine whether or not participants are eligible for the study. The researcher will explain the informed consent (Appendix C) in details to the participant. After obtaining the consent informed signed by the participant, the participant will then complete the demographic form (Appendix D) and contact information sheet (Appendix E). After participants complete the forms, they will be provided with the \$20 Starbucks gift card as the compensation for their time. After participants complete all three forms and receive the gift card, they will then asked to complete a confidential interview for 60 to 90 minutes conducted by the researcher in English.

If face-to-face interviews are not feasible, participants may choose to be interviewed via confidential video conferencing (i.e., Skype for Business). The \$20 physical gift card will be mailed to participant promptly after the interview. An interview guide (Appendix F) is created for this study. Adhering to the principles of narrative inquiry, the researcher will use the interview guide as a reference and focus on inviting storytelling by giving participants leeway and following up on the participants' responses carefully during the interview process.

Each interview will be audio-recorded using a digit voice recorder and transcribed verbatim. After all the interview recordings are transcribed verbatim and checked for accuracy, the researcher will follow the steps in narrative analysis outlined by Chase (2003) and the three-dimensional approach for narrative inquiry outlined by Clandinin and Connelly (2000). The researcher begins the analysis with reading each transcript thoroughly. Secondly, the research will read each transcript thoroughly, and write down "interpretative comments" on the margin of the transcript for each interview. Thirdly, the researcher will "re-story" the interview in time order for each transcript and the re-storied summary will be sent to each participant for member checking. Then, the researcher proceeds to identify the focus point using three-dimensional approach to narrative analysis. Focus points will be constructed into themes and the data charts will be created that support each theme. After all the data charts are completed, the researcher will proceed to cross-case comparison analysis.

## 5. Potential Harms and Risk

*a) Describe any known or foreseeable harms, if any, that the participants or others might be subject to during or as a result of the research. Harms may be psychological, physical, emotional, social, legal, economic, or political.*

There are no significant foreseeable risks. Foreseeable harms, if any, could arise if participants' confidentiality is compromised. In terms of physical and psychological risk, the potential psychological risks of participating in this research are relatively low as the participants have the right to withdraw from the interview and study at any time without any penalty or loss of compensation. They may decline to answer any questions for any reason. Given no physical intrusive treatment or experiment will be involved in this study, there are no foreseeable potential physical risks.

*b) In light of the above assessment of potential harms, indicate whether you view the risks as acceptable given the value or benefits of the research.*

Given the minimal psychological and physical harm that might arise, the potential risks are deemed acceptable considering the benefits of this study.

*c) Outline the steps that may be taken to reduce or eliminate these risks.*

The researcher acknowledged that there is still a slight possibility of psychosocial distress as a result of participating in this study and that participants might benefit from seeking professional psychological support. Should it happen that participants report experiencing psychological distress as a result of participation, the researcher can refer the participants to mental health services. Furthermore, the participant may choose the information they wish to disclose in the interviews. As well, they can choose not to answer any questions that they do not want to answer.

As foreseeable harms could arise if participants' confidentiality is compromised, the researcher will take steps outlined in *section 6* below to protect participants' privacy and to ensure of confidentiality.

There is a minor risk of participation in this study via Video conferencing (Skype for Business), such as information transmitted or hacked. However, the safety features of Skype for Business are established to ensure participants' privacy. Specifically, the researchers will only conduct the Video conferencing interview with participants on private Wi-Fi network to ensure the security of information being shared during the interview.

*d) If deception is used, justify the use of the deception and indicate how participants will be debriefed or justify why they will not be debriefed.*

Not applicable.

## 6. Privacy and Confidentiality

*a) Describe the degree to which the anonymity of participants and the confidentiality of data will be assured and the specific methods to be used for this, both during the research and in the release of findings.*

All the data obtained from this project, including consent forms, demographic form, contact information sheet, transcripts, and the analyses of transcription will be maintained confidentially throughout the research and publication process.

The researcher will conduct all the interviews. The researcher or a hired/volunteer professional transcriber will transcribe the audio files verbatim. To protect participants' confidentiality, if a professional transcriber is hired and assigned to transcribe an audio file, he/she must sign the confidentiality agreement (Appendix G) before he/she proceeds to transcribe the data.

