

THE DISCOURSE OF RACE AND CULTURE IN FAMILY THERAPY SUPERVISION: A CONVERSATION ANALYSIS*

John J. Lawless
Jerry E. Gale
Gonzalo Bacigalupe

ABSTRACT: Family therapy literature has emphasized the importance of examining contextual variables in supervision. This study explored how the talk of race, ethnicity, and culture is accomplished within the supervision session using conversation analysis. Conversation analysis is a naturalistic and descriptive methodology that examines patterns across naturally occurring conversations. The results indicated that the participants accomplished four domains of talk that involved the discourse of race, ethnicity, or culture. These domains included contextual markers, self of the therapist issues, cross cultural issues in the therapeutic relationship and cultural issues affecting the supervisory relationship. Implications for supervision and future directions are discussed.

KEY WORDS: family therapy supervision; ethnicity; culture; conversation analysis.

Clinical supervision is widely believed to be a crucial component in the training of couple and family therapists (Green, Shilts, & Bacigalupe, in press; Gurman & Kniskern, 1978; Kaiser, 1992; Liddle & Hal-

John J. Lawless, PhD, is Assistant Professor, Graduate Programs in Couple and Family Therapy, MCP Hahnemann University, Mailstop 905, 245 N. 15th Street, Philadelphia, PA 19102 (e-mail: jlawless@drexel.edu). Jerry E. Gale, PhD, is Associate Professor, Department of Child and Family Development, University of Georgia, Athens, GA 30602 (e-mail: jgale@fcs.uga.edu). Gonzalo Bacigalupe, EdD, is Assistant Professor, Marriage and Family Therapy Program, Graduate College of Education, University of Massachusetts, Boston, MA 02125 (e-mail: Gonzalo.bacigalupe@umb.edu). Reprint requests should be sent to John Lawless.

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pin, 1978; Liddle & Schwartz, 1983; Simon & Brewster, 1983). This has motivated clinical scholars to investigate a myriad of variables that affect the process and outcome of supervision (Todd & Storm, 1997). However, some important issues have been missing from the marriage and family therapy (MFT) clinical supervision literature. In particular, race, ethnicity, and culture (REC) have received very little empirical attention.

The American Association for Marriage and Family Therapy's (AAMFT) guidelines for Approved Supervisors state that supervisors should be sensitive to contextual variables such as culture, gender, ethnicity, and economics (AAMFT, January 1999). An examination of four of the field's main journals, however, *American Journal of Family Therapy*, *Contemporary Family Therapy: An International Journal*, *Family Process*, and *Journal of Marital and Family Therapy*, finds that there are no research articles that explore issues of REC and supervision. These journals have published a variety of theoretical articles on how REC can affect the therapeutic and supervisory process. While the absence of empirical research may reflect a number of structural and institutional inequalities, we will note several specific factors that may constrain researchers when examining race and ethnicity in supervision.

First, the supervision process is complex. There are many interconnected variables that affect the supervision process leaving researchers many paths to explore. Bernard (1994) reported that clinical supervision is complex even when examined in the most simplistic fashion. The methodological complexity increases exponentially when such contextual issues as social class and ethnicity are included in the formula. Addressing this methodological complexity is of critical importance, but as Sierra (1997) points out, multicultural content in research courses has not been a priority. In her survey of non-accredited and COAMFTE (Commission on Accreditation of Marriage and Family Therapy Education) accredited masters and doctoral programs she found that the majority of programs, 63%, dedicated only 5% of their research course content to the issue of culture. It may be that the interest level and research skills for neophyte researchers interested in exploring issues of REC is not up to the need for this line of research.

Additionally, institutional and structural factors may be negatively affecting the generation of research on REC and the supervisory process. The COAMFTE revised the curriculum standards in 1983 to require training programs to include or embed issues of ethnicity and culture within their curriculum. Hardy and Laszloffy (1992) contend

that while the language used by training programs has changed, behaviors have not. Hardy and Laszloffy examined structural factors of the curriculum and structural composition of academic training programs. Curriculum and structural composition are usually established in such a way that suggests that there is homogeneity to ethnic minority populations and that ethnic minority indicates only African-Americans (Bernard, 1994; Hardy & Laszloffy, 1994). The curriculum, in practice, suggests that there are no differences within an ethnic minority population.

