

Advances in Culturally Responsive Clinical Supervision

Melanie Wilcox

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
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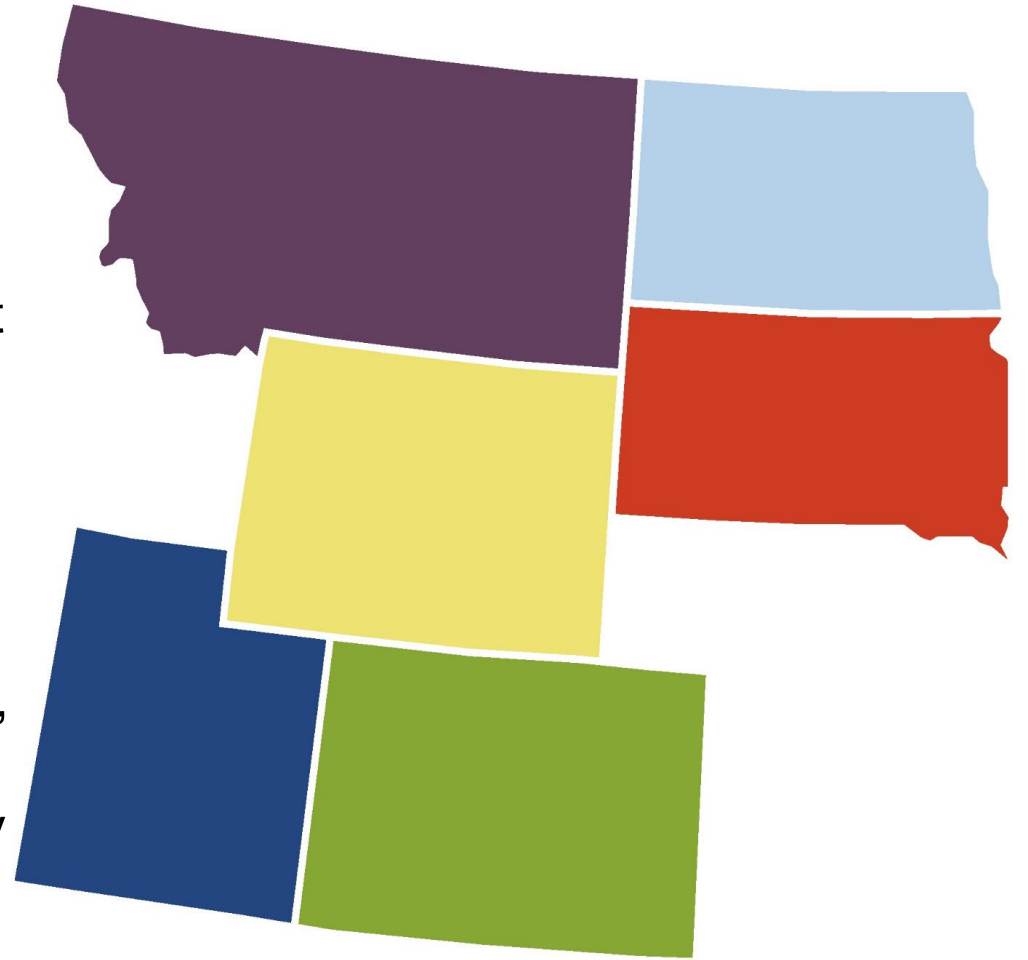
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

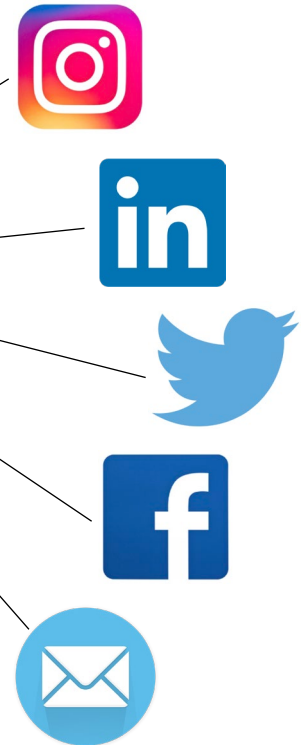
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