The transcriber will not have access to participants' consent form, demographic form or your contact information. After the researcher verifies the transcript for accuracy, the researcher will remove all the identifying information from the transcripts (e.g., names, school).

The electronic data (e.g., transcripts, audio files) will be stored in the researcher's personal laptop with passwords protected. The hard copies of data containing participants' identifying information (i.e., consent forms and contact information) will be stored separately from the de-identified data (i.e., demographic forms and the hard copies of transcripts) in researchers' personal filing cabinets under locks and keys. Only the researcher and supervisor will have access to the electronic files and hard copies of documents.

Upon the release of findings (e.g., publication, conference presentation), participants will be referred to an assigned pseudo-name. Finally, all the interview recordings will be destroyed after the completion of the study.

*b) Describe the use of data coding systems and how and where data will be stored. Describe any potential use of the data by others.*

The data will be coded using Microsoft Word Document and Microsoft Excel software on researcher's personal laptop. The electronic data containing identifying information (e.g., transcripts, audio files) will be stored in the researcher's personal laptop with passwords protected. The hard copies of data containing participants' identifying information (i.e., consent forms and contact information) will be stored separately from the de-identified data (i.e., demographic forms and the transcripts) in researchers' personal filing cabinets under locks and keys. Only the researcher and supervisor will use the data.

*c) Who will have access to identifiable data?*

Only the researcher and researcher's supervisor will have access to the data, which is stored in a secure location in the researcher's personal file cabinet, under lock and key, and electronic documents will be stored on the researcher's computer and protected with a password. If a transcriber is hired, he and she will have temporary access to the audio files for the sole purpose of transcription. However, the transcribers must sign the confidentiality agreement before agreement before they proceed to transcribe the data. The transcribers will destroy the recordings once the task is completed and verified for accuracy.

*d) What will happen to the identifiable data after the study is finished?*

The audio files of interviews will be destroyed after the completion of the study. The hard copies of identifiable data (e.g., consent form, contact information sheet) will be kept separately from other de-identified data (demographic sheet, transcripts) with the researcher in researcher's personal secure and locked cabinet to ensure of confidentiality for seven years following the submission of the thesis in accordance with the university policy.

*e) Indicate if there are any conditions under which privacy or confidentiality cannot be guaranteed (e.g. focus groups), or, if confidentiality is not an issue in this research, explain why.*

Not applicable. Furthermore, the participants will not have any personal contact with participants upon the completion of this study to prevent any risk of disclosing confidential information of other participants.

## **7. Informed Consent Process**

*a) Describe the oral and/or written procedures that will be followed to obtain informed consent from the participants. Attach all consent documents, including information sheets and scripts for oral consents.*

A pre-interview conversation will be scheduled to provide prospective participants with the rationale of the study, activities involved in the participation, protection of confidentiality, and the voluntary nature of participation. There are two purposes of this pre-interview conversation: a) to make sure that the participants understand the purpose of the research and the activities involved in the participation, and b) to determine whether or not the participants meet the recruitment criteria.

#### Face-to-face interview

After the participants agree to meet with the researcher after the pre-interview conversation, a meeting will be scheduled at researcher's lab or at a private location chosen by the participant. Before the interview begins, the researcher will iterate the purpose of the study, the protection of confidentiality, the voluntary nature of participation, and their right to withdraw from the study at any time without any penalty. The researcher will go through the informed consent in details with the participants. The researcher will then invite the participants to ask any questions they may have about the informed consent, the research process, or protection of confidentiality. Willing volunteers will return the consent forms on which they sign. After obtaining the informed consent, the researcher will invite the participants to complete the demographic form and contact information sheet. After participants complete those forms, they will be provided with the \$20 gift card as the compensation for their time. After all the steps are completed, the researcher will then start the recorder and ask participants the interview questions.