A second factor is that Asians, Latinos, and Native Americans have been excluded from the discourse on REC. The discourse can also become so focused on white racism around African-American experiences that it marginalizes other voices (McGoldrick, 1994). Ironically, this process supports the silencing of other voices by the dominant culture in a context that "supports" culturally sensitive discourses. Additionally, being white is often associated as the absence of culture (Hardy & Laszloffy, 1994). Preli and Bernard (1993) stated that multicultural training usually focuses on the biases and stereotypes of white, middle class students without examining their own ethnic or cultural awareness.

Third, marriage and family therapy programs lack diversity in student, supervisor, and faculty populations in marriage and family therapy programs. Wilson and Stith (1993) examined African-American students' experience in MFT programs. They found that African-American students consist of 3% of the master's degree students and 2.7% of the doctoral degree students. The results were similar for African-American faculty. Only 4.3% of the full-time faculty members were African-American, while 2.8% of the part-time faculty members were African-American. They also found that none of the students that participated in the study reported having an African-American supervisor. If the absence of African-American students and faculty parallel other ethnic minority groups (e.g., Asians, Hispanics) this may create a context in which the discourse of REC does not occur. It should be noted that although the above articles regarding structural issues in training programs range from six to eight years old, there have been no published responses or new studies examining this issue.

These above factors (complexity, lack of literature, lack of diversity in training programs) help to create a milieu that is not supportive of supervisors addressing of issues of REC. How can supervisors be sensitive to REC issues when the context is not supportive and empirical information on how issues of REC affect the supervisory process is

sparse? Yet, even with this being the case, there are still supervision sessions that include and even embrace issues of REC.

The focus of this study was to study some of these supervision sessions in order to begin to understand how issues of REC are addressed and discussed. Specifically, the study wanted to explore the process of how an AAMFT Approved Supervisor and supervisees discuss the issues of REC within the context of family therapy supervision.

METHOD

Conversation analysis (CA) was developed as a methodology having a strong empirical basis as well as being descriptive and naturalistic (Heritage, 1984). CA research is interested in illustrating how people construct their social reality rather than explaining why a behavior occurred through the analysis of audio recordings. This requires the researcher to not interpret the participants' behaviors with a priori theories but, through detailed transcriptions and analysis, to describe how language accomplishes particular meanings (Gale, 1996).

These three principles (data driven, naturalistic, descriptive) lead to three interrelated assumptions that lay the foundation of all CA research (Gale, 1991; Heritage, 1984, 1997). The first assumption is that talk is context-shaped. Speakers tailor their speech for those actions previously involved in the conversation. Accordingly a participant's talk is shaped based on the preceding talk (the context).

The second assumption is that talk is context-renewing (Heritage, 1997). When a participant talks, he or she expects some action by the other participant(s). When a participant ends his or her turn, he or she is shaping the context for the next speaker's turn (context-shaped). The next turn will then renew the context while simultaneously shaping the next turn. Consequently speakers are continuously shaping and renewing the context of that conversation. Whether a turn is context shaped or renewing is a matter of punctuation.

The third assumption is that the participants are creating a mutual understanding through the sequencing of their turn taking. For example, a person tacitly, and at times, candidly affirms that they understand that an action was required on his or her part. This conversational collaboration implicitly confirms that the participants understand the other's actions (Heritage, 1997). Heritage (1984) referred to this as "architecture of intersubjectivity." Thus, CA examines simultaneously

how context is shaped and maintained through sequential analysis of the conversation (Heritage, 1997).

Procedure

Supervisors in accredited AAMFT doctoral and master level programs, known by the first and second author to be proactive about issues of REC in supervision and to have demonstrated expertise in the area of REC through publications and/or presentations, were contacted by phone by the first author. The supervisors were asked to participate if the following criteria were met; (a) supervisors indicated that REC conversations are important, (b) conversations of REC occur in supervision, and (c) the majority of these discussions take place during video/audio review or case consultation in individual supervision sessions.