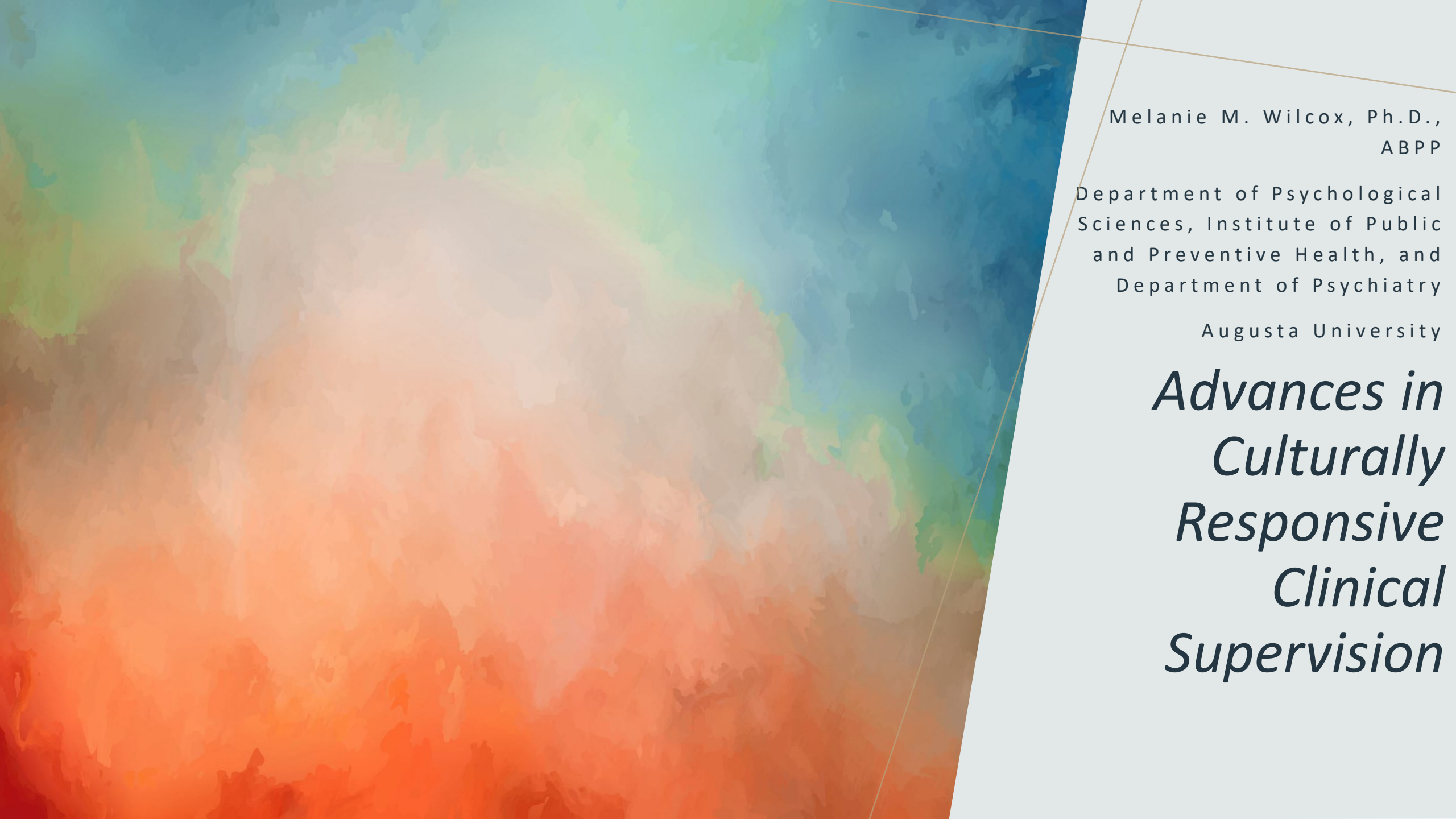
RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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*Advances in
Culturally
Responsive
Clinical
Supervision*



Clinical supervision is...

A type of practice in its own right

- Defined as a requisite professional competency (Fouad et al., 2009)
- Guidelines for Clinical Supervision available from APA (2014), ACA (Association for Counselor Education and Supervision [ACES]; Borders et al., 2011)

Clinical Supervision Is...

Complex

- Requires meta-awareness and meta-knowledge
- That the supervisor is advanced in their knowledge, skills, and self-awareness
- "...the supervisory relationship is a relationship about a relationship about other relationships" (Fiscalini, 1997, p. 30)



Clinical Supervision Is...

Far-Reaching

- Primary mode of the transmission of psychotherapy skills
 - Supervisor responsible for supervisee development, subsequently affecting supervisee's future clients
- Directly impacts current clients





Influence of Clinical Supervision

- Three primary supervisor responsibilities:
 1. Supervisory relationship
 2. Supervisee development
 3. Quality of psychotherapy provided by supervisee to client
- Research suggests that supervisor behaviors and qualities have predictable positive and negative consequences for each of these responsibilities

Supervisory Relationship

The supervisory relationship is considered by supervision scholars to be the crux of effective, quality supervision (Bernard & Goodyear, 2014)

- **A positive supervisory alliance facilitates supervisee growth**
 - Correlated with supervisee **willingness to disclose** (e.g., Mehr et al., 2010) – a crucial component of supervision for supervisee growth and client welfare
- **Negative supervisory alliance has deleterious personal and professional effects on the supervisee**
 - *Harmful* supervision (see Ellis, 2001; Ellis et al., 2013) has been described by supervisees as resulting in **trauma, anxiety, depression, and somatic complaints** (McNamara et al., 2017)
 - May also result in self-doubt in addition to the lost opportunities for growth (McNamara et al., 2017)



Ellis and Colleagues' *Harmful and Inadequate Supervision*



- Clinical supervision is *not* merely case consultation (this is “administrative supervision”)
- Clinical supervision must attend to the three facets previously addressed: Supervisory relationship, supervisee development, and provision of psychotherapy to clients
- Ellis (2001): **Bad supervision** is ineffective supervision that does not traumatize or harm the supervisee, and that is characterized by one or more of the following:
 - The supervisor’s disinterest and lack of investment in supervision
 - The supervisor’s failure to provide timely feedback or evaluation of the supervisee’s skills
 - The supervisor’s inattention to the supervisee’s concerns or struggles
 - The supervisor does not consistently work toward the supervisee’s professional growth or training needs
 - Or, the supervisor does not listen and is not open to the supervisee’s opinions or feedback

Ellis and Colleagues' *Harmful and Inadequate Supervision*

- Ellis and colleagues updated their framework in 2013 to define *inadequate* supervision as the previously-defined *bad* supervision, OR *also*, "...when the supervisor is unable, or unwilling, to meet the criteria for minimally adequate supervision, to enhance the professional functioning of the supervisee, to monitor the quality of the professional services offered to the supervisee's clients, or to serve as a gatekeeper to the profession" (Ellis et al., 2013, p. 6)



What is Minimally Adequate Supervision?

The supervisor

- Has the proper credentials as defined by the supervisor's discipline or profession;
- Has the appropriate knowledge of and skills for clinical supervision and an awareness of his or her limitations;
- Obtains a consent for supervision or uses a supervision contract;
- Provides a minimum of 1 hr of face-to-face individual supervision per week;
- Observes, reviews, or monitors supervisee's therapy/counseling sessions (or parts thereof);
- Provides evaluative feedback to the supervisee that is fair, respectful, honest, ongoing, and formal;
- Promotes and is invested in the supervisee's welfare, professional growth and development;
- Is attentive to multicultural and diversity issues in supervision and in therapy/counseling;
- Maintains supervisee confidentiality (as appropriate); and
- Is aware of and attentive to the power differential (and boundaries) between the supervisee and supervisor and its effects on the supervisory relationship.

