

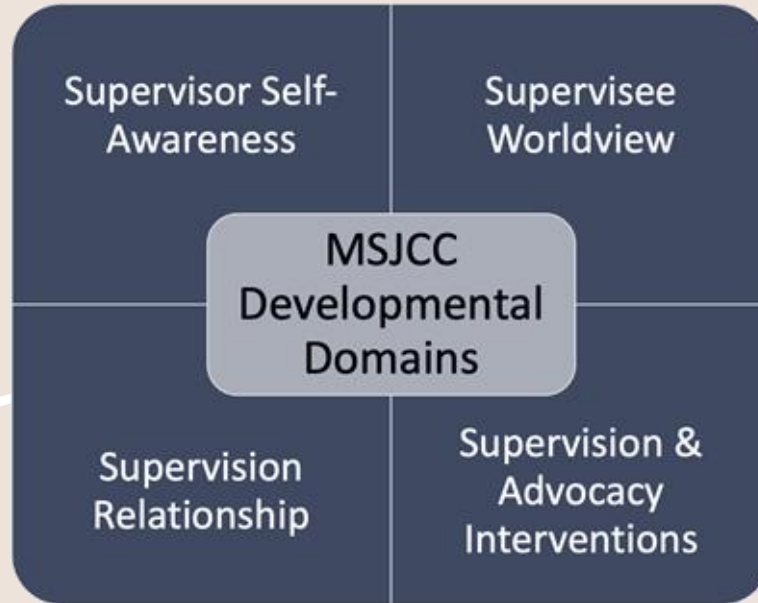
Multicultural and Social Justice Considerations in Counseling Supervision

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Framework for Culturally Sustaining Supervision



Importance of Cultural Humility

Cultural Competence

- Content-oriented
- Based in white-centric and heteronormative assumptions about providers
- Risks “othering” and “essentializing” clients
- Focuses on improving counselor attitudes, knowledge, skills, and self-efficacy
 - vs. client satisfaction and outcomes
- Assumes there is an end-point to learning about other cultures

Cultural Humility

- Process-oriented
- Emphasizes fluidity and intersectionality of culture
- Promotes:
 - Ongoing critical introspection
 - Orientation towards lifelong learning
- Focuses on care for other by:
 - Appreciating them as experts on their own lives
 - Establishing power-balanced relationships



(Lekas et al., 2020; Tervalon & Murray García, 1998)

Agenda

Relationship Building

Normative Functions

Reconceptualizing Supervisee
Impairment and Relational Blocks

Restorative and Formative
Functions



Relationship Building and Repair

Broaching Cultural Differences in Supervision

Five core tenets

1. Supervisor responsibility
2. Ongoing process
3. Addresses dynamic identities & intersectionality
4. Conceptualizes identity on both individual & systemic levels
5. Adopts a flexible stance

Four stages of broaching



How often do you broach cultural differences with your supervisees?

What factors contribute to your comfort and confidence when it comes to broaching?

Example Broaching Prompts

As we begin our supervision relationship, I want to ensure I create safety and responsiveness to who you are as a person. I am open to discussing our identities, and our cultural similarities and differences throughout supervision.

I want to acknowledge that I will do my best to understand where you are coming from, and I recognize I don't have the lived experience of being a Latine immigrant as you do. Would you be willing to let me know if at anytime you feel as though I have mis-stepped or minimized your perspectives?

You've talked about multiple factors contributing to being anxious about how you are performing at your new counseling agency. I'm also curious how being the only disabled person of color at the agency impacts you?

Sometimes when we are in groups where we are the only one of certain cultural backgrounds or identities, it can be challenging. How is this a factor for you, if at all?

I apologize that I am not familiar with what it means to be demisexual, but I want to understand what being demisexual means to you and your experiences as a demisexual person. I also will make sure to do my homework outside of supervision so I can be more informed on demisexuality.

Evaluate Effectiveness of Supervision

Name of Supervisee: _____ Supervisor: _____

Date of Supervision: ____/____/____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Goals and Topics

We did *not* work on or
talk about what I
wanted to work on and
talk about.

I-----I

We worked on and
talked about what I
wanted to work on and
talk about.

Approach or Method

The supervisor's
approach is not a good
fit for me.

I-----I

The supervisor's
approach is a good fit
for me.

Supervisory Alliance

I did not feel heard and
understood.

I-----I

I felt heard and
understood.

Overall

There was something
missing in the session
today.

