

CONVERSATIONS ABOUT SUPERVISION WITH SPANISH-SPEAKING,  
BILINGUAL THERAPISTS TRAINED IN COLLABORATIVE-DIALOGIC  
PRACTICES

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Doctor of Philosophy

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by

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## DEDICATION

. . This dissertation is dedicated to a few people in my life. To my husband, Chandler, who has supported me through the intersected challenges of graduate school, parenting, and life. I am immensely grateful for having your encouragement. I also dedicate this work to my parents, Jorge and Maria Gil, to whom I am grateful for having two languages with which I express myself- *gracias por el amor y apoyo que me han brindado siempre*. And, finally, I dedicate this work to my two children, Lucas and Emi- you light up my universe and teach me more with each passing day.

## ABSTRACT

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Bilingual therapists are expected to provide competent, culturally sensitive services in two languages, while often only being trained to perform those services in one language. . Their training and supervision should be supportive through the processes of becoming a therapist as well as through mutual processes of sense-making with and about clients' stories in order to provide a generative, conversational space where clients have possibilities from which to choose. .

In the last 15 years there have been numerous studies about Spanish-speaking clients and the socio-cultural considerations taken in application of treatment interventions to address the specific needs of this population (Stein & Guzman, 2015). . In the most current literature about this population, there is an emphasis on cultural diversity among the ethnic groups and the discourses that are specific to each Latino culture (Updegraff & Umaña-Taylor, 2015). . There is also an abundance of literature about supervision of mental health practitioners and standards that are used in gatekeeping the field (Bernard & Goodyear, 2019). .

Social constructionist therapists engage in practices of co-creating the world in which we live through language, dialogue, and what is exchanged interpersonally in moments of relating (Anderson, 1997; Gergen, 1994, 2006; McNamee & Gergen, 1999).

Through dialogue and conversation with bilingual therapists trained in collaborative practices, I focused on capturing stories and lived experiences surrounding their time in supervision. Each participant discussed how their experiences in supervision

created opportunities for learning and growth. They indicated that collaborative-dialogic training provided structures for them to appreciate the importance of the relational aspect of supervision, to note how languages and local knowledge support the formation of those relationships, and they identified curiosity as a stance for advocacy for themselves and their clients.

**KEY WORDS:** Collaborative-dialogic practices, Supervision, Collaborative practices, Collaborative therapy, Bilingual therapists, Bilingual counselor, Collaborative supervision, Social constructionism, Social constructionist, Postmodern research, Dialogic mutual inquiry

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## **CHAPTER I**

### **Introduction**

According to the most recent projection for growth made by the office of the Texas State Demographer (Combs, 2008; Potter & Hoque, 2014; You et al., 2019), the Hispanic population was expected to reach more than 20 million by the year 2050. In addition, some states in the Southern and Midwest regions of the United States had a growth rate of almost 50% in immigrant populations between the years 2000 and 2009 (Marrow, 2011). Although that is a significant growth rate, Potter and Hoque (2014) stated the Hispanic population is not expected to become the majority ethnicity in Texas by 2050. Notwithstanding, this population growth and influx of Hispanic cultures into Texas creates a gap in the public's access to social services such as receiving counseling in their native language (Andrade & Viruell-Fuentes, 2011; Biever et al., 2004). Among this population, there are differing levels of acculturation to the host culture and differing language abilities which could create a disparity in the availability of specifically competent providers (Perez, 2011).

In several growing metropolitan areas of Texas there are increasing numbers of Spanish-speaking clients and a shortage of Spanish-speaking therapists (Peters et al., 2014; You et al., 2019). This is a rapidly changing demographic that is affecting aspects of city life as well as the makeup of the general community's cultural identity (Piedra et al., 2011). The groups of ethnicities that make up the larger category of Hispanic or Latino population have their own cultural idiosyncrasies that are not homogenous. While the ethnicities that make up Hispanic and Latino communities may share a common language, just about everything else in their socio-cultural-political identities is different

(Andrade & Viruell-Fuentes, 2011). As the increase in the Hispanic population continues, the demand for Spanish-speaking counselors and supervisors to address cultural phenomena that occur in and outside of treatment also increases (Piedra et al., 2011).

Counselors are trained in many modalities and are usually required to complete coursework and training that addresses cultural competency. The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) published their most recent standards covering social and cultural diversity characteristics they expect to be present in counselor education programs at all levels of practice. The standards included providing instruction and training in cultural characteristics of diverse groups on a national and international level; theories and practices that are focused on social justice and culture; specialized competencies in multicultural counseling; consideration of the impact of social attitudes, spiritual beliefs, and experiences on an individual's points of view; an awareness of how power and privilege affect the counselor/client relationship; the different ways in which clients of different backgrounds seek help; and practices that promote better access to mental health services by eliminating obstacles such as prejudices and discrimination.

While the coursework in cultural competency is valuable and will prepare counselors for encountering clients with diverse needs, it is not sufficient to train those counselors who are Spanish-speaking in linguistic competence with sensitivity to the intricacies of providing services in another language (Piedra et al., 2011). Piedra et al. further indicated that language is a medium of communication that includes grammar, context, and conveyed meanings-not just words. According to Biever et al. (2004), in clinical training and supervision the language of theory, philosophy, and practice is lost

or not translated well in clinical situations and therapists reported that proficiency in the Spanish language is not enough to deliver therapeutic services to Spanish-speaking clients. Some professionals reported that English only speaking supervisors did not always “recognize language and cultural issues when working with Latino clients” (Biever et al, 2004, p. 180).

### **Statement of the Problem**

In postmodern, social constructionist practices such as collaborative-dialogic therapy, collaborative supervision, or collaborative learning, the philosophical principles are rooted in the idea that reality is constructed through language and relational experiences where each member of the relationship contributes to the development of a shared meaning (Anderson, 1997, 2000a, 2013, Shotter, 1995b, 2004, 2016a, 2016b, & 2017). Anderson (1997) offered a conceptualization of “human systems as language systems” (p. 72) wherein she explained the nature of co-creating meaning through language and dialogue. (Anderson & Goolishian, 1988; Anderson et al., 1986; Goolishian & Anderson, 1987) Shotter (1995b) stated that the meanings generated in conversation are specific to each conversation and that they make sense to those who are participating in that context. Anderson (1997) described problems as existing in language and sustained through behaviors that are mutually coordinated. She further explained that problems have as many definitions as there are observers or participants in the situation because each person assigns their own meaning based on their experience of reality. Levin (1992, 1995) described this process as an evolving set of interchanges influenced by each person’s previous experiences and how each participant is interpreting their own ideas about what is being said. Anderson (1997) stated that in a collaborative approach,

the process of co-defining the problem(s) and co-creating multiple possibilities leads the co-participants to transform “unworkable problematic situations or narratives” into “workable ones with possibilities.” (p. 77).

Language is co-created in interactions and performed in relationships (Anderson, 1997, 2012b, 2016). I engage in this process of inquiry about collaborative-dialogic bilingual therapists with Anderson’s ideas as a philosophy about how understanding and meaning are co-created with and through the use of language(s) at the disposal of bilingual therapists. Of the multiple perspectives about bilingualism that exist in the fields of mental health and education, a relevant, strength-based view is one that represents translingual practices to be viewed as a way that language emerges between people, through their interactions and how it may serve as a form of negotiating relationships, learning, and meanings (Pacheco et al., 2019). Piedra et al., (2011) indicated that when a Spanish-speaking counselor works with clients who are speaking another language, he or she is also trying to make meaning in therapeutic terms of what the client is saying; and in this meaning making, during the acts of translating and interpreting, or understanding emotional concepts and therapeutic intentions, there may be a potential for either party to not experience a mutually created meaning due to a difference in Spanish language proficiency. I referred to a proposal by the Chilean biologist and Nobel prize winner, Maturana (1978) on language and the mechanisms that must exist and are co-developed by the individuals interacting in a system. Maturana (1978) indicated that language was more than a grouping of syntactical rules that led to communication where the interacting individuals in a system impact each other’s state by transmitting knowledge. He referred to the lived, evolutionary purpose of language as an

organizing phenomenon to create structures emphasizing the process of arriving at understandings that make sense to each of the participants.

Pacheco et al. (2019) described meanings as, "...negotiated between interlocutors, rather than transmitted from a speaker to a hearer." (p. 77). Pacheco et al. also posed questions about how teachers might "recontextualize a student's Arabic when engaging with an English-language text to signal expertise?" (p. 78) Pacheco et al. (2019) promoted training in translingual competencies as having the potential to benefit the learner in different contexts as they may develop a richer understanding of how they might contextualize relationships into power and therefore, enact co-constructing language and meaning as a resource in their interactions. (David, 2017; Pacheco et al., 2019).

Anderson (2007a; 2007c) indicated that working with clients from the collaborative language systems philosophy provides a process that is rooted in language. She stated that language is a vehicle for the process of counseling and that within the structures of language, we create meaning and generate knowledge as a community of co-authors of reality. She further explains that "We are always struggling with each other to understand the words we use, their meanings. We are always foreigners trying to learn the native's local language." (Anderson, 2007a, p. 10).

Researchers evaluating the experiences of participants who share language, culture, or context in order to discern the objective reality behind those shared characteristics root their exploration in traditional positivist attitudes about the search for truth and seek a consensus in their understanding of human behavior (Gehart et al., 2007; Levin & Bava, 2012). Santiago-Rivera et al. (2009) noted that bilingual individuals are not always able to represent emotional content in their second languages and that they are

more able to recall emotions in a less inhibited way in their first language. The two broad areas of research related to bilingual clients and therapists identified by several researchers are misdiagnosis in the bilingual client and the undercurrents of the use of language in treatment of bilingual clients (Malgady & Costantino, 1998; Marcos, 1994; Santiago-Rivera & Altarriba, 2002). Santiago-Rivera and Altarriba (2002) also proposed, “that understanding the role of language in therapy is central to effective treatment regardless of theoretical orientation and that bilingualism should be perceived as a client strength rather than as a deficit.” (p. 30). Perhaps this strength should also be noted in the supervisory setting when supervisor and supervisee come together to make meaning and share an understanding of the therapeutic process as well as the process of becoming a counselor. Anderson (2013) indicated that there is a need for a shift in how supervisors and educators make meaning through the theories and organizing paradigms used in their practices to a way of practicing where each member of a community or group can feel as though they are participants and contributing to the creation of knowledge.

In contemporary academic literature and media sources, there is an identified gap where a lack of mental healthcare and medical care exists for Spanish-speaking members of communities and also present is a resounding call for mental healthcare to reach unmet needs in Hispanic populations (Markley, 2005; Ramos-Sanchez, 2009; Chavez-Dueñas et al., 2019). The disparities in healthcare and mental health services identified among researchers have to do with language, race, culture, immigration status, access to services, reactivity to trauma, racial trauma or race-based stress (Chavez-Dueñas et al., 2019; Comaz-Diaz et al., 2019; Gonzalez-Ramos & Gonzalez, 2005; & Piña-Watson et al., 2015).



Some authors discussed the creation of new approaches (Comaz-Diaz et al., 2019; Piña-Watson et al., 2019) to alleviate stressors present in Latinx and other minority communities such as race based stress and trauma associated with experiencing or witnessing racism; discrimination; threats of harm; injury; humiliating and shaming events as well as how intragroup marginalization impacts depression symptoms; risk of suicide, self-esteem, and life satisfaction. Comaz-Diaz et al. (2019) focused on introducing a special issue of *American Psychologist* that contained new conceptual research that evaluated intersecting models of racial, ethnic, and indigenous trauma and healing, research on racial, ethnic, and indigenous trauma, and conceptualizing and challenging microaggressions and racial ideologies.

Berdahl & Torres Stone, (2009) examined the attitudes among three distinct Latinx population members (Cubans, Mexicans, and Puerto Ricans in the United States) towards treatment and reported the factors they believed impacted their reticence to utilize services were related to issues of acculturation, access to health insurance, English proficiency, citizenship, and measures of self-reliance.

As more need for mental health services is documented and researchers become increasingly aware of the needs in changing Latinx communities, a focus emerges on training and supervision of the Spanish-speaking, mental health professionals who need support to enter the workforce to provide mental health services in effective ways (Field et al., 2010; Gonzalez et al., 2015; Lopez & Torres-Fernandez, 2019; Muñoz et al., 2011; Vaquero & Williams, 2018).

There are few studies documenting the clinical or supervisory experiences of Spanish-speaking therapists in the US who have training in social constructionist

practices like collaborative-dialogic therapy or supervision. As this section of the population continues to grow (Potter & Hoque, 2014) there is a need for further understanding of the practices and limitations of the Spanish-speaking counselor and supervisor. This study may be helpful in identifying core concepts that are present or lacking in the training and supervision experiences of Spanish-speaking, bilingual therapists trained in collaborative-dialogic practices. Studying this group of practitioners should provide information for improving postmodern training and supervision to Spanish-speaking, bilingual therapists already trained in collaborative-dialogic practices and could introduce this social constructionist approach to Spanish-speaking practitioners who are seeking an orienting philosophy from which to approach the services they will be delivering.

### **Purpose of the Study**

The purpose of the study is to engage in a broad discourse about the supervisory experiences of Spanish-speaking, bilingual therapists trained in postmodern, collaborative-dialogic practices. A secondary purpose of this study is to provide an immersive experience in a dialogical practice where factors that are present in supervision to Spanish-speaking, bilingual therapists trained in collaborative-dialogic practices can be explored. I am interested in the dialogues that may emerge in the search for experiential, co-created knowledge about supervision experiences with expectations of the process being generative and meaningful.

### **Significance of the Study**

This study is designed to contribute to counselor education and supervision by exploring the supervisory experiences of Spanish-speaking therapists trained in

postmodern, collaborative-dialogic practices in a large metropolitan area with intentions to hear those matters that are most important to Spanish-speaking, bilingual clinicians in supervision and training. The research will be conducted through a collaborative-dialogic mutual inquiry which can help to articulate nuanced meanings and understandings about how Spanish-speaking, bilingual therapists are supported in their process of becoming postmodern, collaborative-dialogic contributors to the field of psychotherapy. Findings about this population of clinicians may be helpful in developing additional frameworks to explore training, cultural competency, and supervision that could contribute to the field of clinical supervision as well as to the quality of therapeutic services that are delivered to clients.

### **Definition of Terms**

There are several approaches, theories, and ways of practicing that are identified as postmodern, social constructionist. Following is an explanation of theoretical terms that may arise during interviews when the researcher asks participants about their training and practical experiences. I am also including some contextual definitions of language that are associated with postmodern ideas and bilingual, Spanish-speaking individuals.

#### ***Spanish-Speaking, Bilingual Individual***

A Spanish-speaking person who is fluent in both Spanish and English on a conversational level.

#### ***Spanish-Speaking Monolingual Individual***

A Spanish-speaking person who is fluent in only Spanish.

#### ***English Speaking Monolingual Individual***

An English-speaking person who is only fluent in English.

### ***Code Switching***

The act of verbally changing from one language to another during one verbal exchange is called code switching (Wardhaugh, 2005). Switching between the two languages typically serves the purpose of providing cohesion or coherence to the meanings of the articulated words. (Sánchez, 1994).

### ***Latino/a, Latin@, Latinx***

In Spanish, words are gender specific and meant to describe people as individuals or groups; the words do not always translate in a general way. Latino is a word that is gendered masculine, while the word Latina as its counterpart is gendered feminine. Due to this binary language, new terms have arisen in the culture to represent all genders in a less biased way. Latinx is a gender-neutral word that can be used to describe people of all genders and Latin@ is a word that has become accepted to describe both male and female persons. The American Psychological Association (2019) has tried to guide researchers in the use of ethnic language that is inclusive and respectful of the rich history that makes up the identities of diverse members of our communities.

### ***Social Constructionism***

Social constructionism is the phenomenon that one creates reality through the language used in conversation and the meanings that are co-constructed in relationship. This philosophy is rooted in community and relationship as each member of a system contributes to the shared meanings and ideas created when the perspectives of each member are included. (Andersen, 1991; Anderson, 1997; Anderson & Goolishian, 1988, 1992; Gehart et al., 2007; Gergen, 1985, 1994; Goolishian & Anderson, 1990; Levin & Bava, 2012; McNamee & Gergen, 1992, 1998; Mills & Sprenkle, 1995). Bernard and

Goodyear (2019) discussed postmodern worldviews in a chapter about different models of supervision in which they categorically placed social constructivist models with other postmodern models that are social constructionist.

### ***The Reflecting Team***

A reflecting team is a group of people who participate in a live therapy or supervision session and whose purpose is to host a generative conversation that will create possibilities during a collaborative-dialogic reflection process. This approach to generating more possibilities through conversation conducted in front of the client was developed in Norway by Tom Andersen (1987, 1991, & 1995) and his team of colleagues who trained with him. Therapists who train in collaborative-dialogic practices at HGI are trained in using reflecting teams for therapeutic and supervisory consultations. The reflecting team can be invited to participate during supervision, as a training experience to generate more possibilities for supervisees and supervisors (Biever & Gardner, 1995; Paré, 1999; Paré, 2016). As Paré (2016) and Andersen (1987 & 1991) have explained, the reflecting process during a supervision session can serve as an introduction to a positioning of the members of the reflecting team to be able to provide a diversity of ideas that can be introduced to the co-participants who are the therapist or supervisor and the client or supervisee in a tentative and respectful way, upholding the tenets of collaborative-dialogic practices and mutual inquiry (Anderson, 1997, 1999, 2000b, 2007a, 2007b, 2007c, 2012a, 2013, 2014; Hoffman, 2007).

### ***Counselor/Therapist***

A counselor or therapist is a mental health professional that has graduated and received a master's or doctoral degree and has obtained a license in their field. This can

include a Marriage and Family Therapist or a Licensed Professional Counselor.

Sometimes the words are used synonymously, and they have a culturally created meaning that also may imply mental health professional, but in this work, it refers to those individuals in the mental health profession who are license eligible or licensed as Marriage and Family Therapists or Professional Counselors.

### ***Supervision***

Supervision as defined by Bernard and Goodyear (2019) is an intervention that a more experienced practitioner provides to a trainee that is new in a professional field. It can be hierarchical and evaluative, it is relational and practiced over time, and serves several purposes such as enhancing the less experienced practitioner's provision of treatment to clients, to monitor the quality of the services being provided, and serves as a gatekeeper for practitioners entering the professional field. According to Anderson (Personal communication, 2019) supervision can be a process of mutual inquiry where through dialogic processes, a supervisor and supervisee can engage in conversations that make a difference (Anderson, 2007c) where they can create meaning by inviting each other into an evolving process of attempting to understand by positioning themselves as listeners and doing what the moment calls for; whether that is to discuss supervisor expectations, guidelines, codes of ethics or practice, or to clarify the supervisee's perspective and answer specific questions that might lead to formative stances for both participants.