#### Skype Interview

After the pre-interview phone conversation, participants will receive the consent form with password protected. The password will be sent to the participant in a separate email. The researcher will explain the consent form in details to the participants via phone. The consent form signed by the participant will be scanned and sent back to the researcher. After the researcher receives participants' informed consent, the demographic form contact information sheet will be sent to the participants with password protected. The passwords will be sent to participants in a separate email. The interview will be scheduled after the researcher secures all the forms. Once the researcher secures all three forms, an interview will be conducted via Skype for Business. Participant will receive a secured link to the Skype interview, and thus they will not need to sign in Skype with their personal account, such that the confidentiality of privacy is protected. At the beginning of this Skype meeting, the researcher will reiterate to the participants that they may withdraw from this study at any time, but they will still receive the \$20 gift card by mail. The researcher will record the interview with the same digit recorder. No video or image will be recorded. The \$20 gift card will be mailed to participants promptly after the interview.

*b) If written consent will not be obtained, justification must be provided.*

Not applicable.

### **8. Other Concerns**

*a) Indicate if participants are a captive population (e.g. prisoners, residents in a center) or are in any kind of conflict of interest relationship with the researcher such as being students, clients, patients or family members. If so, explain how you will ensure that participants do not feel pressure to participate or perceive that they may be penalized for choosing not to participate.*

Not applicable.

*b) Comment on any other potential ethical concerns that may arise during the course of the research.*

Not applicable.

**McGill University****ETHICS REVIEW  
AMENDMENT REQUEST FORM**

This form can be used to submit any changes/updates to be made to a currently approved research project. Changes must be reviewed and approved by the REB before they can be implemented.

Significant or numerous changes to study methods, participant populations, location of research or the research question or where the amendment will change the overall purpose or objective of the originally approved study will require the submission of a complete new application.

**REB File #:** 482-0518

**Project Title:** The Experiences of Non-native English Speaking International Students in Clinical Supervision: A Narrative Inquiry

**Principal Investigator:** Jennifer Ho

**Email:** Jennifer.ho3@mail.mcgill.ca

**Faculty Supervisor (for student PI):** Prof. Ada Sinacore

1) Explain what these changes are, why they are needed, and if the risks or benefits to participants will change.

- a) I want to expand the range of advertising, beyond Canada, to include the Northeast corridor in the United States. This is because I have not been able to recruit enough participants within Canada. Advertising around the Northeast corridor in the United States will afford me a larger pool of participants. The population, methods, procedure, protection of confidentiality, risks and benefits to participants remain the same.
- b) I want to include digital gift card to my method of providing compensation. This is because participants of this study may live in various cities in the U.S. and in Canada. Given the diversity of location, an electronic gift card will be more convenient and secure. Furthermore, to purchase the digital gift card, I will not be required to supply the actual name of the recipient. As well, the participants will not be required to supply their actual names when redeeming a digital gift card.
- c) I want to increase the amount of gift card from \$20 to \$25 to reflect the increase of minimal hourly wage rates in Canada and in the U.S.

2) Attach relevant additional or revised documents such as questionnaires, consent forms, recruitment ads.

Submit by email to [lynda.mcneil@mcgill.ca](mailto:lynda.mcneil@mcgill.ca). REB Office: James Administration Building, 845 Sherbrooke Street West suite 429, fax: 398-4644 tel: 398-6831/6193; [www.mcgill.ca/research/researchers/compliance/human](http://www.mcgill.ca/research/researchers/compliance/human)  
(August 2014)



**McGill University**  
**Research Ethics Board Office (REB-I, II, III, FAES)**  
**RENEWAL REQUEST/STUDY CLOSURE FORM**

This form must be completed to request **ethics renewal approval** or to **close a study**. A current ethics approval is required for ongoing research. To avoid expired approvals and, in the case of funded projects, the suspension of funds, this form should be returned 1-2 weeks before the current approval expires. **No research activities including recruitment and data collection may take place after ethics approval has expired**

REB File #: 482-0518

Principal Investigator: Jennifer Ho

Project Title: The Experiences of Non-native English Speaking International Students in Clinical

Supervision: A Narrative Inquiry

Email: Jennifer.ho3@mail.mcgill.ca

Faculty Supervisor (if PI is a student): Prof. Ada Sinacore

1. Any modifications to the study or forms must be approved by the REB **prior** to implementation. **Are there any modifications to the study that have not already been approved to the REB?** ☐ YES ☒ V NO

If yes, complete an amendment form indicating these changes and attach to this form.

