Meeting the Clinical Supervision Needs of International Student Therapists

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We know from the recommendations for supervisors and trainers that in addition to being culturally sensitive, supervisors need to be:

- Cross-culturally sensitive when working with international student therapists. Being cross-culturally sensitive in supervision would include assessing supervisees’ levels of acculturation without expecting them to acculturate to the U.S. culture at the expense of their own culture.

- Addressing cultural issues in supervision, such as the existence of cultural and language barriers in supervision and in supervisees’ work with clients, and being explicit about supervisory expectations, such as comfort with self-disclosure and the need to be more directive (Nilsson & Anderson, 2004).

Training programs can assist in facilitating this process by recruiting more than one international student so they may not be the only international student in the program, learning whether their students intend to stay in the U.S., or return to their home country to allow more effective advising, and developing a flexible and cross-cultural stance that listens to and respects students’ values and beliefs (Mittal & Wieling, 2006).

A Model of Cross-Cultural Competent Clinical Supervision

To address the unique supervision needs of international student therapists, we propose a model of supervision that borrows from and expands on the six competencies delineated in Ancis and Ladany’s (2001) model of “Multicultural Supervision Competencies.” The first domain, Supervisor Personal Development, requires supervisors to recognize their own values, beliefs, attitudes, and knowledge about contextual factors related specifically to migration, including their ideas surrounding internationalization of the profession, awareness of cultural and language barriers, and the recognition that language differences are not cognitive deficiencies. It is expected that supervisors work to increase their knowledge of supervisees’ culture and country of origin, the history and current political context of migration from this country, and the migration and acculturation process, including an awareness of what is lost in acculturation. Supervisors could also work to increase their knowledge of supervisees’ learning style and expectations from supervision, as well as the supervisee’s professional phase.

As an international student in her clinical training program, one of the authors (Amanor-Boadu) found that her comfort in supervision was greatly increased when supervisors were able to demonstrate an awareness of migration processes, and especially when they were clearly aware of the many stressors that may come with making migration application. This awareness was not something she regularly encountered in interactions with those born in the U.S., so to find it in her supervisors and to be able to discuss self-of-the-therapist issues that arose from it was extremely validating.

The second domain, Supervisee Personal Development, proposes that supervisors support their supervisees in examining the supervisee’s cultural background, values, beliefs, attitudes and efforts to become culturally competent. Strategies that could be used include facilitating the supervisees’ exploration of their own cultural identity and understanding of U.S. cultures, and seeking opportunities to interact with U.S. nationals, other international students and nationals from the supervisors’ country of origin. Supervisors could also facilitate professional networking opportunities for their supervisees in the U.S. and in their home country.

To facilitate the crucial tasks in the first two domains, supervisors are encouraged to identify their own racial identity development stage and degree of ethnic consciousness, and facilitate the same process with their supervisees. International students from homogenous communities are often unfamiliar with the concepts and role of racial identity development and ethnic consciousness in their own development as a therapist. Those who are tagged as belonging to an ethnic minority group when they arrive in the U.S. may find themselves referred to as a “minority” for the first time in their lives. Their unfamiliarity with the historical contexts of minority groups in the U.S. can further throw them into culture shock. This experience can be made more blatant as they begin to provide services to U.S. residents who view and treat the supervisee as a “minority.” Supervisors have the unique role of providing an avenue to assist the supervisee to process their experience of racial consciousness. This however can only be successfully facilitated if supervisors themselves understand the potential distress that racial consciousness can provoke and the unique challenges that international students may face in struggling with these issues.

The third domain, Supervisor Professional Identity, invites supervisors to facilitate supervisees’ understanding of the role of contextual factors in their clinical work, such as the importance of contextual factors that clients bring into therapy, and how cultural differences and similarities between the supervisee and client impact their work. Supervisors could also facilitate a conceptualization of their supervisees’ professional development that integrates cultural identity with professional identity, and support an understanding of how being an international student therapist may make clinical work more difficult and subsequently impact perceived self-efficacy. This is particularly pertinent for supervisors who have made a career change from a successful and a more culturally conventional career in their home country. Not only is the supervisee faced with acculturation issues, but issues pertaining to career transition and cultural value placed on the new career.

One of the authors (Baptist) transitioned from a career in finance and management to mental health, which is not an esteemed profession in her Asian culture. She found supervision that acknowledged the challenges of her transition, particularly the loss of “status” in her community, and helped her embrace her new identity as a therapist with pride and self-confidence.

The fourth domain, Supervisee Use of Self, focuses on building intervention skills that encourages supervisors to assist supervisees to incorporate their own traditional and therapeutic interventions in their clinical work. The process not only harnessed the creative merging of methods known to the supervisee with those from more conventional models, but encourages the use-of-self of the supervisee and acknowledges their unique cultural strengths. Supervisors can facilitate the process of developing a model of therapy that is more congruent for the supervisee that incorporates their own worldview and values.