### ***Collaborative Language Systems/Collaborative-Dialogic Practices***

Collaborative language systems is a postmodern philosophical approach to psychotherapy developed by the founders of the Houston Galveston Institute, Harlene

Anderson and Harry Goolishian. Anderson indicated that this way of working is founded in a philosophical stance as opposed to a theoretical orientation that implies “an explanatory map that informs, predicts, and yields standardized procedures, structured steps, categories, etc.” (Anderson, 2012c, p. 13; see also Anderson, 2012a). She went on to write that calling the practice of collaborative therapy a philosophy is a better fit because of the *way of being* that is emphasized as opposed to a prescriptive, directive way “of doing for, to, or about” (Anderson, 2012c, p. 13). Collaborative practitioners call “for an attitude of shared inquiry and respect through dialogical and reflective processes” (Gil-Wilkerson & Levin, 2016, p. 417). In more recent literature, collaborative language systems is now considered a collaborative-dialogic practice and Anderson (2012b, 2012c, 2013) has begun to frame her work as collaborative-dialogic practices, as it is more inclusive of all of the ways she practices the tenets of collaborative language systems.

### ***Collaborative-Dialogic Mutual Inquiry***

Collaborative-dialogic mutual inquiry is a qualitative orientation for research where the researcher and participants engage in the co-constructing of knowledge or “data” about mutual experiences through the relational process of sharing language and local contexts (Anderson, 2007c; Anderson, 2014; Gehart et al., 2007; Losantos et al. 2016; McNamee, 2014; Persaud, 2017; St. George et al., 2015). The intentions of this methodology is to provide contexts of human experience based in language that will support generating the co-constructed meanings and ways of knowing that might emerge from the dialogues with the participants. A collaborative-dialogic inquiry approach is established as a relational research approach that holds to many of the assumptions of qualitative research which continue to evolve and are not a definitive measure, as noted

by Creswell (2013). Dialogue and conversation are the primary forms of engaging in dialogic-mutual inquiry (Anderson, 2014).

### ***Making Meaning***

Making meaning is the process of developing ideas and knowledge in the postmodern, social constructionist way of working and thinking. In the collaborative, postmodern approach, therapists and clients work together as conversational partners engaged to explore new understandings and possibilities that address clients' concerns (Anderson, 1997; Anderson & Goolishian, 1992; Goolishian & Anderson, 1987, 1990). Freeman (2007) indicated that meaning making happens due to expressions of language leading to experiences. She also described mutual encounters as leading to a co-searching for understanding within contexts and situations.

### **Philosophical Assumptions**

The Houston Galveston Institute (HGI) is a non-profit, training clinic near downtown Houston, Texas. Each year since its founding in 1978 (then known as the Galveston Family Institute), student therapists or interns from various universities come to study and receive training in the practices developed at HGI (Anderson et al., 1986). Harlene Anderson and Harry Goolishian, two of the founders of the institute, developed collaborative language systems (CLS), a philosophy of practice. In this philosophy of therapy, the clients are considered the experts in their own lives and the therapist is the expert on being a facilitator of a conversation and asking questions that are formed from the context of the conversation. With this dynamic in place, a therapist can make space for the clients to speak of what issues they bring to counseling in their own language and at their own pace. The story that emerges is one of client centered meaning, used by the



client and therapist to create a reality that works in their unique situation (Anderson, 1997).

CLS is informed by postmodern ideas about social construction. Anderson and Goolishian evolved their ideas about CLS with an understanding that reality is a social construction, co-created by the people who are contextually involved with one another (Anderson, 1997, 1999, 2000b, 2012a, 2012b; 2012c; Anderson & Goolishian, 1988, 1992). In essence, they proposed a client's reality is one that is co-created by the client and the people who are in contact with him or her; and if the client is in therapy, then the reality is co-created by the client, his or her systems, and the therapist helping him or her make meaning of his or her life. Within CLS, there are various ideas and expectations of the role of the therapist, among these are that the therapist is not an expert, the therapist practices from a not-knowing stance, the therapist treats the client with respect, the therapist proposes ideas or questions with a tentative intention, the therapist attempts being open and clear in his or her intentions, and the therapist does not make assumptions about the client's meaning or intentions-but rather asks opening questions to engage in a dialogue (Anderson, 1997).

Various elements in the collaborative philosophy allow the supervisor to adopt a similar stance to a collaborative therapist's stance. The main strategy in CLS is to engage clients in a conversation that can make the client feel safe and welcome to share their story. Anderson (1997) described this process in several phases, which may happen in different order depending on the client or session. She indicated there is a mutually agreed upon dialogical space that "...is critical to the development of a generative process that promotes fluid, shifting ideas and actions" (Anderson, 1997, p. 112).

Anderson called the process of asking questions-shared inquiry and she emphasized that one is to offer observations and ideas in a respectful and tentative way so that the client can begin to feel like an equal participant with the ability to make choices in the session. In the shared inquiry, one is to ask questions that are based on curiosity and genuine interest in finding a meaning or understanding of the other person and she explicitly described not asking questions to know or confirm information, but with an intention to maintain an open curiosity and invite more voices and experiences to the dialogic space. The therapist also positions themselves in a “not-knowing” stance which means that he or she functions from a perspective of not making assumptions or bringing in presumed knowledge about how a particular client is, makes choices, sees himself or herself, sees others, takes in new situations, or receives therapy (Anderson, 1997, 2000a, 2000b, 2005; Levin & Gil-Wilkerson, 2017; Levin et al., 2018; London, 2009). Rather, the therapist or supervisor asks more questions to clarify and create a mutual understanding through the conversation.

This approach in therapy can be used with most clients and in supervision with most learners (Anderson & Swim, 1995). The approach becomes customized depending on which client is present, making it very flexible. Because collaborative therapists and supervisors believe knowledge and experience are social constructs, they advocate being transparent about the intentions of the therapist and about any misgivings the therapist or client might have about what is being discussed. When an issue arises in a session, the therapist and client will work together to resolve it by talking about the meanings created and how each person perceives the situation. There may be a client who would prefer the therapist provide a more directive approach. In these cases, a postmodern, collaborative-

dialogic therapist would proceed with being directive while continuing to check with the client to make sure this is how the client wants to be helped. Some clients learn they appreciate their therapist being an expert in asking questions and having a conversation, and they tend to report they felt the therapist was hearing what they had to share (Gil-Wilkerson & Levin, 2016). If a client is not satisfied with an interaction and they bring it up, CLS therapists will discuss how the dissatisfaction can be addressed and then implement any changes that emerge from the conversation.

Anderson (1999) explained how she understands the process of collaboration as a “dialogue, a dynamic generative kind of conversation in which there is room for all voices, in which each person is wholly present, and in which there is a two-way exchange and crisscrossing of ideas, thoughts, opinions, and feelings. Likewise, learning and the development of knowledge is a dynamic, generative process” (p. 65).

This principle is what guides the training and supervision in a collaborative learning community. The idea that the supervisor and intern are each contributing to the other’s growth is central to maintaining the tradition of social construction (Anderson, 1999, 2013; Anderson & Swim, 1995) . In order for there to continue to be growth within the training environment, neither participant’s needs, ideas, or expressions are valued over the other’s, and the traditionally hierarchical roles of supervisor and supervisee dissolve during interactions surrounding work. This becomes the generative process that is present during collaboration (Anderson, 2013). The description Anderson offered about the approach is very fitting for the work to be done with training and supervision of bilingual, Spanish-speaking therapists.

Within the collaborative-dialogic philosophy of therapy, supervision, and training a mentor or supervisor approaches supervision and training in a similar way to how they would approach therapy. The collaborative approach allows the practitioner to take into account a person's history and biases but because it is relying on the people involved in conversation and meaning making, it still leaves room for many questions and conversations about whether the Spanish-speaking bilingual supervisee is experiencing supervision in the most appropriate way for them. Anderson (1997) explained that collaborative language systems is a language system and event "in which people are engaged in collaborative relationship and conversation—to a mutual endeavor toward possibility" (p. 2). The possibilities that exist with this approach may offer new ways of training of bilingual, Spanish-speaking therapists as well as for their monolingual supervisors and colleagues.

### **Research Question**

How do Spanish-speaking, bilingual therapists trained in collaborative-dialogic practices experience supervision?

### **Limitations**

The collaborative-dialogic mutual inquiry will be conducted as an invitation into dialogue with the approach of inquiring about the co-creation of knowledge through dialogue and an inherent challenge and limitation to this approach is that a participant may reflect on related experiences and knowledge that could be tangential and the researcher may have recorded a potential excess of information.

Another limitation is that each therapist interviewed will be answering and reflecting from their own personal experience and in expressing him or herself, the participant will be creating shifts and making new meanings about their past experiences.

Additionally, the number of participants that will be invited to share their experiences is low due to the focused sample, as is common in qualitative research. Each participant's experiences will generate knowledge and reflection about their own story and will come from their own, unique perspectives.

Within qualitative research, an axiological assumption that the researcher's own values and meanings will inform the process is present (Creswell, 2013). Along with this assumption is the idea that as the participants share their stories my identity as a researcher and my identity as a Spanish-speaking therapist, trained in collaborative-dialogic practices creates a limitation within this research. I orient my own work as a therapist and supervisor in postmodern, social constructionist philosophy which informs my understanding about the act of engaging in dialogue and meaning making as a process that I believe will be co-created in the context of the dialogic inquiry. These are the values I will have with me and that will help me position myself as co-researcher and dialogical partner with the participants (Gehart et al., 2007; Levin & Bava, 2012).

### **Delimitations**

I am specifically interested in a narrow demographic of therapists within a smaller sample size, so I will be recruiting participants who share qualities and can offer the perspectives of a Spanish-speaking, bilingual therapist trained in collaborative-dialogic practices who have attended supervision or currently are attending supervision for their provisional license. Due to the potentially evolving nature of participants' stories, and to

accommodate a more recent exposure to the conditions of the selection criteria, I will recruit therapists who are currently in post-graduate supervision or who have completed their full license requirements within the last five years.

### **Assumptions**

I will enter the study with the following assumptions: (a) the participants will respond and reflect in the most accurate way possible to describe their experiences in supervision as Spanish-speaking, bilingual therapists who were trained in collaborative-dialogic practices; (b) the participants will be able to make sense of the language and meaning of the research questions; (c) the participants will be able to ask for clarification if a question seems unclear; (d) the questions used in the interview are congruent with the philosophical approach of collaborative-dialogic practices and social constructionist research; (e) that the subject(s) of the mutual inquiry will be co-generated with the participants, as the dialogue evolves; and (f) that I will be able to capture and convey the intended meanings of the participants.

### **Organization of the Study**

This dissertation proposal contains three chapters. In Chapter I, I provided an introduction to the study; discussed the philosophical assumptions from which I will work with participants who are trained in collaborative-dialogic practices; and stated the problem, the purpose of the study, the significance of the study, definition of terms, research questions, limitations, delimitations, and assumptions. In Chapter II I will present the literature as it relates to the topics of collaborative-dialogic practices in teaching and learning, collaborative supervision, and Spanish language in therapy and supervision. In Chapter III I will include a description of the research design I plan to use

for this study, information about the participants, the instrument, the data collection process, and data analysis procedures. Once I have been approved for undertaking this dissertation research project, I will write two additional chapters. Chapter IV will be a rich description of data collected and any relevant demographic data as well as the exploration of the dialogical, *shared inquiry* (Anderson, 1997) into which I entered with the participants. It will also contain rich descriptions and reflections that will have been generated in an in vivo dialogical reflecting process that took place after the shared inquiry between the participants and myself. The final chapter, Chapter V, will have a summary of the research, a discussion of results regarding the cultural phenomena of the supervisory experiences of bilingual, Spanish-speaking therapists trained in collaborative practices.

## CHAPTER II

### Review of the Literature

All human behavior, from a postmodern view, is intentional and situated in a sociohistorical reality that is produced, reproduced, and changed by the language through which we are able to know it. We are not simple passive recipients of internal demands of psychic or biological structure, nor are we simple results of external constraints of context or feedback. Human systems, singularly or plurally, are not reified mechanical structures. We are intentional agents who create ourselves and our environments in continuous communicative interaction with others. (Anderson, 1997, p. 109).

In this literature review about supervision and training of bilingual, Spanish-speaking therapists, I focused on training and supervision from a postmodern, social constructionist and collaborative-dialogic orientation. Although the field of family therapy is relatively young and the supervisory element even younger, in my review of the available literature, I found many contributions to the field of collaborative supervision. I also encountered many works that focused on training and supervision in the counseling/therapy field that fit with modern or structuralist thinking (McNamee, 1996). This research will be focused in a large metropolitan area with such vast diversity and where the number of Spanish-speaking clients and Spanish-speaking therapists is growing (Potter & Hoque, 2014; You et al., 2019). This is a rapidly changing demographic that is affecting aspects of city life as well as the make-up of a community's identity. The change in demographics has been happening at a very rapid and steady rate and the empirical world has not caught up (Gonzalez-Ramos & Gonzalez, 2015). There



are many research opportunities still available for those working with Spanish, bilingual or monolingual families. This literature review will expand my area of inquiry by including findings about bilingual therapists who might be trained in other practices, although, my interest is with the training of bilingual therapists that practice from a collaborative-dialogic perspective (Anderson & Goolishian, 1992). The literature about this population is limited to other theoretical orientations and practices, leaving an opportunity to create and contribute to the field of supervision of the Spanish-speaking, bilingual therapist.

### **Ideas and Practices in Supervision**

In the training of therapists, supervision is considered a process during which trainees report their clinical dilemmas as well as have their questions answered by someone who has experience in the field and is considered a mentor (Anderson, 2000b, 2013, 2019; Bernard & Goodyear, 2019). Although it is a process that beginning therapists must all experience, there are many supervision and training frameworks in the field of counseling (Bernard & Goodyear, 2019).

The field of family therapy has been subject to a more rigid and hierarchical approach in supervision. Along with the postmodern movement in counseling, came the postmodern movement in supervision and training of therapists. While this movement may have provoked some shifts in how counselors are educated and trained, many institutions where counselors are trained still seem to be highly influenced by very traditional and modern ideas or approaches. Bernard and Goodyear (2019) acknowledged the field of marriage and family therapy for providing a systemic framework in the models of supervision that are used in counselor settings. The previous leading idea

among clinicians about supervision in a clinical setting was largely defined in a way that embraces a hierarchical structure (Chen & Bernstein, 2000; McCarthy et al., 1994; Nichter & Douda, 2017). In traditional supervision as described by Chen & Bernstein, “an exploration of personal issues should occur only when there is enough safety and trust in the supervisory relationship to protect supervisees’ vulnerability largely due to the evaluative component of supervision” (2000, p. 493). Chen and Bernstein’s way of exploring the implications of supervision supports the idea that in traditional supervision, the supervisor usually functions from a position of power. There is an implied meaning in their writing that the supervisor is in a position of authority and is there to ensure that the supervisee learns. Fontes (1995) also discussed the idea that supervision is a word that traditionally implies a hierarchy in which one perspective is more important than another. She explained that the Latin root *super* means better, above, or over, while the Latin root *vis* means sight or perspective. Although the word supervision describes a process of growth and development for a therapist, it is wrapped up in a meaning that sets forth an emphasis on superior viewpoints. Holloway (1995) indicated that supervision is a way of a clinician with more experience overseeing the work of another, less experienced clinician.

Currently there are movements towards changes in the way that supervision is handled—approaches that are strengths-based (Nichter & Douda, 2017) and more relational approaches (Anderson, 2013; Anderson & Swim, 1995; Doan, 2014; Edwards, 2013; Flåm, 2016; Kleist et al., 2017; Senediak, 2014). Strengths-based models support supervisees with language that seeks to highlight resiliency and positive attributes. (Young et al., 2017).

A relational form of postmodern supervision that began emerging with postmodern practices in therapy is collaborative supervision. One of the definitions of collaborative supervision is that the trainee and supervisor are sharing the responsibility of case consultation, and learning takes place through conversation (Anderson, 2013; Anderson & Swim, 1995; Edwards, 2013). For the supervisor and supervisee to collaborate there needs to be an understanding about the process of collaboration between them. It seems as if this is a construct of the supervision setting, which according to Anderson and Swim (1995) and London and Tarragona (2007), can be reached during the beginning dialogue of supervision. The supervisor invites the supervisee into a relational space where they will be co-creating meanings and generating possibilities for the supervisee's approach. The supervisor will maintain a similar philosophical stance to what they have in a therapeutic relationship with their clients, approaching the relationship and the knowledge that is shared from a not-knowing position (Anderson & Goolishian, 1992). Based on their idea, one may conclude that the development of the supervision process is different depending on each combination of supervisor and supervisee. In essence, because of the relational aspect of the interactions in supervision, the collaborative-dialogic process has the potential to be different in every situation and with each conversation.

### **Postmodern Trends in Supervision**

In the literature, the terms social constructivism, social constructionism, and postmodernism are often used interchangeably and unintentionally juxtaposed. The meanings of each of these constructs tend to be confused. Postmodernism is a category of school of thought under which both ways of thinking can be positioned. Postmodernism

is founded as a criticism of traditional ideologies that hold one “truth” as a given certainty as opposed to the idea that our thoughts and feelings are socially constructed knowledge that comes about through a relational understanding and generative conversation (Anderson, 1997, 2000a, 2000b, Gergen, 1985). Social constructivist and social constructionist supervision are postmodern approaches in which it is considered that reality is constructed contextually for each individual and in relation to their interactions and meanings made from those interactions (Strong, 2004, 2007). Bernard and Goodyear (2019) indicated that these terms, while similar-are not synonymous and that they highlight the position that reality and truth are created based on the contexts of each participant. Social constructivist writings contain ideas about the creating of reality or constructing realities based on perception, interpretation, and comprehension (Von Foerster, 1984).

Change is occurring in how supervision is perceived and used among mental health and other health care professionals. Emerging is the idea that supervisees and supervisors can work together to create growth and learning experiences for each other (Anderson, 1997, 1999, 2013; Anderson & Swim, 1995; Flåm, 2016; Fontes, 1995; Kleist et al., 2017; Nichter & Doua, 2017; Spence et al., 2002; Young et al. 2017). Collaborative supervision stems from the idea that learning can be achieved between pupil and teacher based on a relational continuum and the language they use to create meaning. “The relational generation of meaning employs much more than the words and actions of the interlocutors” (Wortham, 2001, p. 120). As Hair (2012) indicated, “...what seems real or experienced is shaped by words: we cannot apprehend the world without language” (p. 605).

*Sharevision* (Fontes, 1995) is a form of collaborative supervision that mirrors Tom Andersen's reflecting team (1987) process from therapy. Fontes (1995) described subscribing to postmodern, constructionist ideas in which there are no concrete or objective realities about a particular event. In sharevision, sessions are conducted as springboards for ideas. During a sharevision meeting or consultation, one person presents a clinical dilemma or situation to a team of peers and supervisors. The person presenting a case talks for however much time they need, then the team talks with each other and share their ideas, thoughts, and/or suggestions while the person presenting a case listens. When the sharevision team is finished, the person presenting is invited to respond or ask questions regarding what he or she just heard.

Fontes (1995) stated that this approach created satisfactory results for trainees. It allowed each member of the sharevision team a multi-perspective way in which to look at a problem or solution and allowed the supervisee to experience the sharing of ideas or interventions from more than one person. Sharevision seems to address the notion that hierarchy is lessened because everyone in the reflecting team is working together from their own perspective without necessarily placing differing values on their position within or without the group.