2. The REB must be notified of any findings that may have ethical implications or may affect the decision of the REB. The REB must be promptly notified of any new information that may affect the welfare or consent of participants.

**Are there any ethical concerns that arose during the course of this research?** ☐ YES ☒ V NO

If yes, please describe.

3. Unanticipated issues that may increase the risk level to participants or that may have other ethical implications must be promptly reported to the REB. **Have any participants experienced any unanticipated issues or adverse events in connection with this research project that have not already been reported to the REB?** ☐ YES ☒ V NO

If yes, please describe.

4. Is this a funded study? ☐ YES. If yes, list the agency name and project title and the Principal Investigator of the award if not yourself. This information is necessary to ensure compliance with agency requirements and avoid fund interruption.  
☒ V NO

**Principal Investigator Signature:**  **Date:** 5/31/2019

**Faculty Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (if PI is a student)

☐ Check here if the **study is to be closed** and continuing ethics approval is no longer required. A study can be closed when all data collection has been completed and there will be no further contact with participants. Studies involving secondary use of data no longer need ethics approval when all secondary data has been received.

☒ V Check here if this is a **request for renewal** of ethics approval.

**For Administrative Use**

Signature of REB Chair or designate: \_\_\_\_\_ **Date:** \_\_\_\_\_

Approval Renewal Period: \_\_\_\_\_ to \_\_\_\_\_

The researcher is responsible for ensuring that all other applicable approvals/renewals from other organizations are obtained before continuing the research.

**McGill University**  
**Research Ethics Board Office (REB-1, 2, 3, 4)**  
**RENEWAL REQUEST/STUDY CLOSURE FORM**

This form must be completed to request **ethics renewal approval** or to **close a study**. A current ethics approval is required for ongoing research. To avoid expired approvals and, in the case of funded projects, the suspension of funds, this form should be returned 1-2 weeks before the current approval expires. **No research activities including recruitment and data collection may take place after ethics approval has expired.**

REB File #: **482-0518**

Principal Investigator: ~~Jennifer Ho~~

Project Title: **The Experiences of Non-native English Speaking International Students in Clinical Supervision: A Narrative Inquiry**

Email: **Jennifer.ho3@mail.mcgill.ca**

Faculty Supervisor (if PI is a student): Prof. Ada ~~Sinacore~~

1. Any modifications to the study or forms must be approved by the REB **prior** to implementation. **Are there any modifications to be made that have not already been approved by the REB?** ☐ YES ☒ NO

If yes, complete an amendment form indicating these changes and attach to this form.

2. The REB must be notified of any findings that may have ethical implications or may affect the decision of the REB. The REB must be promptly notified of any new information that may affect the welfare or consent of participants.

**Are there any ethical concerns that arose during the course of this research?** ☐ YES ☒ NO

If yes, please describe.

3. Unanticipated issues that may increase the risk level to participants or that may have other ethical implications must be promptly reported to the REB. **Have any participants experienced any unanticipated issues or adverse events in connection with this research project that have not already been reported to the REB?** ☐ YES ☒ NO

If yes, please describe.

4. Is this a funded study? ☒ YES ☐ NO

☒ YES. If yes, **indicate the agency name and project title** and the Principal Investigator of the award if not yourself. This information is necessary to ensure compliance with agency requirements and avoid interruption of funding.

Principal Investigator Signature: 

Date: 6/2/2020

Faculty Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(if PI is a student)

☒ V Check here if the **study is to be closed** and continuing ethics approval is no longer required. A study can be closed when all data collection has been completed and there will be no further contact with participants. Studies involving secondary use of data no longer need ethics approval when all secondary data has been received.

☐ Check here if this is a **request for renewal** of ethics approval.

**For Administrative Use**

Signature of REB Chair or designate: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Renewal Period: \_\_\_\_\_ to \_\_\_\_\_

The researcher is responsible for ensuring that all other applicable approvals/renewals from other organizations are obtained before continuing the research.



