Opening the Door to Dialogue on Diversity in the Supervision Process

A Multicultural Supervision Guidebook for Supervisors and Supervisees

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TABLE OF CONTENTS

I. INTRODUCTION

Acknowledgements 103
Introduction 104
How to Use Guidebook 106
Definitions 108

II. DOMAIN A: CLINICAL SUPERVISION COMPETENCE

Chapter 1: *What is Clinical Supervision* 110
Chapter 2: *Supervisor's Competence in Supervision* 120
Chapter 3: *Supervisee's Competence in Supervision* 139
Chapter 4: *The Supervisory Relationship* 150

III. DOMAIN B: MULTICULTURAL ISSUES IN SUPERVISION

Chapter 5: *Factors Unique to Multicultural Supervision* 164
Chapter 6: *Courageous Conversations* 188
Chapter 7: *Rupture to the Supervisory Relationship* 197

IV. SUPERVISION COMPETENCE GUIDELINES

Chapter 8: *APA Guidelines* 206

References

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INTRODUCTION

Opening the Door to Dialogue on Diversity in the Supervision Process presents a vital and strong enrichment of the clinical training literature by explaining core elements associated with the various multicultural and sociopolitical differences experienced in the supervision dyad and between the supervisees and their clients. This book highlights multicultural supervision as an area of competence and proposes innovative strategies for supervision within a cultural-centered framework. It provides supervisees and supervisors with methods that elicit deeper appreciation for culturally appropriate relationships and interactions.

As mental health services have become more accessible to diverse people and communities, a greater need exists to directly address the structural factors that diminish the psychological health and well-being of millions of people. Thus, psychologists are expected to promote societal understanding and appreciation of multiculturalism to address the damaging effects of individual and societal racism, prejudice, and all forms of oppression based on stereotyping and discrimination. Unfortunately, not all mental health providers and their supervisees have received adequate training to enhance multicultural competence. Adopting cultural sensitivity into the research and clinical work helps psychologists effectively understand and attend to the experiences of individuals who belong to diverse cultures (Ratts et al., 2015). This positive movement has resulted in increased advocacy for clients from underrepresented populations (Toporek et al., 2004), and the understanding that cultural identity encompasses much more than race and ethnicity (Hays, 2008).

Scholars have noted the absence of research and practices on multicultural supervision despite the importance of developing multicultural competency. Given the diversification of the U.S. population, awareness of diversity issues is a requirement rather than merely an aspiration for ethical psychologists. Promoting interest in multiculturism is necessary because it creates a dialogue in counseling and psychotherapy about the role of diversity in society. It increases tolerance and respect for differences, and it points to how multicultural variation enriches everyone's lives (Burkard et al., 2006). Moreover, regardless of one's theoretical orientation, it is crucial to understand how culture and other aspects of identity influence the patient's experiences of distress, dysfunction, strength, and resilience (Falendar et al., 2016). As stated by McGoldrick et al. (2005b), "We must incorporate cultural acknowledgment into our theories so that clients not of the dominant culture will not have to feel lost, displaced, or mystified" (p.4). Supervision is the cornerstone experience that assists students with their professional development. It is arguably the ideal environment to infuse clinical development with a thoughtful and intentional focus on multicultural competence (Cannon, 2008). Thus, supervisors play a vital role in engaging students in

discussions and practices that address multicultural competence, both for the benefit of the therapist and the client.
Nonetheless, various factors hinder engaging in process dialogues on diversity in supervision, including multicultural competence in supervision is in its infancy. Therefore, many supervisors remain untrained in culturally competent practices. Fears and misunderstandings of others also prevent supervisees and supervisors from engaging in these dialogues. Mainly because conversations on culture can be emotionally charged, and thus many supervisors may be ill-prepared to address these dialogues. In addition, supervisors often neglect to fully consider the impact of the client, therapist, and supervisor triad on the therapeutic and supervisory processes. They may be less likely to consider ways in which their personal worldview, attitudes, or historical or current oppression or privileges factors into clinical supervision, often focusing instead on the client and supervisee-therapist interpersonal or process factors without factoring in the influence of their worldview.

We solve this clinical dilemma through shared responsibility, working through communication barriers, and fostering better communication between the supervisor and the trainee. This can be accomplished by incorporating effective supervision practices, understanding the supervision process, and attending to the supervision relationship. This clinical guidebook will provide various topics and resources to increase competence and comfort in engaging in process dialogues on culture.

How to Use the Guidebook

This guidebook is intended for both supervisors and supervisees training in a counseling or clinical psychology program to guide them through conversations on culture.

Throughout this guidebook you will be provided with foundational elements and strategies, reflective practices, and case examples addressing best supervision practices and competent based multicultural supervision.

The book is organized in three major sections *competency based clinical supervision, multicultural supervision, and guidelines for clinical supervision*. Although distinct, these domains often intersect and overlap, given their shared focus on supervision best practices, process of supervision, and essential elements of the supervision relationship. These domains are not organized in alphabetical order, but rather they are organized in a progressive, systematic manner. Specifically, the guidebook begins with domains that provide readers with foundational concepts of clinical supervision that often occur in mental health contexts. It also introduces readers to domains that, although not sequential, conceptually build upon each other to provide a more comprehensive overview of the supervision experiences.

The first domain (Domain A) *competency based clinical supervision*, presents essential elements of clinical supervision. As Burnes and Manese (2016) have emphasized, supervision is a distinct professional activity aimed at science-informed practice, in which the collaborative interpersonal process is at the heart of competency-based supervision. In the four chapters in this section, the author discusses topics such as the current research related to competencies in supervision, deliberate practice framework, supervisor and supervisee roles, and the supervisory relationship. Reflective questions are embedded throughout the chapters, questionnaires that help assess the supervisory relationship, and case examples to help infuse principles of supervisory process. The supervision relationship is the hallmark of this guidebook. In this chapter we explore how supervisors can infuse multicultural competence into their creation of supervisory relationship.

The second domain (Domain B) *multicultural supervision*, focuses not only on the competence and supervision process, but also directly addresses how to engage in process dialogues and courageous conversations on culture. This chapter also provides research on cultural considerations that may lead to rupture in the supervision relationship and substantial guidance in repairing the supervision relationship when rupture occurs.

The third domain (Domain C) focuses on the current APA guidelines on supervision competence and multicultural competence.

DEFINITIONS

As there is a wide array of terminology used in research and related to clinical supervision, in this guidebook the author will provide some clarification about terms used in this text. To understand multicultural and diversity competence and its complexities, first we must define key terms.

For consistency, the author will use the more general term *supervisee* as an umbrella term referring to all mental health providers including interns, trainees, residents, and counselors who are receiving mental health supervision.

Supervision: The primary purpose of clinical supervision is to ensure the quality of client care while the supervisee is learning. It can be a challenging experience for the mental health practitioner because the supervisor often must balance the needs and welfare of the client with the supervisee's need to learn and grow professionally (Campbell, 2000). O'Donovan et al. (2011) added that clinical supervision is the formal provision of a relationship-based education and training, and which manages, supports, develops, and evaluates the work of colleagues. It, therefore, contrasts from related activities, such as mentoring and therapy, by incorporating an evaluative component and by being obligatory.

Culture: Culture has many meanings, and its precise definition is variable. One definition defines it as "those sets of shared world views and adaptive behaviors derived from simultaneous membership in a variety of contexts, such as ecological setting, religious background, nationality and ethnicity, social class, gender-related experiences, minority status, occupation, political leanings, migratory patterns, and stage of acculturation or values derived from belonging to the same generation, partaking of single historical moment, or particular ideologies" (Falicov, 1988, p. 336).

Multicultural and Diversity Competence: The attributes of cultural competence were identified using a tripartite model: knowledge, skills, and attitudes in domains of therapist awareness of personal values and biases; understanding the worldview of the "culturally different"; and developing cultural interventions strategies and techniques. Historically, two components of competence, knowledge and skills, have been primarily addressed in the literature on multicultural supervision with inadequate attention given to the attitudes. Falender et al. (2014) added that cultural knowledge, awareness, and skills alone may not ensure affective, cogntive, and behavioral learning processes nor lead to the proactive stance involved in social justice. Attention to values or attitudes, the often neglected component of competence, may hold the key to the development of multicultural competence.

Several authors suggested that essential to multicultural awareness, is the powerful metaconcept of cultural humility, which is an approach that involves "an

individual's recognition of gaps in knowledge about a particular culture, limitations of understanding others' culture and experiences" (Abbot et al., 2019, p. 170). This approach incorporates a commitment to critical self-reflection, self-evaluation, self-critiquing, and engagement in supportive interaction with others. Genuinely adopting a stance of cultural humility, offers an approach to address and redress power dynamics and imbalances in client-therapist-supervisor dynamics (Falender et al., 2016). Multicultural competencies are distinguished from cultural humility in that, it is the way of *doing* psychotherapy with diverse clients versus a way of *being* in therapy with clients. Cultural humility can be understood as a value informing one's behavior and worldview across the life span, rather than an achievable competence (Abbott et al., 2019).

Multicultural/Diversity Supervision: Multicultural supervision is a dynamic process in which the supervisor assists supervisees with increasing their awareness about race/ethnicity while also promoting awareness of cultural differences between supervisor and supervisee and between supervisee and client (Bernard & Goodyear, 2009). It is important that supervisors are willing to contrast their own beliefs and attitudes with those of their supervisees in a nonjudgmental manner (Sue et al., 1992). Therefore, understanding the dynamic interchanges that take place within the supervision relationship, such as cross-cultural interchanges, can inform the supervision process and be a model for the clinical session.

CHAPTER 1

What is Clinical Supervision?

RELEVANT LITERATURE

In recent years, a shift has occurred in clinical training and supervision, reflecting accountability and systematic practice. It is now acknowledged as a distinct professional practice; clinical supervision requires competence in its performance—competence obtained through specific education and training. We have seen in other health care professions such as medicine, this emerging "culture of competence" (Roberts et al., 2005) which requires the demonstration of specific competencies that are used in clinical practice (Falender & Shafranske, 2010). It is no longer acceptable in clinical and counseling psychology to assume that competence can be reached through the accumulation of academic and training experiences. Current literature (e.g., American Psychological Association, 2015; Hook et al., 2016) defines clinical supervision as a separate professional activity in which education and training are strived at developing science-informed practice and are facilitated through a collaborative interpersonal process.

Clinical supervision is the formal provision of a relationship-based education and training, and which manages, supports, develops, and evaluates the work of colleagues. It, therefore, "involves observation, evaluation, feedback, facilitation of supervisee self-assessment, and acquisition of knowledge and skills by instruction, modeling, and mutual problem solving" (Burnes & Manese, 2019, p. 16). This practice incorporates the use of didactic and experiential learning approaches, and is conducted in a manner sensitive to individual differences and multicultural context and in which ethical standards, legal prescriptions, and professional practices are used to promote integrity and welfare of the client and communities (based on Falender & Shafranske, 2007).

The practice of clinical supervision is an essential feature of every psychologist's professional training and development, and maintenance of each psychologist's professional competence. Despite the critical role of supervision, it has been neglected as a competence itself (Falendar and Shafranske, 2016). Supervision was historically undertaken without specific training, with supervisors practicing, what they learned from their own supervision experiences. Over time, it became apparent that, due to the implicit power differential, poor supervision has the potential to do significant harm. Consistent with this finding, Genuchi et al. (2015) also found that most supervising psychologists described their own personal

experience as a supervisee as having the largest influence on their current supervision practice. This presumption, that competence to perform supervision is adequately established without formal training overlooks the complexity of the supervisory process and, further, may lead to the perpetuation of inadequate or poor practices, resulting in marginally effective or even substantially ineffective supervision (Falendar & Shafranske, 2016). In fact, Ellis et al. (2014) found that many supervisees have identified specific instances of harm reported by many supervisees including inadequate, harmful, lousy, or failed supervision.

The American Psychological Association (APA) and The Association of State and Provincial Psychology Boards (ASPPB) expressed concerns at the lack of training and clarity for such, given the critical role of supervision in the protection of the public, and recently provided revised regulatory guidelines for training, practice, and conduct in supervision (ASPPB, 2015). The APA (2014) Guidelines for Clinical Supervision of Health Service Psychologists define competency-based supervision as:

> A metatheoretical approach that explicitly identifies the knowledge, skills and attitudes that comprise clinical competencies, informs learning strategies and evaluation procedures, and meets criterion-referenced competence standards consistent with evidence-based practices (regulations), and the local/cultural clinical setting (adapted from Falender & Shafranske, 2007). Competency-based supervision is one approach to supervision; it is metatheoretical and does not preclude other models of supervision. (p. 5)
>
> **The *Guidelines on Supervision* are organized around seven domains:**
>
> Domain A: Domain B: Domain C: Domain D: Domain E: Domain F: Domain G:
>
> Supervisor Competence
> Diversity
> Supervisory Relationship
> Professionalism
> Assessment/ Evaluation/ Feedback Problems of Professional Competence Ethical, Legal, and Regulatory Considerations
>
> (For additional information on these guidelines see chapter recommended readings).

The ASPPB guidelines (2015) are consistent with the APA Guidelines. Supervision,

> A distinct, competency-based professional practice, is a collaborative relationship between supervisor and supervisee that is facilitative, evaluative, and extends over time. It has the goal of enhancing the professional competence of the supervisee through monitoring the quality of services provided to the client for the protection of the public, and provides a gatekeeping function for independent professional practice (Bernard & Goodyear, 2014; Falender & Shafranske, 2007, p. 5)

These new guidelines validate that there are clear practices of clinical supervision essential for the supervisee's growth, competency development, enhancement of clinical practice, and, ultimately, the protection of the public.

Let's EXPLORE: *Defining Supervision*

(Source: Campbell, 2000, p. 9)

Instructions: It is recommended that the following questions are introduced at the outset of a new supervisory relationship. The responses can be completed separately and then shared in supervision.

1. In your own words, define supervision?

2. What problems, if any, do you see developing for you as a supervisor?

3. Briefly summarize your experiences in post-master's degree supervision.

4. What would you say was the purpose of this supervision in your own professional development?

5. Do you feel you received effective supervision? Provide examples

6. Define what you view as a positive supervision experience?

7. Did any of your supervisors have specialized training in supervision?

8. What aspects of supervision, if any, were harmful? (Could have been either personally, professionally, or both).

9. Did you have supervision training opportunities in your training program, or did you learn by experience?

An additional critical assumption of both sets of guidelines is that diversity is infused into all aspects of professional practice. The provision of effective clinical supervision is not unique to general supervision; it also involves infusing cultural competence in the training. Competent supervision c (e.g., age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socio-economic status), and includes sensitivity to the diversity of trainees, clients, and the supervisor (APA, 2004a, 2007a, 2010 (2.03); 2011a, 2011b). A considerable amount of literature suggests multicultural competency is essential for the provision of effective and ethical interventions, particularly in the area of trainee supervision. As we have been discussing, supervision is considered a foundational instructional process in the professional development of trainees in clinical psychology and related mental health disciplines worldwide. Specifically, it is in clinical training and supervision that multicultural competence is initially developed and applied, setting the foundation for a skillset that must be honed throughout the course of one's career. Inadequate attention to diversity issues in supervision can also harm the development and advancement of the supervisees' competencies as well as inflict injury to the clients served, increasing risks for over pathologizing, higher drop-out rates in treatment, slow progress, and internalized stigma.

Therefore, diversity and multicultural competence is not merely an aspiration but an ethical obligation (Mio et al., 2006) and is not limited to understanding and reflecting on diversity dimensions between the client(s) and the supervisee(s), but of the supervisor as well. Culturally responsive supervision identifies and appreciates cultural aspects of client presentation and the client-supervisee relationship, as well as cultural layers *within* supervision (Burkard et al., 2006). Hence, promoting an interest in multiculturism is viewed as necessary because it creates a dialogue in counseling and psychotherapy about the role of diversity in society, it increases tolerance and respect for differences, and it points to how multicultural variation enriches everyone's lives (Burkard et al., 2006). Given that supervision is the cornerstone experience, that assists students with their professional development, it is arguably the ideal environment to infuse clinical development with a thoughtful and intentional focus on multicultural competence (Cannon, 2008).

Supervisors play a vital role in engaging students in discussions and practices that address multicultural competence, both for the benefit of the therapist and the client. Through this guidebook a variety of strategies to help work through communication barriers and foster better communication between the supervisor and the trainee. Engagement in these dialogues can build sensitivity to multicultural issues in supervision which enables the supervisor-trainee-client triad to work more effectively together.

⇒ Please reflect on your own supervision experience.

a. The concept of multiculturism involves people who are different in age, gender, race, or ethnicity from you. Apply this concept to your own experience. Make a list of your supervisors. Write under or next to each supervisor's name how each one was different from you in age, gender, race, religion, and in other ways?
b. Did any of these differences influence your experience in supervision? For example, levels of trust, expectations, or evaluation of your competency? Describe
c. Did any of these differences create conflict? If so, how was it addressed?
d. Concerning these differences, is there anything you wish you had done differently?
e. Is there anything you wish your supervisor had done differently?

Now, Think of a current supervisee. If you are not currently supervising, use a colleague for your example.

1. Evaluate your supervisee's skill, professionalism, and professional judgment. Also, include a brief statement about how you feel about working with this person.
2. List multicultural differences that exist between you and this supervisee. Evaluate your answer to possible bias.

Effective Supervision. Effective supervision is defined as practice that encourages trainee development and autonomy, facilitates the supervisory relationship, protects the client, and enhances both client and trainee outcomes (Falender & Shafranske, 2014). Effective supervisors need a broad range of competencies in a variety of areas. Given the number of roles and tasks managed by the supervisor, supervision of supervision is a necessary training procedure. A supervisor must complete the requisite training that includes training in the process of being an effective supervisee, specific coursework on clinical supervision, and supervision of supervision. Specifically, supervision of supervision ensures the quality and integrity of supervision practice, including observation of the process of clinical supervision via a colleague or more experienced supervisor (Falendar et al., 2014). Fouad et al. (2009) added that because diversity and multicultural supervision is a developmental process and a distinct professional practice, specific training and supervision of supervision are also necessary components for effective multicultural supervision.

Borders and Leddick (1987) claimed that supervisors should be confident but not dictatorial, be respected and seen by others as capable, while being advocates for their trainees. Some of the personal attributes that have been consistently identified as helpful in supervisors and trainees, are parallel to those attributes required for successful therapy such as empathy, respect, genuineness, ability to confront, concern for trainee's growth and well-being, concern for the

client's welfare, availability for self-reflection, flexibility, and openness to various styles of learning including openness of feedback from trainee to supervisor.

RECOMMENDED CHAPTER READINGS:

American Psychological Association. (2014). *Guidelines for clinical supervision in health service psychology*. Retrieved from http://apa.org/about/policy/guidelines-supervision.pdf

Burnes, T. R., & Manese, J. E. (2019). *Cases in multicultural clinical supervision: Models, lenses, and applications*. Cognella Academic Publishing.

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Falender, C. A., & Shafranske, E. P. (2010). Psychotherapy-based supervision models in an emerging competency-based era: A commentary. *Psychotherapy: Theory, Research, Practice, Training*, *47*(1), 45–50. https://doi.org/10.1037/a0018873

Ellis, M. V., Hutman, H., & Chapin, J. (2015). Reducing supervisee anxiety: Effects of a role induction intervention for clinical supervision. *Journal of Counseling Psychology*, *62*(4), 608–620. https://doi.org/10.1037/cou0000099

CHAPTER 2

Supervisor's Competence in Supervision

RELEVANT LITERATURE

Effective supervisors need a broad range of competencies in a variety of areas. Given the number of roles and tasks managed by the supervisor, supervision of supervision is a necessary component for effective supervision. A supervisor must complete the requisite training that includes training in the process of being an effective supervisee, specific coursework on clinical supervision, and supervision of supervision. Specifically, supervision of supervision ensures the quality and integrity of supervision, including observation of the process of clinical supervision via a colleague or more experienced supervisor.

Several factors contribute to establishing an effective supervisory process. One is to promote training in supervision for supervising clinical psychologists. While the American Psychological Association (APA, 2014) has developed Guidelines on Clinical Supervision that are intended to inform supervision practices. Training guidelines for clinical supervision are in their infancy in the US. In 2018, the APA (2018) added the requirement for psychology students to complete course work in clinical supervision prior to taking on the role as supervisors. Therefore, the lack of training on supervision poses a challenge to effective supervision for those who are not proactively seeking training. While it may be possible that there are psychologists who are naturally gifted clinical supervisors and possess many of the qualities of effective supervisors, this may not be sufficient.