Ellis and Colleagues' *Harmful and Inadequate Supervision*



- Beyond inadequate supervision, *harmful* supervision is “supervisory practices that result in psychological, emotional, and/or physical harm or trauma to the supervisee” (Ellis, 2013, p. 7)
 - Can be identified by the supervisee as such or, even when not identified by the supervisee as harmful, is considered *de facto* harmful supervision as it violates ethical and professional competency standards and/or could or did cause harm obvious to others

What Do We Know About What
Does Work in Supervision?

Empirically Supported Factors That Contribute to the SWA

(Bernard & Goodyear, 2019)

Supervisor Factors

- Social skills
- Mindfulness
- Interpersonally Sensitive style
- Use of expert and referent influence
- Supervisor self-disclosure
- Secure attachment style
- Cultural Responsiveness
- *Racial and Gendered Microaggressions
- *Unethical behavior

Supervisee Factors

- Openness to experience and extraversion
- *Stress and anxiety
- *Maladaptive perfectionism in interaction with higher counseling self-efficacy

Supervisor x Supervisee Processes

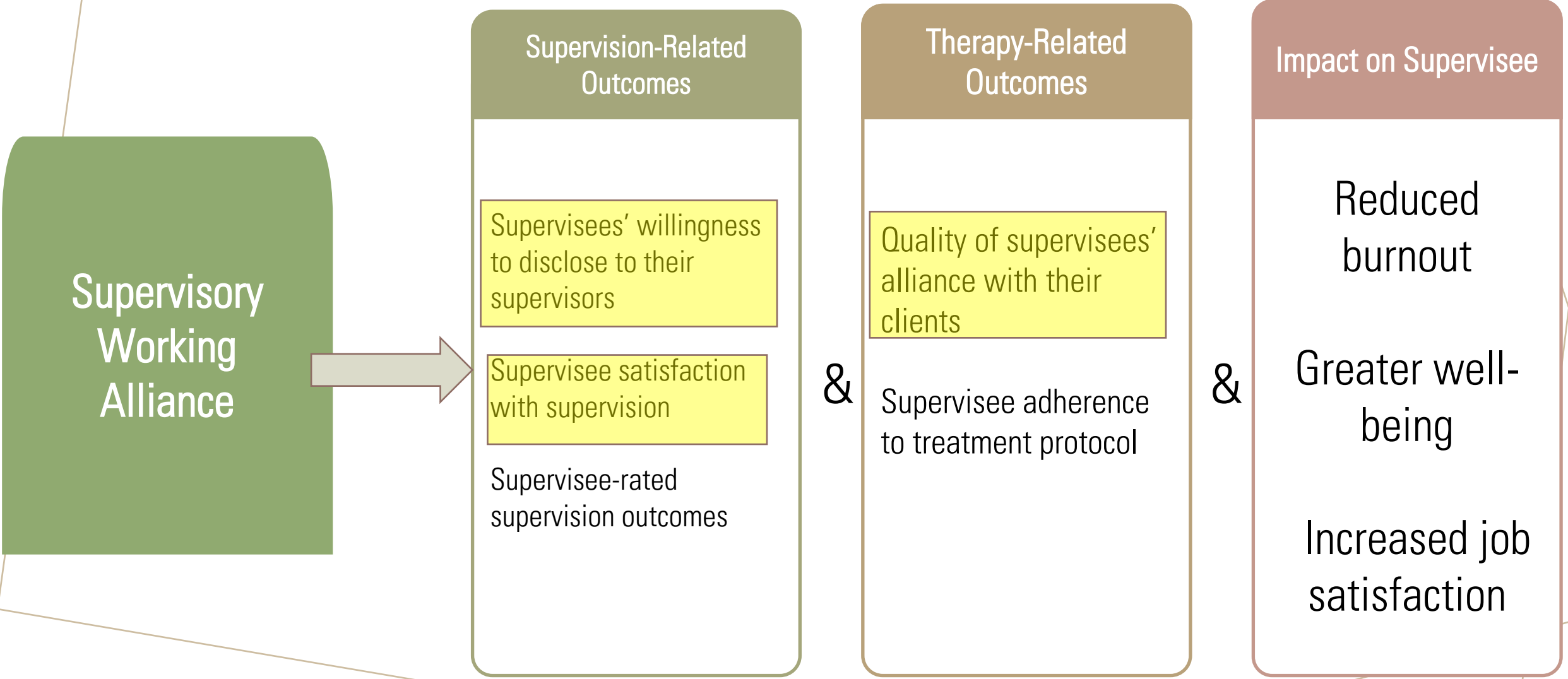
- Use of a supervision contract
- Clear and fairly conducted evaluation practices
- Frank discussions of supervisor and supervisee race
- Advanced racial identity levels: Supervisor and supervisee
- Supervisor-supervisee interaction complementarity
- *Negative supervision
- *Role conflict or ambiguity

Supervisory Working Alliance

*indicates negative predictors

Empirically Supported Impact/Outcome of a Strong SWA

(Bernard & Goodyear, 2019)



Multicultural Supervision

- Supervision is relational, and all relationships are inherently multicultural
- Contemporary supervision scholarship starting to examine the multicultural nature of supervision (e.g., Drinane, Wilcox, et al., 2021; Falender et al., 2013; Falender et al. 2014; Hook et al. 2016; Jernigan et al., 2010; Soheilian et al., 2014, Wilcox et al., 2021, 2022, 2023, under review)
- Supervisor attention to multicultural issues affects not only the supervisory relationship, but the supervisee's ability to attend to cultural factors in therapy (Falender et al., 2014)





Multicultural Supervision

- Culturally unresponsive supervisors ignore, discount, or dismiss culture within supervision, which negatively affects supervisee satisfaction and client outcomes (Burkard et al., 2006)
- Explicit discussion of race found to be related to stronger supervisory working alliance, and explicit discussion of gender and sexual orientation related to increased satisfaction with supervision (Gatmon et al., 2001)
- Supervisors with higher racial consciousness than their supervisees raised culture in supervision (Ladany et al., 1997)
- Microaggressions occur with relative frequency in supervision (e.g., Wilcox et al., 2022; under review)

Thus...