## Appendix G: The Approvals from Research Ethics Board



**Research Ethics Board Office**  
James Administration Bldg.  
845 Sherbrooke Street West, Rm 325  
Montreal, QC H3A 0G4

Tel: (514) 398-6831

Website: [www.mcgill.ca/research/researchers/compliance/human/](http://www.mcgill.ca/research/researchers/compliance/human/)

### **Research Ethics Board II Certificate of Ethical Acceptability of Research Involving Humans**

**REB File #:** 482-0518

**Project Title:** The Experiences of Non-native English Speaking International Students in Clinical Supervision: A Narrative Inquiry

**Principal Investigator:** Jennifer Ho

**Department:** Educational and Counselling Psychology

**Status:** Ph.D. Student

**Supervisor:** Prof. Ada Sinacore

**Approval Period:** June 8, 2018 to June 7, 2019

The REB-II reviewed and approved this project by delegated review in accordance with the requirements of the McGill University Policy on the Ethical Conduct of Research Involving Human Participants and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

Deanna Collin  
Senior Ethics Review Administrator

- 
- \* Approval is granted only for the research and purposes described.
  - \* Modifications to the approved research must be reviewed and approved by the REB before they can be implemented.
  - \* A Request for Renewal form must be submitted before the above expiry date. Research cannot be conducted without a current ethics approval. Submit 2-3 weeks ahead of the expiry date.
  - \* When a project has been completed or terminated, a Study Closure form must be submitted.
  - \* Unanticipated issues that may increase the risk level to participants or that may have other ethical implications must be promptly reported to the REB. Serious adverse events experienced by a participant in conjunction with the research must be reported to the REB without delay.
  - \* The REB must be promptly notified of any new information that may affect the welfare or consent of participants.
  - \* The REB must be notified of any suspension or cancellation imposed by a funding agency or regulatory body that is related to this study.
  - \* The REB must be notified of any findings that may have ethical implications or may affect the decision of the REB.

## McGill University

ETHICS REVIEW  
AMENDMENT REQUEST FORM

This form can be used to submit any changes/updates to be made to a currently approved research project. Changes must be reviewed and approved by the REB before they can be implemented.

Significant or numerous changes to study methods, participant populations, location of research or the research question or where the amendment will change the overall purpose or objective of the originally approved study will require the submission of a complete new application.

**REB File #:** 482-0518

**Project Title:** The Experiences of Non-native English Speaking International Students in Clinical Supervision: A Narrative Inquiry

**Principal Investigator:** Jennifer Ho

**Email:** Jennifer.ho3@mail.mcgill.ca

**Faculty Supervisor (for student PI):** Prof. Ada Sinacore

1) Explain what these changes are, why they are needed, and if the risks or benefits to participants will change.

- a) I want to expand the range of advertising, beyond Canada, to include the Northeast corridor in the United States. This is because I have not been able to recruit enough participants within Canada. Advertising around the Northeast corridor in the United States will afford me a larger pool of participants. The population, methods, procedure, protection of confidentiality, risks and benefits to participants remain the same.
- b) I want to include digital gift card to my method of providing compensation. This is because participants of this study may live in various cities in the U.S. and in Canada. Given the diversity of location, an electronic gift card will be more convenient and secure. Furthermore, to purchase the digital gift card, I will not be required to supply the actual name of the recipient. As well, the participants will not be required to supply their actual names when redeeming a digital gift card.
- c) I want to increase the amount of gift card from \$20 to \$25 to reflect the increase of minimal hourly wage rates in Canada and in the U.S.

2) Attach relevant additional or revised documents such as questionnaires, consent forms, recruitment ads.

Submit by email to [lynda.mcneil@mcgill.ca](mailto:lynda.mcneil@mcgill.ca). REB Office: James Administration Building, 845 Sherbrooke Street West suite 429, fax: 398-4644 tel: 398-6831/6193; [www.mcgill.ca/research/researchers/compliance/human](http://www.mcgill.ca/research/researchers/compliance/human) (August 2014)

## Appendix A

## Recruitment Flyer

APPROVED SEP 11 2018



Are you a **Non-native English speaking international graduate student** enrolled in an applied psychology program in Canada or the USA?