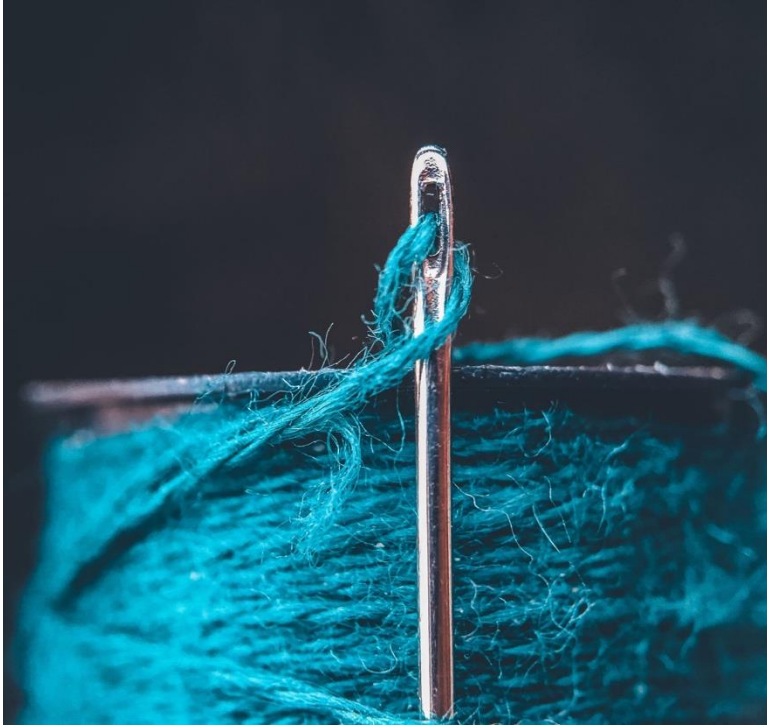
I-----I

Overall, today's
session was right for
me.

Figure 1 Supervision Session Rating Scale.

This form is an adaptation of a therapy session rating form published in *Journal of Brief Therapy* by Duncan, Miller, Sparks, J. Reynolds, Brown, & Johnson (2003).

Take Accountability



Attend to how your own subjectivity, identities, and positionalities can bias your perceptions of and behavior towards your supervisees

- We will talk about relational blocks in a bit. Supervisors have these too and they can show up in supervision!

Center mutual trust and effective communication that optimizes client care

Authentically apologize and repair failed attempts, missed opportunities, or insensitive comments with supervisees

- Model how supervisees can do the same with their clients!

Normative Functions of Culturally Sustaining Supervision

Functions of Supervision

Type of Task	Tasks of Supervision	Goals of Supervision
NORMATIVE	<ul style="list-style-type: none">• Monitor clinical effectiveness and ethical practice• Case management• Evaluate performance – clinical skills and professional dispositions	<ul style="list-style-type: none">• Ensure therapy delivery is effective & ethical• Evaluate supervisee's fitness for practice• Determine ability to practice independently
RESTORATIVE	<ul style="list-style-type: none">• Promote professional wellness• Provide emotional support & space for processing• Explore professional identity	<ul style="list-style-type: none">• Enhance professional resilience & wellness• Prevent burnout• Develop professional identity
FORMATIVE	<ul style="list-style-type: none">• Develop counseling skills & knowledge• Assist clinical decision-making• Promote self-evaluation	<ul style="list-style-type: none">• Enhance self-awareness & reflection• Develop repertoire of counseling skills & knowledge• Commitment to continuing education

Supervision Agreement

Social Justice Practices

- *In addition to focusing on your clinical cases and counseling skill development, we also will discuss how you are engaging in the ongoing, consistent, and active process of developing and nurturing supportive relationships with diverse communities and participating in systemic and political action to advance inclusion and dismantle systemic stressors that “inhibit access, growth, and development” (ACA, 2014, p. 20) of the clients and communities we serve.*

Ethical Behavior and Professional Dispositions

- *In addition to evaluating your clinical skills every three months, I also will evaluate your compliance with the ACA Code of Ethics and demonstration of professional dispositions that promotes client care. Professional dispositions are behaviors counselors display that reflect their professional values, commitment, and ethics.*

Evaluation Rubric of Professional Dispositions

- FIASCO Rubric of Professional Counseling Dispositions (Dorn-Medeiros & Christensen, 2019)
- Counseling Competencies Scale - Revised (Lambie et al., 2018)

Supervision Agreement: Responsibilities

Example Supervisor Responsibilities

- Ensure that the supervisee maintains ethical practice and attention to multicultural counseling practices.
- Encourage development of advocacy skills using social justice, antiracism, and allyship practices.
- Promote supervisee's autonomy and support supervisee's development as a counselor.
- Provide weekly feedback, quarterly formal assessment of supervisee skills, and complete evaluation forms as applicable.
- Initiate supportive/corrective action and implement a professional development plan for the supervisee as needed.