A total of nine supervisors were initially identified that had the potential of meeting the above criteria. These supervisors were telephoned and asked if they would participate in a study examining the issue of race, ethnicity, and culture in marriage and family therapy supervision. Of the nine identified supervisors, two could not be contacted, one declined to participate due to restrictions of time, five did not meet at least one part of the criteria, and one agreed to participate.

The supervisor was instructed to ask his supervisees if they would be willing to participate in the study. When the supervisor received permission from his supervisees, a research packet was sent to the supervisor. The supervisor was instructed to give each supervisee a consent form, have them sign it, and return it to the principal researcher. When the consent forms were returned, eight audiotapes, and eight return envelopes with postage paid was sent to the supervisor.

The supervisor reported that his individual supervision was conducted with one supervisee rather than two supervisees. The supervisor was instructed to audiotape four consecutive supervision sessions with each supervisee for a total of eight audiotapes. The supervisor returned two audiotapes by mail to the principal investigator at a time. The supervisor also sent an extra audiotape of supervisee one. This resulted in five tapes for supervisee one and four tapes for supervisee two. Soon after the audiotapes were received, they were copied. During the process of coping the tapes, one tape of supervisee B was accidentally erased resulting in a total of eight tapes. When the copies were finished they were given to a professional transcriber to construct a skeleton draft of the conversation during the supervision session. The skeleton draft

consisted of a rough blueprint of what was said and by whom. The transcriber did not include fine details such as pauses, silences, minor interruptions, moments of respiration, or turns marked by "Hhm, hhm" or "uhh." While the skeleton draft was being created the researcher listened to the audiotapes in their entirety two times to become familiar with the nuances of the participants' speech patterns. When the transcript was received, the tape was played one more time while the researcher followed the transcript. The third tape review helped the primary researcher to identify specific segments in which race, ethnicity, or culture were explicitly discussed. This pattern of preliminary data analysis was conducted for each tape.

To establish the context of the REC discussions, turns prior and subsequent were included in the CA transcript. The starting points were determined in order to give the researcher enough information to understand the context of the issues discussed before the issue of REC was brought to light. The ending points of the transcript were determined when the topic of REC was no longer part of the conversation. All REC segments were transferred onto one audiotape to allow for easier transcription. Each segment was then transcribed in finer detail using a conversation analytic protocol. (See Appendix.)

It is important to note that the participants were not involved in any aspect of the data analysis phase. Conversation analytic research does not include the phenomenological experience of the participants (Gale, 1996). Ten Have (1999) stated that the participants may or may not be cognizant of their own language practices and how their use of language affects the discourse, and thus the participant's voices are not privileged. Since the phenomenological experience is interesting and valuable, the supervisor's voice is included in this paper to give another perspective of the data analyzed.

Participants

There are three participants, one supervisor and two supervisees. The supervisor is the third author. He is an assistant professor at a family therapy program at a state university in a large urban area. The third author has been presenting and publishing on issues of REC since 1987. He has presented and published on such issues as; cross-cultural systemic therapy consultation, culturally competent family therapy training, supervising clinicians that work with Latin families, and family therapy supervision with Latino therapists (Bacigalupe, 1998, 2000a, 2000b). He is an Approved Supervisor designated by the

American Association for Marriage and Family Therapy (AAMFT). He has been providing supervision with approved supervisor status for more than five years. He is currently supervising 11 supervisees of which two are male and nine are female. He has identified himself as a collaborative supervisor. He provides individual supervision for the two supervisees in this study.

Supervisee A (T1) is a 46-year-old Hispanic female. She has been practicing as a clinician for 10 years and has been a clinical member of AAMFT for over four years. She has been involved in clinical supervision with the supervisor for more than one year prior to taping. She works in a private agency which pays the supervisor on a consultant basis. Supervisee A utilizes clinical supervision for two purposes. First, supervision is utilized for clinical issues related to her position as a marriage and family therapist. Second, she is in the process of becoming an approved AAMFT supervisor and utilizes her time with this approved supervisor for supervision of supervision.

Supervisee B (T2) is a 52-year-old white female. She has been practicing as a clinician for 10 years, is currently working in a public agency, and is not a member of AAMFT. The third author has supervised her for over one year prior to taping and is the supervisee's only clinical supervisor.