What Are the Qualities of Effective Supervisors? Borders and Leddick (1987) claimed that supervisors should be confident but not dictatorial, be respected and seen by others as capable, while also being advocates for their trainees. Some of the personal attributes that have been consistently identified as helpful in supervisors and trainees, are parallel to those attributes required for successful therapy such as empathy, respect, genuineness, ability to confront, concern for trainee's growth and well-being, concern for the client's welfare, availability for self-reflection, flexibility, and openness to various styles of learning including from openness of feedback from trainee to supervisor.

The characteristics of an effective supervisor are parallel to those of the effective therapist. According to Russell and Petrie (1994), regardless of the

specific theoretical model or the level of the trainee, a supportive, facilitative supervisory environment is deemed critical to effective supervision and supervisory growth. It's important to consider, just as in psychotherapy, that the kind of supervision may look different with each supervisee for it to be effective. It is still up to the supervisor to figure out what specific qualities, behaviors, methods, and techniques are going to be most effective with each trainee.

FOR SUPERVISORS:

(Sources: Davys, 2019; Campbell, 2000; Borders & Leddick, 1987)

Personal Qualities and Characteristics	Effective Supervisory Behaviors
◆ *Self-awareness* ◆ *Willingness to acknowledge personal responsibility* ◆ *Openness to other perspectives* ◆ *Good communication skills* ◆ *Personable* ◆ *Warm* ◆ *Supportive* ◆ *Tolerant* ◆ *Available* ◆ *Encouraging* ◆ *Respectful* ◆ *Approachable*	◆ *Clarifies expectations and style of supervision* ◆ *Encourages exploration of new ideas* ◆ *Perceives growth as an ongoing process* ◆ *Is able to learn needs of supervisee* ◆ *Provides constructive criticism and positive reinforcement* ◆ *Has the courage to expose vulnerabilities, make mistakes, and take risks* ◆ *Accepts and celebrates diversity* ◆ *Works collaboratively* ◆ *Has awareness of personal power* ◆ *Is non-authoritarian and non-threatening*

ROLES OF THE SUPEVISOR

Campbell (2000) expands on the supervisor's role by further discussing the various roles fulfilled by a supervisor. Because the trainee may need to learn a considerable amount of information to facilitate learning, the supervisor will first need to provide the trainee with a structured approach to learning. Across various studies several supervisory roles have been identified the most common of which include teaching, counseling/supporting, consultant, evaluating, and role flexibility.

The Teaching Role. This role is utilized when the supervisee needs to acquire content knowledge related to clinical content, agency policies, organizational procedures, professional ethics, administrative tasks, and record keeping. Learning requires making mistakes, taking risks, and repeated tasks. Hence, to be effective the supervisor must seek out innovative methods to communicate knowledge besides traditional handouts and reading assignments. Modeling, role playing and experiential methods (e.g., art, family sculpting,

Gestalt) may facilitate the transfer of learning from knowledge to practice. For instance, modeling may assist with demonstrating ethical behavior, how to manage authority and power within the work setting, and how to apply specific intervention techniques. Supervisors model culturally sensitive practice.

The Counselor Role. This function of the supervisor refers to the common therapeutic factors that are used to facilitate the trainee's personal growth, such as support, advanced empathy, and personal sharing. However, the main focus of the counselor role is to build rapport and the supervisory alliance, help with the release of anxiety, and facilitate insight. In this role, the supervisor may use therapeutic skills to facilitate the supervisee's self-exploration and development of self-awareness. The supportive interventions may be helpful when the supervisee makes mistakes, which may promote openness to learning and risk-taking. In particular, this role may be necessary to incorporate when discussing multicultural issues in supervision as the rapport and alliance, along with facilitating self-exploration and awareness practices which are essential to multicultural supervision.

The Consultant Role. This role is utilized by the supervisor to encourage the problem-solving skills of the trainee and to facilitate professional development as well as involvement or affiliation with other colleagues and the agency. However, consultation is a nonevaluative relationship as the supervisor moves from directing and structuring supervision to mutually establishing goals and objectives with the trainee (Bradley & Ladany, 2001). The consultation is seen primarily as a non-evaluative relationship where the supervisor, as consultant, shifts away from directing and structuring supervision to mutually establishing goals with the supervisee. Given the collaboration and less directive stance of the supervisor in this role, advanced supervisees may benefit more from the supervisor's consultant role as they require less structure and are easing toward independent practice.

Evaluating Role. Assuming the evaluative role may be the most difficult one for the beginning supervisor. Evaluation is a key component of supervision, and as such must be discussed directly with the supervisee from the beginning. To resolve the challenges in supervision, the supervisor may ignore evaluation as a concern. If feedback is not provided this may influence the quality of the working alliance and client care. Supervisors can choose to change the emphasis on evaluation over the course of supervision, stressing it more highly with beginning supervisees than with the more advanced ones. However, formal evaluations reviewed intermittently with trainees is essential to develop their skills and to provide opportunities to give mutual feedback.

Role flexibility. This role is essential to effective supervision; different situations and trainees call for different roles, techniques and interventions. Similar to the work undertaken as a counselor or therapist, the supervisor must be willing to make adjustments in the relationship process to meet each trainee's learning needs. Effective supervisors are continually balancing client welfare, trainee training needs, professional guidelines, and organizational and contextual needs.

Tension may build as they attempt to balance these needs. One suggestion for easing this tension is to talk directly with the trainee about these multiple roles, and then, together, to process their impact on the supervisory relationship (Campbell, 2000).

Case examples:

***Teaching/modeling* role:**

> "Stacey is now in her internship year, and Karen becomes Stacey's supervisor. Karen assigns Stacey a case involving a 20-year-old refugee who reports that he has been granted asylum from his country of origin due its discriminatory practices against individuals of his gender identity. During supervision, it becomes apparent that the client's refugee experience was a significant element in his mental health challenges. Karen acknowledges that she does not have training or direct experience with this dynamic and telephones a colleague for consultation. Stacey reports experiencing gratitude for the information derived from the consultation, and significant relief from the reminder that consultation is an encouraged practice within the profession" (Burnes & Manese, 2019, p. 47).

Since learning from observations is a crucial element in the supervisory relationship. Witnessing a supervisor navigate organizational pressures, deal with challenging people, engage in ethical decision-making, demonstrate cultural sensitivity, and show commitment to ongoing self-assessment and self-care has a profound impact on the supervisee's development. It is easy for supervisors to become distracted by other tasks, to training the next generation. When anchored in competency-based supervision, this commitment ensures an increase in the number of competent professionals available to provide high quality care.

Case example: *Evaluating* Role

> Wendy reviews several taped psychotherapy sessions conducted by a supervisee and notes the supervisee's tendency to interrupt her clients and summarize what she anticipates will be the clients' conclusions of their situation. When Wendy reflects this pattern (in a supportive and non-judgmental way), the supervisee responds that this is her attempt to ensure she understands what the client is seeking to express. With further discussion and encouragement of self-reflection, the supervisee sees that her efforts to understand can also inhibit the therapeutic process. The supervisee agrees to modify her approach with the expectation that she will reflect what the client states to confirm understanding, without offering conclusions (Burnes & Manese, 2019).

In this example, a clear articulation of the remediation approach at the onset of the relationship "normalizes" what is common practice in supervision.

Many supervisors avoid providing feedback, concerned that the process will be perceived as punitive rather than supportive. Early communication concerning the possibility for, and processes associated with remediation, signals that the supervisor intends to create a safe space where any challenges can be collaboratively addressed. Framing the remediation as educational rather than punitive helps mitigate the power differential, balancing the respect for the supervisee's status as a trainee with the need to protect the client's welfare. O'Donovan et al. (2011) suggests that supervision goals need to be negotiated in writing with the supervisee and based on supervisee self-reports of learning needs, developmental stage of trainee, supervisor evaluation of trainee strengths and learning needs, overall program-learning objectives, and clinical context-specific learning needs.

Documenting supervision is another task for supervisors and including discussions on multicultural considerations and supervisee progress are also important to discuss in supervision. The following supervision note sample incorporates reminders to keep multicultural considerations routine in supervision.

DOCUMENTATION OF SUPERVISION

Supervisee: ______________________ Supervisor: ________________________ Date of supervision mtg: ________________________

CLIENT * if want to discuss in sup	PAST WEEK (circle 1)	SESSIONS TO DATE	MULTICULTURAL CONSIDERATIONS	COMMENTS ON SESSION	SUPERVISORY NOTES
 Diagnosis done (check)	Seen NS#_______ CL CA#____ CO CA#____ No appt				
 Diagnosis done (check)	Seen NS#_______ CL CA#____ CO CA#____ No appt				
 Diagnosis done (check)	Seen NS#_______ CL CA#____ CO CA#____ No appt				
 Diagnosis done (check)	Seen NS#_______ CL CA#____ CO CA#____ No appt				
 Diagnosis done (check)	Seen NS#_______ CL CA#____ CO CA#____ No appt				
 Diagnosis done (check)	Seen NS#_______ CL CA#____ CO CA#____ No appt				

Session recordings viewed by supervisor (list clt initials & indicate Part or Whole review): ____

Session recordings viewed by supervisee (list clt initials & indicate Part or Whole review): ____

Process Observations, Clinical Themes, Supervision Themes:

(e.g., strengths/competencies demonstrated, areas needing improvement, response to supervision)

Evaluative Feedback Delivered:

Supervision Plan:
(Issues for follow-up by supervisor)

Assignments given to Supervisee:

(Supervision documentation form from the University of Missouri Counseling Center)

Let's EXPLORE: The Roles of the Supervisor
(Campbell, 2000, p. 31)

Instructions: The following questions are recommended for the supervisor and supervisee to complete separately and use it as an opportunity for self-reflection.

1. What do you view as the most important role or roles of a supervisor? Describe.

2. Reflecting on your experiences as a supervisee…
   a. What role or roles did each of your supervisors assume? How did this meet or not meet your training needs?

   b. How might this awareness help you generate new ideas for working with your supervisee?

c. What do you see as the most important role or roles of a supervisor? Explain.

d. Imagine that you are a supervisor, and your supervisee seems to be struggling to apply a particular theory to a current case. Can you describe how you might want to address this in supervision?

e. Now visualize a scenario in which the supervisee is having difficulty working with a client and you suspect there are some personal/cultural issues involved. How might you want to approach this problem. What might you want to say or do?

Role of the Supervisor in Multicultural Supervision. Effective supervisors must also understand the role of multicultural differences play in evaluation of the supervisee's competence and thus infuse diversity into all aspects of clinical practice and supervision, including attention to oppression and privilege and the impact of those on the supervisory power differential, relationship, and on client/patient and supervisee interactions and supervision interactions (Ancis & Ladany, 2010). It is in clinical training and supervision that multicultural competence is initially developed and applied, setting the foundation for a lifelong practice. Inadequate attention to diversity issues in supervision can inhibit trainees' cultural competence and impact the efficacy of care.

Therefore, supervisors are in a particularly unique and critical position of *role modeling* inclusive behaviors and practices they wish to promote in their organizations. While it is important to be multiculturally aware and knowledgeable, actions and skills are far more impactful and require considerable intention and practice. Recent literature also suggests that a supervisor's multicultural competence significantly affects the supervisor-supervisee relationship (Green & Dekkers, 2010). In the next chapter, the supervisory relationship and its implication to multicultural supervision is discussed in more detail.

It is also essential that supervisors model openness and self-assessment of relevant belief structures, biases, and preferences with relation to specific clients and contexts. Several variables have a cultural component, including assertiveness, expression of feelings, sense of time, respect, and ability to function independently. To prevent bias, supervisors must incorporate a variety of methods to evaluate the supervisee, seek suggestions from their supervisee for improvement in communication and understanding, and be aware of generalizations and labeling (Campbell, 2010). For example, supervisors should be thoughtful when applying labels such as afraid, resistant, or dependent to their evaluation of their supervisee. Considering the influence of expected roles and behaviors may lessen challenges in the supervisory relationship. If a client, supervisee, or supervisor does not identify with the majority culture and does not adhere to expected social roles, certain behaviors or interactions with others may hold interpersonal biases. The conversation around cultural identity, and understanding its importance, is crucial for supervisees and supervisors. Not only will this cultivate a better understanding of each other, but it will likely facilitate increased understanding of others as well (Popejoy et al., 2019).

⇒ Please reflect on your own personal experiences and how they might influence supervision (Rowell, 2009, p. 41)

The following questions involve introspection of the current self and impact of cultural differences:

1. How are you different from people of other ethnic, religious, cultural, gender, familial, and/or financial backgrounds?

2. What aspect of your ethnic, religious, cultural, gender, familial, and/or financial background has had the biggest impact on your life and why?
3. Describe in detail how people of differing backgrounds would exist together in your ideal world?
4. How do your cultural differences influence how you might evaluate a supervisee?

1. The supervisor may consider use of the multicultural supervision inventory (MSI) or multicultural counseling inventory (MCI) to assess their own supervisory skills, supervisors' attitudes and beliefs, and stereotypes toward diverse populations (Sangganjanavanich & Black, 2011). This may increase intrapersonal understanding of biases and areas of growth.

Multicultural Supervision Inventory (MSI) © Paul T. P. Wong & Lilian C. J. Wong, 2000

This questionnaire is intended to evaluate the quality of multicultural supervision. If you have had a supervisor that is culturally or racially different from you, complete this questionnaire with respect to this particular supervisor.

Your ethnic/racial identity:
Your supervisor's ethnic/racial background:
Your gender: Your supervisor's gender: What was the nature of the clinical site where this supervision took place?

How long ago? How long were you with this supervisor? What was the level of your clinical training then with this supervisor?

On the basis of your experience and observation, please rate the following statements in a way that most clearly reflects your opinion about this supervisor, according to the following scale:

Strongly Disagree, Disagree, Undecided Agree, Strongly Agree

I. Attitudes and Beliefs

1. Demonstrates openness and respect for culturally different supervisees.
2. Recognizes the limitations of models and approaches based on Western assumptions in working with culturally different individuals.
3. Recognizes that what is inappropriate from the standpoint of the majority culture may be appropriate for some minority cultures.
4. Dismisses the importance of cultural assumptions in counselling and supervision.
5. Does not pay any attention to the demographics of supervisees.
6. Has made statements that suggest a racist attitude.
7. Does not seem to be aware of the existence of unintentional racism.
8. Does not seem to be aware of own implicit cultural biases in counselling and supervision.
9. Does not seem to be aware of own limitations in working with culturally different supervisees or clients.
10. Respects the worldview, religious beliefs and values of culturally different supervisees.
11. Has never mentioned that race is an important consideration in supervision and counselling.
12. Believes that contemporary models and approaches of counselling are equally generalizable to ethnic minorities. Exhibits a respect for other cultures without overly identifying self with minority culture or being paternalistic.
13. Demonstrates an interest in learning about other cultures. Acknowledges that his or her own life experiences, values and biases may influence the supervision process.

II. Knowledge and Understanding

1. Displays an understanding of how culture, ethnicity, and race influence supervision and counselling.
2. Demonstrates an understanding of the problem of racial stereotyping in supervision and counselling.
3. Demonstrates a familiarity with the values systems of diverse cultural groups.
4. Knows that biases and assumptions of Western counselling models can have a negative effect on culturally different supervisees and clients.
5. Shows some knowledge about the cultural traditions of various ethnic groups.
6. Understands my culture and value system.
7. Knows something about how gender, socioeconomic status and religious issues are related to minority status.
8. Understands why minority students and clients often distrust authority figures representing the dominant culture.
9. Understands the world views of supervisees and clients from other cultures.

III. Skills and Practices

1. Is able to avoid racial stereotypes by take into account both the uniqueness of individuals as well as the known characteristics of the culture.
2. Considers supervisees' cultural and linguistic backgrounds in giving them feedback and evaluation.
3. Has used expressions that are offensive to minorities.
4. Shows sensitivity in supervising culturally different trainees.
5. Encourages discussion of cultural and racial influences in counselling and supervision.
6. Shows a commitment to learning and enhancing own multicultural competence in supervision and counselling.
7. Knows how to adapt knowledge of cultural differences to supervision and counselling.
8. Recognizes the value of methods and approaches of help-giving that are different from Western practices.
9. Recognizes individual differences in ethnic/racial identity.
10. Is very rigid and dogmatic regarding what constitutes the proper approach of counselling.
11. Negatively evaluates supervisees who do not conform to supervisor's own theoretical orientation and approach of counselling.
12. Communicates effectively with culturally different supervisees at the both verbal and non-verbal levels.
13. Is flexible in adjusting his/her supervisory style to culturally different supervisees.
14. Criticizes culturally different students when they use direct and structured approaches in counselling their clients.
15. Demonstrates sensitivity to conflicts between the generic characteristics of counselling and the values of different cultural groups.
16. Takes into account cultural biases in assessments and clinical judgments.
17. Makes use of every opportunity to increase supervisees' multicultural competence in counselling.
18. Assists supervisees in formulating culturally appropriate assessment and treatment plans.
19. Takes into account racial biases and sociopolitical implications in counselling and supervision.
20. Is willing to consult or refer to resources available in ethnocultural communities.
21. Demonstrates competence in a wide variety of methods of assessment and interventions, including non-traditional ones.
22. Is able to clarify presenting problems and arrives at culturally relevant case conceptualization with clients from different cultural backgrounds.
23. Is able to develop culturally appropriate treatment plans for clients from different cultural backgrounds.

IV. Relationship

1. Is able to clarify the ambiguity and expectations of roles in a cross-cultural supervisory relationship.
2. Is able to reduce my defensiveness, suspicions and anxiety about having a supervisor from a different culture.
3. Has a tendency to abuse supervisory power (i.e., imposes view on supervisees).
4. Actively interacts with minority students outside of counselling and classroom settings.
5. Provides guidance to international students and new immigrants to facilitate their acculturation.
6. Makes supervisees feel safe to share their difficulties and concerns. 4
7. Gives emotional support and encouragement to minority students.
8. Makes an effort to establish a relationship of trust and acceptance with culturally different supervisees.
9. Actively seeks to reduce cultural biases and discriminatory practices.
10. Shows no interest in understanding my cultural background and ethnic/racial heritage.
11. Welcomes my input even when I express different views and values.
12. Shows unconditional acceptance of all supervisees, regardless of their race, ethnicity and culture.
13. Cares about the welfare of supervisee and client.
14. Is willing to advocate for minorities who experience institutional discrimination.
15. Is able to relate to culturally different supervisees, while maintaining own cultural values.
16. Is able to integrate own beliefs, knowledge and skills in forming relationships with culturally different supervisees.
17. Shows an interest in helping minority students overcome systemic and institutional barriers.
18. Makes an attempt to understand and accommodate culturally different supervisees.
19. Is able to overcome cultural and linguistic barriers in working with minority students and clients.

PREFFERED STYLE OF SUPERVISION

The style of supervision encompasses the role of the supervisor, the focus of the supervision, and the expectations regarding the trainee within the clinical supervision process. The amount of direction and support provided by the supervisor to the trainee is also a relevant component which may be impacted by the developmental level of the supervisor (Borresen, 1995). A parallel process to therapy is that beginning supervisors have been described as anxious, lacking confidence, and are less active than advanced supervisors. Their early supervisory relationship is based on the initial interpersonal connection and the supervisor's sensitive approach. Their supervisory interventions are generally concrete and focus on the client rather than on the trainee and relationship issues. According to developmental models, these characteristics will change as beginning supervisors mature with experience. Several have proposed understanding supervisor development in terms of a "cognitive shift". This shift is referred to the supervisor giving up doing "therapy by proxy" (a desire to and mandate to monitor how the client is doing) and turning the focus of supervision to the developmental needs of the trainee. This move from thinking like a therapist to thinking like a supervisor is a significant aspect of most of the supervisor development models (Nordlund, 1998).

Furthermore, Campbell (2000) alluded to several factors that should be considered when selecting a preferred style of supervision, including one's personality characteristics, leadership style, work values, and learning style. There are a number of models and instruments available to help the supervisor examine style preferences. For example, The Supervisory Styles Inventory of Friedlander and Ward (1984) measures three dimensions of supervisory style: attractiveness, interpersonal sensitivity, and task orientation. Supervisors utilizing an attractive style of supervision would be characterized as warm, considerate, empathetic, and supportive to their supervisees across situations. Supervisors employing the second supervisory style labeled as interpersonally sensitive would demonstrate characteristics of being committed to their supervisees, highly perceptive, and can often resemble interactions like what would be expected within a counseling session. The third supervisory style, task-oriented, would be associated with a supervisor who is very goal oriented and methodical, providing specific tasks to be completed with content always in focus. Another instrument, The Supervisor Emphasis Rating Form-Revised (SERF-R) by Lanning and Freeman (1994) looks at the choice of supervisory style from aspects including: professional behavior, use of process and conceptual skills, and personalization – the sharing of one's personal beliefs and feelings.