Another form of collaborative supervision is Anderson's (1999 & 2013) idea that collaborative learning communities foster development for trainees. In such learning communities, the supervisor and the supervisee(s) "can connect with each other...in [spaces] where there is a collaborative atmosphere, and in which people can be involved in constructing knowledge" (p. 66). They may also interact in a shared language or within

a shared context related to culture or other ways of knowing. Anderson (1999) explains that traditional cultural situations offer supervisors or teachers a form of authority which can be used as a tool for enforcing a hierarchy; however, she believes that along with the gift of authority, she “hold(s) the personal freedom...to choose how to accept and exercise that authority” (p. 66).

During this process of instruction or supervision, Anderson (1999) noted that supervisees can develop their style of learning and in turn are able to learn more because they are taking part in directing their preferred form of knowledge acquisition. She explains that students and teachers or supervisors and supervisees have a relational responsibility for the process in which they are engaged. This relational responsibility can be transferred to the wellbeing of the client. (Nelson et al., 2001). Nelson et al. explained, “that counter productivity in supervision occurs when the supervision relationship is not carefully managed” (p. 408). When both supervisor and supervisee are able to form goals and ideas based on each other's as well as have the freedom to develop their understandings through “uncertain and yet to emerge possibilities” as opposed to “a need for consensus” they are engaging in this level of relational responsibility (Anderson, 1999, p. 68). Anderson (1999) also observed that students engaged from this perspective seemed more able to be accountable for their own learning as they begin to recognize what kinds of expertise they hold. She noted that they begin to understand there is an invitation present for their voices to contribute to the creation of possibilities that did not exist before and that this invitation and participatory process becomes more fulfilling to each member as the responsibility for learning then becomes shared among all participants. Reflecting teams are also used in this form of collaborative supervision,

and each member of the team also shares responsibility for learning and co-creation of knowledge (Anderson, 2013; Boyd, 2011; Levin et al., 2018; London & Tarragona, 2007; Paré, 1999, 2016).

### **Critique of Collaborative Supervision**

So many views of collaboration in supervision are available and such a broad range of ways in which to implement it, it is no wonder collaborative supervision is often critiqued for lack of direction and power confusion (Spence et al. 2002). Another criticism sometimes directed at social constructionist supervision is that the perspective is reported in anecdotal narratives and in retrospective conversations where the hierarchy between supervisor and supervisee might not have been “flat” (Hair, 2012). Hair (2012) engaged in dialogic processes with supervisors who identified as social constructionist so that she could gather more information about what they considered to be collaborative and their understandings of how they lived the philosophical stance. Another general critique is that collaborative supervision can appear unstructured and the supervisors can appear indecisive because a lot of their mentoring is focused on asking questions of supervisees regarding the supervisees’ experience of the process in therapy (Anderson, 2000b).

When a supervisor or teacher invites learners to join them in mutually negotiating the space where the learning will take place, there is a potential for them to experience the process as unstructured or to feel as though the learning context is imposed upon them. Stride et al. (2010) wrote about the limitations of collaboration they encountered when they set out to teach a course as a collaborative learning experience where professors and learners were to co-create the content and activities of the course. They

included the fact that the coursebook for the department at the university dictated some of the content for the course. On one hand this can be viewed as an unplanned disturbance in the true nature of collaborative learning; however, it can also be viewed as the parts of knowledge and limits that exist in this particular setting and acknowledged as such—just like when in other collaborative relationships, one might arrive to the experience with expectations that predate the relational space. In Stride et al.'s (2010) experiences, had they decided to invite their students to help coordinate the process of gathering material and participate in deciding how and when it would be covered they may have shifted the idea from encountering distracting concrete limits to creatively co-resolving an obstacle. Approaching supervisees from this perspective reflects Anderson's (1997) philosophical stance of not being an expert in the clients' or learners' lives, but an expert in how to ask questions, facilitate a process, and co-create dialogue.

Some strengths of this collaborative method of supervision seem to be that ethical dilemmas have the potential to be handled proactively in a group of professionals and with the client or supervisee's input (Anderson, 2013; Gil-Wilkerson & Levin, 2016; Levin & Bava, 2012; Levin & Gil-Wilkerson, 2017). Anderson's (1999) invitation to co-create the space where learning will take place sets a stage where the processes that will be happening will be brought about in mutual, relational responsibility and with a sensitivity for responding to all in ways that are meaningful and needed by each individual. Having the ability to ask about intimidating and possibly hazardous ethical decisions appears to be a built-in safeguard against doing harm to clients (Fontes, 1995). Therapists are allowed the opportunity to verify whether they are making ethical decisions and if they are willing to receive ideas about what to do in an ethical dilemma.



Therapists being supervised in a traditional way would have this opportunity, however, it would prove quite limiting, as they would only receive the insight of one person.

### **An Unconventional Way of Training Therapists**

Because of these critiques, some professionals would categorize the training in collaborative-dialogic practices as unconventional or maybe even a little unusual or unusable. Learner therapists at HGI are introduced to collaborative-dialogic practices early in their learning journey (Levin & Gil-Wilkerson, 2017; Levin et al., 2016). Collaborative-dialogic supervision is used when intern therapists begin their training, starting with an orientation on postmodernism, social construction, and collaborative-dialogic practices including the use of reflecting teams in therapy and supervision. Supervisors at HGI engage the learners in dialogue about their ideas about therapy, learning, language, and experiences in which they would like to be involved during their training. Learners are expected to develop a learning plan and discuss the ways they would like to be supported and to begin conceptualizing how they might want to use time in supervision.

For bilingual learners (mainly Spanish/English speakers) who are interested in developing their approach and therapeutic style in other languages, this means that they will begin to think about how they would like to develop as a multilingual therapist and about what they might need from their supervisor during that part of their professional development. Spanish-speaking, bilingual therapists engage with their peers and supervisors so they may begin experimenting with the philosophical stance and the foundation of collaborative practices in Spanish to promote bilingual learning that may benefit the client. Therapists in training and their supervisor are engaged in co-

constructing the experience of training and supervision as they engage in this process. As Anderson and Swim (1995) discussed, this process can be different with each interaction the supervisor and supervisee have and there is a potential for the process of each supervision session (regardless of who attends) to be different and unique.

The therapist interns and their supervisors are engaged in a process of mutual creation of expectations, building a working relationship where both parties can grow and develop as the relationship changes and expands over time. According to Fernandez et al. (2006), the responsibilities of the teacher [or supervisor] in a collaborative learning community are to,

Facilitate relationships that are more horizontal and fair.

Create respectful, caring, and accepting learning environments.

Foster educational activities that enhance individual creativity.

Develop evaluation processes that are learning experiences by themselves.

Remain as *learners* in the hermeneutic sense of being willing to share and put our own preconceptions at risk (Schwandt, 2004 as cited in Fernandez et al. 2006 p. 42).

They also provide a quote by Csikszentmihalyi (1996) to further illustrate their intentions about how creativity, “arises from the synergy of many sources and not from the mind of a single person (p.1)” (as cited in Fernandez et al., 2006, p. 42).

Collaborative supervision seems to have come about in an age when more people need to be able to work together. Given the developments in the field of therapy now, collaborative supervision may prove to be a useful approach. The non-hierarchical structure of collaborative supervision could help improve the level of confidence and

self-esteem of bilingual therapists in training which could potentially improve the services clients receive (Anderson, 1999). Anderson (2000b) stated that the process of collaborative supervision involves “trusting the other and our process.” (p. 7). There is not sufficient literature specific to postmodern ideas and bilingual therapy in the field at the moment. However, postmodern social constructionist trends lean towards a more comprehensive use of collaborative supervision across many disciplines such as counselor education, health care training, mental health care training, and education. Future research areas of collaborative supervision and training could include quantitative and qualitative studies that would attempt to measure and represent what aspects of collaborative practices have been helpful to collaborative bilingual therapists in their current contexts. And further quantitative research could help illustrate efficacy or usefulness of the approach with evidence that is representative and congruent with the approach.

### **Bilingual Spanish-speaking Therapists in Supervision**

Due to the actual and projected increase in Latinx populations noted in Chapter 1, I invite the reader to engage in a discovery of how the landscape of mental health services has changed in the United States in the last 20 years. The U.S. Census (2008) projections about Latinx communities for the next 30 years indicate that about 24% of the population of the United States will be Latinx/Hispanic by 2050.

Latinx communities are diverse and have diverse needs with members from racially diverse backgrounds depending on from what country they originated and from where their ancestors came (Hannigan, 2016). Hannigan reminded us of the differences between Latinx/Hispanic individuals who arrived from four distinct points of origin; he

shared that even people from the same country or who share nationality sometimes experience differences between members of their own social group; so, one should not make assumptions about culture, race, gender, class, language, or ethnicity solely based on a country of origin. Perez (2011) indicated that some communities experience more acculturation and assimilation and are able to receive health services when they need them. Some communities have had an influx of immigrants for years and have established community generations where access to services can be provided in languages that are familiar but there are regions where demand is greater than supply due to historical factors that affect community wide access (Perez, 2011). In order to be able to provide services to communities where this may be the case, Piedra et al., (2011) advocate for infrastructures to be developed now while the populations are in the process of growing. Piedra et al. specifically made mention of infrastructures to support communities where there may be some Latinx community members who have limited English proficiency. Piedra et al. (2011) call the mental health community to task-to help with providing access to care by creating an organizational context where providers might be in communities where there are people with limited English proficiency so that as the communities grow, there can be carefully placed rules and professional guidelines about how services should be delivered to include access to those who have traditionally needed it most.

These kinds of callings from professionals who are recognizing the great need that is arising in our communities is being heard by training programs for medical professionals, mental health professionals, and people in helping professions. Professional organizations have recognized the need for culturally competent or

culturally humble ways of meeting the population where they are. Vega (2005) advocated for a strong effort to provide a labor supply of mental health professionals who are from the minority groups affected. One of the aspects Vega (2005) mentioned is language comprehension and effective verbal communication or accurate interpretation by a translator that can convey relevant information to the client.

One of the ways in which there has been a response to this call to action has been in graduate programs that train counselors and mental health practitioners. Institutions of higher learning have attracted foreign-born or bilingual students (Interiano & Lim, 2018). Interiano & Lim identified some challenges the foreign-born students have encountered when providing services in English language to populations that are native to the United States and have also indicated that the students have acknowledged that they sometimes have changed their behaviors and mannerisms to fit in with their clients. Having an ethnically diverse population in a counseling program has been linked to the whole student body of that program increasing cultural competence (McDowell et al., (2002).

Hipolito-Delgado et al. (2017) discussed elements that encouraged or discouraged students of color to pursue degrees in counselor education. What they described were perceptions from potential students of color about the counseling programs' mission statements, perceived commitment to training people of diverse backgrounds, and an absence of people of color from posts in universities. The students they interviewed agreed somewhat that if they had spoken with someone from the counseling field who shared some cultural background with them, that they might feel more supported. Hipolito-Delgado et al. indicated that several of their participants articulated that their

reasoning for pursuing degrees in the counseling field was to be able to serve in communities where they might have a positive impact as role models.

Some university programs continue to face challenges that are rooted in whether or not faculty are practicing awareness about where there may be gaps in the multicultural training happening in their departments (Chan et al., 2018). Chan et al. (2018) also discussed their views on how privilege and oppression can intersect to create a sense of inequity among two people who might seem similar; they emphasized that creating an awareness of privilege can create a greater sense of empathy for others who are not like us, but they also identified some challenges to addressing privilege including: shame, anxiety, and a sense of resistance or defensiveness.

The bilingual supervised clinician is a product of their social environment, often sharing qualities, traits, language, experiences, phenomena, and social understandings with the whole of the communities surrounding them (Hinojosa & Carney, 2016). Hinojosa and Carney (2016) illustrated the perceived identities of their participants who are women of Mexican American heritage who related to their cultural sensitivities when working through challenges in their doctoral programs. A supervisor who would work with a student that is self-identifying as a particular ethnicity or culture can capture what the experience is for the student by asking about such topics as Hinojosa and Carney (2016) explored: "...integrating family and academia,...integrating ethnic and academic identities,...enhancing professional development,... using silence to protect self, and fighting to finish" (p. 206).

With a documented lack of sufficient training in cross-cultural supervision, the need for studying cultural responsiveness and unresponsiveness in supervision stood out

as an important initiative to create safe spaces for students to be able to discuss cultural and racial issues in a personally validating way (Burkard et al., 2006). One of the culturally sensitive issues that might arise for bilingual therapists according to Delgado-Romero et al. (2018) is that they may find themselves in an uncomfortable position of mediating meaning and brokering language gaps between their clients and their supervisors-though not always in a direct interpretative process, but by telling a client's story in supervision and needing feedback, but first having to translate concepts, cultural nuances, and language phenomena that might not be easily adapted into a conversation in another language. Delgado-Romero et al., (2018) indicated that becoming language brokers created other challenges for the counselors' ability to provide services because they might never have been trained as Spanish-speaking counselors and therefore may not have been on stable footing when processing clients' stories and attempting to engage in therapeutic processes.

Gonzalez et al., (2015) explored the experiences of trainees who received supervision in Spanish. One of the participants in their study indicated that she felt unprepared for the amount of Spanish-speaking clients she was to begin seeing at her internship because there had not been a training or plan ahead of time to orient her about what might come up as she began seeing clients who were monolingual, Spanish speakers. Another issue that came up with the same participant was that when it came time to receive support and training from her supervisor; she reported that she felt as though she could not get help for the clients who were Spanish-speaking because the supervisor may not have spoken Spanish and therefore might not be able to offer feedback or instruction by simply viewing her tapes from the clinic. Another participant

from Gonzalez et al.'s (2015) study indicated that she had received supervision from a bilingual supervisor from the beginning of her training and upon reflecting on this stated that having access to a Spanish-speaking supervisor made it easier for her to feel supported and able to sense growth in her process of learning how to be a counselor. Researchers also reported that monolingual, English speaking supervisors could still provide culturally competent supervision that meets the needs of a bilingual supervisee if they are able to be present in the room with the supervisee so that they can intervene or ask a question in the moment and that the student and supervisor might arrange to meet more frequently to make sure there is enough time to discuss culturally complex issues or to translate/communicate as needed. (Muñoz et al., 2011).

### **Summary**

While many approaches to supervision exist and there have been evolutions and shifts to provide more collaborative and strengths-based models (Edwards, 2013; Nichter & Douda, 2017), there are still not enough examples in the literature about supervision of Spanish-speaking therapists. There are even fewer works about Spanish-speaking bilingual therapists trained in collaborative-dialogic practices. Researchers in the mental health field acknowledge that there is not sufficient training in cultural competence and that even after post-graduate training there is, “still a lot to do and learn in order to be able to offer competent services to this population (Tovar, 2017).

In light of the amount of literature dedicated to advocating for the provision of mental health services to the growing Latinx population in the United States, it is imperative to explore the experiences Spanish-speaking therapists have had in their training and supervision. Knowledge co-created from a collaborative-dialogic mutual



inquiry about this population can be helpful when designing training programs to prepare Spanish-speaking therapists to provide services in a field that needs their intervention more than ever. Therapists who have been trained in a collaborative-dialogic practices can offer unique perspectives of how they may have co-created the contexts and knowledge most helpful for them and their clients. Qualitative methodology, specifically collaborative-dialogic mutual inquiry is the most appropriate way to learn rich experiences and reflections from these therapists to co-construct knowledge that may benefit the mental health professions. In Chapter III, I will discuss how I conceptualize the design of this study as a collaborative-dialogic mutual inquiry to engage Spanish-speaking bilingual therapists trained in collaborative-dialogic practices in dialogue about their experiences in supervision.

## **CHAPTER III**

### **Methodology**

The need for this study emerged with the changing landscape of our cultural makeup in the Southeastern United States as I described in Chapter 1. With Latinx populations projected to continue to grow at a steady rate there are increasing mental health needs of those immigrants and culturally diverse individuals who are Spanish-speaking. As the population grows, cultural shifts have arrived that necessitate further study of the way in which Spanish-speaking clinicians can receive support and training that will make space for our communities' access to health. My research interest is with clinicians who are trained in collaborative-dialogic practices, Spanish-speaking, and how their development has been impacted by their supervision experiences. In this chapter, I will discuss the collaborative-dialogic mutual inquiry, the qualitative methodology I used in this study. The chapter will be divided in the following sections: (a) research design, (b) selection of participants, (c) instrumentation, (d) data collection, and (e) data analysis.

### **Research Question**

The purpose of this study was to engage in discourse about how Spanish-speaking, bilingual therapists who were trained in collaborative-dialogic practices have experienced supervision and about what meanings they took away from the experience of the process of becoming professional therapists. In order to co-create knowledge with the participants of my study, I engaged them in dialogue to arrive at some ideas that could respond to the question: How do Spanish-speaking, bilingual therapists trained in collaborative-dialogic practices experience supervision?

## **Research Design Using Collaborative-Dialogic Mutual Inquiry**

Collaborative-dialogic mutual inquiry is not a single method or model for qualitative research; it is a way for the co-constructing of knowledge or “data” about mutual experience through the relational process of sharing language and local contexts (Anderson, 2007a; Anderson, 2014; Gehart et al., 2007; Losantos et al. 2016; McNamee, 2014; Persaud, 2017; St. George et al., 2015). With the intention of providing a context of human experience based in language for the co-constructed meanings and ways of knowing that might emerge from the dialogues with the participants, I sought to engage in participatory research that acknowledged the traditions and values of qualitative research. A collaborative-dialogic inquiry orientation is established as a relational research approach that holds to many of the assumptions of qualitative research which continue to evolve and are not a definitive measure, as noted by Creswell (2013) and Anderson (2014). I used language closely resembling the original to summarize the assumptions Creswell (2013, pp. 45-47) ascribed to qualitative research as:

- Natural setting: qualitative researchers collect data in the field where the phenomenon exists or where the participants experience the defined problem or area of study
- Researcher as key instrument: the researcher employs their skills of observing, reviewing documents, observing behavior, interviewing participants (without relying on pre-scripted questionnaires).
- Multiple methods: qualitative researchers do not rely on one form of data during their research, they gather observations, conduct interviews, and participate in dialogue

- Complex reasoning: qualitative researchers gather data or co-create knowledge without making assumptions about the value or direction they should analyze it; but rather, may go back and forth between the knowledge they have gained and the participants themselves for additional collaboration, making efforts to check in about their understanding and values and the data that has emerged from the process.
- Participants' meanings: the researcher maintains a focus to learn the meanings their participants hold about the problem being researched- not the researcher's meanings, nor the meanings of the researchers described in the literature review. When the researcher focuses on the participant's meanings, there is more room for hearing multiple perspectives
- Context of the participants: the researcher situates the inquiry in the setting of the participants/site (social/political/historical)
- Emergent design: The research process is developing and unfolding in an emergent way. The design of the research is not tightly adhered to nor prescribed, acknowledging that phases of the process may change or shift
- Reflexivity: The researcher "positions" him or herself to show that his or her own experiences or background informs their process of research and how they understand the meanings that emerge.
- Holistic account: Qualitative researchers attempt to develop a complex way of looking at the item being studied- they do this by reporting multiple perspectives, identifying multiple factors present, and envisioning the changes as they emerge.