Example Supervisee Responsibilities

- Demonstrate behavior aligned with professional dispositions (see Appendix A).
- Practice critical self-reflection.
- Develop skills in multiculturally responsive counseling practice.
- Demonstrate social justice, antiracism, and allyship practices to foster and remove barriers to client well-being.
- Monitor self for signs of impairment and address any issues impacting your counseling practice.
- Adhere to supportive/corrective action of supervisor and agreed upon professional development plan, as required.

Other Items to Address in Supervision Agreement

Supervisory Relationship

- *I begin supervision relationships by directly acknowledging my privileged identities as an able-bodied, cisgender, heterosexual-passing white person. I invite you to explore how our differences may impact building a trusting relationship in supervision. The supervision alliance is of paramount importance to our work together, as respect and trust lay the groundwork for your supervisory work. I often will check in on our working relationship to ensure your goals and needs are getting met as a counselor-in-training. I also have a lot to learn from my supervisees, as I am not an expert in every therapeutic approach you will utilize and presenting concern you will encounter.*
- Space for collaboratively setting supervision goals
- Supervisee Rights and Due Process
- Complaint Procedures
- Termination and Referral Guidelines

Supervision Notes

Supervision Case Note

Supervisor:	Date:
Supervisee:	Session #:

Models of Supervision *(check all that apply):*

- | | |
|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Integrative |
| <input type="checkbox"/> Cognitive-Behavioral Oriented | <input type="checkbox"/> Person-Centered/Relational Models |
| <input type="checkbox"/> Cross-Cultural Supervision | <input type="checkbox"/> Psychodynamic-Oriented |
| <input type="checkbox"/> Developmental Models | <input type="checkbox"/> Other <i>(Specify):</i> |
| <input type="checkbox"/> Discrimination Model | |

Methods Used *(check all that apply):*

- | | |
|--|---|
| <input type="checkbox"/> Audio/Video Tape Review | <input type="checkbox"/> Role Play |
| <input type="checkbox"/> Case Consultation | <input type="checkbox"/> Structured Case Presentation |
| <input type="checkbox"/> Clinician Report | <input type="checkbox"/> Supervision Interview (non-client oriented) |
| <input type="checkbox"/> Clinical Documentation Review | <input type="checkbox"/> Thematic topical selection for training purposes (e.g., tx planning, termination) |
| <input type="checkbox"/> Interpersonal Process Recall | <input type="checkbox"/> Verbatim Transcript Review |
| <input type="checkbox"/> Live Observation | <input type="checkbox"/> Other <i>(Specify):</i> |
| <input type="checkbox"/> Modeling | |

Supervisee Focus Points *(check all that apply):*

- | | | |
|---|--|---|
| <input type="checkbox"/> Accountability | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Interventions |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Decision making | <input type="checkbox"/> Judgment |
| <input type="checkbox"/> Attitude | <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Level of Care |
| <input type="checkbox"/> Boundary Setting | <input type="checkbox"/> Diversity/Culture | <input type="checkbox"/> Problem solving |
| <input type="checkbox"/> Case Conceptualization | <input type="checkbox"/> Duties & Expectations | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Emotional Regulation | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Case Updates | <input type="checkbox"/> Ethical issues | <input type="checkbox"/> Self-awareness |
| <input type="checkbox"/> Client Risk/Safety | <input type="checkbox"/> Evaluation Issues | <input type="checkbox"/> Social justice |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Counseling Skills | <input type="checkbox"/> Goals & Objectives | <input type="checkbox"/> Treatment Planning |
| <input type="checkbox"/> Countertransference | <input type="checkbox"/> Information & Referrals | <input type="checkbox"/> Wellness |



Session Goals & Objectives:	
Client Focus Points (e.g., cases reviewed):	
Plan for Next Session:	
Supervisor Signature:	Date:

Evaluation of Supervisees

- ***Don't rely only on supervisee self-report!***
- Utilize live observation or tape review regularly as part of supervision
 - Verbatim transcripts
 - Develop case presentations
- Have your supervisee utilize session review and outcome measures in therapy
 - **ORS and SRS:** <https://scott-d-miller-ph-d.myshopify.com/collections/performance-metrics/products/performance-metrics-licenses-for-the-ors-and-srs>
 - Consistent with trauma-informed practice
- Provide feedback to supervisee on a regular basis





Advocacy Interventions

- Supervisors are not restricted to only in-session interventions with their supervisee(s)
- Raising awareness to unfair policies that impact their supervisee(s) and asking for change is appropriate
- Advocacy can range from micro-meso-macro levels
- Depending on the individualized situation(s), collaboration between a supervisor and supervisee on the advocacy actions to be taken can be appropriate

Questions to consider

- How can I intervene with versus intervening for a supervisee so they feel supported?
- Which level will the supervisee benefit most from the intervention?
- What interventions am I using and what interventions have I not considered?

Reconceptualizing Supervisee Impairment

Common Signs of Supervisee Impairment

Behavior that is unethical, unprofessional, or harmful

Clear pattern to the behavior

Behavior does not improve to reach an appropriate level of clinical effectiveness

COGNITIVE SIGNS	EMOTIONAL SIGNS	BEHAVIORAL SIGNS
<ul style="list-style-type: none">• Reduced sense of self-efficacy & personal accomplishment• Inability to embrace complexity• Inability to concentrate• Hypervigilance• Mental exhaustion• Minimizing• Depersonalization	<ul style="list-style-type: none">• Irritability• Anxiety• Anger• Cynicism• Fear• Guilt• Hopelessness• Helplessness	<ul style="list-style-type: none">• Avoidance of clients and colleagues• Absenteeism• Inability to listen/not receptive to feedback• Sleeplessness• Physical exhaustion• Physical ailments• Not engaging in self-care activities

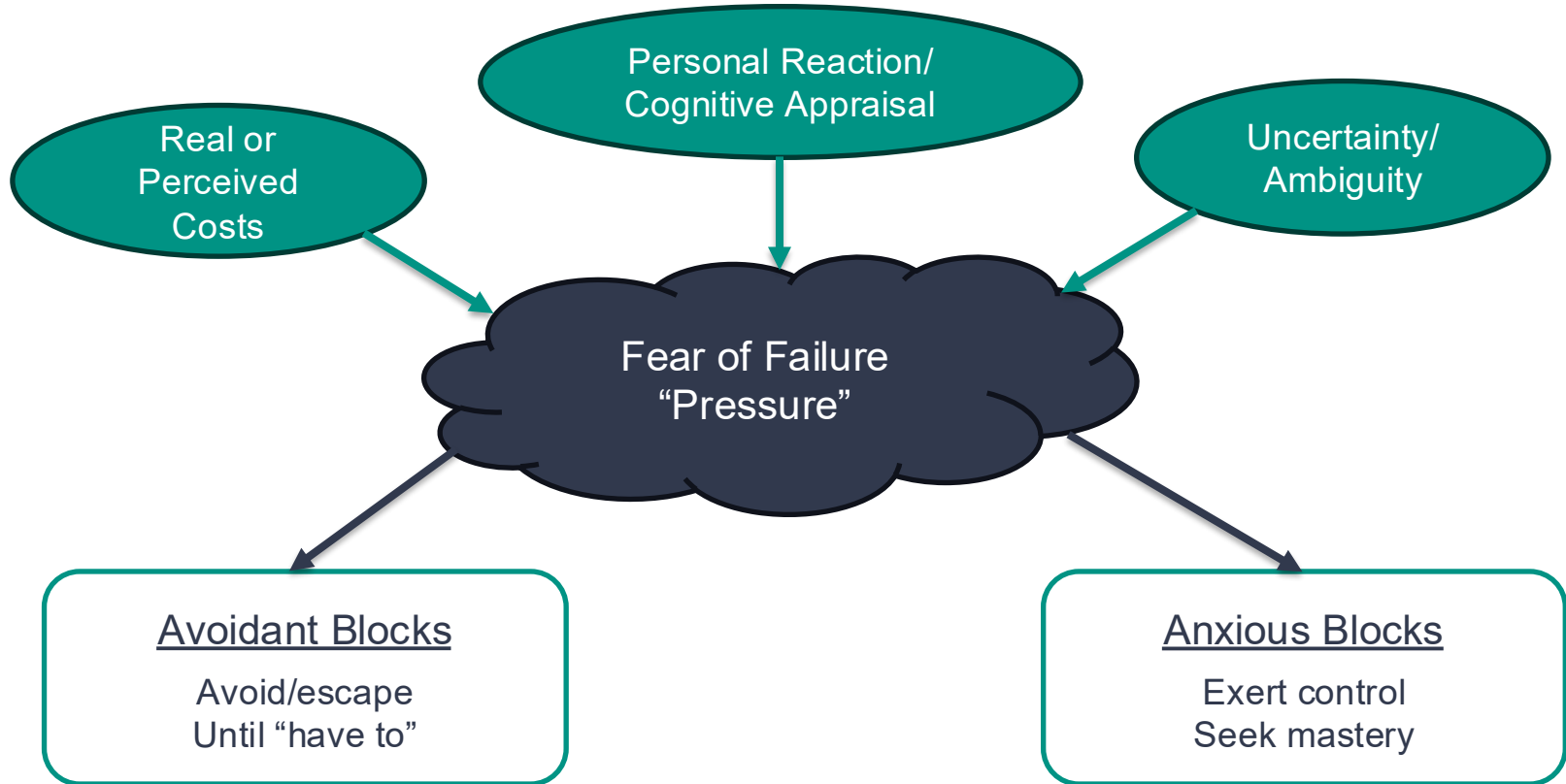
Viewing Supervisee Impairment through a Culturally Sustaining Lens