Middleman and Rhodes (1985), indicated one distinct difference in viewpoint that can be influential in selecting a style: "Does the supervisor view the trainee as internally or externally driven in motivation? Supervisors who see

their trainees as internally driven encourage risk taking and making mistakes as part of learning" (p. 12). They stress the importance of the relationship and are open to giving and receiving direct feedback. The trainee is seen as self-motivated and self-directed. However, when the trainee is seen as externally driven, there is more concern with guidance and structure and the accomplishment of tasks. Therefore, the supervisor will stress the use of structured activities for learning, modeling, and monitoring of tasks, taking on a teacher or coach role.

Let's EXPLORE: What is your preferred style?
(Campbell, 2000, pp. 33-34)

Instructions: Supervisors can use the following exercises to answer and reflect on their preferred styles and how they might influence the supervisory relationship.

1. How might you define your preferred style? What characteristics/qualities do you bring to the supervision?

2. How do you imagine your supervisees respond to your interpersonal style and preference?

3. How do you want to "be" in a supervisory relationship?

4. Knowing your preferred style, how might your supervision style hinder or enhance your supervisee in getting their training goals/needs met?

5. Imagine you are working with a supervisee whose supervision and learning style differs to yours. What would you do differently to accommodate the supervisees preferred style and effectively work with this person? Provide concrete examples of what you might do.

6. For supervisors- How do you learn best?

The following exercises can be introduced to the supervisee by the supervisor to promote self-reflection. The responses can be completed separately and then reviewed and discussed in supervision. Reviewing this information together can help the supervisor understand the supervisee's learning style, which in turn lead to greater alliance.

7. For supervisees – how do you learn best?

8. Do you first like to know the general purpose of something and then break it into smaller parts?
Do you like the information broken down into smaller parts and then having someone else put it together for you?
Do you like to have someone show or tell you in general terms what they want and then figure it out on your own?

9. Imagine you are going on vacation. Describe how you would prepare for it? (For example, do you like to go and explore, see what happens, or spend weeks/months planning and researching it? Do you enjoy doing the planning, or do you prefer someone to help you plan/organize it for you and then review or alter their suggestions, or no questions asked and go for it?

The following questions are adapted from Middleman and Rhodes (1985).

This exercise can be completed separately and then reviewed and discussed in supervision. It would give opportunities to explore and address biases, and misunderstandings collaboratively, which helps enhance the supervisory relationship.

For supervisors – "Middleman and Rhodes also stressed the importance of whether you as a supervisor see your supervisee as internally or externally driven. Select the description below that most closely describes you.

a. Goals for supervision should be collaborated, and should include the areas of greatest concern to the supervisee. Supervisees will do best with a supervisor who inspires them and who, after teaching them the basics, lets them learn on their own. Effective supervisors are flexible, provide a work environment that facilitates the self-awareness of supervisees, and provide opportunities for processing their thoughts and feelings. (Internally driven)
b. Goals should be based on what the supervisor believes is most important for the supervisee to know in order for them to grow. Supervisees need direction and structured work plan. They do best when having access to someone who knows what to do and can direct them on how to solve their problems. Effective supervisors are well organized and experienced and can systematically guide the development of the supervisee. (Externally driven)

Recommended Chapter Readings

Burnes, T. R., & Manese, J. E. (2019). *Cases in multicultural clinical supervision: Models, lenses, and applications*. Cognella Academic Publishing.

Campbell, J. M. (2000). *Becoming an effective supervisor: A workbook for counselors and psychotherapists*. Accelerated Development.

Davys, A., & Beddoe, L. (2010). *Best practice in professional supervision: A guide for the helping professions.* London, UK: Jessica Kingsley.

O'Donovan, A., Halford, W. K., & Walters, B. (2011). Towards best practice supervision of clinical psychology trainees: Supervision of clinical psychology trainees. *Australian Psychologist*, *46*(2), 101–112.

CHAPTER 3

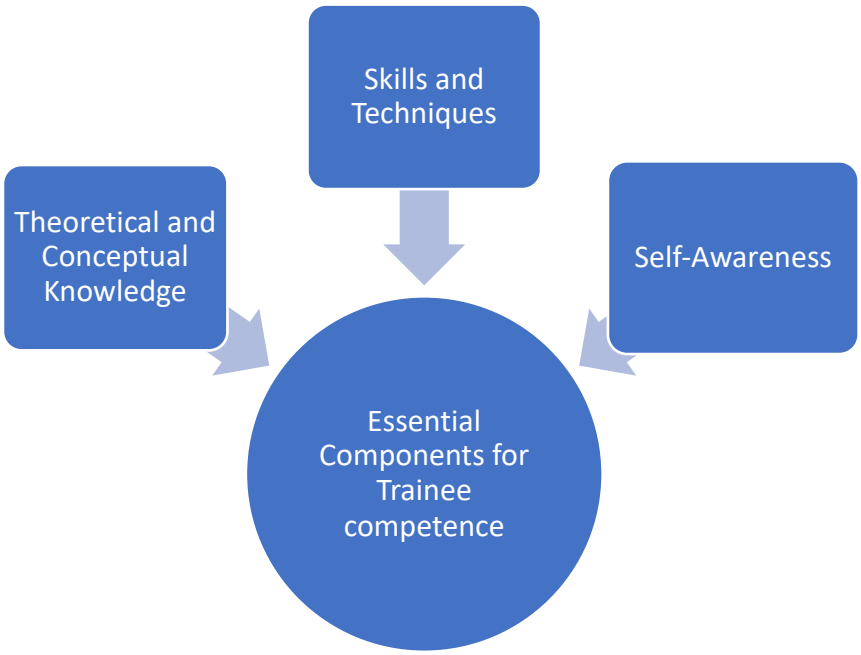
Supervisee's Competence

RELEVANT LITERATURE

Campbell (2000) identified three essential components needed to ensure the competence of the trainee including, theoretical and conceptual knowledge, skills and techniques, and self-awareness. The first component, knowledge, refers to theoretical and conceptual knowledge of counseling and psychotherapy theory and research. Knowledge of material is generally gained by reading and attending lectures, seminars, and continuing education (CEU) courses. The supervisor may offer short didactic presentations, handouts, or assigned readings to impart information. Regardless of the method, supervisors should encourage trainees to continue learning throughout their career

The second component, practice, or the overall clinical performance of the trainee, encompasses skills, techniques, clinical judgment, and the way content knowledge is integrated into each session with clients. Supervisors can use a variety of techniques, clinical judgment, and the way content knowledge is integrated into each session with clients. Supervisors can use a variety of techniques and methods such as live observation, taping, co-therapy, staffings, and training workshops to contribute to developing the practice component.

The final component is the importance of a trainee's personal characteristics and self-awareness on their work with clients and the supervisory relationship. Characteristics such as honesty, genuineness, flexibility, sensitivity, openness, objectivity, and empathy are generally considered effective personal characteristics necessary for "good therapeutic relationships." Supervisors may want to use activities such as journaling, role playing, modeling, and assigning participation in a psychotherapy group to develop the trainee's personal awareness (Falender et al., 2014, p. 84).



BRINGING THE SCIENCE OF EXPERTISE TO PSYCHOTHERAPY

Deliberate Practice. The philosophical underpinnings of the deliberate practice framework have the potential to help improve psychotherapy training by encouraging lifelong practice. According to Clements-Hickman and Reese (2020) Deliberate practice is a crucial task for supervisors and supervisees providing psychotherapy to engage in to develop important skills such as self- monitoring and self-examination. It is also a valuable framework that is essential to multicultural supervision (Gonsalvez & Crowe, 2014). Through intentional learning, the supervisee can improve acquired skills, become more self-reflective and aware, ultimately improving the effectiveness of psychotherapy. Central to the deliberate practice framework is the idea that growth and skill acquisition is facilitated by a self-reflective feedback loop to minimize discrepancies between desired and actual performance. Mastery of any skill can only be acquired through repeated cycles of dedicated practice, self-editing, and expert feedback (McGaghie & Kristopaitis, 2015).

According to Tracey et al. (2010), psychotherapy is a field in which practitioners' proficiency does not automatically increase with experience. The most widely used methods for improving therapist effectiveness include, supervision, continuing education (CE), the dissemination of evidence-based treatments, and outcome feedback systems. Since supervision is one of the methods of development, during the supervisee's first few years of graduate school, they are not only learning their craft, but also being socialized into the culture of their field. Supervision is the perfect opportunity to instill the habits and attitudes necessary for a "culture of expertise" that will help clinicians use deliberate practice throughout their careers (Rousmaniere et al., 2017).

Deliberate practice requires vulnerability and openness to feedback for growth to occur by focusing on skills deficits and blind spots. "Only when people face failures of their entrenched procedures do, they actively engage in learning and modification of their skills" (Johnson et al., 2006, p. 118). Focusing on our weaknesses has an added benefit of guarding against over-confidence. Training opportunities that emphasize active learning methods such as repetitively practicing skills through role-play or simulations are the most effective forms to improve ability. Johnson et al. (2006) claimed that to attain a substantial improvement in everyday performance using the following methods: learning a skill, practicing in simulation (role-play), using it with real clients and then reviewing the results via video with a trainer who provides feedback. In deliberate practice, client outcome is the bottom-line criteria for assessing therapist effectiveness. To aim for a reliable assessment, therapists should use multiple data sources for evaluating client outcomes. The most common are client reports, therapist judgment, and qualitative data from the client.

Furthermore, self-reflection is a critical component of deliberate practice. The ability to accurately appraise one's performance, and discuss alternative conceptualizations and interventions, is a core aspect of reflective practice that requires input from supervisors (Gonsalvez & Crowe, 2014). Thus, self-evaluation alongside supervisory feedback and evaluation is a valuable method to foster improved accuracy, depth, and effectiveness of reflective practice competencies.

Rousmaniere et al. (2017) proposed the following as essential ingredients for deliberate practice that supervisors can provide in supervision:

Deliberate Practice for Supervised Training

- 1. Explaining and demonstrating models for effective practice (e.g., cognitive behavioral therapy or psychodynamic psychotherapy)
- 2. Determining each therapist's zone of proximal development (i.e., their exact threshold of understanding and opportunity for improvement).
- 3. Providing corrective feedback and guidance in style that is congruent and accessible to the learner.
- 4. Offering emotional encouragement to boost the learner's morale and buffer against the emotional challenges inherent in deliberate practice.
- 5. Teaching trainees how to work appropriately within various professional domains (clinical, legal, administrative, etc.).

The authors also noted that after clinicians complete their formal training and become licensed, they move into independent practice. At this point, they become responsible for their own learning, which generally can be of several types (Lichtenberg & Goodyear, 2012): incidental learning (i.e., spontaneous, unplanned learning that might occur through, e.g., reviewing a manuscript or hearing a radio interview with an expert); CE experiences; and intentional, self-directed learning.

Deliberate Practice in Independent Practice

1. Advanced training with experts
2. Skill assessment and case consultation with experts or peers, and
3. Solo study (e.g., watching videotapes of one's own work).

As part of the counseling practicum, students or intern's role in their training is to fully involve themselves in the supervision process and gain experiences to increase their competence for becoming a professional. The trainees openness to feedback, self-reflection and participation in the supervision helps them grow and mature professionally and personally. This participation includes activities such as exposing your vulnerability and sharing your strengths and weaknesses through video sessions, discussions, case conceptualization, and group activities in the supervision process. This willingness to participate will enrich the trainee's counseling knowledge and skills. Through this participation in supervision, trainees will become aware of the gap between the ideal and the real.

Moreover, the trainee's role is also to engage in self-reflective practice, which is essential to multicultural supervision. Arredondo (1999) claimed that cultural competence is to know oneself cognitively and emotionally within the context of socio-political influences. Cultural competency-based training seeks to move

trainees to a level where they can better consider differing worldviews and engage in critical reflective thinking in making judgments about situations that may differ from their own. Rather than relying on multicultural self-assessment to measure cultural competence, critical self-reflection promotes meaningful opportunities for self-examination and developmental growth (Roysircar, 2004; Tomlinson-Clarke & Clarke, 2010). Self-reflection advances counselor competencies toward an increased level of awareness and knowledge that extends across cultures. Therefore, to achieve cultural competency, trainees and counselors engaging in deliberate practice help providers increase their ability to work with issues of culture and diversity and facilitate discussions of multiculturalism in mental health.

Supervisee's Role in Supervision. The trainee's role has evolved overtime as new theoretical models for psychotherapy have emerged. Historically, the practice of supervision began with the training analysis undertaken by a would-be psychoanalyst. This kind of supervision practice placed a great deal of emphasis on the trainee and the development of self-awareness (Campbell, 2000). Vespia et al. (2002) claim that specific models of delivery have been developed and a greater emphasis is now placed on skills development and careful monitoring of supervisees. Although the responsibility rests with the supervisor to develop and maintain effective supervision it is expected that the trainee (as supervisee) also contributes to this through active preparation for and participation in supervision. Teaching is provided on this role and self-reflective practice is encouraged on the trainees and consider their contribution to the supervisory process, both as part of their own professional development and in preparation for their own supervisory practice in the future (Vespia et al., 2002).

What should supervisees do to prepare for supervision and their new training role? When initiating a new practicum or internship, the trainee must be ready to adapt as new roles emerge. Practicum trainees will be challenged to apply the concepts learned in their coursework. This represents a major change in the way that trainees have been expected to function. In practicum, the trainee is expected to know how to translate ideas, even abstract ones, into action. Having to switch to this mode is cognitively taxing for the first few weeks (Donohue & Perry, 2014). In preparation for this new task Mathews and Walker (2006) suggest that it may be helpful to read the literature that directly deals with the practice, such as assessment and therapy books and manuals. Reading case notes and treatment plans as well as assessment reports can also help the trainee understand how concepts are applied. There is a self-instruction expectation for the trainee as students are expected to teach themselves as much as possible and then to approach professionals to work more efficiently with them with aspects of the tasks that they are not able to master independently.

The supervisee must also enact several roles. For instance, a supervisee is expected to accept direction and guidance regarding strengths and weaknesses that are sought or offered. The supervisee also accepts the role of professional which includes personal, ethical, and interpersonal behaviors and attitudes. In the role of volunteer, the trainee is expected to provide a variety of services with a skill level commensurate with their education and level of training. Lastly, the trainees retain the student role and they continue to report to a faculty practicum supervisor while being evaluated periodically on their performance by the practicum supervisor, faculty supervisor, or both (Matthews & Walker, 2006).

While the authors (Mathews & Walker, 2006) offer guidelines that address the different role expectations and suggested training tasks for the trainees to engage in to prepare for supervision, they fail to explain how supervisors or programs of study disseminate this information and prepare their students for supervision. New trainees may be unaware of the options available that maximize their training opportunities. Vespia et al. (2002) added that without role preparation, beginners and even more advanced clinicians may come to view the position of trainee/supervisee as an ill-defined one for which they are not well equipped. In a similar manner, Ellis et al. (2015) supports the premise that supervisees may be uninformed and have inaccurate expectations for supervision, which may result in heightened anxiety. Many trainees, especially novice ones, may experience disruptive levels of anxiety during clinical supervision that may hinder their ability to acquire the requisite clinical competencies. The authors attributed the anxiety, in part, to the lack of information about the roles, rights, responsibilities, and procedures for clinical supervision. It is also prime to consider the trainee's traits and unique personal stressors, which may also influence their anxiety.

Suggested evidence reveals that most clinical supervisors use neither informed consent nor a contract for supervision. Other authors expand on the idea of role preparation, suggesting that there is variability in what supervisors attend to initially, but it is deemed necessary to review behavioral expectations at the commencement of a supervisory relationship as it may serve to demystify the supervision process and help students in assuming and effectively executing the supervisee role (Vespia et al., 2002). Overall, there appears to be a gap in the literature and in practice that addresses issues around pre-supervisory preparation leaving trainees unprepared to assume their roles as supervisees. This issue may hinder their learning and heighten anxiety by the unknown.

The following questions are adapted from Middleman and Rhodes (1985).

For supervisees - Which of the following statements most closely fits your preference in a supervisor?

a. Someone who gives detailed instructions as to how the work should be done, makes most of the decisions, expects me to learn by watching how they do the work, emphasizes the task aspect of the work, gives very specific instructions

and feedback for any changes, closely monitors my work, strictly follows rules and procedures. (Teacher)

b. Emphasizes the relationship aspects of supervision, spends time exploring my personal feelings and responses to clients, shares their own personal feelings and responses to my work and to me, and emphasizes the importance of self-awareness, personal thoughts, and personal feelings in my development. (Counselor)
c. Emphasizes the role of the organization and rules in solving problems, challenges me to integrate ideas and information from a number of different sources, evaluates my success based on mutually determined goals and objectives, encourages my independent functioning and decision-making ability, and is able to blend the rules when necessary. (Consultant)

Guidelines and Preparation for the Supervisee Role

While many authors have suggested strategies for the supervisors to improve unsatisfactory aspects of supervision, such recommendations fall short since it addresses only one of the participants. Optimally, the responsibility in supervision is shared by both the supervisor and supervisee (Berger & Buchholz, 1993). Hence, this section will focus on the supervisee's responsibilities while also providing guidelines to ameliorate the pre-supervisory preparation process.

To clarify expectations and facilitate a more active and productive role in their own training, trainees should be familiarized with the basic mechanisms of the supervisory process (Berger & Buchholz, 1993). Similarly, Vespia et al. (2002) suggest that some type of formal introduction to the trainees may be needed as their overall competence may be evaluated based on their performance in the supervisee role. The trainees can be provided with a schematic understanding of the supervisory process prior to beginning clinical supervision as well as during early supervision experiences.

The authors Berger and Buchholz (1993) proposed a structured form of pre-supervisory preparation which outlines curriculum areas that could be incorporated within graduate courses for trainees. The curriculum helps trainees familiarize themselves with major theoretical issues, as well as related research, discussed in supervision literature. Important theoretical areas are the differences between therapeutic and didactic supervisory styles; issues related to the various developmental stages within supervision, with an emphasis on the beginning phase; countertransference and parallel process. An overview on the resolution of conflicts in the supervisory relationship, issues as expectations of supervision, as well as discussing supervisee and supervisor role expectations.

Structured form of pre-supervisory preparation according to Berger and Buchholz, (1993):

The first step is to explore the supervisor and supervisee expectations. This step allows an opportunity to the supervisee to express expectations, including wishes and fears, and through discussion with peers, trainees may be able to identify unrealistic personal expectations. Areas for discussion also include expectations about evaluation, the outcome of therapy, the interpersonal experiences within the supervisory relationship, and informing the trainee about the ethical and legal components of the evaluation process. Furthermore, it would be useful to introduce trainees to expectations from the supervisors. These include the supervisee's involvement in the process and willingness to change, motivation and initiative; interpersonal curiosity; flexibility (personal, theoretical, clinical); empathy; intellectual openness; minimal defensiveness; and introspection (Pickering, 1988). While these may seem obvious to those who are experienced, a beginning trainee might not realize how much these qualities are valued.

The next step in the curriculum is to have a discussion of potential administrative roles of the supervisors and their potential impact on the supervisee. Ideally, engaging in class discussion of the supervisor's responsibility in an agency may assist the trainees in identifying the sources of these pressures as well as understand the real world of mental health services. Supervisees may build misconceptions about the root of various pressures they feel. Next, an overview of the format and structure of supervision could serve both to demystify the process and to present an array of choices supervisors make in conducting sessions. More specifically, it would let trainees know how they are expected to present information about therapy, and how therapy techniques are taught. Students would be well-advised to become acquainted with the APA's requirements for direct observation of sessions by the supervisor and most effective means of presenting material from therapy sessions.

Another curriculum area is the stages and development in supervision. The level of experience of the trainee and the developmental stage of the supervisor affects many aspects of supervision. While an overview of the themes and characteristics of the different phases would be useful to include in pre-supervision curriculum, the primary emphases are on the beginning phases. Such themes include greater dependence and an intensified narcissistic vulnerability. Many trainees experience disturbing emotions and behavior in response to dependency needs being activated. However, a discussion of the potential effects and salient characteristics of the early phases of supervision would enhance the supportive function of first-year pre-supervisory preparation. It would free the supervisee to learn rather than seek additional support from the supervisor.

Following the stages and development in supervision, a discussion on the interpersonal relationship is an essential area to acquaint the trainees. The personal relationship within supervision can lead to important learning and even inspiration or be a source of great frustration. Supervision literature frequently points to tendencies, in both supervisor and supervisee, that are detrimental to the learning alliance. Feelings of rivalry and issues of authority, behavior stemming from competitive feelings may be evoked on many levels and for many

reasons, and the evaluative component may be a factor that deters the supervisory relationship. An early introduction of these and related themes to trainees diffuses some of the intensity of their competitive feelings, and their potential to interfere with learning.

