

Preface

Cultural Work in Clinical Supervision

We are pleased to be co-editing a volume that continues a rich dialogue about how to explore and integrate culture into our supervisory practices. We are faculty members in a Couple and Family Therapy specialization track within a Counseling program in Colorado, at a University in a major city. We are both AAMFT Approved Supervisors and couple and family therapists who engage in clinical work and supervision within and outside the academic setting. Robert is a second generation Canadian of northern European heritage, born and raised in Canada and he identifies as a cis-gendered, gay male. Shruti was born in India and is a first generation naturalized US citizen after immigrating to the US in her mid-teens. Shruti is an immigrant who has lived in several different countries other than the US and India, and identifies as a cis-gendered, heterosexual female.

For some clinicians, understanding culture as integral to clinical effectiveness is a seamless extension of their lives and practice. For others, there can be a mix of trying to link together training they have received with cultural considerations. Still others have a nascent awareness of some differences that emerge when working with new populations and a need to consider views that are different than their own. We are suggesting a move towards cultural safety as a means to explore how to incorporate this work in supervision.

Creating and maintaining cultural safety in supervision is an ongoing process that requires a supervisor to first establish an understanding of clinical work as cultural work, that they are a seamless part of each other, and then maintaining an ongoing engagement with how culture continuously weaves its way through a supervisee's clinical work and supervision itself. Much like sustaining a safe and supportive therapeutic or supervisory alliance; integrating culture in supervision is continuous and not a single moment in time or a single intervention. An unsafe cultural practice is an action that demeans the cultural identity of a particular person, couple or family. A cultural safety practice approach fits with a socially just approach to therapy and supervision by seeking to ensure equal social participation

and promoting dignity, self-determination and well-being for all individuals, families, and communities.

Addressing cultural issues is considered an integral part of couple, family and systemic supervision work. There are a number of current training and supervision models that address multicultural competencies based on a defined list of what those competencies are (e.g. APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists, AMCD Multicultural Counseling Competencies, AAMFT Approved Supervisor Requirements). However, descriptions of current models of culturally competent supervision are static in that they do not provide the lived experiences of supervisors who are attempting to do the very real work of culturally responsive and competent supervision with supervisees who are facing ever-changing and diverse client contexts. The static notion of competencies lacks contextual relevance for the lived realities of therapists and the complex social ecologies that clients live in. There has been a struggle to find a language that captures the fluidity of the constant and ever evolving work that recognizes culture at all levels of a system as central to clinical effectiveness. Various terms such as cultural attunement, cultural humility, culturally-infused, cultural equity and culturally-informed have all been utilized to counter the rigidity of a competency-based approach. Cultural competency training has been lauded as an effective, direct intervention to address the training of therapists and there is empirical support for the utilization of cultural competency training (Ibrahim & Heuer, 2016; Whaley & Davis, 2007). The major criticism of this training is the construct of competencies itself and the lack of understanding of the processes involved with engaging supervisees and learners in a life-long engagement with culture as integral to their work (Almeida, Dolan Del-Vecchio, & Parker, 2007). This volume makes an important contribution to cross-cultural competency in supervision because the authors present their supervision methods in a dynamic and culturally contextualized way, speaking both to their professional experiences as supervisors and to their personal journeys in developing and implementing clinical supervision methods.

Hardy (2016) provides a useful definition of culture as a “broad-based multidimensional concept that is comprised of, but not limited to, race, class, religion, sexual orientation, gender, family of origin, ethnicity, age, regionality” (p. 4). Hardy goes on to describe culture as simultaneously dynamic, fluid and static, a pervasive organizing principle, as multifaceted, and timeless. Part of our interest in this volume is the understanding that there are multiple perspectives on *culture*. We see this volume as having a heuristic value and generating further discussion about how to work with culture in supervision. This volume offers a range of perspectives, personal and professional, on addressing culture in supervision and training while providing concrete specifics of how to infuse supervision and training work with cultural realities.

The chapters in this volume offer a phenomenology of supervision that explores both the structures of experience and consciousness. The parts and the whole are explored and we encourage you to go back and forth between them, making your sense of what fits for your supervisory practice. The book offers a range of

perspectives on addressing culture in supervision and training while offering concrete specifics of how to infuse supervision and training work with cultural realities of supervisors, supervisees, and clients. For supervisory practices to be effective, however, they have to be contextualized to the readers' own contexts. To that end, we encourage you to see the integration of culture into your supervision practices as continuous as opposed to a destination with a finite end and understand the limits of singular interventions intended to address a multitude of complexities in a population.