Have you **completed your first clinical practicum** and received **clinical supervision** weekly?

**If you answer YES to these questions...  
We invite you to participate in this study!**

The goal of this study is to learn more about the experiences of non-native English speaking international students in clinical supervision over the course of clinical training in Canada or the USA.

You are eligible to participate in this study if:

- You are **not** an English native speaker
- You are an **international graduate student** enrolled in an **applied psychology** program at a university in Canada or the USA on a study permit
- You have completed your first clinical practicum and received clinical supervision

You will be offered a \$25 gift card as a compensation for your time

If you are willing to participate in a 60-90 minute confidential online interview, please contact me at [Jennifer.ho3@mail.mcgill.ca](mailto:Jennifer.ho3@mail.mcgill.ca) for more information.

Jennifer Ho, M.A.  
Doctoral Candidate  
Department of Educational Counseling and Psychology  
McGill University, Montreal, Canada

*\*This study is conducted under the supervision of Ada Sinacore, Ph.D. (Associate Professor in the Counselling Psychology Program at McGill University, Tel: (514) 398-3446, [ada.sinacore@mcgill.ca](mailto:ada.sinacore@mcgill.ca))*

*\*This study has been reviewed and approved by the Research Ethics Board II at McGill University (REB File #: 482-0518)*

Submit by email to [lynda.mcnell@mcgill.ca](mailto:lynda.mcnell@mcgill.ca), REB Office: James Administration Building, 845 Sherbrooke Street West suite 429, fax: 398-4644 tel: 398-6831/6193; [www.mcgill.ca/research/researchers/compliance/human](http://www.mcgill.ca/research/researchers/compliance/human) (August 2014)

Appendix: U.S. Participant Consent form

APPROVED SEP 11 2018

### Informed consent

## PARTICIPANT CONSENT FORM TO PARTICIPATE IN RESEARCH

You are invited to participate in the research project entitled:

### **The Experiences of Non-native English Speaking International Students in Clinical Supervision: A Narrative Inquiry**

Research conducted by Jennifer Ho, M.A., Ph.D. Candidate, Dept. of Educational and Counselling Psychology, McGill University, [jennifer.ho3@mail.mcgill.ca](mailto:jennifer.ho3@mail.mcgill.ca)

Research supervised by Ada Sinacore, Ph.D., Dept. of Educational and Counselling Psychology, McGill University, (514) 398-3446, [ada.sinacore@mcgill.ca](mailto:ada.sinacore@mcgill.ca)

This study is conducted by Jennifer Ho for the purpose of completing her doctoral dissertation. This research project is under the supervision of Dr. Ada Sinacore and has been subject to evaluation and approval by the Review Ethics Board, which adheres to the Tri-council Policy Statement on Ethical Conduct for Research Involving Human Participants.

### Purpose of the Study

The purpose of this study is to investigate the experiences of non-native English speaking international students in clinical supervision during the field placements in Canada or in the U.S. The results of this study will help to understand international students' experiences of receiving supervision in English as the second language and the influences of clinical supervision on trainees' professional development.

### Process of Study

You will be asked to fill out the demographic form, contact information sheet, and participate in a 60-90 minute confidential interview. The interview will be conducted in English by the principal researcher of this study, Jennifer Ho. You may choose to participate in the face-to-face interview or online interview via video conferencing. The interview will be audio recorded by a digit voice recorder.

A pre-interview conversation will be scheduled with you to explain the purpose of the study, activities involved in participation, the voluntary nature of the participation, and address any question that you may have.

If you choose to participate in the in-person interview, the interview will be scheduled at the Social Justice and Diversity Research Lab (EDUC B111/112) at McGill University, or a mutually agreed location. On the interview day, the researcher will first explain the consent form in details with you. If you consent to participate in this study and sign this consent form, you will then be asked to fill out the demographic form and contact information sheet. You will also be invited to share your personal experiences in clinical supervision and your interaction with your clinical supervisors.