Lastly, an introduction to countertransference and parallel process is suggested as part of the pre-supervisory preparation, personality issues and supervisory style, and is influenced by the developmental phase of the supervisory process. The supervisor's handling of a trainee's emotional interference can set an important example, both in terms of tone and technique. It is useful for trainees to know that when their defenses interfere with learning or practice, their supervisor may suggest they begin personal therapy or if they already have, to work on a particular issue. If the trainee is already in treatment, there are guidelines to assist in determining which issues are appropriately dealt with in supervision and which are better reserved for therapy. Some beginning therapists too readily expose weaknesses in an attempt to heal defects or to establish a closer relationship with the supervisor. Supervisees who anticipate supervision as a place to resolve emotional conflicts may be expecting too much. Pre-supervisory preparation can be a place to caution students about such risks. Awareness of the concept of parallel process, the student's unconscious replication of a patient's conflict in supervision, can be enormously useful to students, since it is likely to occur at some point in supervision. Students who are alerted to the possibility of this process may be able to observe themselves more effectively and may also be more receptive to the supervisor's intervention.

The importance of a strong alliance is also deemed vital in multicultural supervision. The multicultural, multifaceted relationships between a supervisor, supervisee, and the client are likely to surface in supervision. Therefore, it is essential to have transparent and clear communication with the supervisee early in the supervision process, to avoid failure of the supervision bond. Many factors stem from cross-cultural interactions between supervisor and supervisee such as countertransferences, microaggressions, multicultural differences, and emotional ruptures (Burnes & Manese, 2019). The following chapter will assist the supervisor and supervisee in working productively towards a resolution of these critical events. The guidebook will offer various methods to repair the ruptures that most commonly occur in the supervisory relationship.

Instructions:

The following questions should be introduced by the supervisor during the initial supervision sessions to help the supervisor and supervisee work productively in supervision, work through initial barriers, and set the tone for reflective practice.

1. **What steps have you taken to prepare for supervision?**
2. **What guidance have you received to prepare for the supervisee/trainee role?**
3. **Deliberate practice requires vulnerability and openness to feedback. How comfortable are you with this approach and what might get in the way of engaging this way in supervision?**

Recommended Readings

Falender, C. A., Shafranske, E. P., Falicov, C. J., & American Psychological Association (Eds.). (2014). *Multiculturalism and diversity in clinical supervision: A competency-based approach* (First Edition). American Psychological Association.

Gonsalvez, C. J., & Calvert, F. L. (2014). Competency-based models of supervision: Principles and applications, promises and challenges: Competency models of supervision. *Australian Psychologist*, *49*(4), 200–208. https://doi.org/10.1111/ap.12055

McGaghie, W. C., & Kristopaitis, T. (2015). Deliberate practice and mastery learning: Origins of expert medical performance. In J. Cleland & S. J. Durning (Eds.), *Researching Medical Education* (pp. 219–230). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118838983.ch19

Rousmaniere, T., Goodyear, R. K., Miller, S. D., & Wampold, B. E. (2017). Introduction. In T. Rousmaniere, R. K. Goodyear, S. D. Miller, & B. E. Wampold (Eds.), The cycle of excellence: Using deliberate practice to improve supervision and training. (pp. 3–22). Wiley-Blackwell. https://doi-org.libill.hartford.edu/10.1002/9781119165590.ch1

CHAPTER 4

The Supervisory Relationship

RELEVANT LITERATURE

It is well established in the literature that the supervisory relationship is the basis for good and effective supervision. It is also one of the best predictors of a successful therapy outcome for clients. Similar to the working alliance in psychotherapy, a high-quality supervisory relationship is paramount to effective counseling supervision. Supervision is considered the primary vehicle by which supervisees develop therapeutic skills. A strong relationship also supports trainee behavior (e.g., self-disclosure) that facilitates learning and other supervisory goals (e.g., monitoring trainee counseling) (Bernard & Goodyear, 2004). Several authors described the relationship as separate from theoretical orientation, but stated that theoretically based behaviors often had as much to do with participants' feelings and attitudes towards one another. Several studies indicate that the first step in the supervisory process, which parallels the therapeutic process, is to develop an emotionally warm relationship.

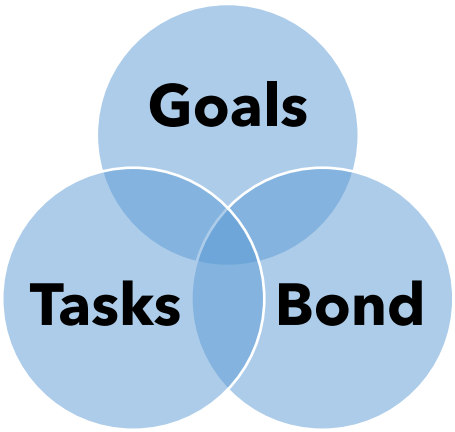
When applying this theoretical framework to multicultural and diversity supervision, research indicates that a strong supervision alliance is paramount to provide a safe environment for trainees to engage in courageous dialogues about diversity, discuss difficult issues, and explore roadblocks to treatment candidly. A weak alliance is the cause of nondisclosure of essential matters that could lead to poor treatment outcomes, ethical violations, and countertransference concerns (Ancis & Marshall, 2010). Falender and Shafranske (2007), suggested that engaging in conversations about power, privilege, and oppression is challenging because these can be emotionally charged conversations and thus without a strong alliance it will be difficult to resolve conflicts or ruptures in the supervisory relationship.

Some issues in supervision that can lead to rupture in the supervisory relationship include when the supervisor and supervisee are faced with differences of opinion about case conceptualization and the influence of the supervisees' own issues on their work. Bang and Goodyear (2014) report that "supervisors dismissed supervisees' thoughts and feelings" and, in response, supervisees" experienced negative emotions and became less involved in supervision" (p. 372). Other studies have identified obstacles to initiating courageous conversations such as fear of offending, or causing distress to,

another person (Brown et al., 2011; Grant et al., 2012), fear of being blamed or being unable to handle a possible emotional response, fear of the negative effects on the relationship, and fear of compounding the problem. "In these sorts of situations, a typical response is to delay, avoid, or delegate" (Davys, 2019, p. 79).

The Working Alliance. To help further understand the supervisory relationship, it is important to understand its theoretical foundation. One of the most prominently accepted theories is Bordin's (1983) Working Alliance Theory (Inman & Ladany, 2014). This framework was initially established to describe the therapeutic relationship, much like other supervisory models, but Bordin (1983) applied the overarching concepts to the supervisory relationship to frame the relationship between supervisor and trainee. The Supervisory Working Alliance Model (Bordin, 1983) serves as a framework providing direction for what occurs during clinical supervision. According to Wood (2005), it is a supervision model, simple to understand and easy to use in supervision. As clinical supervisors attain more training and experience, they are better prepared to incorporate more complex supervision models in conjunction with the Supervisory Working Alliance Model (SWA).

THREE MAJOR COMPONENTS OF THE SUPERVISORY WORKING ALLIANCE



According to Bordin (1983), the three major components that comprise the working alliance include: goals, tasks, and bond. A collaboration for change and is made up of three aspects:

A) Mutual agreements and understandings regarding the goals sought in the change process
B) The tasks of each partner - clear mutual understanding of tasks and goals require a connection between the tasks and goals
C) The bonds between partners necessary to sustain the relationship. The clarity and mutuality of agreement will substantially contribute to the strength of the

working alliance as well as the bonds which are the feelings of liking, caring, and trusting that the participants share.

Salient to this model is the emphasis on the bonding component. The bond is considered the extent to which the supervisor and supervisee trust each other, respect one another, and care for each other. These feelings of liking, caring, and trusting will be strengthened by sharing the experience of supervision and mutually agreeing on the goals and tasks therein. “Ultimately, these essential elements affect whether positive change occurs throughout the process of supervision; the amount of change is based on the building and repair of strong alliances" (Bordin, 1983, p. 36).

Just as the therapeutic working alliance transcends a variety of therapeutic traditions and their associated goals, the supervisory working alliance incorporates a variety of goals proposed for supervision. According to Bordin (1983) “the goals for supervision are: a) mastery of specific skills which will reduce the confusion that complexity creates by concentrating on specifics; b) enlarging one's understanding of clients therefore reaching beyond empathy by broadening one's observational perspective; c) enlarging one's awareness of process issues which develops continuity stretching back to previous therapy sessions; d) increasing awareness of self and its impact on the process including supervisees own their feelings and how they might be affecting the process; e) overcoming personal and intellectual obstacles toward learning and mastery; f) deepening one's understanding of the concepts and theories; g) provide stimulus to research; and h) maintenance of the standards of service” (p. 38).

Wood (2005) denotes an important distinction between the SWA and the supervisory relationship. The focus of the SWA is on establishing the relational bond within the supervision dyad. It is viewed as necessary and serves as a change agent. In contrast, the supervisory relationship focus is on the supervisee's goals rather than the supervisor’s. Aspects of supervisory relationships, that are not specifically captured in the SWA, include the evaluative component that is central to the supervisory relationship, feedback to ensure that supervisees maintain client welfare and monitor client care, and the supervisor's role as gatekeeper (Bernard & Goodyear, 2004).

Various factors may affect the quality of the working alliance, including the supervisor’s relationship skills, their ability to encourage collaboration with the supervisee as to the goals for supervision, their model and style of supervision, their previous experience as a supervisor, and the hierarchal relationship (Campbell, 2000). Despite the various factors identified as affecting the quality of the working alliance, the consideration of racial dynamics in supervision as another factor seems absent from Bordin's model. The following section on "Multicultural Supervision" will further discuss racial dynamics in supervision.

In view of the considerable amount of literature on supervisory relationship and the importance of the relationship between supervisor and trainee, SWAI measures are included for supervisors and supervisees to complete. It is suggested that the supervisor and supervisee complete these measures and mutually discuss the findings. The measures can help assess the supervisory relationship and readjust or make changes if necessary. To allow for improvement and strengthen the alliance, it is also essential to use these measures two to three times (e.g., a couple of months after the start of practicum/internship, halfway through, and toward the end), which allows ample opportunities to maintain a strong alliance throughout the training year. An assessment of the SWA is imperative to ensure that a safe environment is established in supervision for trainees to candidly explore roadblocks to treatment, openly address countertransferences, and engage in discussions on cultural issues.

To evaluate the supervisory relationship's strength, it is strongly suggested to incorporate the Supervisor Working Alliance (SWA) form and the Supervisory Working Alliance Inventory (SWAI) into the supervision (see suggested resources to find the website to access these two forms). These questionnaires can be completed by the supervisor and supervisee independently and come together to discuss results. It is also recommended to assess the alliance several times throughout the training year to allow opportunities for improvement or have ample opportunities to maintain a strong alliance.

How do we build from the start? - The Supervision Contract. It is well established that the quality of the relationship is critical to successful supervision. Therefore, it is helpful to consider how the foundation for possible courageous conversations between a supervisor and a supervisee can be prepared at the beginning of the supervisory relationship. Davys and Beddoe (2010) have suggested that supervisor's introduce a supervision contract to help build from the start a solid relationship. The APA and other professional organizations offer specific recommendations on what should be included in these types of contracts. Davys and Beddoe (2010) suggest that there are three components of the contracting process which provide the foundation for effective courageous supervision conversations. "The ***first*** is the identification of the mandated professional behavior expected of both the supervisor and the supervisee" (p. 80). "The ***second*** is the negotiation of the ways in which diversity, difference and conflict will be acknowledged and addressed in any supervision relationship. This component builds the supervision relationship and strengthens the platform for courageous conversations. It is how diversity and power between the supervision partners is addressed. This process is the relational safety, described as the construction of a dialogical context in which supervisees and supervisors are able to raise questions, challenge points of view, ponder issues, confront opinions, articulate ideas, and express concerns" (p.81). "The ***third*** is the agreement on how feedback will be given and received in the supervision relationship by both the supervisor and the supervisee" (Davys, 2019, p. 82). This component of the supervision contract is critical because it can influence courageous conversations and the way feedback will be given and received by both supervisee and supervisor. "Feedback is an essential element in supervision" (Hewson & Carroll, 2016, p. 127) and effective feedback occurs as a collaborative discussion between the recipient and giver of feedback (Davys, 2019).

Sample of a supervision contract:

Sample Supervision Contract
Carol Falender, Ph.D.

Introduction to Supervision Contract

This document is intended to establish parameters of supervision, assist in supervisee professional development (whether licensure, post-licensure, or developmental supervision), provide clarity in supervisor responsibilities including the responsibility of the supervisor to protect the client.

This contract between _____(supervisor) and _____(supervisee) at _____(site of supervision), signed on _____(date) serves to verify supervision and establish its parameters.

I. Competencies Expectations

A. It is expected that supervision will occur in a competency-based framework.
B. Supervisees will self-assess clinical competencies (knowledge, skills, and values/attitudes)
C. Supervisors will compare supervisee self-assessments with their own assessments based on observation and report of clinical work, supervision, and competency-instruments.

II. Context of Supervision

A. _____hour(s) of individual supervision per week.
B. _____hour(s) of group supervision per week
C. Review of videotapes and/or audio tapes is part of supervision process
D. Treatment notes complete for all sessions for the past week and available in the supervision session for review
E. Supervision will consist of multiple modalities including review of tapes, progress notes, discussion of live observation, instruction, modeling, mutual problem-solving, and role-play.

III. Evaluation

A. Feedback will be provided in each supervision session. Feedback will be related to competency documents.
B. Summative evaluation will occur at ___(number) intervals per year: _____(specify dates)
C. Forms used in summative evaluation are or available at _____.
D. Supervisor notes may be shared with the supervisee at the supervisor's discretion and at the request of the supervisee.
E. In order to successfully complete the sequence, the supervisee must attain a

rating of ____ (on the evaluation Likert scales).

F. If the supervisee does not meet criteria for successful completion, the supervisee will be informed at the first indication of this, and supportive and remedial steps will be implemented to assist the supervisee.
G. If the supervisee continues not to meet criteria for successful completion, the steps in place and procedures laid out will be followed.

IV. Duties and Responsibilities of Supervisor

A. Oversees and monitors all aspects of client case conceptualization and treatment planning
B. Reviews video/audio tapes outside of supervision session
C. Develops supervisory relationship and establish emotional tone
D. Assists in development of goals and tasks to achieve in supervision specific to assessed competencies
E. Challenges and problem solves with supervisee
F. Provides interventions with clients and directives for clients at risk
G. Identifies theoretical orientation(s) used in supervision and in therapy and takes responsibility for integrating theory in supervision process, assessing supervisee theoretical understanding/training/orientation(s)
H. Identifies and builds upon supervisee strengths as defined in competency assessment
I. Introduces and models use of personal factors including belief structures, worldview, values, culture, transference, countertransference, parallel process, and isomorphism in therapy and supervision
J. Ensures a high level of professionalism in all interactions
K. Identifies and addresses strains or ruptures in the supervisory relationship
L. Establishes informed consent for all aspects of supervision
M. Signs off on all supervisee case notes
N. The supervisor distinguishes administrative supervision from clinical supervision and ensures the supervisee receives adequate clinical supervision
O. Clearly distinguishes and maintains the line between supervision and therapy.
P. Discusses and ensures understanding of all aspects of the supervisory process in this document and the underlying legal and ethical standards from the onset of supervision

V. Duties and Responsibilities of the Supervisee

A. Upholds and adheres to APA Ethical Principles of Psychologists and Code of Conduct
B. Reviews client video/audio tapes before supervision
C. Comes prepared to discuss client cases with files, completed case notes and prepared with conceptualization, questions, and literature on relevant evidence-based practices
D. Is prepared to present integrated case conceptualization that is culturally competent

E. Brings to supervision personal factors, transference, countertransference, and parallel process, and is open to discussion of these.
F. Identifies goals and tasks to achieve in supervision to attain specific competencies
G. Identifies specific needs relative to supervisor input
H. Identifies strengths and areas of future development
I. Understands the liability (direct and vicarious) of the supervisor with respect to supervisee practice and behavior
J. Identifies to clients his/her status as supervisee, the supervisory structure (including supervisor access to all aspects of case documentation and records), and name of the clinical supervisor
K. Discloses errors, concerns, and clinical issues as they arise
L. Raised issues or disagreements that arise in supervision process to move towards resolution
M. Provides feedback weekly to supervisor on supervision process
N. Responds non defensively to supervisor feedback
O. Consults with supervisor or delegated supervisor in all cases of emergency
P. Implements supervisor directives in subsequent sessions or before as indicated.

Procedural Aspects

A. Although only the information which relates to the client is strictly confidential in supervision, the supervisor will treat supervisee disclosures with discretion.
B. There are limits of confidentiality for supervisee disclosures. These include ethical and legal violations, indication of harm to self and others (and others as specific to the setting).
C. Progress reports will be submitted to _____ describing your development, strengths, and areas of concern.
D. If the supervisor or the supervisee must cancel or miss a supervision session, the session will be rescheduled.
E. The supervisee may contact the supervisor at (contact #) _____ or on-call supervisor at _____. The supervisor must be contacted for all emergency situations.

Supervisor's Scope of Competence:
Include supervisor's training, licensure including number and state(s), areas of specialty and special expertise, previous supervision training and experience, and areas in which he/she has previously supervised.

The contract may be revised at the request of supervisee or supervisor. The contract will be formally reviewed at quarterly intervals and more frequently as indicated. Revisions will be made only with consent of supervisee and approval of supervisor. We, _____(supervisee) and _____(supervisor) to follow the directives laid out in this supervision contract and to conduct ourselves in keeping with our Ethical Principles and Code of Conduct, laws, and regulations.

_____

Supervisor Date

_____

Supervisee Date

Dates Contract is in effect:_____

Source: (Falendar & Shafranske, 2021, p. 53)

Table 1 Preparing for feedback in supervision
(Source: Davys, 2019, p. 83)

- What does feedback mean in this context?
- How is it defined?
- Does feedback raise issues for consideration and reflection or is feedback intended as a requirement for change?
- How does the supervisee like to receive feedback?
- How can the feedback exchange (giving and receiving) be negotiated to ensure that it is heard and considered?
- How will the supervisor get feedback?
- How will they evaluate their supervision relationship and process?
- What could get in the way?

According to Davys (2019) these three elements of the contracting process, "identifying the professional baseline of conduct, exploring the mechanisms for conversations of difference and power, and negotiating a collaborative process for giving and receiving feedback, firmly position supervision as a process of openness, enquiry and learning as opposed to one of evaluation and judgement. A climate has been established where trust can grow and where there are guidelines to support difficult conversations" (p.82).

Case Description: The supervision contract

(Case example is drawn from Burnes & Manese, 2019, pp. 197-198).
A reminder that this first set of snippets is from early meetings regarding the supervision contract. These first examples demonstrate small, yet meaningful conflict ruptures that could arise in early meetings while developing the supervision contract. on the definition of the roles and boundaries between supervisee and the supervisor:

Supervisee: I'm sorry, but did you say that as the "student" I would be responsible for these things?

Supervisor: Yes I did.

Supervisee: You think of me as a student?

Supervisor: Well, yes in a sense of you learning a therapy that you haven't yet tried you are my student, as I have considerable experience with it. In terms of how we share information about the health and well-being of the patient, it becomes more bidirectional. I will likely be student of yours to a certain degree when comes to understanding how disease processes impact the patient, for example.

Supervisee: I have issues with being called a student because I have been going through school for such a long time now, from my undergraduate degree to medical school, and three years of residency, this is my final year, and I am just tired. I guess, of constantly having to prove myself as a student.

Supervisor: While it's true that you will be learning, and will be evaluated, you have certainly proved yourself by going through many hoops. Why don't you take a look at the IPT domains and tell me what tasks there you think you have mastered and which ones you think you need to work on developing?

Later in the supervision hour, the supervisor approached the situation again:

Supervisor: So how are you feeling about learning IPT and setting goals around improving your confidence in specific therapy skills, while enjoying security in your efforts at nonspecific factors in treatment?

Supervisee: Good.

Supervisor: I noticed that you felt moderately assured in executing confrontation and using the therapeutic relationship as an intervention.

Supervisee: Yes, I'm not sure I have had a lot of work with challenging patients since my work has been primarily psychodynamic and I don't think I know what that really looks like.

Supervisor: Do you remember earlier today when you and I had a conversation about your discomfort with my using the word "student" to describe you, and I let you know that I would be learning from your medical skill base?

Supervisee: Yes, and that made me feel much more comfortable.

Supervisor: That's an example of how to use challenge in treatment, by working directly on the relationship interactions with the patient. What do you think, can you do it?

Let's EXPLORE: Building the Alliance

(Source: Campbell, 2010, p. 100)

Instructions: The supervisee can complete this exercise prior to completing the supervisory working alliance (SWA) measures which would allow the trainee to have concrete examples to reflect on and inform their ratings on the SWA measures.