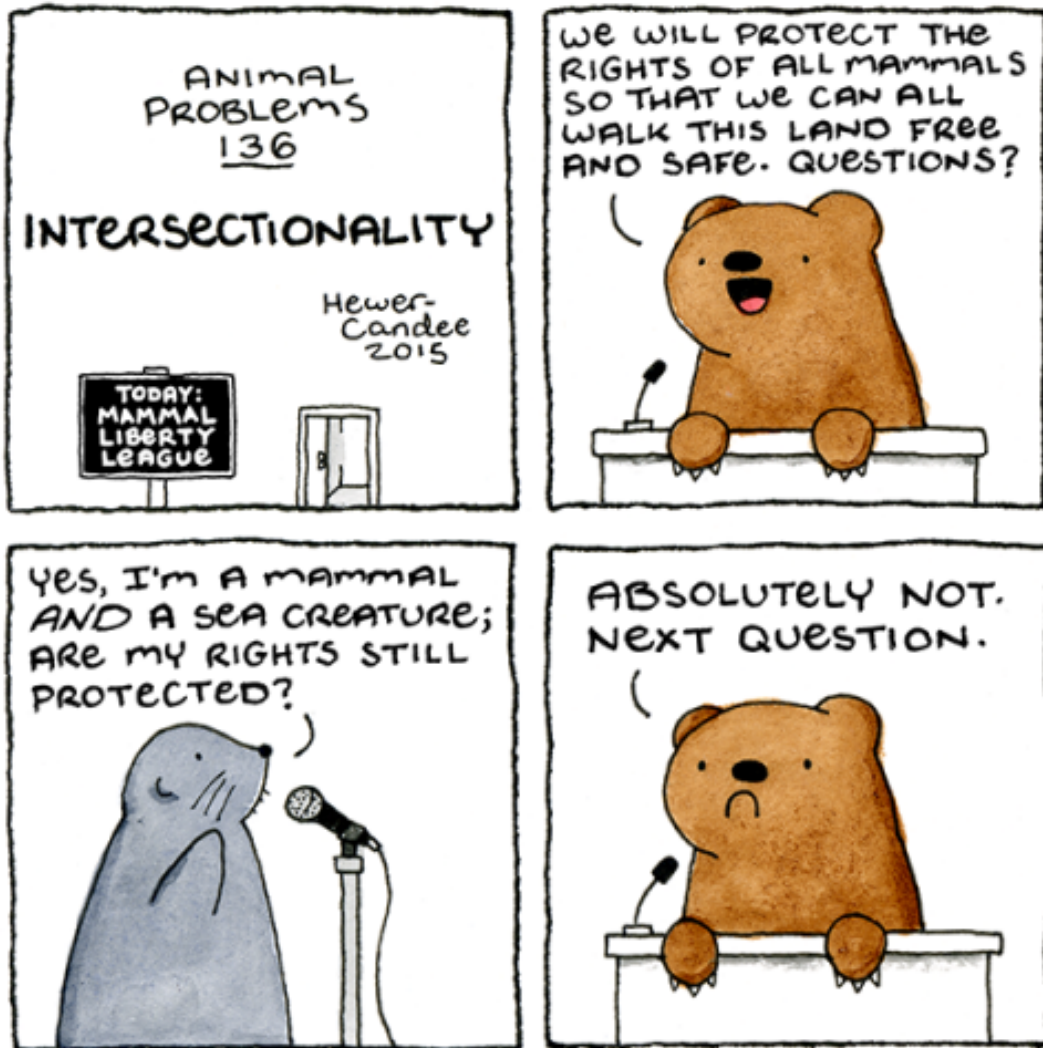
Supervisory relationship: Requires attention to and directly addressing cultural processes and dynamics (MCO*)—which itself requires foundational and advanced knowledge, awareness, and skills (in the traditional sense and the *structural competencies** sense)

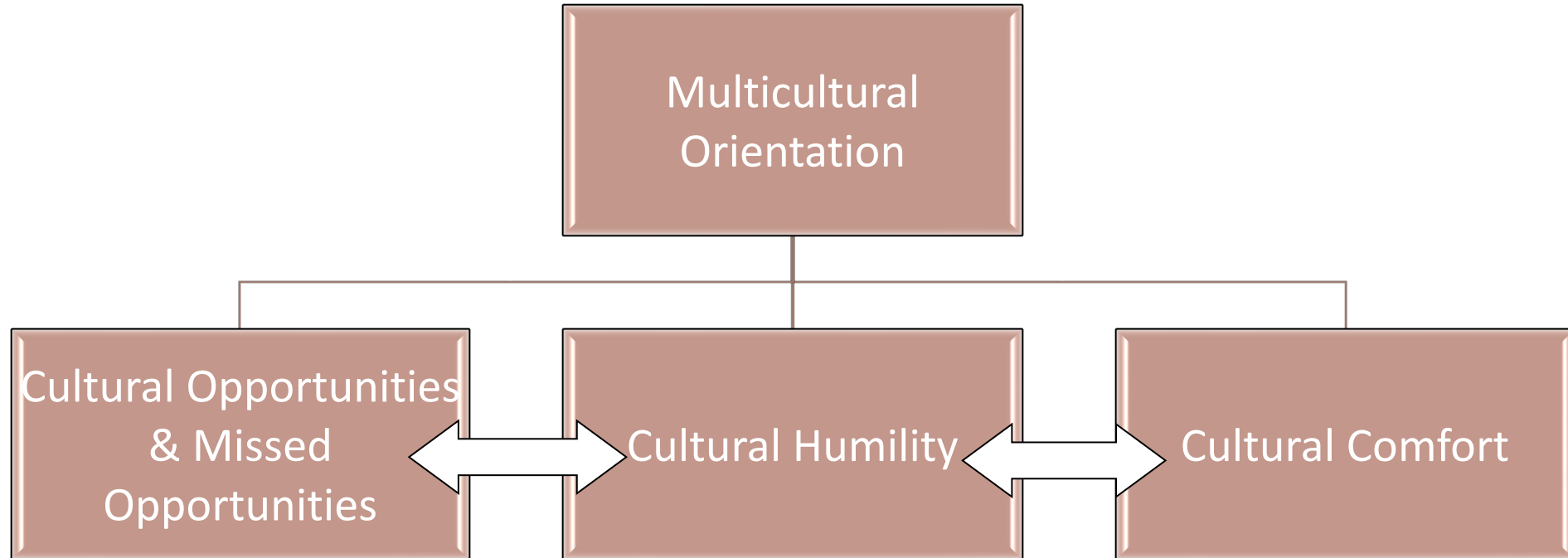
- This is a part of *minimally adequate* supervision – i.e. its absence is *inadequate supervision*
- Microaggressions—which are often *unintentional* and *outside of the supervisor's awareness*—constitute *harmful* supervision, and undermine all of the supervisory process