We believe it is important for the reader to understand how the terms race, ethnicity, and culture are used in this research. Many researchers and theorists have defined these terms in a variety of ways or use them interchangeably. For example, one researcher may use the term black to indicate race while another researcher utilizes the term black to signify the term ethnicity. This ambiguity can lead to confusion and make it difficult to contrast and compare the literature across and within disciplines. For the purpose of this study, it was important to be able to identify lexical markers that indicate an entry point into issues of REC. It was not paramount to identify how the participant was utilizing that term. It is recognized that these terms do not have very well defined boundaries, there is a fluidity to these terms and the language used obfuscates rather than elucidates.

ANALYSIS OF THE DATA

The talk of race, ethnicity, and culture (REC) was accomplished in every session. Within the eight sessions, four domains of talk were identified in which the issue of REC occurred. The first domain high-

lights those discussions in which contextual markers of REC appeared. The other three domains consisted of extended discussions of how REC affects clinical supervision or therapy. These extended dialogues of REC included a supervisee's exploration of a therapeutic intervention, a supervisee's examination of "self of the therapist" issues, and a supervisee's struggle with her supervisee's issues of REC. Within the latter three domains, there was a recurrent pattern in the process of discussing issues of REC. The following section will highlight the initial aspects of this pattern and contextual openings.

Contextual Openings

When examining the transcripts, there were many opportunities for the talk of REC to occur. The majority of these opportunities revolved around the issues of case demographics or contextual markers. The supervisee would either offer a description of the client that included a reference to REC or the supervisor would directly inquire about the client's REC. Below are two exemplars of contextual openings. One is offered by the supervisee (Exemplar A) and one by the supervisor (Exemplar B).

Exemplar A

- [215] T2: ... Her father was actively alcoholic. (7.56) >She said there was
 [216] no physical abuse.< °I'm sure° (10.27) Uhhm (4.05) Let's see her last
 [217] name (3.2) is Bar-Bartel.
 [218] S: Hhm, Hhm
 [219] T2: Uhm, Italian. I think her family is Irish. Tim has had some individ-
 [220] ual work for a while now.
 [221] S: Hhm, Hhm
 [222] T2: A::nd iss (1.03) >dh uh< he feels internally he's made a lot of shifts
 [223] in how he looked at their marital dysfunction

Exemplar B

- [340] S: You don't have any psyche reports do you? (7.47) This kid is Puerto
 [341] Rican right?
 [342] T1: Right.
 [343] S: Yea he is, definitely he is. (2.91)
 [344] T1: .hhhh (3.05) And Conseulo, I have the STRONG sense that Kathy
 [345] has done an enormous amount of lying.

These exemplars highlight how the participants presented an opening for the discussion of REC to develop. In exemplar A, the supervisee

introduced a contextual opening on line 219 when she highlighted her client's ethnicity. In exemplar B, the supervisor utilized a question on lines 340–341 to introduce a contextual issue. In both exemplars, neither participant followed that branch of the conversation. Instead the conversation moves toward other clinical issues.

The process of contextual openings occurs repeatedly throughout the transcripts. None of the contextual openings lead to extended dialogues related to REC.

Pattern of REC Discourse

The discourse of REC followed an identified pattern. The pattern occurred as follows: (1) the subtle introduction regarding issues of REC was made into the supervision session, (2) the explicit confirmation of REC issues, (3) an extended discussion focusing on issues of REC, and (4) the abrupt ending of REC discourse. Again, this section will focus on the first two aspects of this pattern.

The pattern of REC discourse began when the supervisee made a subtle reference to issues of REC. The talk of REC did not need an explicit introduction by the supervisor or supervisee for it to develop. The following exemplars will highlight the beginning of this pattern. The exemplars below are part of the same supervision session.

Exemplar C

[364] T2: And Sue was making a distinction between Melissa being his child

[365] and Jim not being his child.

[366] S: Hhm, hhm (2.33)

[367] T2: hh A::nd (.91) I've heard this in a lot of other families (1.18) a real

[368] differentiation made even if the parents are intact.

.....