1. What does the term working alliance mean to you?

2. Identify, if you can, anything your supervisor did or said that made you comfortable.

3. Was there anything your supervisor said or did that made you uncomfortable?

4. Consider your work with patients now. Are you aware of any specific personal difficulties you are having with a particular type of patient (e.g., clients who seem helpless and stuck, or angry patients) or patient populations (e.g., gay, male, or sexually abused patients)? Have you ever discussed this with your supervisor?

5. If not, what is keeping you from doing so?

6. Overfunctioning and underfunctioning are two common patterns used by supervisees to cope with anxiety. Which one is more likely to be your style? Can you give an example?

7. Think about how you personally feel about receiving corrective feedback? Do you experience this, no matter how well it's given, as criticism of yourself personally or of your overall competence?

8. Do you associate the word challenge or confrontation with disagreements, criticism, and negative experience? How comfortable are you with challenge in the supervisory relationship?

Recommended Readings

Ancis, J. R., & Marshall, D. S. (2010). Using a multicultural framework to assess supervisees' Perceptions of Culturally Competent Supervision. *Journal of Counseling & Development*, *88*(3), 277–284. https://doi.org/10.1002/j.1556-6678.2010.tb00023.x

Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of Clinical Supervision* (3rd ed). Pearson Education.

Efstation, J. F., Patton, M. J., & Kandash, C. M. (1990). Measuring the working alliance in counselor supervision. Journal of Counseling Psychology, 37, 322-329.

Falender, C. A., & Shafranske, E. P. (2021). *(2nd ed.). American Psychological Association. https://doi.org/10.1037/0000243-000*

Inman, A. G., & Ladany, N. (2014). Multicultural competencies in psychotherapy supervision. In F. T. L. Leong, L. Comas-Díaz, G. C. Nagayama Hall, V. C. McLoyd, & J. E. Trimble (Eds.), *APA handbook of multicultural psychology: Applications and training.* (Vol. 2, pp. 643–658). American Psychological Association. https://doi.org/10.1037/14187-036

Wood, C. (2005). Supervisory working alliance: A model providing direction for college counseling supervision. *Journal of College Counseling*, *8*(2), 127–137. https://doi.org/10.1002/j.2161-1882.2005.tb00079.x

CHAPTER 5

Factors Unique to Multicultural Supervision

RELEVANT LITERATURE

"Culture is like air. It is all around us, and we are immersed in it whether we notice it or not" (Campbell, 2000, p. 173). As psychologists, it is our responsibility to attend to individual differences and enter our clients' world. We do so because, at its heart, psychology "respects the dignity and worth of all people" (American Psychological Association [APA], 2010). It is in clinical training and supervision that multicultural competence is initially developed and applied, setting the foundation for a lifelong practice. Inadequate attention to diversity issues in supervision can inhibit trainees' cultural competence and impact the efficacy of care. “Developing multicultural competence ensures that all clients will be respected, and their multiple visible and non-visible identities will find a fitting place in clinical understanding” (Falender et al., 2014, p. 3).

Historically, issues of diversity and intersectionality went unaddressed. During the 1980’s, sociopoltical activism and social movements (e.g., women’s liberation) focused their attention on power and oppression. Then, in the 1990s, the focus on group differences grew to include multiculturalism due to the changing demographics of America, as evidenced by a growing multiracial, multicultural, and multilingual U.S. society (Falender et al., 2016). According to Ancis and Marshall (2010), several researchers found in 1999 that approximately 70% of the academic programs they studied did not require specific multicultural psychology training via course work before practicum. Although trainees may have gained multicultural knowledge in areas other than their academic programs, more likely there was a gap in the acquisition of knowledge and skills in this area.

While several multicultural and diversity researchers have suggested that psychology education fails to adequately address the relationship between race, culture, and counseling, more recent literature shows that graduate schools have improved multicultural training (Cannon, 2008; Eklund et al., 2014). Researchers note, however, that attention is still lacking with respect to sexual orientation, gender identity, transgender persons; age; lower SES; and having other diversity statuses (Falendar et al., 2014).

During most graduate programs, psychology students complete several year-long field placements (practicum and internship). The number of placements varies with each discipline, and these placements are designed to be cornerstone experiences, moving them from trainee to an autonomous professional. Practicum and internships are both a part of the training doctoral students receive. While both types of field placements have many similarities, including helping students learn the ins and outs of working in the field and learning to apply theories they

learn in class to real-world interventions, a key difference is the scope of work the student is allowed to perform. In practicums, supervisees closely watch a professional complete tasks such as counseling patients and recommending treatment. Although some practicums are also more autonomous than others, psychology internships generally enable students to work more independently.

Supervisees skill development varies according to their stage of counselor training. Therefore, integrating intersectionality through each level of the supervisee's development allows for the development of a healthy working alliance, development of counseling skills, application of skills in a multiculturally-sensitive manner, and development of the counselor as a multiculturally-competent, intersectionally-aware professional. Further described are integrated strategies and tenets outlining the roles of supervisors and the experiences of supervisees through the stages of counselor development. Within each of these areas, strategies and interventions are provided from an intersectional lens.

Greene and Flasch (2019) suggest that there are three levels of training development. They provide a general framework for utilizing intersectionality in accordance to counselor development. Supervisors may draw from the different levels of development based on supervisee familiarity with intersectionality, maturity, awareness, and skills.

The following table summarizes the developmental trajectory of skill development:

(Greene & Flasch, 2019, pp. 9-14)

Level 1:

Supervisee characteristics. Level 1 supervisees are at a beginning level of clinical development when working with clients (Stoltenberg & McNeil, 2010). Supervisees in early stages of counselor development are aware of theories and skills but often lack the practical knowledge needed for integration into professional work which becomes one of the supervisors' tasks.

Supervisor Role: The Level 1 supervisee benefits from structure and instruction and is less likely to initiate conversations about power (Nelson et al., 2006) and diversity (Ancis & Marshall, 2010), despite valuing them (Ancis & Marshall, 2010; Fukuyama, 1994). Thus, it is the supervisor's responsibility to initiate conversations about power and diversity with Level 1 supervisees. Thus, a supervisor's goal in Level 1 is to introduce and provide a foundational framework of multiculturalism and intersectionality in a way that matches their developmental needs. Therefore, supervisors must strive for a balance between supervisees' needs for structure and skill-based feedback and the promotion of social and personal examinations.

Degges-White et al. (2013, p. 94) suggest that one way supervisors may demystify the process is to model a "not knowing" or nonexpert stance with supervisees, with the goal of fostering trust and mutuality in the relationship and encouraging beginner counselors to take more risks in supervision and with their own clients.

Working with Multicultural and Intersectionality: One concrete way for supervisors to developmentally introduce intersectionality to supervisees in Level 1 is to ask them to consider their own intersecting identities. Shainna Ali Borenstein created an experiential activity, *Pieces of Me*, where participants work in small groups to examine social stereotypes, biases, power, and views of their own and each other's intersecting identities (Ali & Lee, in press; Young, 2017, p 312). In the activity, supervisees are asked to examine how several of their identities (e.g., race, nationality, employment status, employment title, social class, mental health diagnosis, family composition, hobby, sexual orientation) interact to create assumptions, stereotypes, and positions of power. For example, what assumptions does society have about someone who is a CEO and White? What about someone who is a CEO and Black? What if either of those people were male or female, transgender or cis gender? What if they were also obese? How do various combinations of identities intersect to create biases, assumptions, and stereotypes, and how can we challenge those in ourselves? By engaging supervisees in relatable discussions and explorations, they are left with a tangible concept that can be grasped and applied to conceptualizations of clients.

Another way for supervisees to work with intersectionality is to utilize the concept as it applies to Level 1 counseling skills. Bernard (1994) recognized the need for supervisory emphasis in the areas of conceptualization skills and personalization skills. For example, supervisors may ask supervisees to reflect on multiple aspects of clients' identities to help them conceptualize client realities and help them develop a broader view of context. In terms of *personalization*, supervisors may work with beginner counselors to reflect on how their own identities intersect to create a lens with which they view their clients.

Level 2:

Supervisee characteristics: A supervisee at Level 2 has gained experience and is becoming a more autonomous practitioner who is less dependent on the supervisor for feedback and for help with initiating difficult conversations with clients (Stoltenberg & McNeil 2010), including those about identity and intersectionality. Yet, at this level, due to the realizations of the complexities of counseling and growing awareness of the many ways to apply skills, supervisees can feel less sure of themselves than they felt at the first level of counselor development. Though more skilled in the topics, supervisees at Level 2 may still be reticent to bring up difficult conversations in counseling related to intersectionality, multiculturalism, and aspects of power, oppression, and

privilege. Thus, the supervisor must be ready to watch for and encourage those conversations. Level 2 counselors may become overly emotionally invested, perhaps with a desire to rescue or win the acceptance of the client. Additionally, the increasingly autonomous Level 2 supervisee is more likely to push back against intervention of the supervisor. The supervisee development of autonomy should be considered through the differences one sees during adolescence in individualistic versus collectivistic cultures. In individualistic cultures, the adolescent is expected to push back against authority, in this case the supervisor. Expectations for adolescence in collectivistic cultures do not center around the push for autonomy against authority. Thus, the growth of the supervisee through this level may look different depending on the identities of the supervisee.

Role of the supervisor. For a Level 2 supervisee who has already worked with intersectionality within supervision, setting the foundation may be less critical, though there are still developmental needs that should be considered by the supervisor. For a Level 2 supervisee who is new to intersectionality within supervision, it is the supervisor's responsibility to initiate conversations about diverse, intersecting identities as well as the socio-political positioning of those identities. With a supervisee at the second level of development, the supervisor should continue to focus on skill development but at a higher level.

The following domains are identified as foundational counselor competency areas and lend themselves to be addressed through an intersectional lens: (a) intervention skills competence, (b) assessment techniques, (c) interpersonal assessment, (d) client conceptualization, (e) individual differences, (f) theoretical orientation, (g) treatment plans and goals, and (h) professional ethics

Working with intersectionality. The Level 2 supervisee is better able to engage in discussions about intersectionality, which encompasses both intersecting identities and social locations, including privilege and oppression. To expand on self- and other-examinations, supervisors may provide an overview of intersectionality and its origins. Further, they may demonstrate how intersectionality can be applied as a lens for counseling by examining case studies from an intersectional lens.

Given the more complex thinking of the Level 2 supervisee, in addition to the identification with their clients due to their development of self-other awareness, parallel process between the supervisory relationship and the therapeutic relationship is especially meaningful to explore at this stage. To illuminate the parallel process, supervisors should address and discuss the here-and-now processes of the supervisory relationship. For example, a supervisor is urged to process the effect that multiple identities, privilege, and oppression have or may have on the supervisory relationship. Modeling healthy discussions of intersectionality and power in supervision can model those same conversations in a healthy therapeutic relationship.

Level 3:

Supervisee Characteristics: At the third level, the supervisee is an experienced and autonomous practitioner (McNeil & Stoltenberg, 2016). Supervisees at this level are closer to colleagues than subordinates and have developed their own style that may be different from the styles and theories they learned about in school. A Level 3 supervisee is better able to initiate conversations about intersectionality and to identify and discuss power differentials both within the supervisee relationship and within the counseling relationship. Therefore, the responsibility for initiating conversations about intersectionality and culture, including power, privilege, and oppression is more likely to be the supervisee's, though this responsibility should be shared.

Role of the Supervisor: At this level, the supervisor is moving into a role with less authority than at previous levels, and one which involves more collaboration (Bernard & Goodyear, 2014). Supervisors may encourage supervisees to initiate and integrate conversations about intersectionality and power as appropriate for supervisee growth, for example in case conceptualizations and presentations.

Working with Intersectionality: Considering the more advanced skill level of Level 3 supervisees and the development of their own unique style, supervision may provide an opportunity to challenge the assumptions and *ways of knowing* that are inherent in development of a counselor. In conceptualizing skill development in terms of intersectionality, for example, choosing and working from a particular theoretical perspective, it is important to consider which voices have been silenced and which carry more weight (i.e., are recorded and taught). For example, many voices, especially those with intersecting marginalized identities (i.e., black and female), are not taught in typical counseling theories classes. Thus, supervisees may or may not be aware of the contributions and alternate perspectives of female counselors and counselors of color. Intersectional supervision is an opportunity to explore alternate perspectives in counseling that may have benefit for the supervisee or their clients.

What gets in the way of discussing cultural issues in supervision?

Promoting an interest in multiculturism is viewed as healthy because it creates a dialogue in counseling and psychotherapy about the role of diversity in society, it increases tolerance and respect for differences, and it points to how multicultural variation enriches everyone's lives (Burkard et al., 2006). However, there are various hinderances to the process of discussing cultural issues in supervision. For instance, since multiculturalism is a phenomenon that has rapidly evolved, there are older established practitioners, particularly those in a supervisory position, who may not have formal training in the area of multicultural differences.

The impact of a supervisor's lack of competence in diversity is multiplied because of the power differential between the supervisee and supervisor (a function of supervisor evaluation and gatekeeping) and the likelihood that the trainee has had more formal training than the supervisor for diversity issues. Campbell (2000) added that, because unique issues of power and choice exist in supervision, greater problems might arise with supervisees as a result of multicultural differences than with clients. The supervisee may have limited choice in choosing a supervisor and therefore may be left feeling powerless to challenge the supervisor concerning any biases the supervisor may demonstrate and vice versa.

Furthermore, a greater challenge to this issue, is the discomfort that arises from introducing taboo conversations. Falendar et al. (2014) pointed out that "our profession and society, has shifted from, a let's not talk about multicultural differences for fear it will create problems or offend someone attitude, to a belief that we need to talk about them" (p. 5). Hence, difficult conversations may ensue from multicultural discussions in general, and thus many supervisors may be ill-prepared to address these dialogues. Another barrier is that supervisors often neglect to fully consider the impact of the client, therapist, and supervisor factors on therapeutic and supervisory processes. They may be less likely to examine their personal world view, attitudes, or historical or current oppression or privileges as factors in the clinical supervision, shifting their focus instead to the client and supervisee-therapist interpersonal or process factors (Falender & Shafranske, 2004). Some authors have also suggested that when supervisors are unaware of how their areas of privilege (e.g., being White, heterosexual) confer additional social power beyond that inherent in their supervisory roles, not only will they be unprepared to model culturally sensitive practice, but they may also engage in acts of discrimination toward supervisees and/or their clients (Gardner, 2002; Ancis & Marshall, 2010; Falender & Shafranske, 2007).

In practice, many times the focus is on race and gender rather than on the multiple identities. Misunderstanding and strain on the supervisory relationship can arise when supervisors mistakenly assume they understand diversity and background characteristics and belief structures of the client (Singh & Chun, 2010); when supervisors mistakenly assume they know diversity and background

characteristics of the supervisee (e.g., ethnicity, country of origin, immigration history, religion, sexual orientation), supervisees could feel misunderstood or even hurt. Various methods address this issue in the literature, one suggested method is the supervision relationship as it plays a significant role in mediating these dialogues (see supervisory relationship chapter). Through a strong working alliance, a safe environment is established in supervision for trainees to candidly explore roadblocks to treatment, openly address countertransferences, and engage in discussions on cultural issues. In addition, difficult issues do arise in supervision and need to be addressed by the supervisor. Repaired ruptures provide a means to learn from shared experience and helps build greater trust.

Questions for Reflection:

(Source: Burnes & Manese, 2019, p. 66)

1. **How can the supervisor introduce the importance of culture and diversity into the supervisory relationship?**
2. **How does your culture and identities influence your supervision?**
3. **What demands may we need to be considered for first generation immigrant or refugee supervisees?**

CASE Example

(Source: Burnes & Manese, 2019, pp. 66-68)

The Trainee: The intern, Johnny, was a 32-year-old, Vietnamese, heterosexual cisgender male who immigrated to the United States when he was eight years old. He identified with a number of Asian cultural values and collectivistic ideas. He believed that the good of a group outweighs individual needs and goals and that family plays a central role in each family member's life.

Johnny grew up in a low-income household in an impoverished neighborhood and related to the multiple struggle's youths may deal with growing up. In his youth, he was involved in gang activity and had a history of substance use, as well as dealing with drugs. After difficulty with law enforcement and involvement with probation, and after his mother took him to see a shaman who pulled the evil forces out of him that were causing him to engage in these problematic behaviors, Johnny decided that he would change his life. Later, he re-engaged in school and became involved in prevention programs with high-risk youth.

Because of these experiences, the supervisee could empathize with youths and understand multiple factors that could lead youth to exhibit negative behaviors and affiliations with delinquent peers (e.g., poverty, acculturation, acculturative stress, parental discipline, genetic factors, trauma). He affirmed that parents play a major role in the psychological development of adolescents and shared that he may place more blame on parents who fail to engage in their children's treatment. Johnny's previous experiences led him to choose practicum sites such as Asian-focused community mental health center and a juvenile detention center. To provide more depth and diversity to his clinical experiences and training, he decided to apply to a college counseling center to work with undergraduate students, with a particular interest in working with first generation and ethnic minority students.

His primary theoretical orientation was from a cognitive behavioral (CBT) framework in combination with a humanistic perspective and a focus on multicultural issues. He believed that the CBT orientation fir with his values and pragmatic thinking. He also found CBT to be very clear in both its approach and

outcomes, and he believed that it guided his case conceptualization and treatment to successful outcomes with previous clients.

The supervisor: As the supervisee was asked to introduce himself, the supervisor presented in a parallel manner by articulating her cultural being, addressing intersectionality and positionality. She believed that the focus on culture and diversity in the supervisee and supervisor's introduction set the tone for supervision and communicated the importance of culture and diversity within the supervisory relationship and therapeutic work. The supervisor was a professor in the clinical psychology program. She was also a licensed psychologist who maintained a very small private practice in southern California. In these roles, the supervisor had the opportunity to supervise and work with many students over the years. At the time of her work with Johnny, she was a full-time faculty member; supervision and consultation were part of her academic responsibilities.

The supervisor was a third generation, Japanese American, cisgender female from a lower-middle class family. Her parents grew up with immigrant parents in Hawaii during the depression and World War II, and this influenced their worldview, values, and experiences, which then influenced how they raised their children. Deprivation and conservation were emphasized, along hard work and sacrifice. The underlying belief that always being prepared for the worse fostered these behaviors.

These values were instilled in the supervisor and her siblings, and they all worked very hard and had a strong work ethic. Fortunately, the supervisor and her siblings were raised in an area heavily populated by Japanese Americans, which allowed the family's Japanese cultural traditions and rituals to be valued and celebrated in the community in which they were raised. With the density of Japanese Americans, it was common for people who looked and thought like the supervisor to have leadership positions. She believed that this foundation allowed her to develop a strong ethnic identity and to dream that anything was possible in college, she became aware of the reality that her major cultural identities (e.g., race/ethnicity, gender, class) were in marginalized identity dimensions.

The supervisor believed that her primary theoretical orientation was influenced by her early beginnings. Her primary theoretical orientations were feminist and systems oriented. The integration of these two orientations formed how she thought about and understood her clients and determined how she worked with clients to address whatever the concern or issue was at hand. Some key concepts in feminist psychotherapy and supervision include egalitarian relationships, power analysis, empowerment, collaboration, social contextualism, advocacy, intersectionality, and reflexivity.

Competency-Based Multicultural Supervision. Leong and Wagner reviewed 20 years of cross-cultural supervision literature in 1994, and they concluded that most research was theory based, rather than empirically based. Many theories were derivatives of developmental models with unknown efficacy for ethnic and racially diverse supervisory dyads. The researchers argued that "simply incorporating

multicultural issues into developmental models may neglect cultural dynamics of the supervisory relationship and culture of individual participants" (Falendar et al. 2014, p. 15). Similarly, Ancis and Ladany (2010) claimed that supervision models have been critiqued for their narrow focus on race or ethnicity while excluding other factors, and lack of both a comprehensive framework to approach multicultural supervision issues and empirical support.

Some of these areas include bilingual supervision. Consoli (2020) claimed language is an essential component of culture and the therapy, but it is generally unaddressed in supervision and training. Competence in bilingual supervision is an area that needs improvement and requires education, training, and experience. Ethnic matching and enhancing cultural competence are not sufficient factors to deliver effective treatment. The author also suggested that bilingual therapists receive supervision in Spanish and train in bilingual practicums. Relating to clients from another culture requires awareness and knowledge of the culture, and skillful practice to address its influences. Because of the complexity of these cultural and linguistic dynamics, a new approach is therefore needed in multicultural supervision.

