

# *Cross-cultural Clinical Supervision*

DCFS/Latino Advisory Professional  
Development Day

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# Clinical supervision

- Understandably, attention is been given to the skill development aspects of clinical supervision, although in child welfare policy there is already an emphasis on evidence-based, strength-based, trauma- and race-informed practice.
- Responsibilities in clinical supervision include:
  - Supervision reflects an ethos of equality, embraces diversity and promotes anti-oppressive practice;
  - Race-informed practice is developed so that the supervisor and supervisee are culturally aware and responsive
  - Sound professional judgments are made, and evidence-informed, evidence-based and race-informed practices are promoted;
  - Supervision will be carried out in a reflective manner and provide a safe environment where attitudes and feelings may be challenged or explored as necessary

# Culture

- It is important to examine some of the dynamics between supervisors and supervisees, to avoid impacting negatively the quality of this working relationship.
- The term 'culture' is broad and can be defined in a variety of ways.
- For our time together, I want to emphasize the following aspects of culture:
  - It is diverse and socially constructed
  - Culture is not something static.
  - Can consist of one's values, beliefs, and orientations that dynamically evolve throughout the life course—encompassing various interconnected constructs such as race, ethnicity, sexual and gender orientations, (dis)ability, religions etc.
- If we consider the above dimensions, supervisors are consistently supervising across differences.

# Intersectionality

- Why intersectionality?
- It is an approach that takes into consideration the overlapping identities and experiences that help us understand the complexity of other people's lives.
- The exploration of gender, sexuality, class, and race as interconnected, layered experiences with mutually reinforcing oppressions and the meaning and consequences of multiple categories of social group membership.
- This perspective is used to explain the intersecting nature of identity and sociopolitical oppression.
- The goal is to 'infuse' this perspective throughout the professional development of supervisees.
- While we often look at intersectionality as it impacts individuals, we must also consider it in the context of relationships such as the supervisory relationship.

# Multicultural clinical supervision

- Comas-Diaz & Jacobsen (1991) discuss an important concept that they coined “ethnocultural transference and countertransference”.
- They discuss these concepts within the worker/client relationship, but they also can apply to the supervisor/worker relationship:
  - In *ethnocultural transference*, they look at interethnic transference and intra-ethnic transference.
  - In *ethnocultural countertransference*, they look at interethnic countertransference and intra-ethnic countertransference.

# Ethnocultural transference

- **Inter-ethnic transference - Examples:**

- Over-compliance and friendliness
- Denial of ethnicity and culture
- Mistrust, suspicion and hostility
- Ambivalence

- **Intra-ethnic transference – Examples:**

- An idealization of the worker as “omniscient-omnipotent” . If the worker and client are from the same background, the client views worker as a “hero” or as someone who “made it”.
- The opposite, or the “traitor”: The client exhibits resentment and envy for worker’s success and views it as “selling out”.

# Ethnocultural countertransference

- **Inter-ethnic countertransference –**

**Examples:**

- Denial of ethno-cultural differences
- The clinical anthropologist syndrome
- Guilt
- Pity
- Aggression
- Ambivalence

- **Intra-ethnic countertransference –**  
**Examples:**

- Overidentification
- Us and them
- Distancing
- Cultural myopia
- Ambivalence
- Anger
- Survivor's guilt
- Hope and despair

# Strategies with supervisees

## Focus on supervisory relationship

- Contextualize the supervisory relationship itself using a socio-cultural-political lens.
- Discuss systemic/societal factors that influence the supervisory experience, such as funding, case overload, insufficient support
- View the relationship between supervisors and supervisees applying intersectionality and how it impacts services
  - Case conceptualization
  - Treatment planning

## Focus on clients

- Recognizing embedded assumptions of theories and their interventions
- Examining the intersections of people's lives and their impact on the presenting problems
- Promoting self-awareness of the worker's lack of neutrality
- Support education on cultural issues
- Mentoring



# Important considerations in multicultural supervision

- **One of the biggest barriers to facilitating supervisee multicultural competence is the reluctance and/or inability of supervisors to identify important material and bring the issues to the supervisee's attention.**
- Processing multicultural narratives may trigger unanticipated reactions and potentially expose the supervisor's own vulnerability.
- The quantity and quality of the supervisor's previous experience discussing cultural and sociopolitical dynamics is also an important factor influencing the implementation of the supervision approach described.
- **Effective supervision and evaluation of trainee multicultural competence is not possible without the ongoing reflective practice and self-assessment of the supervisor.**

## Other important considerations in multicultural supervision

- We live and work within a socio-political context that has shaped our beliefs and worldviews not only at an individual level, but also in social institutions.
- The theoretical frameworks that inform our work are not neutral. They also express a culturally-bound worldview.
- The methods we use to evaluate progress, health, and what is 'normal' is necessary for funding, feedback, and increased knowledge, but those definitions are socially constructed.
- It is important to also consider the 'culture' of the institution itself, in order to assess the health of the work environment, in which both supervisors and workers practice.

# Racial/ethnic dynamics in supervisory relationship

- Workers are integrating their multicultural backgrounds into a professional identity, and this process will have different dynamics depending on the worker/supervisor/client configuration.
- Just like the dynamics will vary if client/worker have different racial/ethnic backgrounds, the same can hold true in the supervisory relationship.
- In addition, the dynamics can change if the supervisor is from a dominant group and not the supervisee, or if the supervisee is from the dominant group.

## Racial/ethnic dynamics in supervisory relationship - 2

- Examples:
  - Supervisors of color can be perceived as less competent than supervisors who are white and feel that they must 'work harder'
    - Supervisees of color might expect more from a supervisor of color.
    - Supervisees who are white might overcompensate in trying to prove they are not racist.
  - Supervisors who are white might minimize/deny the significance of their own race/ethnicity and might experience shame and guilt about their privilege.
    - Supervisees who are white can collude with white supervisors in overlooking contextual factors that inform client behaviors.
    - Supervisees of color might feel exhaustion from constantly pointing to contextual factors that inform client behaviors.
  - Supervisors of same race/ethnicity might also make assumptions about each other's similarities.

# Conclusion

- Culture is constantly evolving and is socially constructed.
- Intersectionality is a very useful tool to grapple with the complexity in the lived experiences of people – including workplace relationships.
- Just as the worker/client interaction has complex dynamics that are compounded by racial/ethnic backgrounds, this is also true for the supervisory relationship.
- These ethnocultural/racial beliefs in the client-worker/worker-supervisor interactions need to be examined as they are expressed in behavior and therefore affect clinical work.
- “Context’ includes the setting where the services are provided and the quality of clinical supervision. Supervisor’s self-awareness, skill, and humility navigating across difference is key.
- Assumptions can exist whether the supervisor/supervisee are from different race/ethnicities or come from the same race/ethnicities.

What can it  
look like?

Case examples

### Supervisor is white:

Latino worker creates a service plan with a Latino family that supports an authoritarian view of parenting a teen.

Supervisor provides feedback related to Erickson's developmental theory, regarding their search for individual identity and independence.

1. Observations about this interaction?
2. What are potential blind spots in understanding the case?

### Supervisor is a person of color:

White worker is working with a non-white family with child maltreatment allegations. The worker goes into a neighborhood that feels unsafe.

The worker concludes that if the neighborhood is unsafe, the child is at risk and must be removed. In addition, the family seems to have very unclear boundaries.

1. Observations about this case?
2. What are some strategies to guide the worker?

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