[384] T2: Uhm, that she says things, hh I have heard quite a few mothers

[385] uh when there's a separation say this kind of thing, and >I do hear

[386] it much more in Latino families< hh as well. >I have to let him

[387] see so and so because after all he's her [father

The above sequence begins the REC discourse. The supervisee defines the clinical issue she is concerned about on lines 364–368. Up to this point she does not use any descriptors to separate differences between clinical families. This is evidenced on line 367, the supervisee stated, "I've heard this in a lot of other families." This statement serves as a precursor to line 386 in which the supervisee brings forth a distinction that she experienced between Latino families and other families.

At this point in the conversation, the issue of REC is introduced. While the supervisee introduces the talk of REC, line 386, the focus is still on family dynamics. Specifically that mothers will separate their children based on paternal lineage. The conversation continues with the supervisee expanding her concerns.

Exemplar D

- [402] T2: uhm (.97) and so I was trying to gently suggest to her what it
 [403] might feel like it from Jim's perspective.
 [404] S: Hhm, hhm
 [405] T2: And (2.49) again, it it (1.0) I said it in several different ways but
 [406] I felt as I was saying it, >this was a phone conversation<, I felt
 [407] that I was (.86) forcing, (1.25) to some extent, I was forcing my
 [408] values on her (1..68) by emphasizing the impact that this was
 [409] having, could be having on Jim. (1.61)
 [410] S: Do you have the sense that, that, that is not valid a valid argument?
 [411] T2: I think it is a valid argument but [the
 [412] S: Hhm, hhm]
 [413] T2: the feeling I had making the argument
 [414] S: Hhm, hhm
 [415] T2: vas tres vas,
 [416] S: YEA
 [417] T2: was that I was pushing a point of view upon her that she was
 [418] (1.12) uh (1.55) °she didn't rea- really want to (1.24) accept as
 [419] valid.° (4.45) So I felt aggressive. I don't think (2.15) if you had
 [420] overheard me, I don't think I
 [421] S: [Hhm, hhm
 [422] T2: would] have sounded aggressive. I think I would have sounded
 [423] very gentle. [But internally I felt aggressive
 [424] S: and but that hhm, hhm] But does it come from a cultural difference?
 [425] (3.03)

This sequence highlights a gradual and tacit movement toward an explicit conversation of REC. The supervisee circuitously reintroduces the idea of REC by mentioning her values on lines 407–409. The discussion of values is a subtle movement that facilitates the talk to stay focused on REC. Falicov (1988) stated that part of the definition of culture is a combination of one's beliefs, norms and *values* that shape behaviors and attitudes (*Italics added*). The supervisee continues to discuss her struggle with the idea that she is pushing her values when the supervisor gains control of the conversation on line 424. The supervisor utilizes this opportunity to inquire about cross-cultural differences. This question accomplishes two things. First, it brings forth a

direct connection between values and culture. The supervisor is making the implicit, explicit with this question. The question is also ambiguous because it is not clear what process is being questioned. Is it the process of her pushing her values or the differences between Latino and non-Latino families? Regardless of the direction the supervisee takes, the question shapes the context so that the probability is high that the supervisee's answer will expand or renew the talk of REC.

DISCUSSION AND RECOMMENDATIONS

The family therapy supervision literature clearly states that issues of REC should be part of the discourse in clinical supervision (Arnold, 1993; Hardy & Laszloffy, 1992; Porter, 1994; Preli & Bernard, 1993). This study examined how the discourse of REC was accomplished in family therapy supervision sessions with a supervisor who deems these issues important. It was discovered that the discourse of REC was not a neat and tidy conversation, book marked with a clear beginning and ending. Instead, the talk had an ambiguous beginning with the talk of REC meandering through and around other topical areas. Despite this ambiguity, an understanding of how the participants build and manage the talk of REC within the context of family therapy supervision was developed.

The analysis highlighted four domains of REC talk and within the latter three domains a pattern emerged. The first domain was identified as contextual markers. This domain consisted of brief conversations that revolved around lexical terms of race, ethnicity, and culture. Instances of contextual markers occurred every supervision session. Specifically, each supervision session had at least two contextual markers that could have opened up the discourse to issues of REC. While these opportunities did not result in an extended dialogue of issues related to REC, there was at least a potential for a discussion to occur. This can be significant for the supervisory milieu. These multiple opportunities can give a message that issues of REC are important. While these opportunities alone do not convey openness, when combined with extended dialogues of REC issues, the message can be that REC issues are an important part of the discourse in family therapy supervision. This can create a context that may allow the supervisee to feel safe to bring forth and engage in discussions regarding issues of REC.