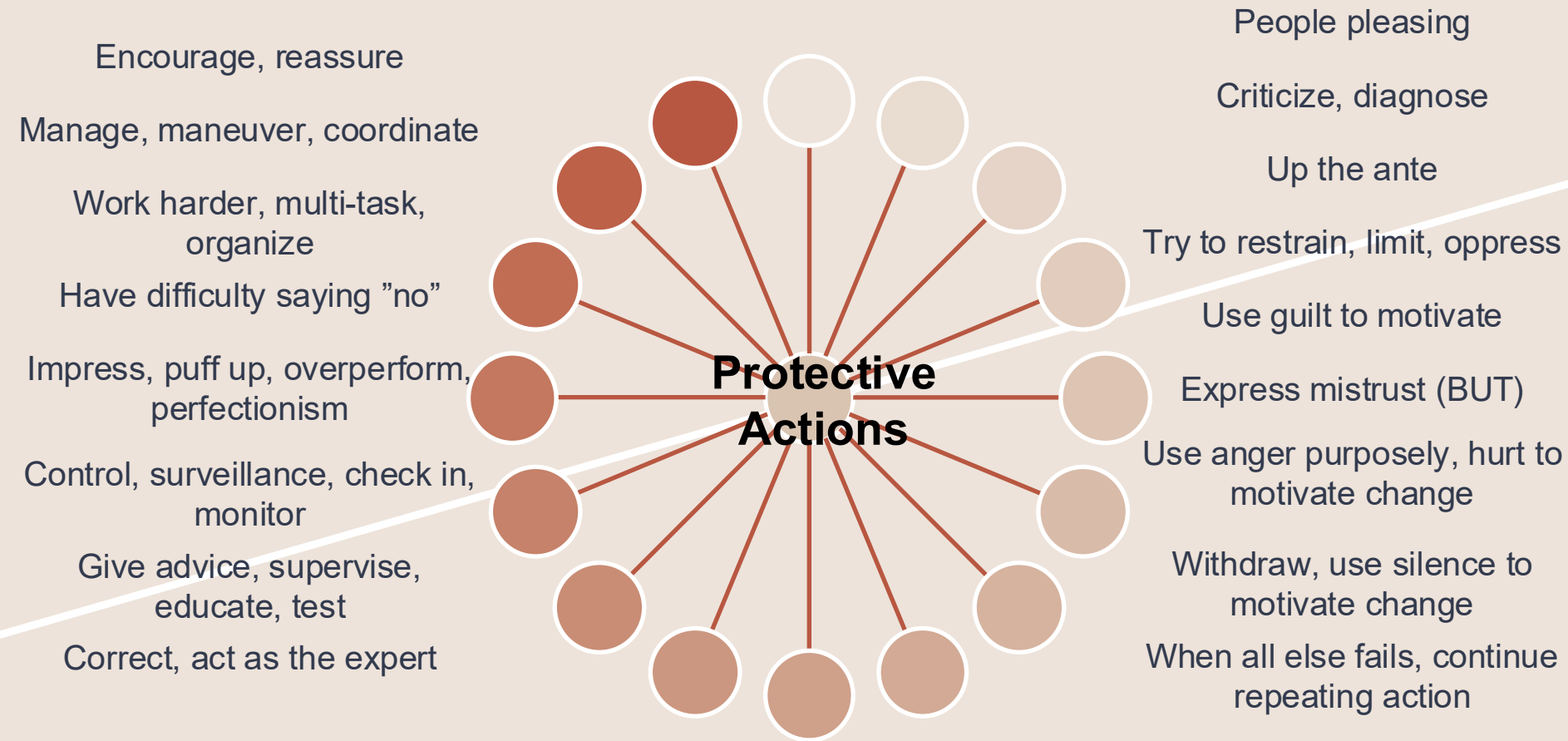
- Assessments of professionalism and impairment **should relate directly to safe and ethical client care**
- Consider supervisee sociocultural background and worldview when determining if observed behavior rises to level of impairment
- Invite discussions with supervisee on how cultural identities influence clinical behaviors
- Recognize that impaired behaviors may stem from past trauma and/or relational blocks
- Use empathic confrontation when addressing signs of impairment

