Contextual Issues in Supervision

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Identifying Cultural Factors in Supervision

Picture a specific training system where you are the supervisor, a specific trainee, and a specific clinical family situation. Brainstorm all of the potentially different cultural values and factors that are present that could influence the training system. Include yours, the therapist’s, and the family’s.

[Adapted from Lee & Everett, The integrative family therapy supervisor, p. 94.]

Overview

Kaiser views all treatment (and supervision) as cross cultural and stresses the importance of arriving at “shared meaning” with those whose meanings may be different from ours.
Scenario
You are a Caucasian supervisor in a family practice agency. Your Southeast Asian trainee is reluctant to meet with family members together believing that each individual will not be able to talk freely about the problems. What variables would you, as the Supervisor, consider in the supervisor-trainee-family system? How do cultural issues and values figure into your response? To what extent should you blend your values with those of your trainee?


THE ADRESSING MODEL

Nine main cultural influences:
• Age/generational
• Disability
• Religion
• Ethnicity/race
• Social status
• Sexual orientation
• Indigenous heritage
• National Origin
• Gender

Using ADRESSING to Examine Bias

• How do my age and generation-specific experiences, my disability (or lack thereof), my religion or religious upbringing (etc.) affect my view of people, my beliefs about the world, where I live, who my friends are, and the kind of work I do?

“When differences in power exist between cultures, stereotypes become a means for enforcing the marginalization and exclusion of the less powerful group (Fiske, 1993).”

Awareness Exercise


Describe a situation in which you felt oppressed. Deconstruct the situation until you thoroughly understand it.

Describe a situation of privilege. Deconstruct the situation until you thoroughly understand it.

Developing Cultural Awareness

• Qualitative interviews of 20 female, 20 male family therapy educators who met criteria for being known in matters of diversity and family therapy

Results

Themes and Subthemes
1. Increasing awareness
   a. Originating in family of origin, childhood
   b. Participating/witnessing social movements
   c. Encountering education
   d. Relating interpersonally
   e. Managing effects of awareness

2. Owning privilege
   a. Acknowledging privilege
   b. Understanding privilege and lack of privilege
3. Moving toward relational action and accountability
   a. Repairing relationships
   b. Seeking and accepting mentorship
   c. Dealing with fear and potential losses

4. Taking action/being accountable for social equity
   a. Mentoring, teaching, scholarship
   b. Forming alliances/solidarity
   c. Speaking out/taking risks
   d. Seeking ongoing opportunities for growth

Authors concluded that compassion is needed to dismantle privilege: “compassionate witnessing of the sufferer, compassion for [ourselves], and compassionate action toward disrupting cycles of oppression.” (p. 175)
Reflection

Where are you in your cultural awareness journey?

Cultural Humility


• Developed in medical community
• Cultural competence best defined as active engagement in lifelong process
• Requires humility as we engage in self-reflection and self-critique
• Helps to check power imbalances
• Mutually respectful and dynamic partnerships
• Search for and access to new resources

Operations of Power in Supervisory Relationships

Poststructuralist Perspective

- Examines how unchallenged privileged discourses about professional status, gender, and race can impact supervisory relationships. For example, some constructed as “superior” and others as “inferior.”
- Looks at how operations of power and sociopolitical forces influence people to adopt certain ideas and practices that can constrain them and result in judging others and themselves.

Doubt as Manifestation of Power

Doubt can be introduced by unchallenged discourses around “good” supervision which implies that supervisors, as experts, always know best and trainees are inexperienced, knowledge-less participants. Trainees can devalue what they know, worry and not voice their ideas. (p. 507)

Instead: Supervisor asks trainees to reflect on their positive contributions. Participating in reflecting teams offers trainees chance to notice their developing competencies.

Pressure to Conform

Supervisor has evaluative and disciplinary power. Trainee worries that could be seen as “disobedient” when her/his thinking differs from that of the supervisor’s (who has power to decide who’s “in” and who’s “out”).

Some trainees resent feeling pressure to conform; others experience self-doubt. Supervisors can feel irritated and devalued. (p. 508)

Instead: supervisor creates a safe environment and is transparent about the purpose of her/his suggestions and the evaluative component of supervision.
Gendered Discourses

Dominant cultural discourse is that women have to try harder and are less capable than men. While men are encouraged to be knowledgeable, women can be relegated to the intellectual sidelines.

Instead: Supervisor “creates space” for women by offering third option to men in training group (that of support rather than the dominant gendered discourse of either being in the spotlight of being entirely absent). (P. 511)

Race

Power pushes discourses of whiteness into all relationships.

Whiteness is the norm in our culture with success determined by how closely people conform to its rules and values.

Persons of color are judged and may judge themselves according to the norm of whiteness.

Making Whiteness Visible

Tendency for whiteness to be a non-color. Supervisor can help make it visible through reflective questioning.

“How does whiteness show up in each of our lives? How does it influence our thinking toward ourselves and others? How does it influence the way we think about our clients [trainees] who are whites or non-Whites?”
Recommended Supervisory Practice

Authors recommend that supervisors and trainees negate the influence of privileged discourses by creating “spaces of reflexivity” and openly noticing, discussing and challenging them. (p. 214)

Supervisees’ Perspectives


Supervisees prefer that:
• Supervisors overtly discuss power.
• Supervisors have collegial discussions with supervisees and allow them to have choices regarding cases.
• Supervisors promote a safe environment by discussing the limits of confidentiality.
• Supervisors’ expectations are clear and are linked to evaluations.

Sexual Orientation Matrix


Two core concepts:
• Vertical axis: degree of heterosexual bias, from high to low
• Horizontal axis: degree of acceptance of LGBTQ orientations and behavior, from non-acceptance to acceptance
Supervisory Issues to Consider  

**Quadrant A:** Is it ethical to allow a therapist who falls into quadrant A to work with GLBTQ clients? What literature might I suggest without disrespecting her beliefs?