An interesting aspect of this domain is that no extended dialogues came to fruition. There are a few possibilities of why extended dialogues

do not evolve. One possibility is that the supervisor and the supervisees' believe that the talk of REC is accomplished by briefly discussing contextual information (e.g., REC) but then move toward other clinical issues such as addiction, family dysfunction, and management of systems affecting the client's life.

Another possibility is that the supervisor and the supervisees constrict their talk of REC when it is opened up. This can result in conversations regarding REC being shut down leading to conversations regarding other clinical issues. A third possibility is that the supervisor discussed the importance of exploring issues of REC within the client's life, the therapeutic relationship, and the supervisory relationship with the supervisees at some earlier point in their relationship. Therefore when they discuss clinical issues, the supervisor wants to understand contextual information such as REC. Accordingly, contextual information regarding REC is produced throughout the talk because it supports the supervisor's position that issues of REC are important to discuss.

If the first possibility (the talk of REC is not as important as other clinical issues) was the prospect, then the talk of clinical supervision would be absent of dialogue that explored issues of REC. The talk would contain brief references regarding issues of REC and there would be no extended discussions on how REC affects the client's, supervisee's, or supervisor's life. If the second possibility (the talk of REC being constricted) were the reason, the talk of clinical supervision would most likely contain very little, if any, reference to REC. If the talk of REC occurred, it would immediately move to another issue. If the third possibility (the talk of REC is an important contextual variable to understand client's issues) accounted for these brief transactions, the transcripts would contain extended dialogues that focused on how REC affects the therapeutic and supervisory process.

The third possibility appears to be the most probable explanation. While it is not known if the supervisor engaged in a prior conversation with the supervisee regarding the importance of REC, it is demonstrated in the transcripts that the participants believe REC to be an important contextual variable. This is evident by the various conversations and the length of the talk that the participants engaged in regarding REC. In other words, the third possibility is supported by the talk or actions of the participants while the first and second possibilities are not supported by these accomplishments of the participants.

Other possibilities open up if the supervisor who participated in these sessions is allowed to reinterpret the findings. Reading the conversational excerpts, as the subject and supervisor (third author), pro-

vides an opportunity to rethink how the relational history of supervisor-supervisee frames any potential interpretation of the data. Anything said by the supervisee or the supervisor occurs not only in the context of turn-taking and context-creating. Context is also the history of the relationship that the supervisor and the supervisees have developed through time and previous conversations. What may seem a missed opportunity in one of these excerpts may have been the subject of exhaustive analysis in a previous conversation.

What may seem like a subtle overture could be seen as an implicit shared understanding. The potential interpretations and dialectic possibilities that emerge from an analysis of the excerpts resonates again with the embedded complexity that transpire in these conversations. Nonetheless, the power of these conversational excerpts on the supervisees and a supervisor are significant as we continue thinking about the potential impact of brief conversational turn-taking interactions.

The pattern of REC discourse in the other three domains consisted of four components. The first element was the subtlety of how issues of REC were introduced into the discourse. There were distinct lexical markers of REC (e.g., black, gay, Italian, Irish) that brought forth opportunities for the talk of REC to occur but it was the subtle introduction of REC that sparked the extended dialogues. The lexical markers that began the discourse of REC were values, immigration, and language. When these markers stand alone, they indicate issues of REC but they were woven into conversations that focused on other clinical issues (e.g., family dynamics, fear) making the openings for the talk of REC hidden rather than open.

This is in contrast to the formal dialogue of REC highlighted in the clinical supervision literature. Porter (1994) stated that the discourse of REC should be direct and structured. She stated that while the structure may move from a didactic to an experiential method, nonetheless it is systematic. Preli and Bernard (1993) highlighted different training approaches that advocated that REC should be introduced in a deliberate way. While it is important at times to introduce REC in a formal way into the discourse, this aspect of the pattern highlights another possibility.