The Competency-based model of supervision (Falendar & Shafranske, 2007) constitutes a new category of supervision models and provides a framework that informs multiculturally competent clinical supervision. In critical ways, competency models are trans-theoretical and can be integrated with other approaches including developmental and psychotherapy-based supervision models. Specifically, it provides a structure for systematic self-assessment, feedback, and evaluation and is defined as

> An approach that explicitly identifies the knowledge, skills, and values that are assembled to form a clinical competency and develop learning strategies and evaluation procedures to meet criterion-referenced competence standards in keeping with evidenced-based practices and the requirements of the local clinical setting (Falendar & Shafranske, 2007, p. 233).

Competency-based clinical supervision provides a framework to understand the complexity of the interaction of diversity and worldview among the supervisor, supervisee, and client, while also applying it to the clinical and supervision contexts. The steps implicit in the combined models' implementation are the development of the supervisory alliance through collaboratively determining goals and tasks for the period, a process resulting in an emotional bond between the supervisee and supervisor. In this process, it is hoped that the supervisor and supervisee will develop a shared vision of supervision; general supervisory expectations, and the importance of identifying conflicts, disagreements, or strain, and normative parts of clinical and supervision process (Falendar et al., 2014). The supervisor models openness and self-assessment of relevant belief structures, biases, and preferences with regard to specific clients

and contexts and encourages greater self-awareness and integration of the multiple frames of shared and overlapping identities between client, supervisee/therapist, and supervisor. Falendar and Shafranske (2007), suggested that essential to the process is addressing privilege, oppression, and social justice. Within this model, a significant role of the supervisor is to provide a safe environment in which the supervisee can disclose personal factors and reactivity to clients. The supervisor models identification and management reactivity (or countertransference) (Burnes & Manese, 2019).

The supervisor provides ongoing and specific formative feedback, based on behavioral observations of clinical work that are timely and targeted to the supervisee's goals and performance. The supervisor ensures transparency in all aspects of feedback to the supervisee (Falendar et al., 2014). It is expected that the supervisor will face challenges along the way including, supervisee's lacking self-awareness or motivation or having the capacity for in-depth self-examination. Also, not all supervisees will be trusting of the supervisor or the supervisory process to disclose diversity or multicultural factors that are relevant to the process (Gonsalvez & Calvert, 2014). Falendar and Shafranske (2014) suggested that adopting an intentional framework is essential to facilitate supervisory processes to enhance diversity and multicultural competence and can be initiated by the following:

1. Informed consent in the supervision contract regarding the important role that cultural diversity factors and personal countertransferences play in clinical supervision and services
2. Modeling appropriate targeted self-disclosure of cultural or diversity impact of clients on the supervisor to the supervisee opening the door to reflections (e.g., This might be a generational difference in our attitudes toward this client or the fact that I share a cultural/religious background with this client may be a factor from our different viewpoints)
3. Allowing time for the supervisory alliance to develop
4. Seeing that multiculturalism and diversity are a part of the competency's expectations, and specific goals may need to be identified to facilitate development (e.g., recognizing impact of self on others, articulating attitudes, values, and beliefs toward diverse others)
5. Understanding that strains and even ruptures in the supervisory relationship may occur if misunderstandings occur, and
6. Committing to providing a multiculturally/diversity affirmative supervisory environment.

Attached you will find an example of a supervisory contract that incorporates questions related to multicultural issues, development of the supervisee,

Overall, the Competency-based model of supervision provides a more comprehensive framework that can be integrated with existent developmental models. This model also advocates for greater transparency and objectivity in the

supervisory relationship. Essential to this model is the monitoring of the supervisee's competency development.

Cross Cultural Supervision. Ethnic and racial differences influencing the supervision process is a common theme found in the literature of trainees' perspectives and experiences of multicultural supervision. For example, those in racially dissimilar supervision dyads anticipated more culturally related problems. Hernandez and McDowell (2010), discussed the interrelation between the power differential and cross-cultural supervision. White privilege often remains unacknowledged by individuals who are White and other supervisory identities associated with privilege may also go unaddressed in supervision. A consequence of unexamined power differentials maybe that supervisors, in a given cultural context, may accept the mainstream culture as the standard for evaluating behavior without regard for culturally diverse individuals' experiences.

One study found that Black supervisees anticipated their supervisors to be less empathic, respectful, and congruent than did their White counterparts. Another study examined 225 racial and ethnic minority supervisees, and found that trainees were more satisfied with supervision if they perceived their socioracially different supervisors expressed conditional and genuine interest in them (Lee, 2017). Along similar lines, Soheilian et al. (2014) surveyed 115 supervisees across a variety of fields within human services on their perceptions of culturally competent supervision. Supervisees suggested that culturally competent supervisors: facilitate exploration of cultural issues, discuss culturally appropriate treatment plans, facilitate self-awareness of supervisees within the supervisory session, challenge and encourage cultural openness, focus on alliances between supervisee and client, encourage learning, focus on general cultural issues, and self-disclose personal information when deemed appropriate. This literature further supports the need for understanding how supervisors demonstrate multicultural competence and the impact it has on the work environment and satisfaction.

Another critical area of competence identified in the literature, is providing supervision to international supervisees. International trainee's level of acculturation is a distinctive variable to the supervision experience. Trainees who are in the process of acculturation deal with complex factors as they balance integration of the majority culture and the preservation of their own culture. Therefore, several socio-cultural factors (e.g., country of birth, religion, years of residence in the US, age, and level of education) are known to differentially affect their acculturation process. Hence, attending to multicultural issues in supervision is deemed necessary in order to help the supervisee develop their professional identity (Sue et al., 1992). Mori et al. (2009) explored the relationship between international trainees' acculturation level and cultural discussion on supervision satisfaction. The authors found that that the level of acculturation and the degree of cultural discussion predicted the level of satisfaction with supervision among international trainees. As such, international trainees expressed higher levels of

satisfaction when they engaged in discussion of culture. These findings are consistent with previous research.

Jang et al. (2019) found in their study participants sharing their experiences with cross-culture supervision.

Case 1: Britney, a 31-year-old woman, shared her concerns with this issue:

"Some of the negative experiences I've encountered with my cross-cultural supervisor is a lack of communication... I think the culture barriers between minorities or between African American woman and a Caucasian supervisor, sometimes we have a lack of understanding."

Case 2: Three participants from an eastern Asian country also stated they experienced different communication styles that negatively affected communication in supervision.

Michael stated, "In my home country, I was the person who always received feedbacks, advice... I didn't know what to do when supervisors here asked me about my opinion in terms of cases or my clients... When they asked me, I was not ready to answer, because I was just ready for receiving feedbacks and advice. That was, I think, the biggest problem that I had."

Researchers have argued that a supervisor's level of multicultural proficiency can affect the quality of functional cross-cultural supervision. In addition, a supervisor's communication style may influence a supervisee's awareness of the supervisor's characteristics/backgrounds (Lee, 2017).

Other researchers found that international supervisees and African American supervisees had significantly different experiences and perspectives toward White supervisors in supervision settings. For instance, both international and African American participants discussed cultural sensitivity (i.e., cultural communication styles and micro-aggression) and incorporated expectations informed by their individual culture into their supervisory relationships. Specifically, all participants in the study reported experiencing difficulty communicating with their White supervisors. However, the nature of the challenges was different between international and African American participants. African American participants perceived White supervisors' attitudes as being less concerned with taking the effort to understand their unique cultural identity and concerns (i.e., barriers) which disrupts the effectiveness of the supervisory relationship. Also, African American participants felt discrimination from White supervisors during the supervision process. Such collapses in communication can negatively influence the supervisory satisfaction for both supervisors and

international supervisees and may express a message of White supervisors' cross-cultural insensitivity, especially regarding diversity issues (Mori et al., 2009).

In contrast to African American participants' views on cultural communication styles which strongly links to White supervisors' unresponsive attitudes, international participants perceived that cultural communication styles related to different culture orientation (i.e., collectivism vs. individualism) rather than White supervisors' attitudes. In supervision settings, international supervisees from collectivistic cultures, in particular, may expect to receive directive suggestions and advice from supervisors and be less active in sharing their ideas with supervisors (Lau & Ng, 2012). This expectation would conflict with White supervisors' supervision approaches that were established from Western European models, which emphasize interactive communications in supervision.

Exercise: To introduce the issue of culture into supervision, you might want to say the following:

(Source: Popejoy et al., 2019, p. 23).

"I'm thinking about the fact that you are Black, and I am White (or male or female, etc.). What impact do you think this will have on our relationship? Do you have any concerns about that? Do you see any problems? I realize that I don't have a lot of experience working with_____. What do you want me to know? What things do you want me to be sensitive toward? How would you like to handle communication, especially when you feel I don't understand?"

Other questions that can help initiate conversations in cross-cultural supervision includes: How might my identity as a Jewish woman influence the way you view and interact with me as a supervisor?

1. How might it influence the way I view and interact with you as a supervisee?
2. What obstacles might we need to overcome to engage in meaningful work?
3. Is there inherent power in our respective identities and if so, what is it?
4. Which parts of our identities carry social power, and which carry oppression?
5. How does inherent power change by introducing additional intersecting identities?

Intersectionality in Supervision. Social justice is described as the "fifth force" in counseling (Ratts, 2009, p. 160), wherein the counselors become advocates and recognize clients' problems as contextualized in social political factors (Greene, 2019). It is essential to address issues of diversity, intersecting client identities, and relative power and privilege in society in all areas of clinical work including therapy, the supervisory relationship, and supervision of clinical work. Yet, there remains a gap in the supervision literature on how intersectionality can be infused

in clinical supervision with practical applications in the supervisory relationship. Addressing intersectional identities in supervision is critical in order to address multiple aspects of diversity in supervision (Greene, 2019).

"Expanding on factors of feminism and multiculturalism, intersectionality utilizes a broader definition of multiculturalism to include all aspects of diversity, both visible and hidden. Additionally, intersectionality focuses not only on intersecting identities but, more importantly, on the intersecting systems of power and oppression." (Greene, 2019, p. 5). Commonly, the examinations through a diversity lens have focused on particular aspects of power, such as gender, race, and sexual orientation and failed to include others, such as ability and disability status, class, trans identities, and nationality. Although the examinations of these constructs are important, limiting the focus to certain aspects of identity can potentially perpetuate the invisibility of other core aspects while also failing to consider the true nature of someone's experience. Further, it may preserve a bias regarding who is included in intersectionality and what identities are important for examination (Ratts, 2009).

Nelson et al. (2006) suggested several practical applications to infuse intersectionality into supervision. For example, in earlier stages of trainee development, the supervisor should initiate conversations about power and diversity. "Supervisors must strive for a balance between supervisees' needs for structure and skill-based feedback and the promotion of social and personal examinations" (Green, 2019, p. 9). Thus, a novice supervisee can be introduced to foundational framework of multiculturalism and intersectionality. Doing so grounds the supervision experience and prepares the supervisees for discussions of intersectionality and examinations of power and oppression as they become more skilled in their clinical work. Early introductions to this topic also help demystify the process and in turn the supervisees become more comfortable with process dialogues (Nelson, 2006).

Similarly, Greene and Flasch (2019) argued beginning supervisees are often anxious and self-focused as they develop their therapy skills. Therefore, the supervisor's role is to ground supervision as egalitarian, reflective, and collaborative processes. Supervisors can do so by modeling openness and clarity regarding the supervision, the clinical experience, and the supervisory relationship. By taking these initial steps, it helps supervisees understand what is occurring in supervision sessions with their supervisor and become more comfortable with the process. Educating supervisees on the supervisory process is an important aspect of intersectional supervision as it serves to lessen hierarchical structures and also models for supervisees how they can do the same with their clients.

One concrete way for supervisors to developmentally introduce intersectionality to beginner supervisees is to ask them to consider their own intersecting identities. Supervisees are asked to examine how several of their identities (e.g., race, nationality, employment status, employment title, social class, mental health

diagnosis, family composition, hobby, sexual orientation) interact to create assumptions, stereotypes, and positions of power.

- What assumptions does society have about someone who is a CEO and White?
- What about someone who is a CEO and Black?
- What if either of those people were male or female, transgender or cis gender?
- What if they were also obese?
- How do various combinations of identities intersect to create biases, assumptions, and stereotypes, and how can we challenge those in ourselves?

(Source: Greene & Flasch, 2019, p. 15)

By engaging supervisees in relatable discussions and explorations, they are left with a tangible concept that can be grasped and applied to conceptualizations of clients. Creating developmentally appropriate opportunities for analysis helps supervisees gain a more concrete view of intersectionality, its application to counseling and supervision, and allows for supervisee growth as an intersectional counselor (Greene & Flasch, 2019). Further, Stoltenberg and McNeil (2010) argue that more advanced supervisees, are better able to focus on cognitions and emotions of the client and to engage in discussions about intersectionality. To expand on self and other examinations, supervisors may provide an overview of intersectionality and they may demonstrate how intersectionality can be applied as a lens in clinical work by examining case studies from an intersectional perspective. Given the more complex thinking of advance trainees, in addition to the identification with their clients, the parallel process between the supervisory relationship and the therapeutic relationship is especially meaningful to explore at this stage. "For example, a supervisor is urged to process the effect that multiple identities, privilege, and oppression have or may have on the supervisory relationship. Modeling healthy discussions of intersectionality and power in supervision can model those same conversations in a healthy therapeutic relationship" (Greene, 2019, p.16). At this level to advance trainee growth, supervisors should work with their trainees not only to examine the roles of identities in their client's lives, but also the impact of sociopolitical systems that award power and privilege, or, conversely, marginalization and oppression based on those identities. It is also the ideal time to explore their own intersectional identities and examine their assumptions, biases, and privileged or marginalized identities (Stoltenberg & McNeil, 2010).

CASE EXAMPLE:

(Sources: Moradi, 2016; Greene & Flasch, 2019)

You are a White, male, Christian counselor named Robert. Pritima enters your office seeking counseling for depression. She presents as an able-bodied, Hindu, female, undergraduate international student from India. In her intake form, prior to knowing which counselor she would be assigned to, she revealed she was struggling with her upcoming arranged marriage, but when you ask her about it, she quickly changes the subject and states she would rather focus on school-related stressors.

- Whose experiences are at the center of analysis?
- How is intersectionality conceptualized and examined?
- What are the things considered to be intersecting?

In this case, supervisors want to help supervisees examine the multiple identities of Pritima and Robert, how they intersect, how they influence each person's realities, and how they may influence the counseling relationship and client outcome.

1. How do Pritima's identities intersect in terms of power and oppression and how do these identities affect her experiences, both in society and personally? That is, what does it mean to be a Hindu woman of Indian descent living and studying in the United States? Would this experience be different if Pritima was male rather than female? How does gender as its own identity affect the other aspects? What potential marginalization is she facing in her native culture as well as in the United States? What cultural expectations exist as a result of the overlapping identities?

2. How do Pritima's and Robert's identities intersect in the counseling room? That is, what is Pritima's experience as a client in counseling with Robert? What cultural values and power differentials may affect how she interacts with and what she opens up about with Robert? What internalized beliefs might she have about Robert as a White American Christian male, and how might it affect her counseling experience? Would this be different if Robert was of Indian descent? Would it be different if he was female? How do each of Robert and Pritima's identities create a reality? What societal power is given based on the each of their identities?

3. Given the intersecting identities and power associated with them, what counseling skills would be most useful in this session? What are the implications of Robert respecting Pritima's request to focus on school-related stressors? What does that communicate about a White male, respecting her wishes regarding the topic of focus? When and how might it be helpful to bring up the differences in their identities and how that impacts the counseling relationship?

In sum, to date, the vast multicultural supervision and training literature conducted has focused either on gender or race, and conversely, awareness and comprehension of intersectionality in multicultural supervision is extremely

limited. Integrating intersectionality into clinical supervision is complex work that requires skills and knowledge. However, the clinical work is not complete without looking at all of the intersecting identities. Essential to this guidebook is the attention given to all diversity and multicultural issues in supervision. An improvement in client conceptualizations and interventions that better account for diverse and intersecting identities is deemed necessary, and thus a continued emphasis on intersectionality is warranted in clinical supervision.

CASE EXAMPLE 1: Navigating issues of Intersectionality in Supervision

(Source: Falendar et al., 2016, pp. 219-223)

The following is a case example that demonstrates how to navigate supervision when differences exist in sexual orientation within the supervisory triad (i.e., supervisor, supervisee, and client). In this case, the supervisor identifies as a heterosexual female, is a long-standing ally of LGBTQ people, and has more than 15 years of supervisory experience. The supervisee, who identifies as lesbian, is in her first year of her doctoral program in counseling psychology and has had limited experience as a therapist. Both supervisor and supervisee are White, with middle-class European American backgrounds.

Taehyung, a Korean male, self-identifies as gay but often questions his sexual orientation because of his Christian religious beliefs. He is secondary-year doctoral student in sociology program at a mid-Atlantic public university. Taehyung grew up in Korea but before his doctoral studies worked in Europe and South America for a Korean government agency. Taehyungis the only member of his family to live outside of Korea. He is struggling financially and has received limited resources from his family. At the beginning of treatment, Taehyung reported experiencing moderate depression and anxiety resulting from career indecision; social isolation; and adjusting to living in a small, small rural community. Although sexual minority status was discussed during the treatment, much of the clinical focus was on his depression and anxiety as they related to his other concerns.

In this first supervision scenario, the supervisor and the supervisee discuss how to develop the therapeutic working alliance, given that Taehyung is gay and the supervisee is lesbian. The question at hand is whether it would be therapeutic for the supervisee to come out as a lesbian to Taehyung. The supervisee and supervisor had an established relationship, as the former was in a multicultural class taught by the latter. The supervisee had observed the supervisor's comfort and knowledge concerning LGBTQ issues which provided an open and affirmative environment in supervision. This contributed to the supervisee's comfort in coming out to her. In this environment, the supervisor could explore her own experiences of coming out and assess whether coming out to the client is therapeutic.

Supervisee: I don't know how to effectively join with Taehyung, particularly since I know he's gay and he doesn't seem to have any idea that I'm a lesbian.

Supervisor: What makes it difficult?

Supervisee: I'm an out lesbian in this community, and he's questioning his sexual orientation per se but rather how to connect with the gay community in this town. I don't know if I should come out to him or not. If he becomes involved with the gay community, we may run into each other.

Supervisor: Yeah, you might run into him… but do you have other concerns… like coming out to him when he isn't really talking about his sexual orientation?

Supervisee: Yeah. I don't know how my disclosure of my sexual orientation to him is clinically relevant… but a part of me wants him to know that I understand an important part of his identity.

Supervisor: Well, let's explore more about your reluctance to come out to him… I know you are in other parts of your life.

Supervisee: This seems different than coming out to friends or colleagues, because I am not in a therapeutic relationship with them. But I guess its similar because I would be concerned how it would affect those relationships too. And if he does show ambivalence about his sexual orientation, I'm not sure how it would be helpful for him to know I'm a lesbian. I'm thinking that if I tell him it would give him room to process all the aspects of what it means for him to be gay… if this issue should come up.

Supervisor: Any other reasons? For example, what about your alliance with him?

Supervisee: I'm not sure how to tell if my coming out to him is affecting him or our relationship… maybe he would reject me as a therapist… maybe it would improve our alliance. I wouldn't want to make him uncomfortable.

Supervisor: I'm guessing that you've had this question about coming out in other situations, and I wonder what makes this different.

Supervisee: Maybe that I think that I want his experience of me to be that I'm affirmative…. So how can I do that without him knowing my own sexual orientation? This is different, since usually coming out is how I do this? Also, self-disclosure in my therapeutic relationship is not something that I often do with clients…but a part of me wants him to know that I can really understand this aspect of his identity.

Supervisor: This is a real dilemma for you, isn't it? So how can you show that you are affirmative without coming out to him?

Supervisee: I'm not sure… maybe by not pathologizing his experience or struggles as a gay man… I don't want to discount that fact that he's gay by not talking about it at all. It would be easy to just ignore the issue and talk about other issues… but in a way it would give him the message that therapy is not a place he can explore this and how it affects his life.

Supervisor: I agree that it's important to create a safe environment where he can explore this part of his identity.

This example is an instance of parallel process and evidence the importance of a strong working alliance. An integral part of multicultural supervision is for the supervisor to respectfully discuss LGBTQ issues in a way that is neither threatening nor critical. In this case example, the supervisee experiences the supervisor in a way that is safe and accepting. The supervisor helps the supervisee examine her assumptions related to how to provide an affirmative environment for the client. This example of affirmative supervision enabled the supervisee to think about how to provide a similar affirmative environment for the client. Yet, the supervisee discovers that coming out may not be the only way to create an affirmative environment for her client regardless of his presenting concerns.