Attachment Theory:

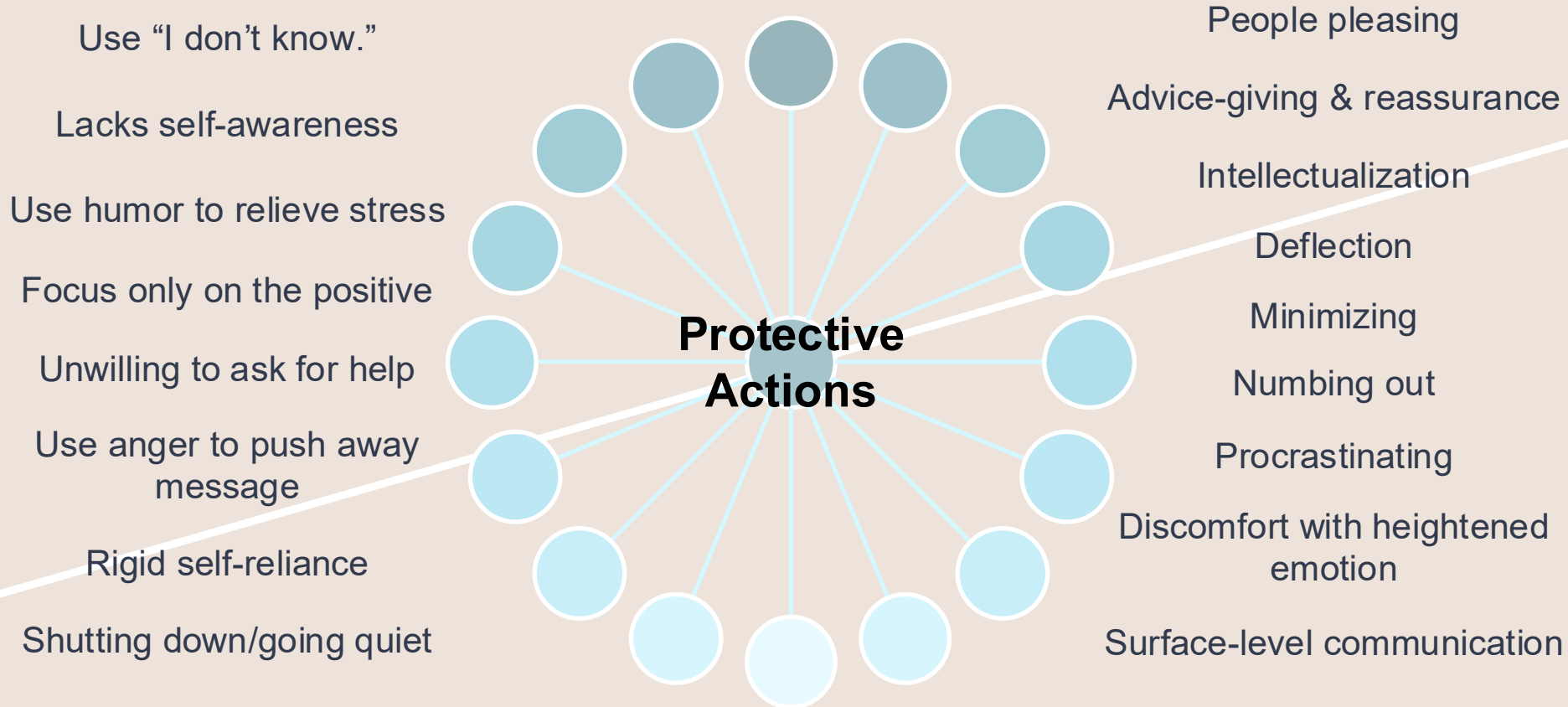
Conceptualizing Impaired Behavior as Relational Blocks