Multicultural Orientation

- *Multicultural Orientation* (MCO) may be considered an extension of, or addition to, a competence model (see Davis et al., 2018 for a review)
 - I would argue that this is closest to the “skills” component of MCC
- MCO is a *process model* rooted in the Contextual Model (see Wampold & Imel, 2015)
 - A way of *being*, rather than a way of *doing*
- Better accounts for intersectionality





Cultural Humility

- **Cultural Humility:** Central organizing construct of MCO
 - Interpersonal: Being other-oriented, curious, perspective-taking, lack of sense of superiority
 - Intrapersonal: An accurate view of oneself, particularly one's limitations
- Understanding one's own cultural values and beliefs
- Taking an other-oriented stance
- Maintaining respect and lack of superiority in all interactions
- Collaborate with others
- Express curiosity and interest
- Asks questions vs. making assumptions when uncertain



Cultural Opportunities

- **Cultural Opportunities:** Cultural markers that occur in therapy
 - Behavioral expression of cultural humility, cultural comfort
 - A moment of intentional action on the part of the therapist or supervisor to initiate a cultural discussion, to follow the client's/supervisee's lead on a cultural topic, or to pursue another point of interest.
 - Davis et al: These are **always** present—MCO allows us to recognize and seize upon them
- Think about cultural opportunities as specific instances of *Points of Entry* (Interpersonal Process Theory; Teyber & Teyber) or *Markers* (Emotion-Focused Therapy; Elliott et al.)
- We need to develop Yalom's "Rabbit Ears" for *cultural opportunities or markers*





Cultural Opportunities

- Recognize cultural markers that are indicative of these moments.
- Learn how to craft a variety of messages relevant to others' intersecting cultural identities.
- Enhance understanding of how frame interventions and interactions around the impact of your cultural identity on your clients.

Cultural Comfort



- **Cultural Comfort:** The therapist's thoughts and feelings that emerge before, during, and after conversations about the client's cultural identities or culturally-focused content
 - Feelings of calm, ease
 - Staying genuinely engaged with others holding different or similar cultural identities, even in the face of differences or over-alignment related to values or worldviews.
- Cultural comfort helps to facilitate our ability to recognize and create cultural opportunities
- Cultural humility helps to facilitate our cultural comfort

**There is no developing comfort without
moving through discomfort!**

Cultural Humility in Supervision

- A culturally humble supervisor... (Hook et al., 2016)
 - Always learning
 - Open and curious toward supervisees' experiences
 - Initiate cultural conversations
 - Aware of own identities in relation to supervisee
 - Admitting biases, blind spots, and areas of growth
 - Makes few assumptions
- CH is a necessary ingredient for supervisory rupture repair (Watkins et al., 2016), microaggressions, and cultural differences in supervisory relationship (Hook et al., 2016)
 - Openness
 - Willingness to own mistakes and address them
 - Relationship-oriented



MCO in Clinical Supervision: Our Studies



MCO in Clinical Supervision
What do we know so far?

MCO particularly important in clinical supervision given power dynamics, influence on trainee development, and influence on clients!

A recent study found that *all three MCO pillars* are significantly related to the Supervisory Working Alliance

Cultural Humility was also important for:

- Supervisee Disclosure
- Supervisory Satisfaction

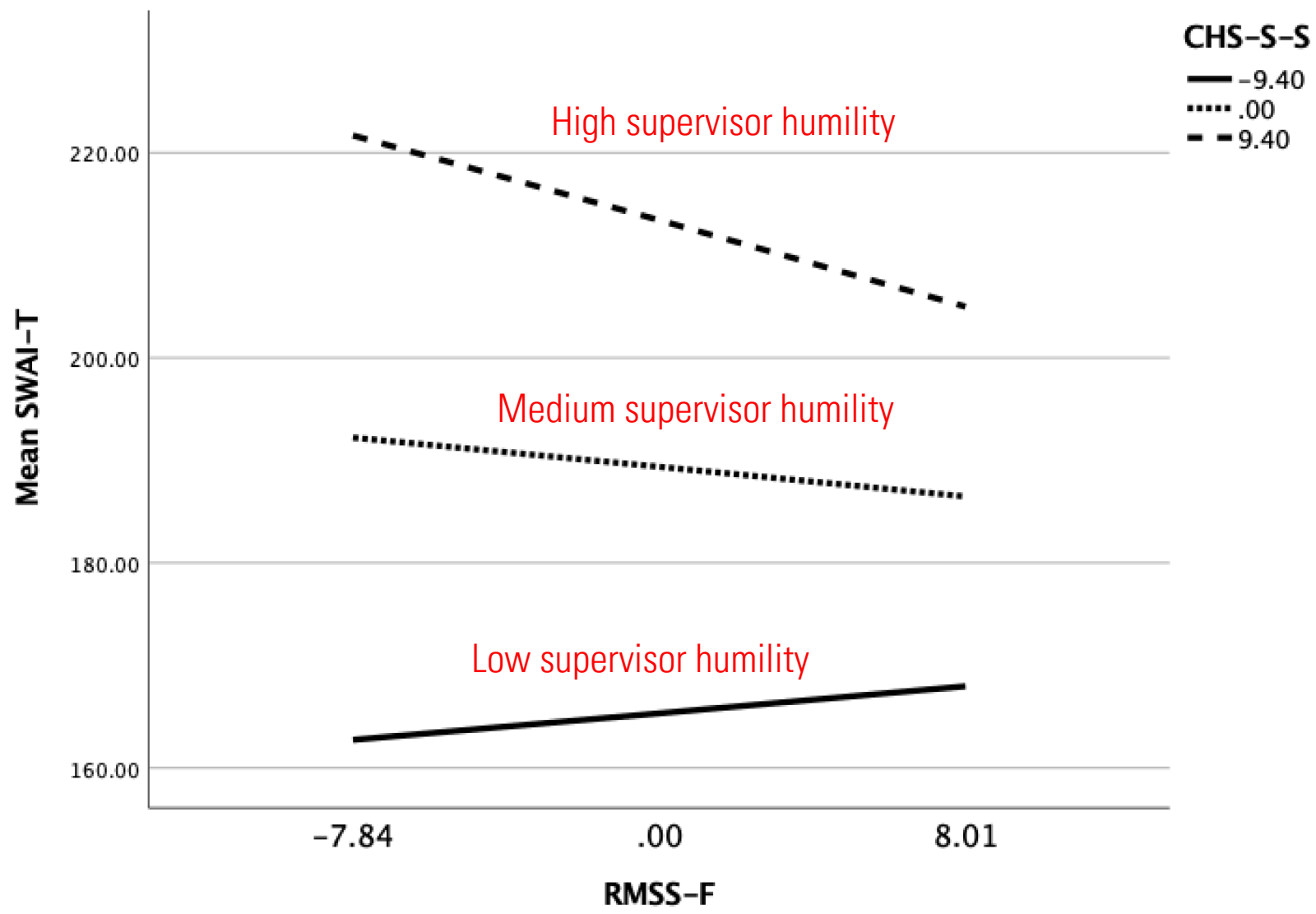
"What has been most helpful in supervision (regarding culture)?"
Taking about it!