Another important part of this therapeutic relationship is the intersection of religion and sexual orientation, which is often difficult to navigate. Multicultural supervision assumes that as the supervisory relationship becomes more open and affirmative, other aspects of the supervisee's identity can be explored. In this next segment, the supervisee explores with the supervisor her discomfort with her own views of religion and sexual orientation.

Supervisee: It seems like Taehyung is struggling with fitting in, given is many cultural identities. First, he's Korean in a predominantly White culture. Second, he attends a Christian church that he's not sure accepts him as a gay person. Third, he's a gay man with a desire to connect with the gay community in town. I feel like I'm one of his only main supports in his life.

Supervisor: So true… what do you know about his experience?

Supervisee: I think we talk mostly about his lack of connections with others in his program and the Asian community because he feels different there. He also talked about how important his faith is to him and how important it is for him to include that in his life. We dont really talk about how these all work together… but when you add in his identity as a gay man I can see why he's having difficulty connecting to others… I'm not sure where to go from here. The only identity I think I know the

most about is his identity as a gay man… I guess I know very little about his experience.

Supervisor: Quite a few different identities… maybe it would be helpful to talk about your own issues around religion and sexual orientation. What are your assumptions about his experience?

Supervisee: Well to start, I think it would be difficult to be Asian in a predominantly White community… and then add the gay man component… he could be feeling very isolated. See, that's why I feel a lot of pressure in my relationship with him… because if I don't understand his experience better, he might not get the treatment he needs.

Supervisor: I'm not sure I'm understanding what the pressure is about for you. It's interesting that you really didn't answer my questions about your assumptions regarding religion and sexual orientation.

Supervisee: Yeah… I'm making assumptions about what his experience of being gay and Christian is like. He has been shopping around for just the right church, but he has alluded to his willingness to give up his gay identity to have a better religious community. My immediate reaction is to help him see how wrong it would be to not be himself as a gay man because of his faith in God. But I guess that's just as bad as the opposite of suggesting conversion therapy. He has not directly asked about conversion therapy, but he has talked about how his gay identity is not as important to him as having a Christian community.

Supervisor: Let's talk more about your reactions about being Christian and gay at the same time. Do you think that is possible or not? It seems from what you have said that you don't think it is possible to have both.

Supervisee: Yeah, I guess in my desire to be affirmative around being gay I'm not being open enough to other identities he talks about being important to him. Of course, I would never give him advice to pick one or the other, but secretly I feel I would like to protect him from rejection. I'm not sure why I feel I need to protect him.

As demonstrated in the previous segment, it can often be difficult for the supervisee to discuss sexual orientation and integrate that with other aspects of the client's identity, such as religion. Consistent with Falendar and Shafranske's (2004) definition of diversity competence, it is the responsibility of the supervisor to create the affirmative environment necessary for supervisees to discuss the integration of their own and client's multiple cultural identities.

CASE EXAMPLE 2:

Source: (Mitchell & Butler, 2021, p. 111)

Sydney is a master's-level clinical mental health student in intern- ship being supervised by Laurie, a faculty supervisor at Sydney's university. Sydney identifies as a White man who is a member of the LGBTQ+ community. He also identifies as spiritual; however, he does not follow any religious theology. Laurie is a Latinx woman who was born and raised in Brazil prior to immigrating to the United States at the age of 14. Laurie identifies as a Christian and is an active member of her church community. As a professor, Laurie has been supervising for 3 years and follows the MISM. Laurie and Sydney have collaboratively established Sydney's supervision goals of developing basic proficiency in counseling skills with a foundational understanding of the Multicultural and social justice supervision.

In a supervision session, Sydney discusses his discomfort with a female client who he is seeing as an individual client. Sydney reports that he is struggling to establish a therapeutic relationship and to minimize the client's storytelling behaviors in session.

Laurie used this supervision session to discuss the intersection of multicultural identities within counseling. Laurie presented an activity in which Sydney was instructed to think of his five most salient identities and to write them on a piece of paper. Afterward, both Laurie and Sydney shared their identity responses. Next, Laurie facilitated a discussion whereby Sydney explained briefly why he chose certain identities, and later, she processed with him how multicultural identity ultimately affected their supervisory interactions. Laurie then highlighted Sydney's salient identities as White, male, a member of the LGBTQ+ community, and a spiritual individual. She inquired how these identities affected his work with his client. Through discussion, Sydney identified his reluctance to use interrupting skills with his client as he did not want to intimidate his client because of his maleness. Sydney and Laurie then engaged in a discussion that allowed for him to further process how his identities affected supervision and clinical practice with clients. Afterward, Sydney was encouraged to use the same or a similar activity in his next clinical session with his client to discuss multicultural elements in their counseling relationship.

In this scenario, Sydney lacked awareness and counseling self-efficacy to navigate the dynamics occurring within the counseling session independently. Throughout the scenario, Laurie assumed the role of counselor to explore Sydney's discomfort with his client on the basis of the Multicultural and justice supervision. As a result, Sydney could identify a counseling skill he had underutilized because of in-session dynamics. This balance of structure through the activity and support allowed Sydney autonomy commensurate with his developmental level. Conversely, if

Sydney had been in a different developmental level, specifically, Laurie might have tailored her supervisory approach to provide more autonomy by (a) facilitating a discussion on the parallel process or (b) instructing Sydney to complete a self-report multicultural competency measure. After completion of such a measure, Laurie would have been able to modify her supervision interventions to meet Sydney's self-reported developmental needs.

Recommended Readings

Ancis, J. R., & Marshall, D. S. (2010). Using a multicultural framework to assess supervisees' Perceptions of Culturally Competent Supervision. *Journal of Counseling & Development*, *88*(3), 277–284. https://doi.org/10.1002/j.1556-6678.2010.tb00023.x

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CHAPTER 6

Courageous Dialogues

RELEVANT LITERATURE

"Multicultural supervision refers to supervisory situations in which supervisors and trainees examine a variety of cultural issues pertinent to effectively counseling diverse clients" (Ancis & Marshall, 2010, p. 277). The process dialogues are vital to multicultural supervision, and yet, relatively little attention has been paid to the process by which multicultural issues are addressed in supervision (Ancis & Marshall, 2010). According to Sue et al. (2010), developing culturally competent practitioners and trainees has proven to be a significant challenge when race-related issues are involved. More recently, it has been argued that the acquisition of knowledge and skills is insufficient to achieve cultural competence. Instead, attending to powerful emotions and unconscious biases are also critical for effective cultural competence training. Honest and open dialogues on diversity between individuals are noted as a valuable tool in supervision. These dialogues create an environment that promotes racial healing, lessens the power of oppression, makes hidden biases visible, and facilitates understanding different worldviews (Willow, 2008).

> Sue et al. (2010) examined the perceptions, interpretations, and reactions of trainees in counseling psychology graduate classes. It was found that the participants appeared to have difficulty understanding how and why difficult dialogues on race occur. In addition, preexisting attitudes,beliefs, and feelings seemed to serve as major barriers to discussing race honestly and openly. Nearly all White participants revealed that engaging in racial dialogues provoked fears about appearing racist if they engaged in these conversations. For example, participants made statements such as 'if I talk about race, I'm going to reveal my own biases or considered close minded.' Thus, as a result of this fear, they would either not participate and/or say safe things from the perspective of political correctness. This fear served as a barrier to participants express their authentic feelings about race (p. 209).

Other participants did not engage in these dialogues because they felt they had no right to dialogue on race "if you haven't experienced racism, you know, as a victim, you don't necessarily have a right to talk about race." Part of their rationale resided in acknowledging how privilege and advantage prevented them from learning about race. To illustrate, "One female added that it is her White, privileged, Christian background that is responsible for her not having an opinion

about race" (p. 209). This study also revealed that when the participants had less experience discussing racial and cultural issues, they endorsed more anxiety and discomfort when engaging in these dialogues. Given this finding, in relevance to multicultural supervision, it may be helpful to normalize and participate in these dialogues more often so that the supervisors and supervisees feel more comfortable discussing their cultural biases and assumptions.

Based on these findings the author stated and specifically recommended the following strategies to enhance these discussions:

Source (Sue et al., 2010, p. 211)

(a) Validating emotional reactions to dialogues on race, everybody is allowed to have their feelings and would be allowed to say anything
(b) Facilitating their open discussion, many agreed that recognizing and naming the racial tensions between students was helpful and described it as a here and now processing
(c) Instructors modeling openness and honesty in discussing their own biases, weakness, or disruptive personal feelings.

In contrast, an unhelpful strategy they identified was related to the instructor's passivity. The participants noted that when the instructors took a passive approach to facilitation, they viewed as a missed opportunity to process their emotional reactions in the different dialogues. Given the results of this study, facilitating dialogues of cultural issues in supervision can allow the trainee to explore and process personal assumptions and biases. The here and now processing is an essential aspect for a healthy and productive conversation on culture. While several barriers prevent students from engaging in these discussions (e.g., fears and misunderstandings of others), students generally appreciate when instructors facilitate these discussions, "such approach demystifies the "elephant in the room" (p. 212). However, to engage in these discussions, it is essential that the supervisor/instructor validates emotional reactions, allows for open discussions, and models honesty and openness in discussing personal biases and weaknesses. The more supervisors and trainees likely engage in these discussions, the lesser the discomfort and anxiety.

Hill (2003) also recommended as part of the supervision process that supervisors/instructors encourage trainee self-assessment by having students reflect on their own personal competency. Self-reflection stimulates awareness of biases, beliefs, and attitudes while also promoting cultural humility.

(**a) What do I know now?**
(b) What do I need to learn to be more culturally competent?
(c) When and how am I going to learn?

Research reveals that a supervisor's multicultural competence greatly affects the supervisor-supervisee relationship (Green & Dekkers, 2010). When supervisee's perceive that their supervisor is multiculturally competent they report a higher level of satisfaction with supervision (Inman, 2006). When supervisors are multiculturally competent supervisees are also more willing to have discussions about diversity and power dynamics during supervision, which contributes to their ability to best serve clients. Despite this emphasis on multicultural competency and supervision in the literature, few scholars have examined "what supervisors say and do in supervision that translates into culturally responsible work with clients" (Soheilian et al., 2014, p. 380) or what multicultural supervision looks like with supervisees.

Addressing microaggressions in supervision. Jang et al. (2019) examined the clinical supervision experiences of minority supervisees with different backgrounds than their White supervisors. They claimed that weak supervisory relationships could adversely impact a supervisee's competency, negatively influencing the client. In their study, they found eight out of ten participants expressed that they experienced micro-aggressions, producing a typical response "(i.e., discrimination and stereotyping). Jennifer replied that her negative experiences consisted of discrimination from her White supervisor.

> Jennifer stated, "When it came to feeling am I being treated differently or is it because I'm black, it's like I didn't have anyone to go reference to and say, 'Well, how did you deal with this or has this happened to you?" Then if I did mention that I felt discriminated or I felt like I was treated differently, they wouldn't respond to it. They would say, 'Well, I think you're just thinking a little bit much into it' or be little the fact that I actually felt different and that I shouldn't" (Jang et al., 2019, p. 8).

In addition to the reported microaggression experiences, two participants noted that they felt stereotyped. The participants described that their supervisors' perceptions of supervisees' minority status may influence supervisors' stereotypes toward minority supervisees.

> Cindy replied, I think it's related with my minority status because I experienced her as a person having some kind of stereotypes. She doesn't tell me because you know you don't tell stereotypes—the person who you have stereotypes about. Then if other supervisor I have, "Oh, this supervisee has very limited skills or if I think that this supervisee doesn't understand that US culture or if I say, "This supervisee doesn't have much to offer," I will just bring the expectations down and down to the basic minimum" (Jang et al., 2019, p. 9).

Case Example:

(Source: Burnes & Manese, 2019, p. 55)

The current case involves three individuals: the supervisor, the supervisee, and the client. The supervisor in this case is a 39-year-old, White, heterosexual, middle-class female. The supervisee is a 29-year-old, White, heterosexual, middle-class male. He is a third-year doctoral student in a counseling psychology program located in the northeastern part of the United States. The client in this case is a 47-year-old African American heterosexual working-class female. The primary diagnosis of the client in the current case is Major Depressive Disorder. This case highlights how the current supervisor worked with her supervisee, who perpetrated a microaggression during his work with the client.

The training clinic in this case is a community mental health center at the university where the student is pursuing his doctoral degree. In this case, the microaggression from the clinician to the client occurs during the sixth session of a potential period of 16 sessions.

The microaggression happens when the clinician discusses potential career options with the client. During the session, the client expresses her desire to return to school to complete her bachelor's degree in accounting. The clinician asks the client if she is certain she wants to purse this particular degree since it might not be a "good fit" for her. After this, the client questions the clinician's statement by stating, "Why, don't you think I can complete an accounting degree? Why would you say that to me?" In the moment the clinician becomes flustered and states that he did not know why he had provided that feedback and quickly changed the topic to something else. The session ended shortly thereafter. This incident became the focus of the next supervisory session.

Scholars agree that the examination of what it means to be White is particularly challenging to White student trainees because before coursework, many White individuals have never thought about what it means to be White (Burnes & Manese 2019). Sue and Torino (2005) claimed White trainees fear that they harbor unconscious biases and prejudices toward people of color. The literature on overt racism and implicit bias has found that White people conceive of themselves as nonracist individuals, and therefore developing self-awareness of their own biases can be threatening to their egos (Sue, 2013). In the case described above, it might challenging for the supervisee to cultivate the awareness that his racism, sexism, and/or ageism came into play when he questioned whether or not accounting was a "good fit" for his 47-year-old African American female client.

Supervisory Interventions

For this case, the supervisor directly addressed the microaggression perpetrated by the supervise. During the supervision, the supervisor asked the following open-

ended questions: "How did you feel after the client questioned your statement? How did you understand those feelings? What influenced your question to the client?" The supervisor went on to model how some of her own biases with respect to race, social class, age, etc. have influenced her own work with clients. In addition, the supervisor assisted the student in understanding how his own racism, sexism, and ageism could impact his statements and questions during sessions. Throughout the supervision session, the supervisor created a non-defensive, nonpunitive stance by framing her interventions as an attempt to assist the supervisee by deepening his self-awareness, knowledge, and skills so that he could develop comprehensive levels of competencies and maximize his effectiveness in working with his client.

According to Davys (2019) courageous conversations on diversity are likely to be more successful when they are conducted in a climate where there is trust and where there is clear communication and mutually agreed upon parameters which shape these conversations. From a survey of 128 individuals who had graduated from, or were currently enrolled in, doctoral programs in psychology or other related programs and who reported on the best and the worst supervisors they had experienced, Ladany et al., (2013) found that effective supervision "encouraged autonomy, strengthened the supervisory relationship, and facilitated open discussion" (p. 28). Nelson et al., (2008) found that supervisors who were perceived as skilled at managing conflict were seen to be: "open to conflict and interpersonal processing, willing to manage shortcomings, developmentally orientated, and willing to learn from mistakes. They believed in creating strong supervisory alliances, discussing evaluation early on, modeling openness to conflict, and providing timely feedback" (p. 172).

How do we prepare for courageous conversations?

Davys (2019) suggests that having self-awareness is the first step to addressing uncomfortable and difficult conversations. Until a situation is noticed and valued, it cannot be addressed. Therefore, the supervisor must be alert to the cues and triggers which indicate that there is possibly an issue. For example: a feeling of having "to walk on eggshells" can signal that there is an issue that needs to be named and addressed.

Three questions that can help to clarify the dimensions of this issue and shape how it can be addressed:

1. What is the issue?

2. What is the desired outcome for the individuals concerned?

3. What is the desired outcome for the relationship?

Source: (Davys, 2019, p. 83)

The following table expands these questions to help to clarify a way forward.

Table 1 *Preparing for a Challenging Conversation*

- What is the issue which needs addressing?
- Is there more than one issue?
- Why is the issue important?
- Why is it challenging for me to address this issue with this person?
- What are my feelings about this issue?
- What are my feelings about the person concerned?
- What are my feelings about me and my role in this situation?
- How might those feelings affect the conversation?
- Can I articulate the issue?
- Do I have examples of behavior or events which illustrate the issue?
- What is the message I wish to communicate?
- What is the outcome I am seeking from this conversation?
- What is my motivation for having this conversation?

Source: Beddoe & Davys (2016, p. 197).

A conversation is a dialogue between at least two people where there is an opportunity for each to present their position and to be heard. "This definition possibly best encapsulates the difference between courageous conversations, other assertive and challenging exchanges and disciplinary *telling offs*" (Davys, 2019, p. 84). When negotiating the supervision contract and considering the attributes needed by supervisors for successful courageous conversations, the priority is on creating a safe place for understanding and dialogue. "To have an authentic conversation" (Koenig, 2013, p. 28) advises, it is necessary to be open to the views of the other person and not to impose your opinions and argument. How a supervisee is invited to this conversation may differ between them, perceiving it as a lecture or an opportunity to be heard.

Several authors have included different strategies to use when engaging in difficult dialogues. In relational interventions the focus is on the "supervisory relationship, the supervisee relationship with the client and the supervisee relationship with self" (Grant et al., 2012, p. 532). The strategies used in these interventions included focused attention on the supervisee's issue(s), the provision of support (practical and emotional), and affirmation and constructive feedback. The supervisors were willing to acknowledge their actions and mistakes, named issues early, negotiated ways to address them and provided a model for the desired behavior (Grant et al., 2012).

Another useful model which Rock (2006) suggests is "speaking with intent." Speaking with intent entails "being succinct, being specific and being generous" (p. 85). Within this model, it is suggested that the speaker be clear about what they intend to convey and deliver the message simply and in a manner which the

listener can assimilate. Finally, being generous ensures that the other person understands what the speaker is saying, matching language and providing examples.

A framework for these conversations is presented in Table 2.

Table 2: *Framework for the Conversation*

Before the conversation:

- Advise the supervisee of the need for the conversation
- Check when a good time is for that person

During the conversation:

- Be clear about what the issue is for you
- Articulate it as clearly and simply as you can
- Be specific, give examples and use 'I' statements
- If appropriate share how you are feeling about the issue and/or the conversation
- Ask the supervisee how he or she is feeling
- Identify the outcome you are wanting from the conversation
- Take responsibility for own behavior and admit to any mistakes
- Ask for the supervisee's side of the story
- Ask open questions
- Wherever possible validate the supervisee
- Listen generously
- Clarify and summarize
- Listen some more ....
- Identify a way forward and agree to the process

Source: Beddoe & Davys (2016, p. 200).

Conclusion: For many supervisors advocating for the rights of the patients is easier than addressing difficult conversations with a supervisee. Yet, it is critical to engage in these dialogues to provide effective patient care. Well-managed courageous conversations can deepen relationships, develop practice and professional awareness, provide learning for all involved and, importantly, can build confidence. To be an effective supervisor, it is crucial to consider these interactions with supervisees, as it is their responsibility to prevent these biases from negatively affecting the supervisory relationship. It is not enough for supervisors to be aware of and sensitive to how beliefs and attitudes about differences in people might affect their relationship with the supervisee. The effective supervisor must also be able to respond to these differences as well.

Multicultural differences can become obstacles to the ultimate goal of helping the client unless addressed (Jain & Aggarwal, 2020).

Recommended Readings

Ancis, J. R., & Marshall, D. S. (2010). Using a multicultural framework to assess supervisees' Perceptions of Culturally Competent Supervision. *Journal of Counseling & Development*, *88*(3), 277–284. https://doi.org/10.1002/j.1556-6678.2010.tb00023.x

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Willow, R. A. (2008). Lived experience of interracial dialogue on race: Proclivity to participate. *Journal of Multicultural Counseling and Development, 36,* 40–51.

CHAPTER 7

Rupture to the Supervisory Relationship

RELEVANT LITERATURE

The literature has made seminal contributions to the importance of attending to cultural issues and how these issues influence the dynamics of the supervision relationship. Attending to these cultural issues helps supervisees identify and understand how culture influences their application of counseling (e.g., theoretical orientation, case conceptualization, treatment planning). As discussed in a previous chapter, a strong **alliance** in supervision is important, and thus the study of **rupture and repair** would be worthwhile. A supervision alliance rupture can be defined as involving some sort of relational strain between supervisor and supervisee, where the quality of their working interaction is negatively affected (Safran et al., 2009). Difficult issues do arise in supervision and need to be addressed by the supervisor. Repaired ruptures provide a means to learn from shared experience and help build greater trust. Falendar and Shafrankse (2014) highlight the importance of attending to discomfort and misunderstanding as it can explicitly benefit the supervisee and the supervisor, and in turn benefit the patient. It is, therefore, essential to have early in the supervision process a transparent and clear relationship and communication that is guided by a trusting and respectful supervision bond. If ruptures are left unaddressed, it has the potential to undermine, even completely derail, the supervisor-supervisee alliance.