**Quadrant B:** Can therapists who morally disapprove effectively work with GLBTQ families on any issue? How would I talk with a therapist in quadrant B about how his/her moral objections might affect the therapeutic relationship and treatment?

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Supervisory Issues to Consider  

**Quadrant C:** How can I give trainees opportunities to gain insight into their own biases? How can I encourage them to learn more about different organizations serving the GLBTQ communities?

**Quadrant B:** Do I assume the therapist is totally unbiased? How can I help trainees be more aware about being unrealistically overconfident in working with GLBTQ people?
Supervision Scenario
Trainee X voices strong religious objections to same-sex relationships. She is willing to work on “individual” issues with a client, but not do couples or family therapy.
• Locate this therapist in Long’s Sexual Orientation Matrix.
• Would you address the religious beliefs that are influencing the trainee’s value system?
• As a systemic supervisor, is it OK to allow this trainee to work only on “individual” issues?

Supervision Scenario, cont’d
• If you suggest that she reads literature to learn more about GLBT issues, is it acceptable for her to decline?
• If the trainee insists on doing only individual therapy and refuses to learn more about GLBT issues: What is your ethical obligation under the AAMFT Code of Ethics? What is your gatekeeping role regarding her CFT career? Would you continue the supervisory relationship?

Sexual Orientation
Supervisors are responsible for:
• Bringing up and discuss issues such as heterosexism.
• Being knowledgeable about gay/lesbian/bisexual/ & transgendered individuals.
• Paying attention to the language we use.
• Refuting myths.
• Referring to and abiding by the AAMFT Code of Ethics.
Culture as Multidimensional


“Those sets of shared worldviews, meanings and adaptive behaviors derived from simultaneous membership and participation in a multiplicity of contexts such as rural, urban, or suburban setting; language; age; gender; cohort; family configuration; race; ethnicity; religion; nationality; socioeconomic stats; employment; education; occupation; sexual orientation; political ideology; migration; stage of acculturation.” (p.375).

Comparative Framework Rationale


Cultural comparative orientation proposed because each of us is raised in a number of different subgroups and draws selectively from each.

Multidimensional Comparative Framework


Cultural comparison of four key parameters informs a family and/or personal map:

- **Ecological context** – diversity in where and how the family lives and how it fits in its environment
- **Migration and acculturation** – diversity in where family members came from, when, how and why, how they live, aspirations
- **Family organization** – diversity in preferred forms and values connected to those arrangements
- **Family life cycle** – diversity in how developmental stages and transitions are culturally patterned
Cultural Borderlands

- “overlapping zones of difference and similarity within cultures” (p. 376)
- No unification, only understanding of fragile identity
- Requires tolerance for contradictions and ambiguity

Ecological Niche

- Spaces where access is allowed or denied
- Where views and values are shaped
- Where power or privilege are or are not experienced
- Relative to dominant cultural values
- Encompasses multiple contexts rather than single or composite labels
- Pluralistic, events are interconnected that changed ethnic lives and were changed by them

Culture as Multidimensional, cont’d

Therapy is an encounter between the therapist’s and family’s cultural maps. Family maps and therapist/supervisor maps can be congruent in some ways and divergent in others. Therapist/supervisor stays aware of values from family of origin, current family, life experience with other cultures, and theoretical biases in terms of the four key parameters. Therapist/supervisor encourages ongoing attitudes of respectful curiosity and self-reflection.
Falicov’s Cultural Comparative Map


Therapist Ecomap Exercise

1. Examine your ecological niche in terms of your therapy/theory and personal maps.
2. With a partner, look at your personal and therapy maps; talk about how your maps overlap as well as potential marginalizations.
3. Generate ways to use culture ecomaps in the supervisory training system.
Traits Associated with “Cultural Competency” in Training Systems

(Based on Lee & Everett (2004). The integrative family therapy supervisor. p. 93)

- Awareness of one’s own culture
- Acceptance, respect and comfort with cultural differences that may exist between yourself and others
- Possession of knowledge about one’s own culture and how this may affect others who are not of your culture

- Demonstration of continuous cultural self-assessment through reflection, consultation, supervision and continuing education
- Attention to the dynamics of power, privilege and oppression.
- Adaptation of service models to match sociocultural contexts
- Commitment to policies that enhance service to diverse clients

Centrality of Working Alliance


Study of multicultural competence using case conceptualization found a high correlation between the supervisory working alliance and supervisor satisfaction. Supervisor’s multicultural competence was not significantly related to trainee’s multicultural case conceptualization ability.

Recommends mutual agreement on cultural competence as a goal and task of supervision and paying attention to trainees’ developmental stage and readiness to focus on multicultural issues.
Some Literature-based Cultural Caveats in MFT

Ageism

[Ivey, D., Wieling, E., & Harris, S. (2000). Save the young—the elderly have lived their lives: Ageism in marriage and family therapy. Family Process, 2, 163-175]

• Compared perceptions of practicing MFTs with those of therapists-in-training and individuals with no clinical background.
• Sexual concerns, substance use and elevated conflict seen as more important for younger than older couples. Concerns of older people may be minimized & seen as problematic for younger couples who have full lives ahead of them.
• Vulnerability to age-related stereotypes and perceptions does not appear to be substantially reduced by clinical training and experience.

More Applied Focus Recommended


MFT and Counseling Psychology trainees self-rated as highly culturally competent.
Did not recognize racial factors in their case conceptualizations where clients’ race was the independent variable in the couples vignettes. Recommend more focus on applying conceptual knowledge.
What other "caveats" come to mind?