Creswell (2013) described that the assumptions of qualitative research are not final or definitive, but that they reach towards identifying common threads in the world of inquiry, where the researcher acknowledges his or her philosophical assumptions in order to arrive at a framework that is situated within the context of the participants and the phenomenon being studied. He further indicated that qualitative methodologies are meant to explore the experiences of individuals or groups, to empower people to share their stories and their voices, and to attempt to understand the contexts of participants who are trying to “address a problem or issue” (p. 48).

Collaborative-dialogic mutual researchers ascribe to all nine of the assumptions Creswell (2013) outlined and carry several more into the research/inquiry process. With an interest in co-developing knowledge during the process of research, the collaborative-dialogic researcher explores their assumptions and biases about how knowledge is created in the unique context where the research is existing-the process occurring in meetings and conversations, together with the co-participants (Anderson, 2014, 2016; DeFehr, 2017; Gehart et al., 2007; Shotter, 1993, 2008, 2014). The assumptions and characteristics that inform collaborative-dialogic mutual inquiry as described by Gehart et al. (2007) are as follows:

- Co-construction of knowledge or “data”: the researcher and participant depend on each other to contribute ideas, thoughts, and knowledge that will be co-constructed in relationship, through language.
- Generative Process: the organizational concept that ideas and thoughts that emerge during the process are not “stuck” in someone and ready to

spill out, but that thoughts and knowledge develop in the dialogue shared between people (Anderson, 1997).

- **Conversational Partnership:** researcher and participant become co-participants in the process of research/inquiry where both contribute and the researcher seeks to position him or herself in witness thinking (Shotter, 2004),
- **Mutual Inquiry: Joint Construction of Research Questions,** similar to Anderson's (1997, 2007c) collaborative therapy where researcher and participant are co-researchers. Both invite questions and respond. Researcher and participant are both invited to share and to develop questions that emerge from curiosity.
- **Curious Stance of the Researcher:** As in Anderson's (1997, 2007c, 2014) collaborative therapy, the researcher positions him or herself as a learner in the context of the not-knowing stance, as someone who values the participant's expertise in his or her own life.
- **Insider Research:** the researcher's goal is not achieving objectivity in the process, but to "negotiate a coordinated understanding." (pp. 376).
- **Interview as Conversation:**
  - **Inquiry as Construction:** the researcher invites the participant to share their thoughts and experiences in the participant's preferred ways of communicating (own language and expressions) and with a focus that comes from both conversational partners and unfolds based on the questions and responses that are shared.

The ideas of collaborative researchers are evolved from the language-based epistemologies that carry forward the value that the participants are the experts of their own knowledge, context, and story (Persaud, 2017). The goal of the conversational partners is to gather to create new ways of understanding, not consensus or generalizable data, but as Anderson (2016) describes, "...something like the beginning of a newness—a process, a thought, an action, etc. — that has the ability to continue to live and emerge outside the professional arena with an adaptability potential." (p. 4). Additionally, I positioned myself in the process with a "not-knowing stance" and will used my curiosity to guide the questions or dialogue that emerged. My focus was on engaging with the participants with a goal to learn more about the participants' experiences and to amplify the knowledge that exists between us so that it might be possible to develop new understandings between us (Jankowski et al., 2000).

My approach to the dialogic mutual inquiries held the assumptions of collaborative-dialogic practices as a central theoretical or philosophic framework from where to explore through conversation, I engaged in dialogue with the participants with an intention of listening to each of their stories, generating conversation, and connecting to what they brought up, in the moment. I positioned myself with a stance that invited their voices as experts in their own stories and with the curiosity of what the dialogue may lead to. The questions I prepared included open ended invitations to share about their experiences, follow up questions were generated based on the answers each person gave. The research question was presented as an invitation for participants to share their experiences in supervision as bilingual, Spanish-speaking therapists trained in collaborative-dialogic practices. A reflecting team made up of three to four members of

the collaborative-dialogic clinical community listened to the mutual inquiry, in real time, by being present in the video call, they were invited to have a conversation with each other in the style of the reflecting team discourse as introduced by Andersen (1987, 1991, & 1995) and evolved further at the Houston Galveston Institute as the way of offering more perspectives in therapy, supervision, and consultation. Once the reflecting team had their own conversation while the participant and I listened, I invited the participant to comment about what thoughts may have arisen as they listened. I hosted space in the conversation for them to add anything else that may have occurred to them as they listened or discussed the reflecting team's conversation. When the process of mutual inquiry was over, I transcribed the portion of the interview that contained the reflecting team member's conversation as well as the responses from the participants and shared only those portions with expert reviewers who are supervisors and members of the collaborative-dialogic community. I then, invited them to engage with the text and respond to questions about possibilities and parts of the dialogues that stood out to them and to identify themes that emerged as they learned about the reflections the team had. I will present the themes identified in Chapter IV.

### **Purposive Sample**

The sample of this study was be purposive in that I selected participants that shared characteristics and qualities as bilingual, Spanish-speaking therapists who were trained in collaborative-dialogic practices to engage them in a dialogic-mutual inquiry about their experiences in supervision. For the purpose of this study, I recruited participants from a list of alumni of a counseling program that offers a master's degree in marriage and family therapy along with training in delivering Spanish-speaking



psychological services to the Spanish-speaking community of Houston, Texas. I have knowledge of this population and made contact with the participants directly. I emailed potential participants to be able to share an email to recruit participants as well as informed consent to participate in the study and a letter with details about the format of the dialogical inquiry itself. I also asked the participants who responded to forward the request to their peers who may have been interested and willing to participate.

### **Selection of Participants**

I recruited bilingual, Spanish-speaking counselors trained in collaborative practices in Texas. There is one university counseling program in the Greater Houston, Texas area that offers masters level training in postmodern therapy. This program is specifically affiliated with a training institute where postmodern practices are taught, and other universities send master level interns to train there, too. The general characteristics of the participants were that they were trained at a masters level university program in either counseling or family therapy; they practiced therapy in Spanish or bilingually (Spanish/English); they may have been at the Houston Galveston Institute for their post-masters licensing internship as licensed professional counselor interns or marriage and family therapy associates; they were experienced in providing therapy with reflecting teams or co-therapists; and they were proponents of collaborative practices. With the selection criteria being so specific, the number of available candidates to participate in this project was low. The university program from these participants graduated tends to have small graduation cohorts each year-between four and eight. In the last five years there have been fewer than 15 Spanish-speaking graduates, trained in collaborative-

dialogic practices. Due to the small population of potential participants, I recruited five participants to engage in a collaborative-dialogic inquiry with a reflecting team.

In a collaborative-dialogic inquiry, the goal is not to achieve an end product such as a resolution, solution, or a concrete outcome; but to seek an understanding of knowledge as it emerges and meanings that are never meant to be finalized nor duplicated as they are only relevant to the persons in the dialogic process and their context(s) (Anderson, 2016). The participants were present and acknowledged as beings who are experts in their own lives (Anderson, 1997, 2000b, 2007, 2012c; Anderson & Goolishian, 1992; Boyd, 2011; DeFehr, 2017; Fernandez et al., 2006; Gehart et al. 2007; Gil-Wilkerson & Levin, 2016; Levin & Bava, 2012; Levin & Gil-Wilkerson, 2017; Levin et al., 2018). Each participant was engaged in a mutual inquiry with me. There was a shared space in which researcher and participant influenced the process (England, 1994). This process could be replicated with any number of participants, but, as expected, each dialogue evolved differently based on how the participant responded to my invitations. The dynamic and philosophical stance I positioned myself with into the dialogue is something that only I can embody as my personal style differs from any collaborative practitioner I might encounter. While the assumptions of collaborative-dialogic practices and those of social constructionist philosophy can be adopted by any practitioner attempting to engage in collaborative practices, they cannot replicate a specific interaction between two people, in a specific point in time. Anderson (1997) indicated, one never enters a new dialogue from the same perspective more than once because as participants of an evolving phenomenon, we are changed by the dialogue and our understanding (Anderson, 1997, 2007c, 2016). Because I approached each dialogue with

a focus of being able to achieve a deeper understanding of the supervisory experiences each participant has had as a collaborative therapist and each of those therapists as an expert in his or her own life, I limited the number to five participants (Creswell, 2013). Creswell (2013) indicated that “the intent in qualitative research is not to generalize the information...but to elucidate the particular, the specific.” (p. 157). DeFehr (2017) built a case for eliciting a qualitative social inquiry such as a dialogic mutual inquiry where the researcher seeks the local methods of inquiry rather than applying a prescriptive methodology created for another context. She compared the idea to Anderson’s (2007d) idea of “doing what the occasion calls for, and in the manner called for.” (p. 52).

### **Selection of Reflecting Team Members**

I recruited members of the reflecting team to participate in the reflexive part of the collaborative-dialogic mutual inquiry to offer reflections and opportunities for the study participants to clarify or continue discussing their experience in supervision. The reflecting team members were therapists in different levels of training at HGI. Each dialogic mutual inquiry had at least three reflecting team members who were invited to participate as members of the this process to offer ideas and possibilities in dialogue at the end of the initial 45 minutes of conversation.

### **Instrumentation**

The purpose of this study was to engage in discourse about how Spanish-speaking, bilingual therapists who were trained in collaborative-dialogic practices experienced supervision and about what meanings they took away from the experience of the process of becoming professional therapists.

The process of gathering data for my study included using a form of instrumentation common to qualitative research: a collaborative-dialogic process of mutual inquiry where I invited the participants into dialogue about their experiences in supervision as they related to their identity as Spanish-speaking bilingual therapists trained in collaborative-dialogic practices. My dialogic mutual inquiry recalled the philosophical underpinnings of Anderson and Goolishian, (1992) whereby they described a process of mutual engagement in dialogue that elicits new meanings, understandings, and co-created knowledge through the action of conversation and a structure that can flow based on the topics at hand. Another instrument inherent in the collaborative-dialogic process of inquiry is the use of a common language, the participants were invited to use English and to explain or elaborate if there may be other points of interest that may have come up for them during the process of the conversation. This generative process provided space for emerging concepts or ideas that may have been present in the minds of the participants.

As the researcher engaged in the process of mutual inquiry, I consider myself as one of the instruments; I also consider the relational dynamic formed between the participants and myself as another instrument. I used my dialogical skills to engage the participants in conversations about their unique experiences. This kind of data collection is most appropriate in consideration of the work Spanish-speaking, bilingual clinicians do, as it is a relational approach, and I was positioned from a “not-knowing” stance and asked follow-up questions framed from curiosity as opposed to confirming pre-existing knowledge I may have of being a bilingual, Spanish-speaking therapist. I asked questions with intentions of learning more about the participants’ experiences and from the

understanding that the questions I asked can come from a variety of points of view as well as contexts that come together in the way that I articulated them in the moment (Anderson, 2007c, 2012b, 2012c, 2014; DeFehr, 2017; Shotter, 1993; 1995a, 2008, 2016b; Tomm, 1988).

In collaborative-dialogic practices, the reflecting team (Andersen, 1987, 1991, 1994) is a valuable way to elicit and create richness and multiple perspectives. With the consent of the participants, I invited a reflecting team process as an additional instrument in our mutual dialogic inquiry to offer reflections during the last 10 minutes of the allotted time. Nelson et al. (2013) discussed the use of reflecting teams in participatory research as well as in systems therapy training; they stated that the use of reflecting teams as a debriefing instrument can be helpful to capture more perspectives of an intended meaning and therefore may be a valuable way to view the dialogue with a reflexive lens.

### **Demographic Questionnaire**

On the form asked the participants and reflecting team members to provide (a) their age, (b) years of practice and license type, (c) years in supervision, (d) Spanish language fluency, (e) native language, (f) percentage of time they spend with Spanish-speaking or bilingual clients, and (g) their gender identity. Reflecting team members may not all speak Spanish, but they were invited to assess their level of understanding Spanish.

### **Procedures**

This research proposal was presented to my dissertation committee as part of the process to approve that the standards of qualitative research are upheld and rigorous. Once the committee approved my project, I submitted an application to the Sam Houston

State University's Institutional Review Board (IRB). I engaged in correspondence with the IRB to ensure all documentation was present for my study to be approved. Once the IRB approved my study, I began to recruit participants and obtain their consent for participation in the study, to be audio recorded during the mutual inquiry, for their dialogue to be memorialized in a transcript.

I obtained written consent from participants via email; the email contained a unique link to a password protected (the password was shared with the participants via a phone call) Microsoft Word file that could only be opened by the recipient for a consent form stored with password protection on a cloud drive; the participant was able to open the document, sign it electronically, and save it in the cloud drive where only, I, the Principal Investigator was able to access it. Participants consented to participate in a real-time, online interview with a reflecting team of up to five people who were also present via video and to any data generated during that interview to be reviewed by up to five collaborative-dialogic practitioners during the process of discourse analysis. I provided a secure link via Microsoft Forms to a demographic questionnaire to participants which collected general information about them including their licensing status, experience, and language proficiency. I conducted a real-time, online video interview via the Microsoft Teams Platform that was recorded and transcribed by me where I asked participants to discuss their experiences in supervision and about the meanings made about those experiences. To be able to participate in the online interviews, the members of the reflecting team also signed a confidentiality pledge to adhere to the standards set forth by professional organizations such as the American Association of Marriage and Family Therapists (AAMFT, 2015) and the American Counseling Association (ACA, 2014).

The Code of Ethics published by the AAMFT states that "Marriage and Family Therapists respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research." In the ACA's Code of Ethics, it is indicated that "Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices. The members of the reflecting team participated in real time, via online video, on the same call as the participant and PI for the interview dialogue and offered reflections and perspectives about the participants' experiences once the participant had finished sharing their experience and thoughts about supervision and training in collaborative-dialogic practices. They talked in real time, on the video call while the Principal Investigator and participant listened to their conversations. Each of the reflecting team members has been trained in collaborative-dialogic practices and has had extensive experience in participating in live reflecting teams for clinical processes like therapy or supervision. They are trained in delivering reflections tentatively, respectfully, using only the client/participant's language, and with the intention of highlighting themes or giving insight that might be helpful for the participant. The intention of the reflecting team members was to provide food for thought and perspectives that might bring up more ideas that would, in hopefulness contribute to the conversation. Once they finished offering their reflections the participant was invited to comment or discuss any ideas that were interesting to them and to take anything that was mentioned as food for thought, without any expectation to comment on any of it, if they did not want to. The participant was invited to discuss the reflecting team members ideas and any more thoughts that may

have occurred to them as a result of listening to the reflecting team. The experienced reviewers were provided with a copy of the transcripts containing the last portion of the mutual inquiry where the reflecting team members were offering their observations and perspectives that they generated as they listened to the participants as well as the participants' responses to the reflections. I asked the experienced reviewers to provide feedback and to add any meanings generated in the process of the mutual inquiry interview. My study did not involve deception, and participants were given an opportunity to see the results of my study with a data sheet detailing themes and ideas that arose during the multiple conversations. I also provided each participant with a transcription of their own interview with an invitation to an opportunity to make changes or clarify any of their statements-in writing. Each transcript, consent form, and audio file was numbered with matching numbers and given a pseudonym for the participant, in case my committee or I need to access the files while I am in the data analysis process of my research. I protected the identities of the participants by not using their given names and assigning them anonymized pseudonyms.

### **Making Meaning Through Discourse Data Analysis**

I engaged in several layers of data analysis as described by Brinkman & Kvale (2015) to develop a rich understanding of the experiences in supervision of Spanish-speaking, bilingual therapists trained in collaborative-dialogic practices. They indicated that the analysis of the data begins from the moment we are engaged in dialogue with the participant, co-creating a story and continues through to the story the researcher is developing to share with the audience. Brinkman & Kvale (2015) offered that discourse analysis is meant to “study how language is used to create, maintain, and destroy



different social bonds and is in line with the postmodern perspective on the human world as socially and linguistically constructed...” (p. 258). The sequence of a dialogical mutual inquiry included elements that were meant to generate conversation, dialogue, and questions that were meant to generate presentations of practices. This step was performed during the mutual inquiry as questions or interjections meant to have added to shared meaning or to have expanded understandings of a concept, or phenomena.

The reflecting team played a part in generating reflexive knowledge as they conversed with each other to discuss the ideas they heard during the mutual inquiry. During their reflecting time of 10-15 minutes, they engaged the knowledge that they retained while listening to the conversations, they asked questions with respect and tentativity. While they asked questions, I wrote down reflections about what they said to offer another layer of discourse. Once the reflecting team concluded their conversation; I invited the participant to reflect on any meanings that stood out to them while listening to the reflecting team.

Once the dialogues concluded, I engaged with each recording to transcribe the dialogues in order to have textual representation of the conversations. Once this text existed, I invited the participants to review their transcript and offer any corrections or clarifications they may have needed to offer.

I also invited five collaborative-dialogic supervisors as expert reviewers to read the texts and offer their own reflections on themes and ideas that were generated for them when they read the transcript. I asked the following questions to engage the text, (a) What stands out to you from the conversation that took place? (b) What meanings do you draw from the reflecting teams’ conversation? (c) When you read the conversation between

Adriana and the participant, to what do you connect? (d) what meanings do you make about the experiences of bilingual, Spanish-speaking therapists in supervision? and (e) What ideas about collaborative-dialogic philosophy in supervision stand out to you from the dialogue?

Social constructionist tradition in inquiry has taught us that people's inner lives and thoughts are brought into context through the stories they tell and the relationships that are organized around those stories. In a relational inquiry, the researchers privilege local knowledges that emerge during the interactions between researcher and co-researcher or co-participants. During the inquiry, meanings of words and concepts were not be taken as a concrete truth, nor as assumptions based in everyday language, but as the researcher, I frequently checked to ensure that what I understood the participant to mean was in fact closely related to what they meant (Gehart et al., 2007). During this act of understanding, I negotiated language and specific words that remained close to the words spoken by the participants in an attempt to lessen the pre-conceived ideas that come along with language and re-interpreting another person's intentions (Anderson, 1997). As I processed the information in the moment with the participants, I engaged in reflexive narratives that are interwoven with those of the participants (Gehart et al. 2007) and continued to ask them for additional meanings to generate a richer understanding that could be aligned with an interpretation. During our dialogue, the participants and I discussed our understanding of significant details that stood out to us as concepts that could be explored further.

When the reflecting team was invited to speak, I asked them to discuss anything that stood out to them from the conversation; and I asked the participants to identify any relevant topics they would be interested in hearing from the reflecting team.

### **Capturing Meanings: Trustworthiness**

In collaborative-dialogic mutual inquiry as well as in many other postmodern research methods; validity is a concept that is not relevant to the context of the individuals engaged in performing relational exchanges. Whereas in a modern qualitative analysis, the researcher might wait to verify if the data collected were valid based on outside parties who view themes and identify central ideas present throughout the data, the purpose of collaborative dialogic inquiry does not fit in that way of working. In a collaborative-dialogic inquiry, the value is in the language and co-constructed meanings that happened in the moments of interaction- an attempt at capturing lived experiences as they were described by the participants is maintained throughout the process. And if a researcher was not sure of how the participant meant to express themselves, the collaborative practitioner would ask the participant for additional discourse about the not yet understood concept (Anderson, 2018).. That is a form of trustworthiness that is performed out of the interest of gaining additional voices and opportunities to seek meaning, at every turn because in socially constructed realities, each person constructs their reality based on how they define interactions and the language that was used during those interactions (Gehart et al., 2007). Meanings are assigned differently and in a new way each time a person hears, views, and exchanges information; each instance is reified anew and therefore cannot be centralized with the intention of defining its one true

meaning because that will be different for each participant (Anderson, 2014; Gergen, 1985; Shotter, 1995a).