The fifth domain, Supervision Process, encourages supervisors to pay attention to contextual factors in their supervisory relationship that can be achieved by initiating conversations, and creating a safe place to discuss acculturation difficulties and differences in expectations between the supervisor and supervisee. Issues that may need to be addressed include time management, the level of assertiveness and self-disclosure.
within supervision, and the degree of formality and professionalism.

The sixth domain, Evaluation, relates to supervisors’ ability to evaluate supervisees’ work towards cultural competency and the opportunity for supervisees to evaluate the process of supervision. In addition to any standard methods adopted by the different programs, instruments such as the “International Student Supervision Scale” (Nilsson & Dodds, 2006) that measures supervisory issues unique to international students, and the “Evaluating Multicultural Issues in Supervision” (Guainpa, 2002) that evaluates multicultural competence, can facilitate this process.

Pulling All the Pieces Together

The unique supervisory needs of international student therapists are only beginning to draw attention in our field. Clearly, with the internationalization of our field, there is a growing need to facilitate this process.

J. Matthew Orr, PhD

Oppositional Defiant Disorder

Marriage and family therapists (MFTs) have likely heard this familiar cry from parents who are exasperated, demoralized, and desperate for solutions to the chronically disruptive behavior of their children with Oppositional Defiant Disorder (ODD). Likewise, many MFTs may share in this “tried everything, nothing works” state of mind. ODD is a complex problem which seems to be characterized as much by its lack of clear etiology and its insidious onset as it is by the defiance and hostile disposition that mark its clinical presentation.

According to the DSM-IV (American Psychiatric Association [APA], 1994, 2000), ODD is characterized by a chronic pattern of negativism, hostility, and non-compliant child behavior that is most often directed toward authority figures. Specific symptoms often include argumentativeness, outward defiance of authority figures’ reasonable commands or requests, blaming others for their own mistakes, annoying or being easily annoyed by others, and acting angry, resentful or aggressive. It is a relatively common problem in the community at-large with prevalence rates ranging from 2-16 percent, depending on how it is defined and measured (Loebel et al., 2000). While it appears to be true that boys tend to display more severe conduct problems at younger ages than girls, MFTs can expect to confront ODD in girls, especially as they enter into adolescence (Loebel et al., 2000). It is generally believed that ODD develops out of a complex interplay of risk and protective factors in the biopsychosocial milieu of the individual child and his or her environment.

A recent study by Loeber et al. (2000) suggests that MFTs should be aware that in clinical settings, the rate of comorbidity between Attention Deficit Hyperactivity Disorder (ADHD) and ODD or Conduct Disorder (CD) is high and often signifies the presence of comorbid anxiety (Jensen et al., 2001). It is generally believed that ODD develops out of a complex interplay of risk and protective factors in the biopsychosocial milieu of the individual child and his or her environment. However, it is difficult to pin these factors down (Steiner & Remsing, 2007).

AACCAP Practice Parameter

There is not necessarily a consensus protocol for the evaluation, differential diagnosis, and treatment of ODD; however, the American Academy of Child and Adolescent Psychiatry (AACAP) and its Work Group on Quality Issues (Steiner & Remsing, 2007) recently established recommended guidelines for the assessment and treatment of ODD. The reader is strongly encouraged to review these guidelines in detail to determine whether their own practices in regard to ODD fall within this parameter, as they are only briefly mentioned here.

Based on the nature of MFT training and practice, it is expected that most MFTs will find that the AACAP recommendations resonate with their customary, or at least intended, approaches.

While the DSM-IV (APA, 1994, 2000) diagnostic criteria remain the essential standard for the actual diagnosis of ODD, it should also be pleasing to MFTs not only that the guidelines direct clinicians to carefully consider the parent-child relationship and the
within supervision, and the degree of formality and professionalism. The sixth domain, Evaluation, relates to supervisors’ ability to evaluate supervisees’ work towards cultural competency and the opportunity for supervisees to evaluate the process of supervision. In addition to any standard methods adopted by the different programs, instruments such as the “International Student Supervision Scale” (Nilsson & Dodds, 2006) that measures supervisory issues unique to international students, and the “Evaluating Multicultural Issues in Supervision” (Guapica, 2002) that evaluates multicultural competence, can facilitate this process.

Pulling All the Pieces Together

The unique supervisory needs of international student therapists are only beginning to draw attention in our field. Clearly, with the internationalization of our field, there is a growing need to better understand what international students need within clinical supervision, and our ethical obligation to provide supervision that is cross-culturally competent. What underlies all of the guidelines, practice recommendations, and models, however, is the idea that supervisors must take the initiative to discuss issues of cultural context. We can begin the process by first recognizing that each supervisee is an individual with a unique context, by appreciating how powerful migration processes can be in the personal and professional identity development of international student therapists, and by genuinely desiring to make supervision as effective as possible.

References


Clinical Update

Oppositional Defiant Disorder

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We’ve Tried Everything and Nothing Works!

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