If you choose to participate in the online interview, you will receive the consent form with password protected after the pre-interview conversation. The password will be sent to you in a separate email. After you sign the consent form and send the scanned copy to the principal researcher, the researcher Submit by email to [lynda.mcneil@mcgill.ca](mailto:lynda.mcneil@mcgill.ca). REB Office: James Administration Building, 845 Sherbrooke Street West suite 429, fax: 398-4644 tel: 398-6831/6193; [www.mcgill.ca/research/researchers/compliance/human](http://www.mcgill.ca/research/researchers/compliance/human) (August 2014)

APPROVED SEP 11 2018

4

will send you the demographic form and contact information sheet with passwords protected. The password will also be sent to you in a separate email. A Skype interview will be scheduled with you after the researcher receives those forms. You will be provided with a secured link to the Skype interview. You will not need to sign in Skype with your personal account, and only the audio will be recorded but not the video image.

After the interview, your audio file will be transcribed, and the transcript will be checked for accuracy. Afterward, you will be presented with a summary of the interview. You may add or correct any information.

#### **Voluntary participation**

Your participation is voluntary. You may decline to answer any questions that you are not comfortable answering. You may choose the information that you wish to share during the interview and choose not to answer any questions. You may also withdraw from this study at any time without penalty. If you choose to withdraw from this study, any information you provided up to that point would be removed from the database and destroyed as long as datasets remain identifiable.

#### **Risks of Participation**

There are minimal potential risks to you by participating in this study. In case of any unforeseen psychological distress, the principal researcher has expertise in psychological interviewing and will make every effort to address any problems that arise. Should the needs arise, the principal researcher will refer you to the appropriate and accessible mental health services.

#### **Potential Benefits**

Participating in the study might not directly benefit you, but we hope to learn more about the experience of non-native English speaking international students in clinical supervision, and further provide educators and supervisors with suggestion and recommendation.

#### **Confidentiality**

The interview will be audio recorded, and the principal researcher or a hired/volunteer transcriber will transcribe the data. If a transcriber is assigned to transcribe the audio recording of your interview, he/she will be required to sign a confidentiality agreement first. The transcriber will not have access to your consent form, demographic form or your contact information. The transcribe confidentiality agreement is attached to this consent form for your reference.

The researcher will remove all the identifying information from your transcript (e.g., names, city, school, etc.). The hard copies of the de-identified or ID coded data (i.e., transcript, demographic form) will be stored in a locked filing cabinet in the researcher's lab separately from your identifiable data (i.e., informed consent, contact information sheet). The electronic data (i.e., audio recordings, electronic transcript) will be stored in the primary researcher's personal laptop with passwords protected. Only the principal researcher and the research supervisor will have access to the data.

Audio recordings will be erased after the completion of the study. The original data will continue to be stored in locked filing cabinets for archival purposes for seven years following the submission of the thesis. Your identifying information will not be used in any publication of this study.

#### **The Use of Information and Data in Research**

Submit by email to [lynda.mcnell@mcgill.ca](mailto:lynda.mcnell@mcgill.ca). REB Office: James Administration Building, 845 Sherbrooke Street West suite 429, fax: 398-4644 tel: 398-6831/6193; [www.mcgill.ca/research/researchers/compliance/human](http://www.mcgill.ca/research/researchers/compliance/human) (August 2014)

APPROVED SEP 11 2019

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The results of this study will be used in the researcher's dissertation, published in scholarly journals and/or presented at professional academic conferences.

**Compensation**

To thank you for your time, you will be offered a \$25 gift card as compensation for participating in this study.