Anxious Blocks



Avoidant Blocks



Highlight
the problem

Hope for
change

Function of Anxious Blocks

*Goals of Over
Responding*

Signal commitment
or urgency

Feel empowered,
heard, important

Avoid enabling
unwanted behavior

Affirm sense of
value and impact

Establish a sense
of control & safety

Demonstrate you
are giving your all

Release pent up
energy

Calms
things down

Prevents
escalation

Function of Avoidant Blocks

*Goals of Under
Responding*

Reduce intensity of
emotions in the moment

Avoid conflict to maintain
relational harmony

Return to balance &
predictableness

Allow for a
reset/recharge

Sharpen focus & ability
to figure things out

Restore sense of safety
and control

Lighten the tension

Restorative and Normative Functions of Culturally Sustaining Supervision

Supporting Recovery from Impairment

Goals for Supervisees:

Identify active internal and external resourcing strategies.

Decrease reliance on relational blocks.

Enhance overall personal and professional wellness.



What makes the difference between an impaired counselor and a wounded healer?



Personal counseling is often the needed remedy

Building Awareness & Insight



Restorative

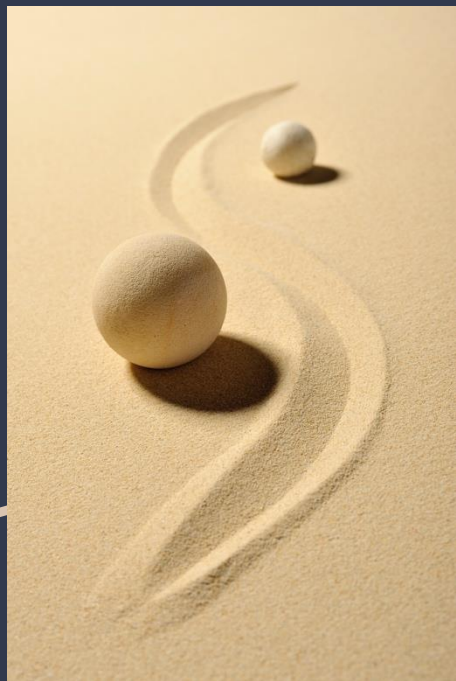
- Utilize Interpersonal Process Recall when reviewing recordings
- Life Experiences Timeline
- Eco-maps to explore work/life balance
- Values clarification (e.g., [Life Values Inventory](#))

Formative

- Verbatim transcripts and case presentations
- Journaling as a dialogue between supervisor and supervisee
- Construct a counseling philosophy statement
- Vision activities (e.g., retirement speech)

Note: *Venting & humor can be used as avoidant blocks*

Forming Healthy Boundaries



Restorative

- Develop skills to ask for help and say "no" (e.g., DBT interpersonal skills)
- Use sand tray, role play, or other creative interventions to encourage awareness of relational boundaries
- Attachment quizzes and exploration of how relational blocks impact supervisees' counseling relationships

Formative

- Support opportunities for supervisees to network and form professional connections

Promoting Wellness



Restorative

- Develop a personal wellness plan
- Engage in committed action
- Self-regulation and self-compassion practices
- Rhythmic activities
- Integrate spirituality of supervisee

Formative

- Establish personal and professional communities
- Accountability: create check-in system with peers or mentors
- Celebration jars, collages, or scrapbooks