Clinical trainings, whether focused on self-of-therapist issues, or clinical skills development, or cultural competency, frequently are presented and received as a linear process with the result being participants "achieving" a concrete goal or outcome at their conclusion. One example of a training intervention intended to contribute to cultural safety is training which is designed for the purpose of creating a network of allies for LGBTQ students or employees in order to make a University or work community a safe and more supportive place. At the end of the workshop, participants get a rainbow sticker they can place on their door or in their office to indicate that they are an "ally" and that it is safe to discuss sexual orientation and gender related matters with them. This training is provided to all regardless of background or previous exposure to sexual orientation or gender related issues. The notion that a brief workshop provides all the knowledge, behavioral, and attitudinal attributes required to be culturally competent with at least four distinct and quite varied populations (L, G, B, and T) is an example of how limited a focus on a set of competencies can become. It also reflects how poorly some consider what the required competencies are for these populations. Therefore, our goal with this volume on culturally competent supervision is to emphasize the continuous, ongoing, and integrative nature of the clinical supervision process, one that is not discreet, finite, or limited to one chapter, one workshop, or a one-time learning experience in educational settings.

Integrating culture into our supervision work calls for a constant engagement and this book is intended to provide ways that one can engage and not with simplistic solutions but part of continuous entries into life-long conversations. As Manathunga (2011) notes, supervision "like any form of teaching and learning, is not a neutral intellectual zone" (p. 368). We bring our histories, gender, sexual orientation, class, race and cultural backgrounds into supervision. Much as Monk, Winslade, and Sinclair (2008) position counseling as cultural because it involves "the use of language, discourse, and concepts, each element of which is a product of a cultural world" (p. 449), we suggest that supervision is cultural as well.

This volume offers an array of ideas and specific approaches for working with a range of supervisees. Ladany, Mori, and Mehr (2013) reported that even the most effective supervisors combine effective and ineffective supervisor behaviors. Whether seasoned at working with culture in supervision or new to the role, the authors share experiences and perspectives that will prompt ideas for your supervision practice. Starting with a review of the relevant research literature, one of the co-editors, Robert, presents what has been found to work for integrating culture into supervision. The research about this aspect of our field is limited and the author offers a broad agenda for research going forward.

The book continues with an engaging chapter from Laurel Salmon who is an LMFT and program supervisor at the Steinway Child and Family Services Marriage and Family Therapist Clinic. Salmon offers a reflexive framework that promotes a constant dialogue between people and environment not only for supervisees, but our own clinical and supervision practice. With the use of case examples and her own practice, Laurel models a humility about the process of supervision and trying to do our best work with clients. Next Shruti Singh Poulsen, the other co-editor, outlines a common factors approach to integrate systemic methods in supervision combined with MECA and the cultural genogram. Common factors have long been established as part of effective clinical work and Shruti shows how they can also be relevant for our supervision work.

Norma Scarborough passed away unexpectedly after submitting her chapter for this volume. We feel very fortunate to include her writing about the role of the racially underrepresented supervisor especially because so little writing is available from this perspective. Norma offers her reflections on six areas from over twenty years of experience as a supervisor and explores challenges such as working with dominant culture supervisees and having her own expertise questioned. In the following chapter, Jessica ChenFeng and colleagues discuss a model for working with supervisees (CARE model (1) connecting with supervisees through sharing backgrounds/context; (2) appreciating privilege, power, and biases; (3) ratifying a cultural knowledge base with cultural humility; and (4) embracing our role as social justice agents). Their chapter offers specific questions and activities to use with supervisees.

Lana Kim and her co-authors describe the role of attunement to sociocultural emotion in supervision as a relational foundation for building and working with critical consciousness in supervision. They offer a range of ways to consider social locations of supervisees, clients, and the supervisor and how each engages in the change process in therapy. Ali Michael and Eleonora Bartoli then share a process for engaging graduate students in cultural training throughout their mental health training, thereby sidestepping the dilemma for the sole professor teaching “culture” which now becomes a shared responsibility across all faculty and courses. They describe a set of labs that form a foundation with graduate students for their education and their entire careers. We conclude this volume with a chapter by Toula Kourgiantakis and Marion Bogo from the University of Toronto. They clarify the distinction between cultural awareness and sensitivity and offer a critique of the cultural competency approach by explaining how a cultural competence approach overemphasizes cultural content and has insufficient emphasis on critical self-reflection and cultural sensitivity. They outline the use of the Objective Structured Clinical Examination (OSCE) as a means to frame the developmental process for students as well as supervisors.

The contributors to this volume have substantial experience as supervisors and educators and have generously shared their time and expertise here. We hope you enjoy this book as much as we did in bringing it together, and find it to be an important resource for supporting your clinical practice and supervision.

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