From Lantz et al., n.d.
Contact: mel.lantz@okstate.edu

MCO in Clinical Supervision: Cross-Racial Supervision Research

- Wilcox et al. (2023): White supervisors' cultural humility was related to a stronger supervisory working alliance, higher satisfaction with supervision, and supervisee willingness to disclose in supervision
 - Cultural comfort related to all of these except disclosure
- Wilcox et al. (under review):
 - Supervisees of color seem to be more greatly impacted by supervisor racial microaggressions with they perceived their supervisor to be high in cultural humility
 - Yet *still*, high-CH supervisors seem to maintain stronger supervisory relationships at all levels of microaggression presence than low-CH supervisors do at *any* level of microaggression presence (even high frequency of microaggressions)
 - CH is that important!







MCO in Clinical Supervision: Cross-Racial Supervision Research

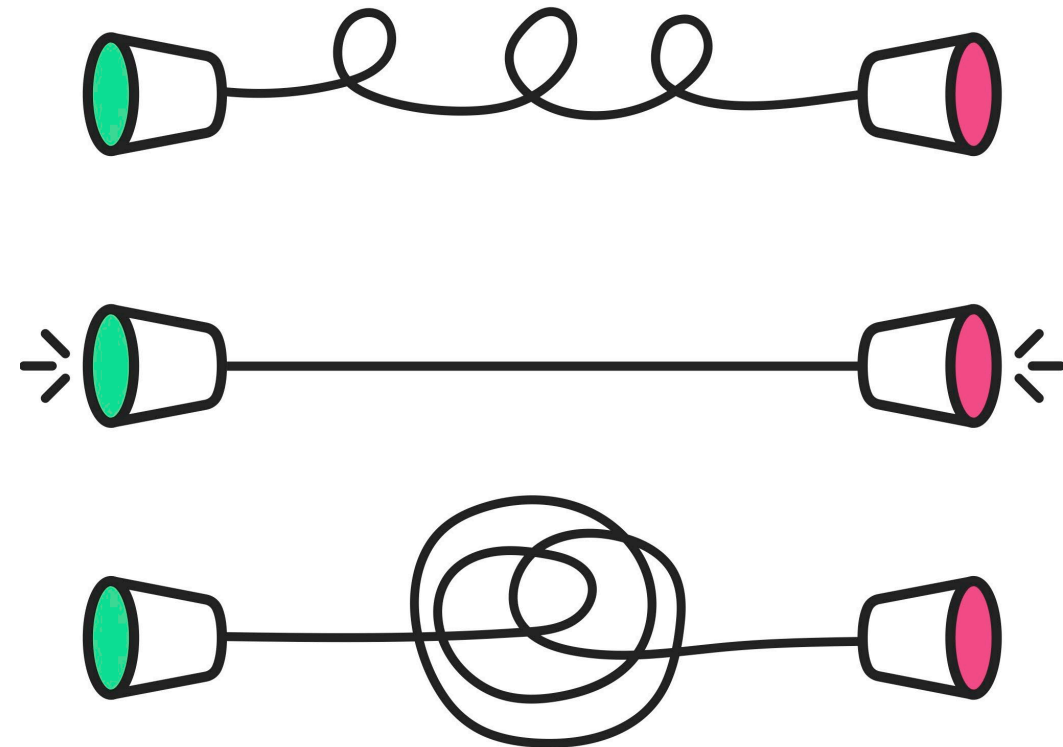
- Winkeljohn Black, Wilcox, et al. (qual, under review):
 - In cross-racial supervision sample, supervisees of color seem to be more often seeking supervision help elsewhere
 - Once again: importance of talking about culture and detrimental nature of avoiding it
 - Nearly one-quarter reported experiencing microaggressions from their current supervisor
 - **Emphasis on wanting more of a systemic/structural focus** (vs. the predominantly-white sample, which wanted more individual-level “cultural” knowledge)
- Vandament et al. (2022): Cultural Humility was positively related to supervisees’ counseling self-efficacy, seemingly through CH’s effect on the supervisory working alliance.



Where do we go from here?