### **Statement of Positionality**

The positionality of the researcher is a context from which I have created and defined this research study. This statement is an acknowledgment of how I interacted with the identities of the participants, the philosophy from which I work and write, and the ideas emerging from the research as an ongoing process of discovery and co-creating knowledge (Manohar et al., 2017). My positionality in relation to this research study includes my identity as a marriage and family therapist, bilingual-Spanish-speaking professional trained in collaborative-dialogic practices, and my work as a supervisor to many Spanish-speaking therapists for over 10 years. I have also interacted with the participants in different stages of their development as therapists and in learning processes as a member of the same collaborative learning communities that exist around collaborative-dialogic training of Spanish-speaking therapists in my city. My position would be considered that of an ‘insider’ as my learning and training context is similar to the participants in this study. I refer to myself as Latinx or Hispanic, with native language fluency in both English and Spanish although Spanish was my first language. I have also been trained by many of the same mentors that have trained the participants from this study and in each of their cases, I served as a professor or supervisor as I teach at a university that provides a Certification in Psychological Services for Spanish-Speaking Populations. Many of the ideas and inspirations for this research were born out of those collaborative-dialogic moments when I have been engaged in co-exploring the meaning of being a bilingual therapist needing support and searching for a common ground from

which to add to my own knowledge base, creating opportunities for growth, and from the position of a supervisor wanting to provide the most helpful experience to her supervisees. I engaged in this process from a position of curiosity with the intention taking the participants' experiences seriously by being, "always on the way to learning and understanding and being careful to not assume or fill in the meaning and information gaps." (Anderson, 2014, pp. 67).

### **Summary**

This chapter functioned as a place where I articulated the purpose of the study and asked the research question once again. I described the methods of the collaborative-dialogic mutual inquiry and indicated how the participants and reflecting team members would be selected. I engaged in a dialogic inquiry with each of the five participants of my study, invited a reflecting team to participate live, via video conference to offer their feedback after listening to the mutual inquiry, and then, invited the participants to comment on what they heard through the filter of the real-time reflecting team members. Once I concluded the process of mutual inquiry with each participant and they had an opportunity to review the transcripts, I prepared discourse analysis questions to direct at additional professionals who are considered leaders in collaborative-dialogic practices. Those questions centered around generating meaning from the transcripts of the reflecting team's conversations and the resulting conversation between the participants and myself. The discourse analysis consisted of seven questions about meaning making around the concepts and ideas discussed in the mutual inquiries and their reflecting team conversations as they related to the experiences in supervision of bilingual, Spanish-speaking therapists trained in collaborative-dialogic ideas. I also provided a statement of

positionality to orient where I fit into the research process as a co-learner in the participatory, mutual inquiry process.

This dissertation proposal was reviewed by the members of my dissertation committee and I received their approval to submit an application to the Institutional Review Board at Sam Houston State University. The review board approved my study in September 2020. Through convenience sampling, I began recruiting participants who were both bilingual and had received training in collaborative-dialogic practices. The following chapter of this dissertation is for the purpose of discussing the results of the discourse analysis of the data collected.

## **CHAPTER IV**

### **Results**

#### **Introduction**

The purpose of this study was to engage in a broad discourse about the supervisory experiences of Spanish-speaking, bilingual therapists trained in postmodern, collaborative-dialogic practices. A secondary purpose of this study was to provide an immersive experience in a dialogical practice. This experience permits the exploration of factors that are present in supervision to Spanish-speaking, bilingual therapists trained in collaborative-dialogic practices. I was and continue to be interested in the dialogues that may emerge in the search for experiential, co-created knowledge about supervision experiences and I had expectations of the process being generative and meaningful. The process involved hosting a mutual inquiry with a live reflecting team, having a reflexive conversations with each participant, and discourse analysis by expert readers. The expert readers answered questions centered around generating meaning from the transcripts of the reflecting team's conversations and the resulting conversation between the participants and myself. The discourse analysis consisted of seven questions about meaning-making around the concepts and ideas discussed in the mutual inquiries and their reflecting team conversations as they related to the supervision experiences of bilingual, Spanish-speaking therapists trained in collaborative-dialogic ideas.

#### **Demographic Information**

There were five participants who agreed to be part of this study, four reflecting team members who agreed to be present and reflect for at least three of the mutual inquiries (reflecting team consisted of at least three members for each inquiry), as well as

five experienced supervisors who agreed to review the transcripts of the reflecting phase of the mutual inquiries.

Each participant completed an electronic demographic questionnaire (Appendix A) once they agreed to participate and before beginning the mutual inquiry process. The questionnaire was used to document demographic data of each participant (Table 1) as well as of each reflecting team member (Table 2), and expert reviewer (Table 3). The data collected included: (a) age, (b) gender identity, (c) ethnic identity, (d) race, (e) Spanish language fluency, (f) spoken language frequency: how often English/Spanish are spoken, (g) English language fluency, (h) what professional license each participant holds, (i) how long each participant has held their current license, (j) to what role each person was invited to participate in the study. The last two items were specifically for reflecting team members and expert reviewers: (k) pledge of confidentiality, and (l) name of reflecting team member or expert reviewer representing a signature to document the pledge to maintain confidentiality. All five participants identified as Hispanic, stated Spanish was their native language, and all indicated they had a license in marriage and family therapy.



**Table 1***Demographic Information: Mutual Inquiry Participants*

Assigned Pseudonym	Age Range	Type of License	Years Held
Gaby	30-39	Licensed Marriage and Family Therapist Associate	1-2 years
Lynn	30-39	Licensed Marriage and Family Therapist	3-5 years
Noemi	30-39	Licensed Marriage and Family Therapist	1-2 years
Carolina	30-39	Licensed Marriage and Family Therapist	1-2 years
Elizabeth	40-49	Licensed Marriage and Family Therapist Associate	1-2 years

*Note:* All participants identified as Hispanic and indicated Spanish was their native language.

### ***Participant # 1—Gaby***

Gaby indicated she was trained in collaborative-dialogic practices in her master's program. She has held her license for almost two years. Gaby stated she has had experience being supervised by both monolingual and bilingual supervisors. She currently works in a non-profit counseling center as a clinician.

### ***Participant # 2—Lynn***

Lynn indicated she was Hispanic. She was trained in collaborative-dialogic practices in her master's program. She has held her license longer than the rest of the participants, but still less than five years. She also disclosed she has had several supervisors some monolingual, English speaking and some bilingual, Spanish-speaking. Lynn currently works for a non profit service center and also has a private practice.

***Participant # 3—Noemi***

Noemi also indicated her ethnicity as Hispanic. Noemi received training in collaborative-dialogic practices in her master's program. She completed her associate license less than one year ago. She indicated she has had several supervisors including both English speaking, monolingual and Spanish-speaking bilingual supervisors. Noemi has worked in various hospital settings and currently is in private practice.

***Participant # 4—Carolina***

Carolina indicated she has Hispanic ethnic background. She received her training in collaborative-dialogic practices in her master's program and continued to seek supervision with collaborative-dialogic supervisors. She stated she had several supervisors both Spanish-speaking, bilingual and English-speaking, monolingual. She has worked in community agencies, juvenile probation, the jail system, and immigration shelters for unaccompanied minors. She has had additional training in another license and in treatment facility approaches related to substance abuse

***Participant # 5—Elizabeth***

Elizabeth stated she is of Hispanic ethnic background. She indicated she was trained in collaborative-dialogic practices in her master's program and that she sought the supervision of a collaborative-dialogic supervisor after graduation. She has worked in private practice as well as in nonprofit counseling clinics. Elizabeth indicated she had been under supervision with both monolingual, English speaking supervisors as well as with bilingual, Spanish-speaking supervisors.

**Table 2***Demographic Information: Reflecting Team Members*

Reflector Identifier	Age Range	Type of License	Ethnic Identity	Years Held
Reflector 01	20-29	Licensed Professional Counselor	Asian (Taiwanese)	1-2 years
Reflector 02	30-39	Licensed Professional Counselor Associate	Italian-American	1-2 years
Reflector 03	40-49	Licensed Marriage and Family Therapist Associate	African American	1-2 years
Reflector 04	40-49	Licensed Professional Counselor	Hispanic	3-5 years

**Table 3***Demographic Information: Expert Reviewers*

Reviewer Identifier	Age Range	Type of License	Ethnic Identity	Years Held
Reviewer 01	30-39	Licensed Marriage and Family Therapist-Supervisor		More than 5 years
Reviewer 02	50+	Licensed Marriage and Family Therapist-Supervisor	Human	15+ years
Reviewer 03	50+	Licensed Professional Counselor-Supervisor	Hispanic	8
Reviewer 04	40+	Licensed Marriage and Family Therapist-Supervisor	Hispanic	15+ years
Reviewer 05	30-39	Licensed Marriage and Family Therapist Supervisor	White	3-5 years

**Reflexive Discourse Themes**

The dialogic discourse data that was gathered from the mutual inquiries with the participants of this study has been discussed and examined, first in the process of reflection with the members of the reflecting team and then the participants reviewed the transcripts. The examination continued when I invited five expert reviewers to read the texts, answer some discourse analysis questions, and determine if they noticed any thematic concepts or meaningful stories that emerged. The themes that emerged were interrelated and are listed as an overarching theme and two subthemes.

While there were several themes identified in the discourse analysis, one idea that stood out as a central springboard for the other themes was the importance of the relationship between the therapist and their supervisor or the relational aspect of

supervision. The themes identified within this concept were (a) local knowledge and language (together) and (b) curiosity as a stance for advocacy, learning, and growth. Both of these categories relate to the assumptions of collaborative-dialogic practices (Anderson, 1997; 1999; 2007a; 2007b; 2012a; 2013; & 2014). In the theme of local knowledge and language, each of the participants discussed how their expertise was developed over time through the relationships and conversations they had with their supervisors. Some described an ability to generate support for themselves from their supervisors and peers. They also discussed how language has played a role in how they have each made meaning of their experiences and even how they have formed relationships with their clients and their supervisors. Each participant also discussed how their position of remaining curious as a part of their stance in conversation and relationship has allowed them to invite multiple perspectives and thus more possibilities for growth for themselves as therapists as well as for their clients. Unmet needs were seen as areas of growth where a participant could discover how to ask for more of what they needed from the perspectives of collaborative-dialogic practices, relational interaction, colearning, and adopting an advocacy stance.

### ***The Importance of the Relationship Between Therapist and Supervisor***

All five participants discussed the relational aspect of supervision as a critical element in understanding that their growth and learning were supported through the sense of being in relationship with their supervisors. In the post-reflection portion of the mutual inquiry, Gaby was expressing her responses to the reflecting team's ideas. She discussed relationship as central in the supervisory experience.

Being respectful, it makes it a lot easier in supervision; and the importance of relationships, having a good relationship is really important, for that growth.

Because sometimes it's like I can't pinpoint exactly what's happening. It's just happening, but it is because there is that relationship. There is an exchange and so, I think that may be why I can't recognize exactly when it happened...because I've had these kinds of relationships. They've all kind of shaped me in different ways and help me along that process.

Lynn reflected about her experience as a timid, non-confrontational person and how she became empowered in the relationship between her and her supervisors when she realized she could ask for specific support.

At the beginning, I felt like the professors were the experts and I knew nothing. I had nothing to offer and by the third year, granted, I already had a year of practicum and I was starting my second year of practicum and internship; it didn't feel like that. It felt like I had some expertise to bring in, and still that was very helpful in being able to then bring that to sessions and bring that to supervisors. I feel like it gave me a sense of empowerment, of being able to offer that I may not know everything, or I don't know specific system—even if it feels very rigid or structured, but I don't have this expertise, or I can offer this expertise, and this is how we could collaborate and work together. It could be a good partnership, right? Moving forward and working together with clients.

Noemi spoke about her relationship with her supervisor as an opportunity for growth and connection for both her and her supervisor. She connected the experience with her clients' experiences of growth and transformation during the therapeutic relationship.

It's such a reciprocal process. I can grow just as much as my clients grow in supervision. I absolutely see that being the same dynamic, the more that I've grown, the more that my supervisor has grown, and the more that I am able to speak my mind and guide him to where I want to go, the more that I also see him going there. And maybe I don't know if it's just the supervision role but, not always, in the exact way that I am asking for, but in a way that still gets me where I wanted to go and also gives me a little extra that I wasn't expecting to get.

In Carolina's response to the reflecting team's comments, she indicated that having a supervision group where there are several differently-trained therapists along with a collaborative supervisor has been helpful for her to find a way of expressing when she is not in agreement or when she is wanting to question something.

I think it would be helpful to have anybody there who can check us. Or when we say something that's kind of like, "OH, where did that come from?" I always like to imagine that there's one person in the group who is just super outspoken and adventurous and has the most random questions or comments, who's going to just speak up for everybody and say, "hey, that was out of line" or "tell us a little bit about what you meant by that."

When asked about what role she played in that kind of interaction, if she was the one calling attention to the remark or if she was the one who needed to be "called out" sometimes, she explained further.

I'm open to getting called out whenever, but I would say I am pretty outspoken when it comes to things, actually...one of my supervisors that I had within my graduate program that I felt didn't really like me because I would challenge. I

wouldn't always agree with what they said. I don't know if being in that position as a bilingual, postmodern supervisee makes you kind of advocate naturally; you question things like not going with the status quo.

Elizabeth made an observation that if the supervisee's and supervisor's identities complement each other, it feels like a vantage point available for consultation.

Of course, that the benefit of complementing between my background as a Hispanic and having to be immersed in the culture and also having the opportunity to have supervisors that are bilingual, but there were also only English speakers. I get that it kind of complemented my whole experience, so I feel like that has given me like a plus; being able to take advantage of that.

### ***Local Knowledge and Language***

Language fits under this theme as it is a local knowledge: one's way of speaking and a person's ability to speak any one language makes up part of the communication that creates a relationship. The participants discussed an ability to learn a client's story, and in the retelling of it when seeking supervision, there were several elements present: a responsibility to the client to represent their story well so that resources could be generated, but also a sense of adapting language by translating concepts from the story by description rather than direct communication. The participants indicated that this sense was particularly present when some words in the Spanish language did not translate to English. Language also is central in relationships as it informs and impacts how the supervisee interacts with the supervisor and leads to the use of curiosity in communication.



Gaby discussed the idea of translating between languages as well as feeling as though she was constantly in a multi-faceted translation process, even when speaking the same language as the other person because each person's context is different. She explained,

I realize that I think it's when I formulate the question in English that I want to ask and trying to find a way to ask the same question with the same effect, in Spanish- it doesn't always translate how I would intend it to because I have to do that double process if I'm thinking about it in English, but I'm asking in Spanish.

Gaby also noted that having a background in culture and language similar to that of her supervisor has been helpful in creating an awareness of what she would like to accomplish in supervision and in guiding her ways of thinking about her growth process.

I would say that it's been easier for me because I have a supervisor that's also in the same realm. And I think for me, that was a very purposeful thing; to make sure that I had that level of support in my training. Because I know what kind of therapist I want to be, and I think that this is why this was really important to me.

When asked in what ways specifically Gaby thought it was supporting her to have a supervisor that is also trained in collaborative-dialogic practices and who is bilingual, she responded:

I think it helps me because, and it might just be because it gives me that space to have those kinds of conversations. But there's this kinship and like I know that they're going to understand me; maybe not necessarily agree with me, but they're going to try to understand my perspective. And kind of guide me in a way that I

understand or in the way that I work, so I'm not having to do that, "now, I have to adapt this to the way that I do things or the way that fits this other model."

Lynn described language as an expression of cultural phenomena that sometimes comes up depending on the culture of the client with whom she is working. She indicated that sometimes her interpretation of language may not have given her the information the client had tried to convey. She reported an awareness of a need to slow down in order to have space for not missing a concept or a meaning and to make sure she was connecting with the client and their story. The way Lynn discussed this was as follows:

In the collaborative way, it was helpful in being just very tentative too with my approach. But I also knew that that was what was happening for me internally, so I guess in that way, with more on the culture part now; I think it is because I'm more aware of it, sometimes it's more about the language—like if I'm understanding something right. If I'm understanding or even the way a phrase is said, I think one of the reflecting team members mentioned that it might not translate the same and sometimes I go weeks speaking mostly English, right? So, trying to switch back to a full-on Spanish session, I do have to slow down. I do have to be more engaged and ask more questions and follow up to make sure that I'm understanding and that there's not anything lost in that translation because I'm having to process that language, at that point.

When discussing what the reflecting team had noticed about the mutual inquiry, Elizabeth talked about the benefits of being from a different culture than peers with whom she trained, she expressed:

I think...focusing on the strengths, focusing on, you know, the resources, the skills and in what is there to work for? Rather than, you know that the problem itself or whether we are just finding ways to work with what we have, so, I think it does connect.

Given the opportunity to add any thoughts about being a bilingual therapist in supervision or about collaborative-dialogic practices and her training, Elizabeth added,

I just think having the opportunity of being bilingual and being immersed in an English-speaking world brings a lot of opportunities. When I say opportunities, meaning like a lot of information to think about to use. And I guess it's a matter of feeling confident and kind of bringing the best of that experience because I think that it can be overwhelming at times; but at the same time, when it's starting to fall in place and make sense, I think it can bring a lot of benefit.

Noemi explained her ideas about language as what connected her to her culture and her emotional being. She wondered out loud about whether having the opportunity in supervision to process emotional experiences in Spanish would allow her to understand her Spanish-speaking clients more fully.

I've had moments where I'm reflecting on my own experiences, how I'm growing and developing as a therapist, where all these things are coming from. And I find this connection too. Something that I would label as my own trauma growing up. And then with the question of if I were doing supervision in Spanish about my Spanish-speaking clients, would it be easier for me to access those memories and that trauma and potentially process some of that in session? And that's something that I've wondered for a while.

When asked about language as a way to hold two realities at once, as she had described it, Noemi continued to discuss how she believes speaking different languages prepares her for growth and the ability to connect on a different level with her clients. She described the imagined state of her brain while it is processing more than one language.

I want to label what will come out if I do supervision in Spanish, especially it being my native language and then having clients with whom I used my native language and it's their native language. And I almost feel like it's that meme where you have the brain getting highlighted in every frame and in the last frame, it's just a big brain, big brain explosion! I just can't help but be curious. And then the other thing I've wondered is what if I acquire a third language? What if I become fluent in French? And then how will that then affect me if I'm trilingual, in session?

In her dialogical inquiry, Carolina reflected extensively on the role language plays in her work with her clients and in her relationship with her supervisors. She discussed the concept of translating words and concepts back and forth as needed when bringing a situation to a supervisor who was monolingual, compared to her experiences of being supervised by a Spanish-speaking, bilingual supervisor.

It kind of holds me back to share things because I don't want to have to teach and explain things that I feel may not be understood or may be misunderstood...