The second aspect of the pattern is that the supervisor recognized the subtlety of these openings and made them explicit. He did so by specifically identifying linguistic markers that highlighted REC (e.g., cross-cultural, socioeconomics, and Latino). If the supervisor did not attend to this subtlety, the discourse may have continued to other clinical issues. AAMFT's guidelines for approved supervisors state that

supervisors should be sensitive to contextual variables such as culture, gender, ethnicity, and economics (AAMFT, 1999). This theme highlights how the supervisor was sensitive to contextual variables. This aspect also emphasizes the importance that the supervisor be knowledgeable and willing to examine issues of REC. If the supervisor was not knowledgeable or willing to explore these issues these subtle movement toward the discourse of REC would have gone unnoticed or unattended. This could have resulted in the supervisees not examining issues of REC. If so, then this could have resulted in the supervisees' therapeutic skills, in regard to cultural sensitivity, not developing.

The supervisees could also be adversely affected in other ways. Cook (1994) stated that supervisors who do not address issues of REC may create a context in which supervisees of color may feel similar experiences of racism, frustration, and powerlessness while all supervisees get the implicit message that issues of REC are not important.

It is important to note that the discourse never focused directly on the supervisee's knowledge of REC but on the intersection of REC and other clinical issues. There was not one instance of the supervisor directly introducing issues of REC. For example, the participants explored how REC affects; (a) the personal life of the supervisee, (b) the supervisee's view of family functioning, and (c) the role of an SIT. This style of allowing the talk of REC to develop from the conversation rather than a formal introduction may be helpful for supervisees. Supervisees may be defensive when approaching issues of REC (Porter, 1994). By allowing these issues to be part of the natural fabric of the conversation rather than a predetermined delineated aspect of the conversation, supervisees may feel less threatened thus more willing to examine issues of REC. Again, it should be noted that the literature clearly states that issues of REC should be discussed in supervision (Hardy & Laszloffy, 1992; Preli & Bernard, 1993). The literature focuses on how supervision can increase the cultural sensitivity of the supervisees (e.g., cultural genograms, racial storytelling, cultural knowledge) but the literature does not explore how the talk of REC should be discussed in relation to client issues. This theme brings forth another way issues of REC can be approached in relation to clinical issues.

While the study contributes to the knowledge of the process of supervision, there are many roads left to explore. Some questions that could be explored are: how does the REC of the participants affect the discussion of REC, does the length of the relationship between the supervisor and supervisee affect the talk of REC, what non-verbal behaviors affect the talk of REC, does the level of experience of the supervisor and supervisee affect the talk of REC, does the style of

the supervisor affect the talk of REC, does the sex or gender of the participants influence how the talk of REC is accomplished. There are many questions regarding the issue of REC in clinical supervision of MFT. This study only serves as a jumping point for the many different roads.

APPENDIX: TRANSCRIPT NOTATIONS

Arrows in the margin point to the lines of transcript relevant to the point being made in the text.

()	Empty parentheses indicate talk too obscure to transcribe. Words or letters inside parentheses indicate the transcriber's best estimate of what is being said.
hhh	The letter 'h' is used to indicate hearable aspiration, its length roughly proportional to the number of 'h's. If preceded by a dot, the aspiration is an in-breath.
[Left side brackets indicate where overlapping talk begins.
]	Right side brackets indicate where overlapping talk ends, or marks alignments within a continuing stream of overlapping talk.
CAPITAL	Words in capitals are uttered louder than the surrounding talk
°	Talk appearing within degree signs is lower in volume relative to surrounding talk.
><	Talk appearing within 'greater than' and 'less than' signs is noticeable faster than the surrounding talk.
((looks))	Word in double parentheses indicates transcriber's comments.
(.08)	Numbers in parentheses indicate periods of silence, in tenths of a second. A dot inside parentheses indicates a pause that is less than 0.2 seconds.
:::	Colons indicate a lengthening of the sound just preceding them, proportional to the number of colons.
becau-	A hyphen indicates an abrupt cut-off or self-interruption of the sound in progress indicate by the preceding letter(s) (the example here represents the word because).
<u>He</u> says	Underlining indicates stress or emphasis.
dr^ink	A 'hat' or circumflex accent symbol indicates a marked raised pitch.

= Equal signs (ordinary at the end of one line and d the start of an ensuing one) indicate a 'latched' relationship-no silence at all between them.

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