Let's Revisit Some Oft-Misunderstood Concepts

- A lot of critical concepts to diversity-related conversations are unhelpfully misunderstood
 - This contributes to communication breakdown, disengagement, and ultimately, lack of learning
- So, we are going back to basics – possibly from new angles



APA RESOLUTION on Harnessing Psychology to Combat Racism: Adopting a Uniform Definition and Understanding

FEBRUARY 2021

WHEREAS racism has been an enduring, insidious, and pervasive feature of the United States (U.S.) landscape that often operates outside of the conscious awareness of its targets, perpetrators, and beneficiaries, and has had an incalculable, negative toll on the basic human rights to survival, security, health, well-being, and societal participation of generations of people in the U.S. and across the globe (Alvarez et al., 2016; APA, 2012; 2019);

WHEREAS the belief that people of color were inferior was used to justify Indigenous peoples' forced removal and genocide and the enslavement of Africans, thereby establishing racism and settler colonialism and violence at the root of the ascendant U.S. and legitimizing racial and economic inequality;

WHEREAS racism was constructed as a basis to create and sustain White supremacy by assigning value to people of European descent and disproportionately allocating societal resources and opportunities to them, while limiting or refusing access to opportunity among Black, Indigenous, and People of Color (BIPOC), thereby severely marginalizing their status and blunting the potential of the entire society (C.P. Jones, 2018; Mosley et al., 2021);

WHEREAS positionality refers to one's own position or place in relation to race, ethnicity, and other statuses and how our identities relate to the systems of privilege and oppression that shape our psychological experiences, relationships, and access to resources (APA, 2019);

WHEREAS White privilege is unearned power that is afforded to White people on the basis of status rather than earned merit and protects White people from the consequences of being racist and benefitting from systemic racism; such power may come in the form of rights, benefits, social comforts, opportunities, or the ability to define what is normative or valued (APA, 2019; Neville et al., 2013);

WHEREAS White supremacy—the ideological belief that biological and cultural Whiteness is superior, as well as normal and healthy—is a pervasive ideology that continues to polarize our nation and undergird racism (Helms, 2017; Liu et al., 2017; Liu, 2019);

WHEREAS racism is not only limited to racist ideas, attributions, expectations, assumptions, and behaviors held by individuals but also has shaped and undermined almost every aspect of U.S. society, including our laws, policies, educational systems, customs, and cultural narratives, weakening our political and civic institutions and creating many political and social fissures (Anderson, 2016; Helms, 2017, 2020; Liu et al., 2019);

WHEREAS in the current anti-immigrant climate, xenophobia and discrimination adversely impact the lives of Latino/a/x people (APA, 2012), and policies and programs that exclude, segregate, separate, detain, and physically remove immigrants from the U.S. reproduce racial inequalities in other areas of social life through spillover effects that result in significant negative consequences for immigrants and their families (Aranda & Vaquera, 2015).

WHEREAS hate crimes against Asian Americans have increased dramatically in the wake of the COVID-19 pandemic, spurred by the current social and political climate in which COVID-19 has been labeled as the "China virus" or "Chinese virus" (Zhang et al., 2021);

WHEREAS racism intersects with other social and personal identities (e.g., age, gender, sexual orientation, religion, ability status, socioeconomic status, etc.) in ways that compound experiences of oppression among diverse groups in the form of sexism, heterosexism, ableism (Deschamps & DeVos, 1998; Gee & Ford, 2011; Helms 2015; Liu et al., 2017);

WHEREAS cultural racism is the individual and institutional expression of the superiority of one's racial and cultural heritage over another (e.g., designing a curriculum that overwhelmingly features the accomplishments of people deemed "superior," APA, 2019, citing J.M. Jones, 1979);

WHEREAS to overcome and eliminate the pervasive harms of racism, it is essential to directly confront oppression using a culturally-centered and strengths-based approach to achieve psychological liberation, promote empowerment, and influence social reality through cultural and humanistic change (Akbar, 1984);

○ THEREFORE, BE IT RESOLVED...

- Racism is a system of structuring opportunity and assigning value based on phenotypic properties (e.g., skin color and hair texture associated with "race" in the U.S.). This "system"—which ranges from daily interpersonal interactions shaped by race to racialized opportunities for good education, housing, employment, etc.—unfairly disadvantages people belonging to marginalized racial groups and damages their health and mental health, unfairly advantages individuals belonging to socially and politically dominant racial groups, and "ultimately undermines the full potential of the whole society" (Jones, 2003).