Carolina continued to discuss the difference between having a Spanish-speaking supervisor and the experience of having to consult about cases with a supervisor who was English speaking monolingual. When asked to share about whether she experienced this as challenges or benefits, she offered the following,

OK, so I will say that I've had a supervisor who was also my employer like my boss. That was really difficult. I felt like I couldn't be as transparent about challenges about clients that I had difficulty with because, one, I feel like they didn't have the same, I guess, approach therapeutically so it was difficult to kind of say something and not feel like I was being judged about it. Also, there were culture differences she wasn't Spanish-speaking and a lot of the clients that I was seeing were Spanish-speaking. So it's like we had that connection and understanding, but it was very difficult to share that with somebody who maybe didn't understand...what it meant to...whenever there's different ways of...being raised or...life experiences, I mean I guess it can apply to any client that we work with, but I felt like ...it was like a dual relationship, like I didn't want to have to teach my supervisor about some of these things and then also ask for feedback and try to...dissect it as a consultation. I've also worked with several supervisors who were collaborative, like they had skills in collaborative language systems and also had postmodern perspectives and some of them were Spanish-speaking. Some of them were not. I felt like those relationships were really beneficial. The conversations that I had out of that supported what I believed, but also challenged me.

The following statement from Carolina began to delve into the connection between language and relationship. She specifically discussed how having a language and/or collaborative, postmodern theoretical approach in common with some of her supervisors led to her feeling secure in the communication that was happening. She explained it this way:

When I've worked with Spanish-speaking supervisors, I felt like that was a whole different connection, like it didn't feel so unnatural, I guess...it was like we knew an old friend that we didn't really have to talk about it because we all kind of knew who that person was and...we had an understanding about...I don't know, “cries in Spanish” memes, you know somebody who was a Spanish speaker could understand, [for example,] the actress who was in those memes and also if one of my clients brought it up in a session, they would be like, “ok, I understand where that person was coming from.” I guess just little things like that, I felt like I didn't have to teach. It kind of took the pressure off and made me a little more open to discussing what I was having problems with or what I had difficulty understanding. So, supervision with a Spanish-speaking and postmodern supervisor was, I would say, a lot more intimate, beneficial...I think, a lot. I think I just personally was more authentic in that supervision. And I think in postmodern supervision there's a different component; It's not just teaching, it's checking in, you know, practicing self-care. Understanding what self-care looks like for the supervisee and the supervisors. It's just a different, you know, I guess that hierarchy or that expertise is taken out of the equation in that interaction.

### ***Curiosity as a Stance for Advocacy, Learning, and Growth***

When approaching situations when the participants described having needed to gain support in order to learn or understand their role, several of them discussed having conversations with a tentative, not-knowing stance that evoked their curiosity for creating the framework of how to discuss a difficult topic. The participants, the reflecting team members, as well as the expert reviewers identified curiosity as a way to approach

gaining support in specific situations when it was difficult to explain a concept or idea; they recognized curiosity as being in a willing learning mindset that helped create connections between the English supervision participants might be receiving and the Spanish services they were delivering to their clients. This particular way of learning and co-learning in relationship pointed to Anderson's collaborative learning communities (Anderson, 1999, 2000b, 2013; Anderson & Swim, 1995; Fernandez et al., 2006; Levin et al., 2018; St. George & Wulff, 2006) and illustrated the idea of growth being a mutual, co-constructed process. Reflectors discussed the participants' curiosity as a 'way of being' that encouraged learning, growth, and gaining knowledge that would help develop possibilities for themselves and for their clients. Lynn responded to a question about how helpful it could be for her to bring her ability to adapt and learn into other job contexts:

I have felt more empowered to bring this idea...this curiosity about why we're doing things the way that we're doing them and can it change? Because it happened at one of my jobs and we were able to change things... they were being receptive to the idea or they were even receptive to the question...and so that was helpful. In even helping to implement some of that into the way that they were doing, we were doing work at that point and so that's the way it's really impacted me and being able to feel like it's not confrontational. It's not that I'm going against the system, I'm simply expressing the curiosity or I'm expressing, "this is something I'm observing, can we then now talk about it?" And it has felt more of a flow.

The concepts of language and local knowledge interlace with the concepts of growth and relationship between supervisor and supervisee. Gaby's reflection below, about adapting

also addressed the positioning she experiences when discussing ways of negotiating how to bring client stories up with her supervisor. She stated,

Now, I'm always used to having to adapt, even as a therapist and having to adapt to that particular client. However that client works, but having that support, I think, makes it just easier and more manageable...I think it helps me because...it gives me that space to have those kinds of conversations. But there's this kinship and...I know that they're going to understand me...they may not necessarily agree with me, but they're going to try to understand my perspective and kind of guide me in a way that I understand or in the way that I work...

Carolina addressed the nature of being a learner and a co-learner with her supervisors. She described the process of feeling as though she needed to teach her peers and her supervisor at times, bringing up a concept of collaborative-dialogic practices that focuses on the expert/non-expert roles of client and therapist or supervisee and supervisor. When responding to one reflecting team member's curiosity about what her expectations were surrounding teaching her supervisor, she recalled,

...what I wanted to get out of [supervision time was] dialogue versus the teacher/student relationship or that role of the expert, and it made me think of when I'm curious about cultures with my clients. I know one of the reflecting team members mentioned that it's not the responsibility for that person to teach other people and I was like, yeah! And it made me question when I do that in my sessions, you know, and I know I've learned this, I know I've heard it before...so, I always ask myself what somebody taught me...I don't know who it was, but [I ask myself] is this for me, for them, or is this going to build on our therapeutic



alliance? Or is it related to the goal for the session? You know...when I've been curious about cultures that I wasn't very informed on, I would ask myself that, 'cause of course, part of me is just curious because I'm interested in different cultures and beliefs and I'm just like, "oh, that's really cool...Ok, Ok, is this building on what we're working in session today or what the client came in here for", so I think there's like definitely a fine line when it comes to that...

Carolina also responded to the idea that through dialogue that is driven by curiosity, a supervisor and a supervisee co-construct roles and develop expectations based on their understanding of each other's needs. She reflected on how she takes on the role of advocate for discussing important topics as well as an advocacy role for her clients when consulting in supervision. She said,

I don't know if being in that position as a bilingual, postmodern supervisee makes you kind of advocate...naturally, you question things...I'm feeling like I willingly or unwillingly have this role as a therapist who falls under that criteria, you know...being a minority and being first generation and being this and this and this...makes me see situations through...the eyes of an advocate for someone who's going to speak out or defend the underserved...And, I don't know if that's personal or if that's just a general concept that bilingual, postmodern therapists hold.

When discussing the comments and questions the reflecting team made, Noemi engaged in her curiosity mindset and made some connections out loud between her process of learning and how it is reflexive and built around her own understandings of how she can filter her experiences and questions via her security in the relationship she has with her

supervisor. Her way of arriving at that was through relating directly to a portion of the reflecting team conversation. I asked her what she was thinking right now and what was coming up for her. She responded,

The first thing is just absolute joy, because I feel like I haven't had a conversation like this in so long and it just...fills my heart to hear everyone just bouncing ideas and...yes, yes! And then stopping and [reacting to] what one of the reflecting team members just said...is...straight up what happened to me! What stuck with me was, I know that I've had moments where I'm reflecting on my own experiences, how I'm growing and developing as a therapist, where all these things are coming from. And I find this connection too...it's such a reciprocal process. I can grow just as much as my clients grow, in supervision. I absolutely see that being the same dynamic, the more that I've grown, the more that my supervisor has grown, and the more that I am able to speak my mind and you know, guide him to where I want to go, the more that I also see him going there. And maybe it's not just the supervision role but, not always in the exact way that I am asking for, but in a way that still gets me where I wanted to go and also gives me a little extra that I wasn't expecting to get.

Noemi had mentioned that although she felt guided and supported to work with clients who were experiencing complicated traumatic issues or systemic inequity, that she felt as though sometimes she was not able to express her thoughts that were specifically about Spanish-speaking clients to her supervisor, who was a monolingual English speaker. She shared,

I feel like my [current monolingual, English speaking, male supervisor], much like [a previous monolingual, English speaking, male supervisor], really taught me how to...I hope this isn't going to sound horrible, but...how to fit in the norm. I feel like the normal now is your white therapist, older gentleman who's been in the field for many years, and so I've learned the lingo and I catch myself now speaking very clinically-very much in terms of (and I know it's also because of the hospital) terms of diagnosis and symptoms and progress-and regression. I do feel like when it comes to...the...business side of it...to thrive in...the hospital I've learned absolutely all of that because of my current supervisor. [He says] OK, no, you can't just walk out, Noemi, even though you really hate what you're doing right now. Just remember what's at the end of the road, blah, blah, blah...This is how you talk to people, OK? But I do see the shortcomings in... sometimes I don't think my supervisor gets it and I do feel like it's because he's an older white gentleman. And I have reflected with other Latinx therapists that are now very close friends of mine and they bring that up as a potential [issue]. Well, maybe he just doesn't get it because he doesn't have that experience...But I know that I've had that thought of...maybe the feedback he gave me is appropriate and it is accurate. But also, what I'm feeling, and thinking could also be inappropriate for this situation, because I am a Latina woman whose first language is Spanish. So, I think overall, I've learned a lot and I know that I will be successful in the United States, but there's that part of me that [thinks], what if I move to Mexico? To be successful, will I need extra supervision? Hello? Maybe!... I'm very curious and just very adoring of our differences and how we still connect and how we can still

share the space. And there's so much growth that happens in that. I think that's already good. But the part that actively made me even consider calling a Spanish-speaking supervisor a couple times and [to ask for her to] give me a quick supervision on this case that I'm having? Just because I wasn't sure! My self-doubt was telling me I'm missing something by not speaking about Spanish influencing this relationship, this therapeutic relationship.

In the time she had to respond to reflections, when asked about a point in the mutual inquiry when she had made commented about times when she was not sure she was getting enough from monolingual supervision on a Spanish-speaking client's case, Noemi indicated,

I would say I almost feel like that's where collaborative really coincides with whom I developed as a person and the values that I hold; and one of those is: get as much knowledge as possible on any given thing. So, find out what all the different people are saying about this one given thing and...right now...looking at each piece and recognizing that there is some right in everything...there's some wrong...

Noemi also was asked about how she makes sense of these concerns of hers when she wonders if she is receiving enough in supervision. There was a direct follow-up question about how her postmodern, social constructionist perspective informs her ideas on creating reality through language and conversation. Noemi was faced with thoughts about whether she would be able to create her own path to decide which is most helpful-a deficit way of thinking where one may consider the doubt about not having bilingual

support in supervision as a gap in learning or as an implied opportunity to learn. She discussed her personality as her way of making sense of this:

And I feel like probably just as part of my own personality, I just like knowing what other people are thinking and that might be the reason why I got into this career because I do have what a professor of mine called a voyeuristic tendency just to want to know, like people watching; it's so interesting...and from there I feel like I developed my own idea and recognize it as...mine. And for me it feels that much more real because I know that I took the time to explore what other people were thinking and seeing, and I also know that I don't have to do that.

### **Summary**

The bilingual, Spanish-speaking therapists trained in collaborative-dialogic practices that were engaged in this dialogic mutual inquiry recalled their experiences in supervision and offered their reflections on times when they experienced growth as well as what they believed made a difference to them as supervisees. Each participant discussed what stood out to them about their experiences including the way language and culture are present in their interactions with their clients and with their supervisors. They reflected on the important relational nature that impacts the way with which they interacted with and gained knowledge and understanding from their supervisors. Each participant had received training in collaborative-dialogic practices and identified with that philosophic orientation. They discussed how their orientation has impacted their experience of the supervisory relationship and the curiosity with which they approach their clinical experiences. Several of them specifically noted the concepts that they understand to make up their way of being as clinicians. These concepts included

assumptions recognized within collaborative-dialogic practices such as (a) the client is the expert, (b) dialogue and language contribute to a personal formation of reality, (c) curiosity as a springboard for dialogue, and (d) recognizing a stance grounded in a desire to be a lifelong learner, grow, and be part of a collaborative learning community (Anderson, 1999, 2000b, 2013; Anderson & Swim, 1995; Fernandez et al. 2006; Levin et al., 2018).

The process of mutual inquiry was rich with continual opportunities to make sense of each participants' journey and lived experiences of becoming therapists and being in supervision. Having a reflecting team made up of other collaborative-dialogic practitioners provided a unique opportunity to process the thoughts and questions posed during the mutual inquiry in a way that is not usually accessible to an expert reviewer. Each reflecting team member was able to discuss parts of the dialogue that had occurred moments before their reflection period. In turn, the participants had the privilege of hearing how others immersed in the philosophical stance of collaborative-dialogic practices made sense of their dialogue, in real time; they then had the added opportunity to offer their responses and reflections on what they had heard. Through each level of dialogue and reflection, the participants and I were able to discuss the moments that were perceived as rich and that generated more areas on which to reflect. Once the mutual inquiries and reflections were completed, the transcripts of those reflections and the responses from the participants were shared with five experienced collaborative-dialogic supervisors who reflected on their understanding of the dialogical process. The themes identified emerged from those dialogical processes and interactions. As discussed in this chapter, the themes were: (a) the importance of the relationship between the therapist and

their supervisor as an organizing, central theme, (b) local knowledge and language (together), and (c) curiosity as a stance for advocacy, learning, and growth within a collaborative learning community. . From this project, the themes that were captured provided a scope of experiences that arose from stories in the dialogue and the reactions and curiosities spoken about those dialogues. These dialogues ensconced some perspectives and meanings surrounding the experiences in supervision of bilingual, Spanish-speaking therapists trained in collaborative-dialogic practices.

In Chapter V, the final chapter of this dissertation, there will be a summary of the study, discussion of findings, implications for practice, recommendations regarding future research about supervision of bilingual, Spanish-speaking therapists trained in collaborative-dialogic practices, and conclusions.

## **CHAPTER V**

### **Summary, Discussion, and Conclusions**

The purpose of this study was to engage in discourse about how Spanish-speaking, bilingual therapists who were trained in collaborative-dialogic practices experience supervision and about what meanings they took away from the experience of the process of becoming professional therapists. The research question was presented as an invitation for participants to share their experiences in supervision as bilingual, Spanish-speaking therapists trained in collaborative-dialogic practices. Following, I will present a summary of the study, discussion of the findings, implications for bilingual, Spanish-speaking therapists in training as collaborative-dialogic practitioners, recommendations for further research, and conclusions.

#### **Summary of the Study**

The challenges that are faced by Spanish-speaking, bilingual counselors identified in Chapter II, the literature review, included not having enough support for processing clinical situations in both languages. Bilingual therapists reported not having enough support to address the needs of a diverse and growing Latinx population in the United States due to the lack of supervisors who were bilingual (Chan et al., 2018; Delgado-Romero et al., 2011; Vega, 2005), gaps in training when it comes to language and cultural differences among different Latinx populations (Hannigan, 2016), and some cultural inequity experiences around being clinicians while being expected to serve as translators and interpreters not only for their clients' stories, but also for their own process to be heard with adequate breadth in supervision (Delgado-Romero et al., 2018).



In this study, I engaged bilingual, Spanish-speaking therapists trained in collaborative-dialogic practices in mutual dialogic inquiries conducted via real time video conference accompanied by a reflecting team, whose members were able to have another level of dialogue treating the conversation they had just heard. Following the reflecting period, the participants and I had an opportunity to discuss the topics and ideas on which the reflecting team had focused. By means of these conversations, there arose several opportunities to hear directly from the participants about how their training in collaborative-dialogic practices and supervision have impacted them as bilingual, Spanish-speaking therapists. Anderson (2007c, p.36) describes listening as

attending, interacting, and responding with the other person...part of the process of trying to hear and grasp what the other person is saying from their perspective. It is a participatory activity that requires responding to try to understand—being genuinely curious, asking questions to learn more about what is said and not what you think should be said.

The process was a reflection of collaborative-dialogic research in action, wherein the data or discourses were analyzed via multiple levels of synthesizing conversations to which the participants had access as they were happening. The themes that emerged after the discourse analysis included an overarching theme of the importance of the relationship between the therapist and their supervisor within which fit two subthemes local knowledge and language (together) and curiosity as a stance for advocacy, learning, and growth .

## **Discussion of Findings**

In the following discussion, I will continue to process the discourse in another level of data analysis consisting of me drawing connections between the mutual inquiries and the ideas and themes that were discovered throughout the generative process of discourse analysis, as well as connections with the literature review I conducted in Chapter II. I will also address questions and ideas that I generated during this process.

### ***The Importance of the Relationship Between Therapist and Supervisor***

The organizing theme that emerged during the discourse analysis was the importance of the relationship between the supervisor and the supervisee. Each participant discussed their experiences in supervision through a relational lens. All five participants described how they viewed the relationships with their supervisors as a place of mutual responsibility from which to exchange ideas and feedback that then impacts the relationships with their clients and the work they did in their communities. Each of the five participants referenced the following as central to creating and maintaining a good supervisory experience: respect, mutual exploration, exchanging ideas, collaborating, working together, having a good partnership, supervision being a reciprocal process for growth, comfort in seeking feedback and giving it, and feeling as though complementing with a supervisor offers benefits like a cultural understanding as well as establishing a mutual language (Anderson, 1997, 1999, 2000a, 2012b, 2013; Anderson & Swim, 1995). Anderson (2018) indicated, “Conversational or dialogic processes are not fully, solely, or finally explainable...Conversations are complex social processes within particular contexts and with particular agendas.”(p. 467). Gaby reflected on the difficulty of articulating the precise happenings within the relationship, saying, “having a good

relationship is really important. For that growth. Because sometimes like, it's like, I can't pinpoint exactly what's happening. It's just happening, but it is because there is that relationship. There is that exchange..." Noemi reflected on how the topics of language and culture coming up in conversations with clients can sometimes transport her into the culture that is always embedded in language and how as soon as I speak Spanish, I remember my grandma singing in the kitchen cooking food. I remember being in Mexico and going to the *mercado*. And like all of that, just like flows off my tongue...and I'm like, "I'm home."

The participants were expressing ideas that were present in the literature about collaborative-dialogic supervision (Anderson, 2013; Anderson & Swim, 1995; Edwards, 2013). The invitation by the supervisor to the supervisee into a relational space of co-creating meanings and mutual growth also came up in the mutual inquiries (Anderson & Goolishian, 1992; Anderson & Swim, 1995; London & Tarragona, 2007). Noemi discussed the reciprocal process of growth in supervision, stating, "...it's such a reciprocal process...I can grow just as much as my clients grow and in supervision, I absolutely see that being the same dynamic, the more that I've grown, the more my supervisor has grown..."

All five participants elaborated on how beneficial it was for the supervisory relationship to hold a space for them to learn and grow. Some of them described holding a similar space for their clients' therapeutic processes. Anderson (1999) described processes in which the supervisees can develop their style of learning by taking part in how their learning is constructed, which can lead to an enrichment that is greater due to the sense of belonging and participating in the whole process. Nelson et al. (2001)

described this as a sense of mutual, relational responsibility that transfers to the wellbeing of the client. Each of the participants' responses and dialogue around relationship centered on making connection via language and understandings or the intention to understand. Anderson (2007a) described our acts of trying to understand the words we use and meanings we generate as a dynamic process that exists so that we can gain a closer understanding of each other's "local language." This idea is situated across cultures and across contexts, holding an assumption of collaborative-dialogic practices that even if we speak the same language, we are always informing the meanings we make within a cultural or personal lens.