Several authors point out various factors may affect the quality of the working alliance and can be caused by a wide range of events, ranging from supervisor's relationships skills, momentary empathic failures, multicultural insensitivities, neglect, to mistakes or errors, their model and style of supervision, and their previous experience as a supervisor. In addition, the multicultural, multifaceted relationships between a supervisor, supervisee, and the client being treated create complexity and richness. According to Safran and Muran (2000) supervisees can involuntarily digest inner models of incompetence from damaged supervisory relationships or overemphasize areas of countertransference. **Withdrawal rupture** occurs when neglecting, ignoring, or missing these misunderstandings and can build tensions and lead to conflict ruptures. **Conflict ruptures** in supervision can gradually escalate if left unaddressed, leading to a shutdown of clinical casework.

Rupture in the supervision relationship due to cultural issues As a broad range of topics are covered in supervisory relationships rupture in the supervision relationship is also an essential topic in multicultural supervision. As discussed in a previous chapter, a range of barriers prevent supervisors from incorporating dialogues of cultural issues into supervision including supervisors limited training to develop cultural competencies and responsiveness within the supervision process. Hence, supervisors and supervisees may struggle to openly address multicultural issues as they occur in counseling and supervision relationships, and ruptures may easily arise.

A study found that 93% of supervisors in their research study reported no experience supervising trainees who were racially or culturally different from themselves (Burnes & Manese, 2019). Several factors contribute to supervisee dissatisfaction including supervisors who are culturally insensitive, or who, in more extreme case stereotype the cultural norms of supervisees and clients. In addition, supervisors who are dismissive when supervisees raise cultural topics, or who avoid multicultural topics altogether, contribute to increased distress and poor multicultural competence in supervisees, and consequently the provision of poor quality of client care (Toporek et al., 2004).

Similarly, Ladany et al. (2005) found that when supervisees were asked to identify problematic incidents in supervision, the most frequently cited incidents clustered around the supervisory relationship and involved negative communication with supervisors, miscommunications based on cultural aspects of a client case or their resolution through that relationship. Many of these factors stem from cross-cultural interactions in the dyad. Burkard et al. (2006) added that discussions often focus on microaggressions and emotional ruptures between the supervisor dyad which leaves little interest or time for discussions of basic multicultural differences that impact the supervision dyad or the client. Such insensitivities contribute to racism, bias, and social injustice.

Case Example 1

The following two case examples were taken from (Lubbers, 2013) study. “To maintain participant confidentiality, slight changes have been made to demographic information as well as the experience itself, and participant and supervisors have been assigned pseudonyms (Lubber, 2013, p. 101-106).

Event that Resulted in Resolution. The supervisee was a 25-year-old White woman completing her predoctoral psychology internship in a community mental health setting. Her supervisor was a White male clinical psychologist in his 40s. The supervisee and supervisor had been meeting once a week approximately 8 weeks prior to the ruptured event. The supervisee described supervision with the supervisor prior to the rupture as, “positive, informal supportive, and helpful.” She

discussed that she felt the supervisor was "attuned to culture," and said they "got along well," and had a good rapport.

During one particular supervision session, they were discussing their reactions to the television program Glee, and to a particular character who identified as bisexual. The supervisee was sharing that she really liked that character, and enjoyed one of the scenes the character was in regarding going on a date with a new woman for the first time. Without knowing that the supervisee identifies herself as a bisexual woman, the supervisor made the comment, "well, bisexuals get the best of both worlds when it comes to sexual partners. They'll just make out with anyone right?" The supervisee tried to defend the character stating that, "well, bisexual people are still discerning in terms of who they are with." To which her supervisor replied, "Yeah but since they are into everybody that have way more people to choose from." Although the supervisee identified that she was aware that her supervisor was joking around, she felt paralyzed in the moment, and "embarrassed that he didn't know how I sexually identified." She noted feeling too uncomfortable in the moment to discuss her identification, so changed the topic in supervision.

The supervisee described the rupture experience as, "immediately feeling uncomfortable in the supervision relationship." She noted feeling "shocked and surprised," that her supervisor had made such a culturally insensitive comment, because she perceived him as a well-rounded and culturally responsive clinician and supervisor. She noted that her supervision relationship went from feeling "trusting and comfortable," to "awkward and anxiety provoking." She shared that she began to question the judgment of her supervisor, where before she had not.

In the weeks following the event, the supervisee noted multiple changes in both supervision, and personal impacts. She discussed that supervision felt more "uptight and formal," instead of "interpersonal and easygoing" like it had been prior to the rupture. She stated that supervision became more task and administratively focused and less personal in nature. Additionally, she began to distrust him, and felt unsafe and uncomfortable during supervision. The supervisee also noted experiencing distress around the event. She reported that even though she knew that he was joking with the comments he made about bisexual individuals, she felt, "upset, disrespected, and invalidated." Additionally, she shared that her supervisor's comments replicated comments that she has heard her whole life in reference to her sexual identity, of which she found, "offensive and insensitive." She discussed feeling anxious and uncertain about how to broach the rupture with her supervisor, since she and he have never talked about their cultural identities before. The supervisee reported feeling, "upset and sad," that she felt "pressured to come out," to him in the wake of a rupture in the relationship. She noted feeling worried that he may hold insensitive beliefs around LGBT populations.

The rupture began to be discussed in supervision when the supervisor commented on the sense of awkwardness and "formality" to the supervisee and his supervision meetings. He invited the supervisee to share her thoughts on what was going on in supervision, and she said she felt, "I really wanted to fix things, so I took a risk and told him what I felt." The supervisee discussed the comments he had made in regard to bisexual individuals, and stated that she felt "hurt and taken aback," by the comments, because she herself identified as a bisexual woman. The supervisor said he remembered the comments he made, and immediately apologized. He stated that he felt "embarrassed and bad," that he had made those comments, and especially that he had offended her. The supervisor took time to process with his supervisee why she felt upset and asked her what it was like for her to disclose her sexual identity in the process. He shared with the supervisee that he was supportive and affirming of LGBT individuals, and that he was unaware how culturally insensitive his comments were. He thanked the supervisee for sharing her feelings and asked what he might do to help her feeling trusting in him again.

The supervisee noted that during the discussion of the rupture she felt the "trust and safety in the relationship was restored." She said that she felt "heard and understood," by her supervisor and that it was helpful to understand his perspective on why he made those comments. Additionally, she reported that she felt positive about discussing her sexual identity with him, and felt he was supportive of that disclosure. The supervisee noted that she felt her supervision relationship was not only repaired in that moment, but that it was strengthened due to feeling like "my supervisor and I could work through anything."

Case Example 2:

Rupture that did not result in resolution. Jackie is a 29-year-old African American woman completing her predoctoral psychology internship in a college counseling center. Her supervisor, Lauren, was a Caucasian female clinical psychologist in her late 50s. Jackie and Lauren had been meeting together once a week for approximately 16 weeks prior to the ruptured event. Jackie described supervision with Lauren as "interpersonally difficult." She noted that she felt her relationship with Lauren was most strained when they were discussing cultural topics of client cases, and that she felt her supervisor was "curt and stand-offish." Jackie noted that she didn't feel her supervision relationship with Lauren was "horrible," but that she did not feel close or supported in the relationship.

In one supervision meeting, Jackie was discussing her clinical work with an African American client whom was struggling with depressive symptoms that were related to experiences she had related to racism and discrimination at her workplace. Jackie was noting that her client had discussed feeling culturally isolated in many sessions. Jackie noted in that supervision that she felt a great deal of

countertransference with this client, as she had felt culturally isolated both personally and professionally as an African American. Lauren stated, “oh, so this is a black thing,” and, “so you probably grew up in poverty and were probably abused by white people in your past right?” Jackie noted that she felt taken aback by these comments, as she and Lauren had never talked about her race or her experiences as an African American woman either growing up or in the present. Jackie corrected Lauren, stating that she grew up in a middle class family, and felt very cared for in her life. Lauren went on to state, “well you are clearly only identifying with your client based on your race, and I think that is racist in itself.” Jackie noted that she felt so uncomfortable hearing Lauren make this comment, that she shut down in supervision and ended the conversation.

Jackie reported that during the event she immediately felt disconnected and unsafe in the supervision relationship. She stated that her trust for Lauren, “immediately disappeared, and I viewed her as completely culturally offensive and oppressive.” She shared that she felt Lauren was being completely; “closed minded and harsh,” and that she felt that events had occurred that could not be repaired.

In the supervision sessions following the event Jackie reported that she felt, “uncomfortable and unsafe,” with Lauren. She noted that she stopped discussing clinical cases, and “avoided topics of culture at all costs.” She felt supervision became more task and administratively focused and that she and Lauren no longer checked in about personal topics. Jackie stated that she felt “anxious, invalidated, and extremely upset,” and felt like she completely withdrew from supervision. She noted that she, “cried a lot,” and would make up reasons to miss supervision meetings. To cope, Jackie sought support from colleagues in her academic department, and interns at her clinical site. She noted that, “getting support in other places was important, because my supervisor was not providing any.”

Jackie stated that she never processed the rupture with Lauren. She shared that both she and Lauren were aware of the changes in supervision, and that she thought about bringing up the rupture but eventually felt, “it wasn’t worth it, and I just felt too hurt and uncomfortable to bring it up.” Jackie also said that she felt as the person with power and as the one that had made culturally insensitive remarks it was Lauren’s job to bring up the rupture. When she didn’t, Jackie felt that she “must not care.”

Jackie shared that the effects of not discussing the rupture were, “horrific.” She described that she and Lauren were not able to repair the supervision relationship and that it further deteriorated and became unsafe. Jackie said she, “lost respect,” for Lauren, and felt like, “there is no way I want to learn anything from her.” She noted that she resigned herself to gaining little to no support or guidance in

supervision, and saw supervision as something she just needed to, "get through" to pass internship.

Issues of Power Differentials in Multicultural Supervision. In supervisory relationships, like all relationships, it is important for both parties to be self-aware of the power dynamics involved and work individually and together to balance power in a way that maximizes room for trainee growth and enhances quality of care. Inherent in the supervisory relationship is an imbalance of power (Bhat & Davis, 2007) which is seen to impact the supervisory alliance, trainee disclosure and self-concept, and therapeutic outcomes. Although power in social relations is often unequal, the multiplicity of identities in a given context can influence the dynamic of the power differential. For instance, White supervisors, who hold the power of White privilege, can control the supervision process by ignoring alternative cultural perspectives, unconditionally applying a Eurocentric approach, and pathologizing difference (Hird et al., 2001). Gender differences also exist in supervision, and gender stereotyping is still very much a reality. Consequently, the supervisor must explore with the supervisee the ways gender differences are affecting the supervisory relationship (Campbell, 2000).

Therefore, to be an effective supervisor, it is crucial to consider these interactions with supervisees, as it is their responsibility to prevent these biases from negatively affecting the supervisory relationship. It is not enough for supervisors to be aware of and sensitive to how beliefs and attitudes about differences in people might affect their relationship with the supervisee. The effective supervisor must also be able to respond to these differences as well. Multicultural differences can become obstacles to the ultimate goal of helping the client unless addressed (Jain & Aggarwal, 2020).

How to Identify Rupture in the Alliance:

Watkins et al. (2015) identified a process that may involve the presence of at least five supervisor components to help identify when there is rupture in the supervisory alliance. These include the supervisor's:

1. openness to examining her or his supervisory work and willingness to engage in ongoing self-reflection;
2. sensitivity to signs of conflict in supervision (e.g., noting the emergence of supervisee withdrawal or diminished responsiveness);
3. identification of the presence of a possible rupture and internally processing how best to proceed;
4. bringing the identified rupture up in supervision for joint processing and discussion; and
5. working to achieve a rupture resolution that is satisfactory to the supervisee and restores the good standing of the supervision alliance (Grant et al., 2012; Kemer et al., 2014; Nelson et al., 2008).

These five components fit into a competence perspective and reflect the knowledge, skills, and values of rupture resolution. Rupture identification and repair would require (a) having a sufficient knowledge base about the rupture/repair experience; (b) valuing a solid working alliance and the importance of supervisory self-examination; and (c) being able to skillfully identify, address, and repair ruptures.

Resolving Conflict in the Supervision Relationship

Arguably, nowhere is there a greater need for supervisor responsiveness than when there occurs a break, or rupture, in the supervisory working alliance (Friedlander, 2015). Bang and Goodyear (2014) claimed that "in supervision it is not the conflict which is so important, but rather it is the way in which the people concerned handle and respond to that conflict. When conflict is managed well and resolved, relationships deepen and strengthen; conversely when conflict is not handled well the relationships may falter and sour" (p. 2019). Critical events involving the supervisor's and supervisee's respective roles in their relationship can take center stage even when there is no ongoing discussion of clients.

Role conflicts can overtake a conversation about the supervisee's clinical work in the blink of an eye. Ignoring the conflict will likely make the supervisory process quite tense and uncomfortable for both parties (Ladany et al., 2005). At its worst, failure to resolve a role conflict can irretrievably damage the supervisory alliance and negatively affect the welfare of the supervisee's clients (Ladany et al., 2016). Overall, conflict in the supervisory relationship hinders the process of collaboration and damages the safety in the relationship. A rupture in the supervisory relationship could also cause potential harm to the patient. For instance, if left unresolved, it is less likely that the trainee would be open to discussing countertransference and transference issues, and biases which are critical components for the efficacy of multicultural supervision and the well-being of the patient.

Ladany et al. (2005) identified several possible interactional sequences which the supervisor may select to repair the relationship. These include *normalizing experience and exploration of feelings*. For instance, when the supervisee presents with a marked level of affect, the supervisor can explore these feelings to uncover the multicultural issues. "A supervisee may experience anger when recognizing oppressive acts made against a client or may feel guilty when recognizing personal privilege in relation to disabled clients" (p. 60). The initial reaction of the supervisee might be to maintain distance from these feelings. First, the supervisor should recognize the supervisee's discomfort and proceed with normalizing the experience, which will, in turn, facilitate an exploration of this sensitive topic. Another task is to *focus on evaluation in supervision/assessment of*

multicultural knowledge. The supervisor needs to ascertain how much the supervisee knows about the specific multicultural issue. "The supervisor may ask the supervisee pointed but open-ended questions (e.g., 'What have been your experiences working with Latino clients?')" (Ladany et al., 2005, p. 61). The focus on self-efficacy is a task that can be achieved after addressing the previous task. Once the supervisor understands the supervisee's level of knowledge and awareness in a given area, the supervisor can help the supervisee examine personal and socialized biases toward a client's cultural group. The next task is to *focus on skill building*. The supervisor plays a critical role in helping the supervisee translate new awareness into actual skills when working with clients. For instance, the supervisor may opt to incorporate a role-play to model a discussion of racial differences with a client. The next task is to *focus on the therapeutic process*. For example, if the supervisee has difficulties with a client because of racial tension, the supervisee's focus may be on how her client puts off other people in their life instead of on the tension between the trainee and client. With gentleness and patience, the supervisor allows the trainee to recognize that the trainee has difficulty understanding their client. The supervisor uses reflection and summary to communicate their understanding of the supervisee's perspective, redirecting the discussion to focus on the therapeutic relationship. This approach helps the supervisee increase openness to explore the interactions with the client. Lastly, *focus on the supervisory alliance* is an important task given the tough interactions from these discussions. The supervisor must bring the supervisory alliance to the foreground. The supervisor can normalize the trainee's emotions to ensure that the trainee does not walk away feeling bad about themselves. According to Ladany, the most critical task in a multicultural awareness event is that the supervisory working alliance remains strong. The emotional bond, or trust, between the supervisee and supervisor must be solid enough to tolerate mixed feelings supervisees may experience in these kinds of discussions. Aside, from the emotional bond, there needs to be both an acknowledgement and an agreement that supervision involves working through multicultural challenges for both the supervisee and supervisor to grow personally and professionally.

Interactional Sequence to Repair the Supervisory Relationship:
1. Focus on Normalizing experience and exploration of feelings 2. Focus on evaluation in Supervision/Assessment of multicultural knowledge 3. Focus on Skill Building 4. Focus on Therapeutic Process 5. Focus on the Supervisory Alliance

Recommended Readings

Burnes, T. R., & Manese, J. E. (2019). *Cases in multicultural clinical supervision: Models, lenses, and applications*. Cognella Academic Publishing.

Falender, C. A., Shafranske, E. P., Falicov, C. J., & American Psychological Association (Eds.). (2014). *Multiculturalism and diversity in clinical supervision: A competency-based approach* (First Edition). American Psychological Association.

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CHAPTER 8

APA Guidelines

SUPERVISION COMPETENCE GUIDELINES

"Supervision is a distinct professional practice with knowledge, skills, and attitude, that supervisors require specific training to attain" (APA, 2014, p. 9). The supervisors have the duty of protecting public health and serving as role models for the supervisee, while also serving as gatekeepers for the profession ensuring that supervisees meet standard competence to advance to the next level. The Supervision Guidelines (APA, 2014) are organized around seven domains that include: supervisor competence, diversity, supervisory relationship, professionalism, assessment/evaluation/feedback, problems of professional competence, and ethical, legal, and regulatory considerations. These domains are drawn from a review of the literature on supervision as well as competency-based education and training. Concerning the multicultural supervision clinical guidebook, the supervisory relationship, supervisor competence, diversity, and professional competence problems are domains essential to consider. For effective supervision, the supervisor must be skilled and knowledgeable in competency based-models, in developing and managing supervisory relationship/alliance, and in enhancing supervisee's clinical skills, including those essential for the development of multicultural competence. The clinical guidelines specific to these areas can guide supervisors to develop supervision competence. If these domains are absent, multicultural supervision and multicultural competence cannot be achieved.

An assumption underlying all supervision is that the supervisor is competent- both as a professional psychologist and as a clinical supervisor (Fouad et al., 2009) Supervisors are expected to be competent in the areas being supervised, while seeking to attain and maintain competence in the practice of supervision through formal education. The *Guidelines on Supervision* have the potential for broad impact on the profession by delineating practices relevant to quality supervision. Specifically, the *Guidelines on Supervision* are intended to have the following impacts:

- For supervisors, the guidelines on supervision provide a framework to inform the development of supervisors and to guide self-assessment regarding professional development needs.
- For supervisees, the guidelines on supervision promote the delivery of competency-based supervision with the goal of supervisee competency development.

A goal of the guidelines on supervision is to provide assurance to regulators that supervision of students in education and training programs in health service psychology is provided with and places value on quality.

Diversity and Multicultural Supervision Guidelines:

Specific diversity supervision guidelines are defined in the APA accreditation Guidelines for Clinical Supervision in Health Service Psychology (Domain B, Diversity) (APA, 2014, p. 11). Diversity competence is an inseparable and essential component of supervision competence. It refers to developing competencies for working with diversity issues and diverse individuals, including those from one's own background. More commonly, these competencies refer to working with others from backgrounds different than one's own, but also includes the complexity of understanding and factoring in the multiple identities of each individual: client(s), supervisee, supervisor and differing worldviews. Supervisors are encouraged to infuse diversity into all aspects of clinical practice and supervision, including attention to oppression and privilege and the impact of those on the supervisory power differential, relationship, and on client/patient and supervisee interactions and supervision interactions.

Guideline 1. "Supervisors strive to develop and maintain self-awareness regarding their diversity, competence, which includes attitudes, knowledge and skills" (APA, 2014, p. 11). Supervisors serve as important role models regarding openness to self- exploration, understanding of one's own biases, and willingness to pursue education or consultation when indicated. Modeling these competencies helps to establish a safe environment in which to address diversity dimensions within supervision.

Guideline 2. "Supervisors planfully strive to enhance their diversity competence to establish a respectful supervisory relationship and to facilitate the diversity competence of their supervisees." (APA, 2014, p. 11). Viewing diversity as normative, rather than as an exception, aids supervisors in being sensitive to important similarities and differences between themselves and their supervisees that may affect the supervisory relationship.

Guideline 3. "Supervisors recognize the value of and pursue ongoing training in diversity competence as part of their professional development and life-long learning" (APA, 2014, p. 12). At a minimum, supervisors should have attained formal training in diversity through their own doctoral training program or continuing professional development workshops, programs, and independent study, should be familiar with APA guidelines addressing diversity (APA, 2003, 2004a, 2007a, 2011a, 2011b)

Guideline 4. "Supervisors aim to be knowledgeable about the effects of bias, prejudice, and stereotyping" (APA, 2014, p. 12). When possible, supervisors model client/patient advocacy and model promoting change in organizations and communities in the best interest of their clients/patients.

Guideline 5. "Supervisors aspire to be familiar with the scholarly literature concerning diversity competence in supervision and training" (APA, 2014, p. 11). Supervisors strive to be familiar with promising practices for navigating conflicts among personal and professional values in the interest of protecting the public.

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