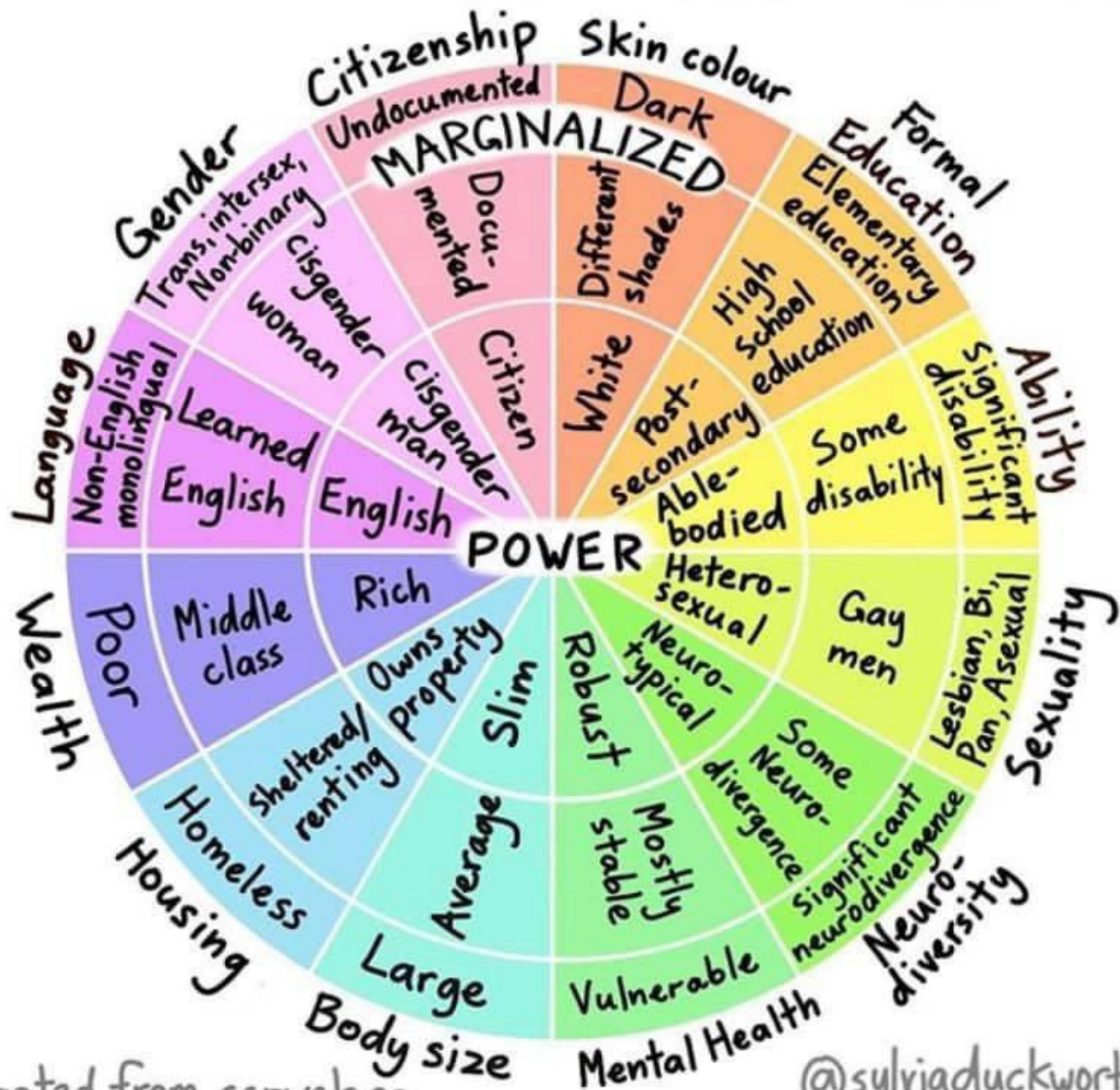
○ THEREFORE, BE IT RESOLVED that psychologists should consider the following four levels of racism:

- **Structural** (laws/policies/practices that produce cumulative racial inequities, including the failure to correct explicitly racist laws/policies/practices)
- **Institutional** (policies, practices, procedures of institutions)
- **Interpersonal** (implicit or explicit)
- **Internalized**

○ Scholarly definitions of –isms (including racism) are focused on *who has the power to oppress*

- This is why reverse-racism isn't a thing
- Bias ≠ -isms, oppression

WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylvriaduckworth



Why Is This So Difficult?

Critical Self-Compassion: An Oxymoron?



Not Necessarily

Critical Self-Compassion

- *Cultural Humility* is core to everything we have discussed
- We cannot possibly know everything—including others' experiences, or things that we were never taught
- We often cannot know what we don't know!
- **Critical Self-Compassion:** Having care and patience for oneself and the reactions we might be having while simultaneously balancing (1) holding ourselves accountable, (2) exercising curiosity for from where the reaction might originate, and (3) allowing ourselves to *feel* what we are feeling without *acting* out toward others (Wilcox et al., 2022)



Critical Self-Compassion



- This maps well onto the balance that we must strike with cultural responsiveness work
- No, we didn't personally cause horrific abuses that happened decades or centuries ago
- We *do*, however
 - Benefit from them daily
 - Knowingly and unknowingly engage in behaviors that keep systems of oppression in place
- Once again, from a place of critical self-compassion, we must allow ourselves grace for the things *we had no control over*, while taking responsibility for the *things we can do today*
 - Otherwise, it will be very difficult – if not impossible – to foster the qualities necessary for culturally responsive psychotherapy and clinical supervision

Privilege

- Possibly one of the most misunderstood concepts
- What people often hear: “You had/have it easy”
- Privilege is better understood as the *absence of barriers based on a particular dimension or domain*
- My story, for example – a lot of things were very difficult for me. Race, however, *didn't make those things even harder.*
 - Indeed, sometimes the absence of those barriers – or more precisely, the fact that my peers of color had to encounter them – *gave me little graces that my peers of color weren't given*
 - The occasional bootstrap by which to pull myself up, if you will
- Can be individual (e.g., I'm given a job over a BIPOC applicant) or systemic (e.g., my father being given his VA benefits that Vietnam vets of color were denied)



Privilege and Intersectionality

- Another myth: Privilege is additive; you have it (or don't) on certain dimensions, and you can essentially add for yourself a "privilege score"
- The misunderstanding of privilege and the misunderstanding of intersectionality are deeply intertwined
- Grzanka (2020, p. 249): Intersectionality is
 - A lens or a frame
 - A critical framework for conceptualizing human experience, particularly *power and inequality*
 - An approach for understanding *multiple social identities* and how they function in contextualized systems of inequality
- In practical terms, it is a lens through which to recognize that privilege and oppression are no more additive than $\text{Na} + \text{Cl}$ being merely sodium and chloride elements
 - Once bonded, they become a **new substance**: table salt
 - Dr. Jioni Lewis's work on *gendered racism* is a great example of this



Remember, we are all works in progress!

Working to foster our cultural humility, cultural comfort, and ability to engage in cultural conversations—as well as our *structural competence*—will help us in navigating difficult terrain with our supervisees as well as help them grow.

Please consider joining us on Monday, February 26th at 1pm Eastern/12pm Central for more on Multicultural Orientation, and/or Monday, March 25th at 1pm Eastern/12pm Central for more on Structural Competence 😊

Thank You!

Questions?



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Wilcox et al. (2023): Cultural humility, cultural comfort, and supervision processes and outcomes for BIPOC supervisees.



Wilcox (2023): Oppression is not “culture”: The need to center systemic and structural determinants to address anti-Black racism and racial trauma in psychotherapy.