***Local Knowledge and Language.*** Local knowledge is "the indigenous narratives—the unique wisdom, expertise, competencies, truths, values, customs, and language—created and used within a community of persons...[that] can be thought of as a knowledge system that has its own history and meaning-making practices" (Anderson, 2014, p. 65). Language is a local knowledge that can be shared in a community of people such as supervisor and supervisee, or therapist and client.

In follow-up questions about language and characteristics of the supervisory relationship that could be seen as beneficial or as deficits, I asked the participants how they made sense of these ideas. Several of them responded with experiences that connected them with their supervisors: common languages, cultural phenomena, as well as a common philosophical stance-collaborative-dialogic practices. Gaby stated that she was purposeful in choosing a supervisor that was like her and that she felt "a kinship...I know that they're going to understand me." Lynn discussed her concern for not capturing the intended meaning of a client when they were speaking in Spanish and she

indicated she was more aware of the culture and language parts and her need to slow down “to be more engaged and ask more questions...to make sure that I’m understanding and that there’s not anything lost in that translation because I’m having to process that language, at that point.” Noemi’s response included her musings about whether her emotional being was more expressive in Spanish, her native language and she questioned whether she should have actively sought Spanish supervision when learning about her own past in the context of working with clients. Carolina spoke to the uneasiness of having to translate processes, language, and meaning to her supervisor while needing to also receive feedback from him; she compared that to having a “dual relationship.” This concept was present in the literature review: Delgado-Romero et al. (2018) described the dilemma of supervisees possibly finding themselves in uncomfortable translation loops between them, the clients, and their supervisors as they may have to broker language nuances and translate concepts, cultural ideas, and language phenomena.

Carolina also indicated that she has had a very helpful experience with a monolingual, English speaking supervisor who identified as a collaborative or postmodern supervisor. She stated that although she may have had some differences in the language she was translating for supervision from sessions, that she thought his orientation was helpful because he challenged her as well as supported her way of thinking. This finding was supported by researchers who found that monolingual supervisors could be more helpful if they were present during the Spanish-speaking session where they may have been able to intervene in the moment to ask a question or clarify an interaction between the client and supervisee (Muñoz et al., 2011).

Carolina also related her experience with a Spanish-speaking supervisor as a place where she felt more intimacy and where she “was more authentic.” This idea aligned with what Gonzalez et al. (2015) found when exploring the experiences of Spanish-speaking trainees who received supervision in Spanish. They reported that one of the participants in their study stated she felt supported in her growth during her training process as she had received Spanish supervision from the beginning.

***Curiosity as a Stance for Advocacy, Learning, and Growth.*** London et al. (2009) wrote about guides for collaboration where they stated collaboration is something more concrete than is given credit, with “a history, a present, and a future...and action as a component.” (p. 5). In this description they captured the essence of establishing partnerships where the members work together to generate the context and the outcomes that they want to have happen, not as accidental happenings, but as intentional practices where participants make commitments to actions and follow through with them—with each other. This speaks to the idea of mutual, relational responsibility about which the participants talked during their mutual inquiries. They identified their curiosity stance as a platform for advocating for their clients and for themselves, and added that the learning and growth that took place was usually associated with adopting curiosity. Lynn described using her curiosity to wonder about why a process was being done a certain way at work. She stated she was nervous about even challenging the ideas and procedures attached to the process, but that through her curious stance she was able to see results, and her supervisors responded to her questions with invitations to do things differently. She said, “It’s not that I’m going against the system, I’m simply expressing the curiosity or I’m expressing...something I’m observing, can we then now talk about it?” Carolina

also discussed a commitment to curiosity when she described realizing what she wanted to arrive at in supervision and negotiated how to ask for it from an advocacy stance. She related the experience of having to ask herself questions to determine if she is being curious for her own benefit or for her client's. Carolina indicated she brings this to her supervisory relationship when she is questioning or challenging ideas:

naturally, you question things...I'm feeling like I willingly or unwillingly have this role as a therapist who falls under that criteria, you know...being a minority and being first generation...makes me see situations through...the eyes of an advocate for someone who's going to speak out or defend the underserved...And I don't know if that's personal or if that's just a general concept that bilingual, postmodern therapists hold.

Noemi reflected on participating in research about her experiences in supervision as a Spanish-speaking, bilingual therapist; she expressed joy for having

a conversation like this...I know I've had moments where I'm reflecting on my own experiences, how I'm growing and developing as a therapist, where all these things are coming from. And I find this connection too...it's such a reciprocal process. I can grow just as much as my clients grow, in supervision. I absolutely see that as being the same dynamic, the more that I've grown, the more that my supervisor has grown, and the more that I am able to speak my mind and you know, guide him to where I want to go, the more that I also see him going there. And maybe it's not just the supervision role but, not always in the exact way that I am asking for, but in a way that still gets me where I wanted to go and also gives me a little extra that I wasn't expecting to get.

Noemi's description of guiding the process while also receiving more than she was expecting, speaks to the mutual inquiry process where the work "becomes a decentralized process of learning and knowing that brings in the voices of the people—the so-called subjects that the so-called researchers want to learn from—as active participants in learning with each other." (Anderson, 2014, p. 70). Another instance that Noemi was addressing surrounded the feelings and thoughts she related to possibly not receiving culturally competent or conscientious supervision from monolingual, English speaking therapists, as well as her treatment of the possibility that there could be differences between her and her supervisor that may have contributed to her having inappropriate interventions with her clients. In her response, she came around to say this:

Will I need extra supervision? Hello? Maybe!...I'm very curious and just very adoring of our differences and how we still connect and how we can still share the space. And there's so much growth that happens in that. I think that's already good...I would say I almost feel like that's where collaborative really coincides with whom I developed as a person and the values that I hold in one of those is get as much knowledge as possible on any given thing...looking at each piece and recognizing that there is some right in everything...there's some wrong....

### **Implications for Practice**

In my study, there emerged themes of interrelated characteristics from Spanish-speaking therapists trained in collaborative-dialogic practices, their cultural identity, and from their philosophical stance in therapy. One intersection clearly illustrated that the positioning of the therapist in supervision—with an intention of learning despite challenges that may emerge—is a link to the therapist feeling as though they are



receiving adequate supervision. Curiosity, an orienting assumption of collaborative-dialogic practices (Anderson, 1997, 1999, 2000b, 2007c, 2012a, 2013, & 2014), plays a role in how the therapist approaches each situation. Some participants stated that their curiosity as a stance was an active choice they made in order to explore a need they felt had not been addressed yet. Another orienting assumption that was addressed in my study is that language and knowledge create the relational context where participants can co-define the process of supervision together (Anderson & Goolishian, 1988; Anderson et al., 1986; Goolishian & Anderson, 1987). Spanish-speaking supervisees have a responsibility along with their supervisors to define their context of supervision and the actions they want to take place within that relationship. Anderson (1997) spoke to the process of co-defining problems leading to the co-creation of multiple possibilities. As such, supervisors and therapists can perform their relationship with intentions of understanding each other while defining what each will have to contribute in order for the supervision process to be generative, fluid, and informing to the processes to come (Anderson, 2014).

### **Implications for Supervision of Bilingual Therapists**

Another idea that was discussed by several participants brings up implications for training programs regarding the supervision of bilingual therapists. The participants identified a need for opportunities to process their Spanish clinical work in Spanish. Several of them said they were still able to have adequate supervision, but asked the question about whether supervision should not be in the language of the session. In a training program where Spanish-speaking therapists are training in theory in English but also are practicing their skills in Spanish, it makes sense to provide supervision in both

languages, or at the very least to have the option offered. The participants of my study indicated that receiving supervision in Spanish was helpful for processing their own emotions around clinical issues as they are brought into focus by clients, to orient their way of practicing so that they can formulate questions and treatment according to the natural language of their clients, and that being able to discuss phenomenological ideas and meanings in the language in which they are raised in clinical work was also helpful.

### **Recommendations for Further Research**

In my experience conducting this research, I noticed that as the conversations unfolded, they brought with them many topics unaddressed in this study as they were not discussed in the different opportunities for discourse that followed the mutual inquiries. Some topics were specific to each of the participants and relative to a personal story of theirs from a supervisory experience or a clinical experience.

The topics of cultural humility and cultural competence emerged on two occasions with that language and on more occasions with the local language of the participants as it related to meeting clients where they were and them, as supervisees, being met where they were by their supervisors. Conceptually, this topic was of interest to me as I would want to learn more about what it means to be ‘met where one is.’ From the assumptions of collaborative-dialogic practices, this action is related to the client or supervisee being the expert on his or her own life and the therapist or supervisor having the role of facilitating a process of growth and transformation through dialogue and an exchange of ideas. If collaborative-dialogic practitioners had a way to navigate the richness of meaning of their philosophical assumptions for individuals on a bigger scale,

it could be an opportunity for growing the knowledge base for practitioners and supervisors who do not have immediate access to a collaborative-dialogic training.

In conversation with Noemi, one of the participants, she mentioned that one of her coworkers was influenced by her way of practicing when observing how she managed sessions and post-sessions with her adolescent clients. She indicated that the coworker was intrigued by the difference in their approaches, but often expressed skepticism about her not maintaining a hierarchical differential between clients and therapists. She shared more about that story and indicated that the coworker eventually adopted a more collaborative philosophical stance as opposed to a technique or strategy-based treatment model. Since this research study was about experiences in supervision, I chose to explore other aspects of our dialogic mutual inquiry. How collaborative-dialogic practitioners subtly influence the systems where they work would be an area of interest to those who are training clinicians with collaborative-dialogic practices to hear more about, how postmodern therapists and collaborative-dialogic practitioners' way of being impacts their surrounding systems and teams? This question could potentially help discover characteristics about the 'way of being' collaborative-dialogic that impact the practitioners' contexts. Lyotard suggests postmodernism in a broader sense, is a way of thinking that can influence systems from the inside out where practitioners hold disbelief toward meta-narratives, specifically ones that intend to create a value judgment system surrounding science that might be based around creating technologies or techniques that obscure human actions and promotes finding shortcuts (Lyotard, 1979/1984). If the postmodern, social constructionist philosophy that informs collaborative-dialogic practices were to be explored from the lens of relational practices, perhaps the

understanding of each individual's journey could be valued along with a syntheses of many experiences.

Another area that invites further research was the way in which the participants were able to label or create meaning around what some researchers called gaps in training or knowledge. Delgado-Romero et al. (2018) noted a challenge that bilingual supervisees had identified when they found themselves in a position of having to translate or teach a supervisor contextual information about the client's culture or language. The finding was offered as a gap in language and as a position of disadvantage for the supervisee. When training in collaborative-dialogic practices, supervisees are taught that regardless of the language we are speaking with clients, we are always in the process of translating because the context of the therapist is always different from the client's. There is an invitation to always be in a position of attempting to understand a situation: one should engage with each person without the intention of understanding too quickly, as that could encourage a therapist to act on the assumptions present in their way of processing information, as opposed to actively listening with the intention of generating knowledge and conversation based on what the client has shared (Anderson, 1997; Anderson, 2018; Gergen, 1994; McNamee & Gergen, 1999). This way of processing a difference in language capacity or disconnection could offer a more open way of engaging with a story: it creates a sense of working together to understand as much as possible. Hearing more about the positioning of the listener in a therapeutic relationship would also offer more ideas of how to create safe spaces when there are differences between the people in dialogue. Phenomenological knowledge about these kinds of actions could provide a bridge for those programs where circumstances or situations such as these have been

framed as gaps or limitations to instead frame them as an opening for opportunities for supervisors and supervisees to learn new ways of being with each other.

This study was focused on the experiences in supervision of the Spanish-speaking, bilingual therapist trained in collaborative-dialogic practices; the study was narrowed to a small portion of the therapist population and even smaller population within the collaborative-dialogic practices community. A broader inquiry about the experiences that bilingual, Spanish-speaking therapists have in supervision would be helpful to generate more ideas about how to offer training and supervision that is supportive of their journey to provide services to the populations with which they work. In an effort to arrive at a broader understanding, it would be helpful to hear more about the lived experiences of therapists who are preparing to provide services in two languages (or more), what they have identified as strengths in their training, and the areas where they would want to seek more ways to grow and connect in their communities with their peers and supervisors.

Another area of interest that this study brought forth is the idea that supervisors working with new therapists who are bilingual may have some areas of growth to explore through research. I would be curious to learn about how supervisors experience the potential disconnections that some of the participants in this study described and that also appeared in the literature. Some discussion about the feelings of not being able to adequately describe a client's story while also waiting to receive feedback could lead our field to an understanding of how to engage in helpful conversations when there are limitations in language or communication.

Training programs and clinical settings may consider doing some inquiry of their own to find what specific unmet needs their bilingual, Spanish-speaking therapists may have. They may consider hiring supervisors who are Spanish-speaking on an hourly basis to supervise Spanish-speaking therapists, so that the opportunity to explore – in Spanish – the challenges of bilingual therapists is available to those who may need it. This option could also be appropriate for multilingual therapists who speak other languages. Another recommendation for training programs is that they consider providing access to resources for clients and training materials in different languages, so the therapists are prepared in how to communicate a specific term or concept to a client who does not speak English.

An additional recommendation for future research has to do with the methodology itself, I would recommend that any researcher interested in using a reflecting team to support reflexive discourse consider pausing more frequently and perhaps adding one or two additional points in the mutual inquiry to hear from the reflecting team members. What happened in my experience of engaging in this research is that the conversation shifted and evolved over the 30-45 minutes I spent with the participant and when the reflecting team members were offering their reflections about what stood out to them; there were whole segments of the inquiry that were left untouched because at the point that time had passed, the reflecting team members had become interested in other attractive ideas and did not have time to go back to earlier parts of the conversation.

## **Conclusions**

In my review of the literature about Spanish-speaking, bilingual supervisees and their needs, I discovered a common report, that bilingual supervisees may not be receiving the support they need in order to grow as clinicians. Gaps in service delivery

continue to expand while there is not enough culturally proficient supervision available. These themes were not prominent in my research, though they did emerge somewhat.

The intentional philosophical stance the supervisee takes and the way in which language is used to define the relational space between the supervisee and supervisor, are possible factors contributing to the results of this study. This stance points to elements of growth and the positive experiences supervisees trained in collaborative-dialogic practices reported about their approach to learning from and with their supervisors..

Although many researchers found gaps in learning or deficits in training (Burkhard et al., 2006; Delgado-Romero et al., 2018; Chan et al., 2018; Hipolito-Delgado, 2017; Interiano & Lim, 2018), the participants did not seem to describe their experiences in these terms.

Rather, their focus was on how much they were able to appreciate from the collaborative-dialogic philosophy and how it enhanced their supervision experiences with bilingual or monolingual supervisors. Anderson (2018) described participants engaging in collaborative-dialogue as being, “always on the way to learning and understanding and being careful to not assume or fill in the meaning and information gaps.” (p. 67). Finding more perspectives about these interactions between the philosophy and the way in which the participants in this study interpret their world of training, supervision, and client connections would be helpful and seems to be an important connection that I did not explicitly explore with each participant. Conversations with these participants or others who share some of the same philosophical qualities in their practice may invite more discourse around new ways to answer calls to create an organizational context where competent mental health services can be provided to growing communities of Latinx people (Piedra et al., 2011). The perspectives shared by the participants of this study

indicated to me that there may be ideas, yet to be generated, for offering relief to this situation.

The participants of this study engaged in several dialogues during their mutual inquiry, and they developed substantial amounts of data which were not discussed in the results as they were not part of the reflecting process nor the response portion of the mutual inquiry. Each participant addressed their own understandings of their experiences in supervision including the relationship between themselves and their supervisor(s), their identities as Spanish-speaking, bilingual therapists, and their identities as collaborative-dialogic practitioners. They offered their full participation in dialogue where several ideas were generated and can be available for further study as there continues to be slow growth in the empirical body of knowledge available. Supervisors who are interested in offering more support to the supervisee who is Spanish-speaking bilingual could do some professional development and learn processes in supervision that are more aligned with postmodern, collaborative-dialogic ideas, as the approach seems to have resonated and remained with the participants of this study, even years after their experiences in supervision ended.



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## APPENDIX A

### Demographic Questionnaire

Questions 1-4 are about your personal demographics. Please indicate the most appropriate response for you.

1. Age Range

- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50 +

2. Gender Identity

- ☐ Female
- ☐ Male
- ☐ Non-binary/ third gender
- ☐ Prefer to self-describe \_\_\_\_\_

3. Ethnic Identity

- ☐ Hispanic
- ☐ Latinx
- ☐ Latino(a)
- ☐ Other

4. Race- Check all that apply

- ☐ Alaska Native or Native American
- ☐ Asian
- ☐ Black

- ☐ Native Hawaiian or Pacifica Islander
- ☐ White

Questions 5-7 are about your language proficiency and usage.

5. What is your Spanish language fluency?

- ☐ Beginner (studied 3-4 semesters)
- ☐ Intermediate (studied 4-7 semesters)
- ☐ Proficient (immersive language experience at least 1 year)
- ☐ Fluent (used extensively in everyday life)
- ☐ Native (Spanish is your first language)

6. Spoken Language Frequency- How often do you speak each language?

- ☐ I speak more Spanish than English on a daily basis.
- ☐ I speak more English than Spanish on a daily basis.
- ☐ I conduct therapy in Spanish more than in English.
- ☐ I conduct therapy in English more than in Spanish.
- ☐ I conduct therapy in English and/or Spanish at about the same level.

7. What is your English language fluency?

- ☐ Beginner (studied 3-4 semesters)
- ☐ Intermediate (studied 4-7 semesters)
- ☐ Proficient (immersive language experience at least 1 year)
- ☐ Fluent (used extensively in everyday life)
- ☐ Native (English is your first language)

Questions 8 and 9 are about your professional work experience. Please indicate the most appropriate response for you.

8. What professional license do you currently hold?

- ☐ Licensed Marriage and Family Therapist Associate
- ☐ Licensed Marriage and Family Therapist
- ☐ Licensed Professional Counselor Intern
- ☐ Licensed Professional Counselor

9. How long have you held your current license?

- ☐ 1-2 years
- ☐ 2-3 years
- ☐ 3-4 years

Question 10 pertains to your participation in this research study.

10. In this research study, to what role have you been invited?

- ☐ Participant/Respondent
- ☐ Reflecting Team Member

## **APPENDIX B**

### **Potential Dialogic Questions**

The questions that follow are examples that may be present during the collaborative dialogical mutual inquiry. They are only meant to represent the topics that will be discussed, but the dialogue will not be representative of an interview, structured nor semi-structured. The researcher and participants will discuss in order to add to the understandings and meanings of the supervisory experiences of Spanish-speaking bilingual therapists who have received training in collaborative-dialogic practices.

1. What was your experience of the training and supervision you received during your graduate internship?
2. What was your experience of the training and supervision you received or are receiving during your post-graduate, licensing process?
3. What are some of the ways you have felt supported through your supervision process?
4. What are some of the ways you have felt supported as a Spanish-speaking supervisee?
5. What has impacted your learning process during supervision?
6. What elements of being a Spanish-speaking, bilingual therapist have come up during supervision?
7. What elements of being a therapist trained in collaborative-dialogic practices have come up during supervision?
8. What kinds of differences would you describe between yourself and your supervisor?