**Contact information**

Should you have any questions or concerns about this study, please feel free to contact us:

Jennifer Ho                      Jennifer.ho3@mail.mcgill.ca

Dr. Ada Sinacore              ada.sinacore@mcgill.ca

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If you have any ethical concerns or complaints about your participation in this study, and want to speak with someone not on the research team, please contact the McGill Ethics Manager at 514-398-6831 or [lynda.mcneil@mcgill.ca](mailto:lynda.mcneil@mcgill.ca)

**Please sign below if you have read the above information and consent to participate in this study. Agreeing to participate in this study does not waive any of your rights or release the researchers from their responsibilities. A copy of this consent form will be given to you and the researcher will keep a copy:**

Participant's Name (please print): \_\_\_\_\_


Signature: \_\_\_\_\_ Date: \_\_\_\_\_


Principal researcher's name (please print): \_\_\_\_\_

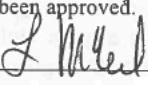
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Principal Investigator Signature:  Date: Aug 30, 2018

Faculty Supervisor Signature:  Date: Aug 30, 2018  
(for student PI)

For Administrative Use		REB: <u>REB-I</u> <input checked="" type="checkbox"/> <u>REB-II</u> <u>REB-III</u>
<input checked="" type="checkbox"/> Delegated Review	<u>Full Review</u>	
<input checked="" type="checkbox"/> This amendment request has been approved.		
Signature of REB Chair/ delegate: <u></u>		Date: <u>Sept. 11, 2018</u>
Project Approval Expires: <u>June 7, 2019</u>		

**McGill University**  
**Research Ethics Board Office (REB-I, II, III, FAES)**  
**RENEWAL REQUEST/STUDY CLOSURE FORM**

This form must be completed to request **ethics renewal approval** or to **close a study**. A current ethics approval is required for ongoing research. To avoid expired approvals and, in the case of funded projects, the suspension of funds, this form should be returned 1-2 weeks before the current approval expires. **No research activities including recruitment and data collection may take place after ethics approval has expired**

REB File #: 482-0518

Principal Investigator: Jennifer Ho

Project Title: The Experiences of Non-native English Speaking International Students in Clinical

Supervision: A Narrative Inquiry

Email: Jennifer.ho3@mail.mcgill.ca

Faculty Supervisor (if PI is a student): Prof. Ada Sinacore

1. Any modifications to the study or forms must be approved by the REB **prior** to implementation. **Are there any modifications to the study that have not already been approved to the REB?** ☐ YES ☒ V NO

If yes, complete an amendment form indicating these changes and attach to this form.

2. The REB must be notified of any findings that may have ethical implications or may affect the decision of the REB. The REB must be promptly notified of any new information that may affect the welfare or consent of participants.

**Are there any ethical concerns that arose during the course of this research?** ☐ YES ☒ V NO

If yes, please describe.

3. Unanticipated issues that may increase the risk level to participants or that may have other ethical implications must be promptly reported to the REB. **Have any participants experienced any unanticipated issues or adverse events in connection with this research project that have not already been reported to the REB?** ☐ YES ☒ V NO

If yes, please describe.

4. Is this a funded study? ☐ YES. If yes, list the agency name and project title and the Principal Investigator of the award if not yourself. This information is necessary to ensure compliance with agency requirements and avoid fund interruption.  
☒ V NO

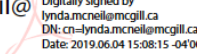
**Principal Investigator Signature:**  **Date:** 5/31/2019

**Faculty Supervisor Signature:** as per email \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (if PI is a student)

☐ Check here if the **study is to be closed** and continuing ethics approval is no longer required. A study can be closed when all data collection has been completed and there will be no further contact with participants. Studies involving secondary use of data no longer need ethics approval when all secondary data has been received.

☒ V Check here if this is a **request for renewal** of ethics approval.

**For Administrative Use**

Signature of REB Chair or designate: lynda.mcneil@mcgill.ca  Digitally signed by lynda.mcneil@mcgill.ca  
 DN: cn=lynda.mcneil@mcgill.ca  
 Date: 2019.06.04 15:08:15 -0400 **Date:** \_\_\_\_\_

Approval Renewal Period: June 8, 2019 – June 7, 2020

The researcher is responsible for ensuring that all other applicable approvals/renewals from other organizations are obtained before continuing the research.

Submit by email to [lynda.mcneil@mcgill.ca](mailto:lynda.mcneil@mcgill.ca), tel: 514-398-6831/6193; [www.mcgill.ca/research/research/compliance/human](http://www.mcgill.ca/research/research/compliance/human)  
 (Updated Oct-03-2018)