References

- Borders, L. D., & Brown, L. L. (2005). *The handbook of counseling supervision*. Lawrence Erlbaum Associates.
- Bradley, N., Whisenhunt, J., Adamson, N., & Kress, V. A. (2013). Creative approaches for promoting counselor self-care. *Journal of Creativity in Mental Health*, 8, 456-469. <https://doi.org/10.1080/15401383.2013.844656>
- Cashwell, C. S. (1994). Interpersonal process recall. *ERIC DIGEST*. Retrieved from <https://files.eric.ed.gov/fulltext/ED372342.pdf>
- Cerdeña, J. P., Asabor, E. N., Rendell, S., Okolo, T., & Lett. E. (2022). Resculpting professionalism for equity and accountability. *Annals of Family Medicine*, 20(6), 573-577. <https://doi.org/10.1370/afm.2892>
- Day-Vines, N. L., Cluxton-Keller, F., Agorsor, C., & Gubara, S. (2021). Strategies for broaching the subjects of race, ethnicity, and culture. *Journal of Counseling & Development*, 99, 348-357. <https://doi.org/10.1002/jcad.12380>
- Dorn-Medeiros, & Christensen, J. K. (2019). Developing a rubric for supervision of students counseling LGBTQ+ clients. *Journal of LGBT Issues in Counseling*, 13(1), 28–44. <https://doi.org/10.1080/15538605.2019.1565798>
- Fickling, M. J., Tangen, J. L., Graden, M. W., & Grays, D. (2019). Multicultural and social justice competence in clinical supervision. *Counselor Education and Supervision*, 58(4), 309-316. <https://doi.org/10.1002/ceas.12159>
- Gray, A. (2019). The bias of professionalism standards. *Stanford Social Innovation Review*. https://ssir.org/articles/entry/the_bias_of_professionalism_standards
- Gentry, J. E., Baranowsky, A. B., & Rhoton, R. (2017). Trauma competency: An active ingredients approach to treating posttraumatic stress disorder. *Journal of Counseling & Development*, 95(3), 279-287. <https://doi.org/10.1002/jcad.12142>

References

- Hayden, S. C. W., Williams, D. J., Canto, A. I., & Finklea T. (2015). Shelter from the storm: Addressing vicarious traumatization through wellness-based clinical supervision. *The Professional Counselor*, 5(4), 529-542. <http://doi.org/10.1524/scwh.5.4.529>
- Ivers, N., Rogers, J., Borders, L. D., & Turner, A. (2017). Using interpersonal process recall in clinical supervision to enhance supervisees' multicultural awareness. *The Clinical Supervisor*, 36(2), 282-303. <https://doi.org/10.1080/07325223.2017.1320253>
- Jones, C. T., Welfare, L. E., Melchior, S., & Cash, R. (2019). Broaching as a strategy for intercultural understanding in clinical supervision. *The Clinical Supervisor*, 38, 1-16. <https://doi.org/10.1080/07325223.2018.1560384>
- King, K. M. (2019). "I want to, but how?" Defining counselor broaching in core tenets and debated components. *Journal of Multicultural Counseling & Development*, 49, 87-100. <https://doi.org/10.1002/jmcd.12208>
- Lambie, G., Mullen, P. R., Swank, J. M., & Blount, A. (2018). The Counseling Competencies Scale: Validation and Refinement. *Measurement and Evaluation in Counseling and Development*, 51(1), 1-15. <https://doi.org/10.1080/07481756.2017.1358964>
- Lekas, H-M., Pahl, K., & Fuller Lewis, C. (2020). Rethinking cultural competence: Shifting to cultural humility. *Human Services Insights*, 13, 1-4. <https://doi.org/10.1177/1178632920970580>
- O'Donovan, A., Halford, W. K., & Walters, B. (2011). Towards best practice supervision of clinical psychology trainees. *Australian Psychologist*, 46(2), 101-112. <https://doi.org/10.1111/j.1742-9544.2011.00033.x>
- Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117-125. <https://doi.org/10.1353/hpu.2010.0233>

Committed Action

Essential Nourishment

Step 1: Set Your Purpose

What opportunities are there for you to practice the two things you said you want to be remembered for? Be realistic with your time and energy.

Step 2: Engage with Acceptance

When you step into the two things, engage in them with experiential acceptance. Value the engagement over outcome expectations.

Step 3: Reflect and Appreciate

At the end of the day, take time to recognize and value how you courageously engaged in the two things you want to be remembered for, with no “buts” allowed.

Essential Seasonings

Enjoyment

Do something enjoyable every day.

Stay Healthy

Do something healthy every day.

Encouragement/Support

Give and seek encouragement/support every day.

Adapted from Dr. Kelly Crace
www.lifevaluesinventory.org



Interpersonal Process Recall

- Designed to help supervisee increase their awareness of self and others to facilitate more effective interpersonal interactions
- Supervisor assumes role of nonjudgmental “inquirer,” avoiding analysis or evaluation Set-up is important to help supervisee feel comfortable sharing thoughts & feelings
- Useful for:
 - Identifying blind spots
 - Practicing expressing covert thoughts & feelings in the here-and-now
 - Increasing involvement with clients via immediacy



(Cashwell, 1994)