- a. How do those differences show up for you in your training and development as a therapist?
9. What role does your philosophical stance play in your experience of supervision?
10. What is your idea about what your role is in supervision?
11. What kinds of similarities would you describe between yourself and our supervisor?
- a. How do those similarities show up for you in your training and development as a therapist?
12. What would you describe is a favorable outcome for a supervisee who is Spanish-speaking after they have been training in collaborative-dialogic practices?



## APPENDIX C

### Institutional Review Board Acceptance Letter



orsp@irb.shsu.edu  
Tue 9/29/2020 1:47 PM

Mark as unread

To: Wilkerson, Adriana; Bruhn, Rick;  
Cc: Miles, Sharla;



Date: Sep 29, 2020 1:47 PM CDT

TO: Adriana Gil-Wilkerson Rick Bruhn  
FROM: SHSU IRB

PROJECT TITLE: Conversations about supervision with Spanish speaking, bilingual therapists trained in collaborative-dialogic practices

PROTOCOL #: IRB-2020-181

SUBMISSION TYPE: Initial

ACTION: Approved

DECISION DATE: September 23, 2020

ADMINISTRATIVE CHECK-IN DATE: September 23, 2021

EXPEDITED REVIEW CATEGORY: 7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

**Restart 2020 (COVID-19 update):** The IRB has released specific guidelines for easing or transitioning existing IRB-approved studies or any new study subject to IRB oversight to in-person data collection. Please be advised, before ANY in-person data collection can begin, you must have IRB approval specifically for the conduct of this type of research. Please see the IRB response page for COVID-19 [here](#).

**ATTENTION RESEARCHERS!** Effective Monday, July 27, 2020, the IRB has revised its online office hours to 12-2 on Zoom Monday through Thursday. These will be permanent office hours. To access Zoom during the IRB's office hours, click [here](#). Just in case, here is the meeting ID: 712-632-8951. **SEE YOU ON ZOOM FROM 12-2 MONDAY-THURSDAY!**

Greetings,

The above-referenced submission has been reviewed by the IRB and it has been Approved. This study received expedited review, and the IRB determined that a renewal submission is needed, but only in the form of an administrative check-in submission. You will receive an email notification on the anniversary of this study approval, which will be on September 23, 2021. This study approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

Since Cayuse IRB does not currently possess the ability to provide a "stamp of approval" on any recruitment or consent documentation, it is the strong recommendation of this office to please include the following approval language in the footer of those recruitment and consent documents: IRB-2020-181/September 23, 2020/September 23, 2021.

**Modifications:** Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please submit a Modification Submission through [Cayuse IRB](#) for this procedure.

**Incidents:** All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please submit an Incident Submission through [Cayuse IRB](#) for this procedure. All Department of Health and Human Services and sponsor reporting requirements should also be followed.

**Study Administrative Check-In:** Based on the risks, this project does require a renewal in the form of an Administrative Check-In procedure. This means you are required to administratively check in with the IRB on an annual basis. September 23, 2021 is the anniversary of the review of your protocol. **To get started with your next Administrative Check-In procedure, you will submit a Renewal Submission through Cayuse IRB. A reminder email will be sent to you on the anniversary of your most recent approval of Conversations about supervision with Spanish speaking, bilingual therapists trained in collaborative-dialogic practices.**

Please note that all research records should be retained for a minimum of three years after the completion of the project. If you have any questions, please contact the Sharla Miles at 936-294-4875 or irb@shsu.edu. Please include your protocol number in all correspondence with this committee.

Sincerely,

Chase Young, Ph.D.  
Chair, IRB  
Hannah R. Gerber, Ph.D.  
Co-Chair, IRB

## APPENDIX D

### Participant Consent Letter



### PROTECTION OF HUMAN SUBJECTS

#### Sam Houston State University Consent for Participation in Research

#### **KEY INFORMATION FOR: CONVERSATIONS ABOUT SUPERVISION WITH SPANISH-SPEAKING, BILINGUAL THERAPISTS TRAINED IN COLLABORATIVE-DIALOGIC PRACTICES**

You are being asked to be a participant in a research study about the experience in supervision of Spanish-speaking, bilingual therapists trained in collaborative-dialogic practices. You have been asked to participate in the research as you might be eligible because of your experiences in supervision as a bilingual therapist trained in collaborative-dialogic practices.

#### WHAT IS THE PURPOSE, PROCEDURES, AND DURATION OF THE STUDY?

You will be asked to participate in a process of dialogue and mutual inquiry with a reflecting team consisting of three to five members present. The process will last between one and two hours. During the dialogue we will explore experiences specific to your supervision and training in collaborative-dialogic practices. The reflecting team members will be invited to have a dialogic, generative conversation among themselves to address ideas, possibilities, and questions that arose for each of them while they were listening to our initial dialogue. After they have had their dialogic conversation, you will be invited to engage with me in a dialogic process to address your thoughts, ideas, and responses to what may have been co-constructed by the members of the reflecting team. Once this process is done, I will provide you with a transcript via email of the dialogue, the reflecting team dialogue, and your responses so that you may consider whether you would like to make any changes or clarification statements. Changes to the transcripts will be recorded in writing and incorporated to the results of the study with appropriate annotations.

Once your interview is transcribed, I will invite up to five professionals from the collaborative-dialogic practices field to review a transcript of the portions of the mutual inquiry that took place during the reflecting team members' reflections and your responses to those reflections. The transcripts will have been de-identified to protect your confidentiality. I will engage with them to ask about their ideas surrounding the themes and notions that emerged during the process of dialogue and reflection to generate

additional knowledge surrounding the development and supervision of therapists who are bilingual and trained in collaborative-dialogic practices. The entirety of the research project should take about three hours of time (combined- consent form, questionnaire, interview, reflecting, and follow up).

By doing this study, we hope to learn information and details relevant to the training and supervision of bilingual, Spanish-speaking therapists.

#### WHAT ARE REASONS YOU MIGHT CHOOSE TO VOLUNTEER FOR THIS STUDY?

Participating in research can be beneficial to participants as they may learn more about themselves as they explore their journey of becoming a practicing mental health professional. It can provide opportunities to gain insight into their own ways of being. Additionally, participating in research that may create more knowledge or support the body of research that already exists can be rewarding in that it could provide insight in how Spanish-speaking, bilingual therapists are trained.

For a complete description of benefits, refer to the Detailed Consent.

#### WHAT ARE REASONS YOU MIGHT CHOOSE NOT TO VOLUNTEER FOR THIS STUDY?

Participants in this study will be interviewed in front of a live reflecting team with up to five members who will be asked to comment and reflect on your answers and conversation with me. If you would be worried about your identity being known to other professionals in the collaborative-dialogic practice community, you might not consider participating in this study.

#### DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any services, benefits, or rights you would normally have if you choose not to volunteer.

#### WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS OR CONCERNS?

The person in charge of this study is Adriana Gil-Wilkerson, Principal Investigator of the Sam Houston State University Department of Counselor Education who is working under the supervision of Dr. Rick Bruhn. If you have questions, suggestions, or concerns regarding this study or you want to withdraw from the study you may contact Adriana Gil-Wilkerson, 713-526-8390 or Dr. Rick Bruhn, [edu\\_rab@shsu.edu](mailto:edu_rab@shsu.edu) or 936-294-1132. If you have any questions, suggestions, or concerns about your rights as a volunteer in this research, contact the Office of Research and Sponsored Programs – Sharla Miles at 936-294-4875 or e-mail ORSP at [sharla\\_miles@shsu.edu](mailto:sharla_miles@shsu.edu).

Page Break **Sam Houston State University**

**Consent for Participation in Research**

## **DETAILED CONSENT: CONVERSATIONS ABOUT SUPERVISION WITH SPANISH-SPEAKING, BILINGUAL THERAPISTS TRAINED IN COLLABORATIVE-DIALOGIC PRACTICES**

### **Why am I being asked?**

You are being asked to be a participant in a research study about the experiences in supervision of bilingual, Spanish-speaking therapists trained in collaborative-dialogic practices conducted by Adriana Gil-Wilkerson, a doctoral candidate at Sam Houston State University's Department of Counselor Education and a Faculty member of Houston Galveston Institute, where the research will take place. I am conducting this research under the direction of Dr. Rick Bruhn. You have been asked to participate in the research because you are a Spanish-speaking, bilingual therapist trained in collaborative-dialogic practices and may be eligible to participate. We ask that you read this form and ask any questions you may have before agreeing to be in the research.

Your participation in this research is voluntary. Your decision whether or not to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

### **Why is this research being done?**

This research project is meant to delve into the ideas of the bilingual, collaborative-dialogic, Spanish-speaking therapist about their experience in training and supervision. It will be a qualitative project that uses mutual inquiry to find out more about how some therapists have experienced supervision and to learn about what might have been helpful during the process of acquiring experience doing work in the communities of Spanish-speaking clients.

### **What is the purpose of this research?**

The purpose of this qualitative research project is to explore how Spanish-speaking, bilingual therapists experience supervision, what meanings they make from their experience, and how they have perceived their supervision and learning needs being met through the process.

The research question that guides my work is: How do Spanish-speaking, bilingual therapists trained in collaborative-dialogic practices experience supervision?

### **What procedures are involved?**

If you agree to be in this research, we will ask you to do the following things:

- Fill out a demographic questionnaire that will be sent to you via email.

- Participate in a video or audio call to discuss their experiences in supervision with a reflecting team present (up to five members or professional community-counselors or supervisors) and parts of your interview transcript to be reviewed by up to five professionals who are clinicians or supervisors trained in collaborative-dialogic practices.
- The dialogical interview process will last between one and two hours. During the dialogue participant will be asked to explore experiences in supervision and training in collaborative-dialogic practices.
- The reflecting team members will be invited to have a dialogic, generative conversation among themselves to address ideas, possibilities, and questions that arose for each of them while they were listening to the initial dialogue.
- After they have had their dialogic conversation, you will be invited to engage in a dialogic process to address your thoughts, ideas, and responses to what may have been brought up by the members of the reflecting team.
- Once this process is done, you will be emailed a transcript of the dialogue including the reflecting team dialogue, and your responses so that they may consider whether they would like to make any changes or clarification statements.
- Should you want to make changes to the transcripts, they will be recorded in writing and incorporated into the results of the study with appropriate annotations.

Approximately five participants may be involved in this research at Sam Houston State University.

### **What are the potential risks and discomforts?**

The potential risks to participating in this study are minimal and associated with the potential to have confidentiality breached- even though the researchers will take all the necessary precautions to safeguard your information. The subject of the study is related to your own personal journey in your career as a counselor who is bilingual and is trained in collaborative-dialogic practices. There will be no sensitive information requested, and if you choose to disclose any information that is private, all efforts will be made to de-identify you as a participant and to hide details that might reveal your identity. Should your identity be breached despite the measures taken by the researchers, you may suffer embarrassment or feelings of stress or guilt about your professional community learning any details of your development as a counselor that you may not have wanted to be known.

### **Are there benefits to taking part in the research?**

By participating in this research, you may experience a rewarding sense of having gained insight into your own journey as a Spanish-speaking, bilingual therapist, an idea of direction in your way of working, and a sense of contributing to the greater community of practitioners who are bilingual, Spanish-speaking therapists.

### **What about privacy and confidentiality?**

The only people who will know that you are a research participant are members of the reflecting team and myself. No information about you, or provided by you during the research will be disclosed to others without your written permission, except:

- if necessary, to protect your rights or welfare (for example, if you are injured and need emergency care or when the SHSU Protection of Human Subjects monitors the research or consent process); or
- if required by law.

When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. If photographs, videos, or audiotape recordings of you will be used for educational purposes, your identity will be protected or disguised.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

I understand that the conversational dialogues will be video recorded, that my personal information will be anonymized and confidential, that it will be shared with a team of experts from the collaborative-dialogic practices community who will review portions of the material that will have been de-identified. All materials pertaining to the project will be double locked when not in use, my understanding that electronic files will be encrypted and saved on cloud-based file management system that requires a password protocol only known to the Principal Investigator, that all materials and results of this research project will remain confidential and are not to be released to any entity, person(s), or organization without my written consent.

I understand that I have the right to request to view videos or listen to audios pertaining to my participation in this project and that I will be provided with a written transcript of my participation.

I understand that after three years from the completion of this project, the data that I provided via interview and questionnaire will be destroyed.

### **What if I am injured as a result of my participation?**

In the event of injury related to this research study, you should contact your physician or the University Health Center. However, you or your third-party payer, if any, will be responsible for payment of this treatment. There is no compensation and/or payment

for medical treatment from Sam Houston State University for any injury you have from participating in this research, except as may be required of the University by law. If you feel you have been injured, you may contact the researcher, Adriana Gil-Wilkerson at 713-526-8390.

**What are the costs for participating in this research?**

There are no costs to you for participating in this research.

**Will I be reimbursed for any of my expenses or paid for my participation in this research?**

There will be no remuneration or financial compensation for your participation in this research.

**Can I withdraw or be removed from the study?**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

**Who should I contact if I have questions?**

The researchers conducting this study are Adriana Gil-Wilkerson under the supervision of Dr. Rick Bruhn. You may ask any questions you have now. If you have questions later, you may contact the researchers Adriana Gil-Wilkerson at: 713-526-8390 or Dr. Bruhn at 936-294-1132.

**What are my rights as a research subject?**

If you feel you have not been treated according to the descriptions in this form, or you have any questions about your rights as a research participant, you may call the Office of Research and Sponsored Programs – Sharla Miles at 936-294-4875 or e-mail ORSP at [sharla\\_miles@shsu.edu](mailto:sharla_miles@shsu.edu).

You may choose not to participate or to stop your participation in this research at any time. Your decision whether or not to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

You will not be offered or receive any special consideration if you participate in this research.

**Agreement to Participate**

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research.

**Consent:** I have read and understand the above information, and I willingly consent to participate in this study. I understand that if I should have any questions about my rights as a research subject, I can contact Adriana Gil-Wilkerson at 713-526-8290. I have received a copy of this consent form.

Your name (printed) \_\_\_\_\_

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



## VITA

**ADRIANA E. GIL-WILKERSON, MS, LMFT & SUPERVISOR**  
**Marriage and Family Therapy License #201041**

### **EDUCATION:**

#### ***SAM HOUSTON STATE UNIVERSITY***

Doctoral Candidate  
 Doctor of Philosophy: Counselor  
 Education  
 Expected graduation: 2021

#### ***OUR LADY OF THE LAKE***

##### ***UNIVERSITY- HOUSTON***

Master of Science, Psychology: Marriage  
 and Family Therapy  
 Houston, TX                                      2002-2005

#### ***UNIVERSITY OF HOUSTON MAIN CAMPUS***

Bachelor of Arts, Psychology with a Minor  
 in Sociology  
 Houston, TX                                      1997-2000

### **ADDITIONAL TRAINING:**

#### ***HOUSTON GALVESTON INSTITUTE***

International Certificate in  
 Collaborative Practices  
 October 2012

#### ***HOUSTON GALVESTON INSTITUTE***

Parent Coordination: Texas Model  
 for Collaborative Systems  
 With Lynelle Yingling PhD, LMFT,  
 Jay Cox JD                                      December  
 2005

#### ***HOUSTON GALVESTON INSTITUTE***

From Counseling to Coaching  
 February 2015

## **PROFESSIONAL EXPERIENCE**

#### **HOUSTON GALVESTON INSTITUTE (HGI) June 2004 - PRESENT**

Job Title: Clinical and Training Director June 2015 – Present

Job Title: Marriage and Family Therapy Masters Level Intern 2004--2005

#### **PRIVATE PRACTICE Work History- August 2012- April 2015**

#### **UNIVERSITY OF HOUSTON – CLEAR LAKE                                      8/2015-PRESENT**

Job Title: Adjunct Professor August 2010-Present

#### **OUR LADY OF THE LAKE UNIVERSITY                                      8/2004-8.2005 & 8/2010-PRESENT**

Job Title: Adjunct Professor August 2010-Present

.. Job Title: Graduate Assistant to Dr. Harlene Anderson August 2004 - August 2005

#### **BERING SUPPORT NETWORK                                      February 2007 – August 2009**

#### **DIERINGER LAW FIRM Work History- 12/2002 –2/2007**

Client Account Manager/Legal Assistant March 2003 – February 2007

Legal Assistant: December 2002 - March 2003

### **PRESENTATIONS AND LECTURES:**

2005-Present: Over 60 Lectures, Workshops, and Presentations at local, state, and international events

### **PUBLICATIONS:**

Gil-Wilkerson, A. & Levin, S. B., (2016). Collaborative therapy. In N. Coady & P. Lehmann (eds.) Theoretical perspectives for direct social work practice: A generalist eclectic approach, pp. 417-433. New York, NY: Springer Publishing Company.

- Gil-Wilkerson, A. & Levin, S. B., (2018). Collaborative therapy. In N. Coady & P. Lehmann (eds.) Theoretical perspectives for direct social work practice: A generalist eclectic approach. New York, NY: Springer Publishing Company.
- Levin, S. B., Gil-Wilkerson, A., & Rapini, S. (2018). Single-session walk-ins as a collaborative learning community at the Houston Galveston Institute. In M. Hoyt, M. Bobele, A. Slive, J. Young, & M. Talmon (eds.) One at a Time: Single-Session Therapy by Walk-In or Appointment.
- Levin, S. B. & Gil-Wilkerson, A. (2017). Collaborative dialogic therapy with couples and families. In J. L. Lebow, A. L. Chambers, & D. Breunlin (Eds.) *The Encyclopedia of Couple and Family Therapy*, section 6.

#### **PROFESSIONAL ORGANIZATIONS:**

- ❖ Houston Galveston Institute – Faculty Member
- ❖ TAOS Institute- Associate
- ❖ Our Lady of the Lake University – Adjunct Faculty Member
- ❖ University of Houston Clear Lake – Adjunct Faculty Member
- ❖ International Certificate in Collaborative Practices- Faculty Member and Co-Director of Houston Program
- ❖ American Association of Marriage and Family Therapists- Clinical Fellow/Member
- ❖ Texas Association of Marriage and Family Therapists- Foundation Member
- ❖ Houston Association of Marriage and Family Therapists-Member
- ❖ Texas Counseling Association- Member
- ❖ Texas Association for Counselor Education and Supervision- Member

#### **TRAINING AND RESEARCH AREAS OF INTEREST**

- ❖ Collaborative and Dialogic Practices
- ❖ Training and Supervision of Bilingual Therapists
- ❖ Disaster Mental Health Response
- ❖ Walk-In Counseling
- ❖ Single Session Therapy
- ❖ Mental Health Evaluation and Assessment
- ❖ Marriage and Family Therapy
- ❖ Chronic Mental Illness

#### **VOLUNTEER WORK AND FUNDRAISING:**

The Walk For Mental Health January 2016 – Present  
 Bayou Village School August 2013 – May 2019  
 Houston Galveston Institute August 2002 – Present  
 Covenant House Houston January 2014-March 2015  
 George R. Brown Convention Center September 2005 - October 2005  
 Houston Area Women's Center January 2002 - December 2002  
 Communities In Schools October 2001  
 Girls Incorporated Of Greater Houston October 2001

#### **LANGUAGES:**

Spanish Native speaker- proficient in clinical skills, writing and research, teaching, training, presenting, and translating/ relational interpreting skills.