Promoting Multicultural Competencies in Early Career Rehabilitation Counsellor Supervisors

Quintin Boston
Mya Vaughn, San Francisco State University
Jenelle Pitt
James L. Soldner, Utah State University
Tyra Turner-Whittaker, et al.
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Quintin Boston,1 Mya Vaughn,2 Jenelle Pitt,3 James L. Soldner,4 Tyra Turner-Whittaker1 and Stacia Robertson5
1 North Carolina A & T State University, United States
2 San Francisco State University, United States
3 Fresno State University, United States
4 Utah State University, United States
5 Southern Illinois University-Carbondale, United States

This article discusses multicultural competency education options for early career rehabilitation counsellor supervisors. It specifically addresses the importance of the cultural awareness and competencies in supervised supervision. Multicultural counsellor competencies in clinical supervision are considered in the context of rehabilitation counsellor professional preparation programs in the United States. Diversity considerations are important to operationalising the construct of the working alliance in the context of clinical supervision training for early career rehabilitation counsellor supervisors. Acquiring, retaining and cultivating multicultural clinical supervision competencies in self and others is a lifelong process.

Keywords: competencies, multicultural, diversity, rehabilitation, supervisors, early career rehabilitation

Clinical supervision is an important role to the education of rehabilitation counsellors (Thielson & Leaby, 2001). Multicultural competence must be attended to during the supervisory experience (Westefeld, 2009). The inclusion of multicultural supervision competencies within rehabilitation counsellor professional preparation programs is essential for quality service to clients or consumers of rehabilitation services. In the typical US rehabilitation counsellor education program, early career rehabilitation counsellor supervisors learning clinical supervision with supervised supervision are typically masters or doctoral students. There are three interwoven clinical supervision layers occurring simultaneously: (1) university faculty (lecturer/staff) supervisor/doctoral student supervisee, (2) doctoral supervisor/master’s degree supervisee, and (3) master’s degree counsellor/client. Doctoral students are assigned to supervise master’s level rehabilitation counsellor supervisees. In other words, doctoral students provide first-line supervision to master’s level supervisees and, in the process, are expected to acquire and demonstrate clinical supervision skills. They are early career
counsellor supervisors in that a majority of may not have previous formal instruction in clinical supervision.

Supervised supervision is when a counsellor with work oversight of another counsellor (preservice/in-service) is supervised by another to support the quality of the counselling interventions with clients. Since every counselling experience is essentially a multicultural experience (Pedersen, 1988), diversity issues will come to the fore and the appropriateness in which these are addressed will influence the quality of the outcomes for both clients and supervisors.

The US Council on Rehabilitation Education (CORE) standards require that clinical supervision for master’s level students be carried out by a program lecturer or faculty member (henceforth faculty member), or a qualified individuals working in conjunction with the faculty member (CORE, 2008). Some doctoral students with clinical experience serve as the qualified individual working in conjunction with the faculty member. Supervised supervision required of a rehabilitation counselling doctoral student and familiarity with multicultural issues within supervision is important for acquiring multicultural counselling competencies.

According to the US Commission on Rehabilitation Counselor Certification Code of Ethics (2010), supervisors have an ethical responsibility to become aware of the complexities of an increasingly diverse world in which clients with disabilities reside. Surprisingly, little is known about the multicultural competencies of rehabilitation counselling supervisors and educators alike (Hird, Cavalieri, Dulko, Felice, & Ho, 2001). Often, the assumption is made that qualified rehabilitation counsellors necessarily have clinical supervision skills from having been supervised during their professional preparation. This is not necessarily the case. Supervised supervision is an education strategy to meet minimal professional competency in counsellor supervision.

This article seeks to discuss counsellor supervisor education in the context of professional preparation programs for rehabilitation counsellors in the United States. We believe the experiences and lessons from the US counsellor professional preparation programs in clinical supervision to apply to an extent to other similar settings. For instance, skills in initiating and maintaining a working alliance that are central to productive supervisor–supervisee relationships have transcultural transportability (Allen, 2007) and, presumably, would influence the quality of clinical supervision in a variety of contexts.

**Supervision Structure and Processes**

Burkard et al. (2006) pondered the question how a supervisor could feel comfortable addressing issues of diversity when there has been little interaction regarding multicultural supervision. To provide competent supervision, the doctoral student ideally must have a firm grasp of the impact of multicultural issues in counselling. Delivering high-quality supervision involved, among other things, evidence of competencies with diversity in people with disabilities. Supervisors’ recognition of disability as a diversity issue will likely model for trainees appropriate competencies to mature during their practicum and internship (Corey, Corey, & Callanan, 2007). As such, the supervisory process must be sensitive to a range of diversity-related issues that trainees are likely to encounter while working with clients with disabilities. Successful modelling of diversity counselling competencies likely will have the added benefit of enhancing the supervisor and supervisee relationship (Burkard et al., 2006).
Supervision Roles

The clinical supervisor functions in many different roles (e.g., consultant, evaluator, coach, teacher); of critical importance is the function to model to supervisees respect for culture and disability. Necessarily, clinical supervision for diversity counselling includes examining biases, assumptions and worldviews relative to disability, class, gender, religion and other cultural characteristics that influence rehabilitation outcomes for clients (Chang, Scott, & Decker, 2009). Showing comfort and willingness to dialogue about a variety of critical aspects of identity such as religion, race, disability and gender could help supervisees gain comfort with like issues in relation to self (Lassiter et al., 2008). To be effective as mentors in diversity counselling, early career counsellor supervisors need to evolve related competencies as part of their developmental growth in supervision skills (Corey et al., 2007).

Curriculum Issues

Research suggests that emphasising cultural issues tends to have a positive effect on the supervisory working alliance and leads to higher levels of supervisee satisfaction (Gatmon et al., 2001). While several rehabilitation counsellor education training programs in the United States require a multicultural course, other programs choose to integrate content throughout the curricula (Middleton et al., 2000). Whether the single-course or infusion method delivers equivalent multicultural competency outcomes is empirical. Clinical supervision that incorporates assessment for multicultural skills will likely enhance diversity counselling competencies. Effective supervision will also help the early career counsellor supervisors to understand the impact that diversity and disability-related issues have on their counselling style and the supervisor–supervisee relationship.

Although it is likely that most rehabilitation counselling graduate students in the United States have all taken a course in multicultural counselling at the master’s and doctoral level, it is possible that some doctoral students providing clinical supervision in rehabilitation counsellor education programs may not have taken such a course of study (Burkard et al., 2006). Supervisees, who receive multicultural supervision, attend multicultural conferences and workshops and participate in multicultural courses report having greater multicultural knowledge and skills than other supervisees who attend less workshops, take less courses (Pope-Davis, Reynolds, Dings, & Ottavi, 1994).

Rationale

‘Multicultural competency is becoming a way of life,’ (Arredondo & Toporek, 2004, p. 53). Ipso facto, all supervision encounters are multicultural in nature. Furthermore, developing multicultural competencies is a lifelong process (Chen, 2001). Effective multicultural supervisors are those who are aware of their personal beliefs and underlying attitudes toward others and how this might impact the quality of learning support they can provide to others a different race, gender, ethnicity or sexual orientation (Campbell, 2000). The case of Carla provides an illustration:

The case of Carla. Carla, a 26-year-old African American middle-class doctoral student was assigned to provide clinical supervision for Adam, a 52-year-old master’s degree student who is an Army veteran working at the local Veteran’s Administration vocational rehabilitation centre. During the first few supervision sessions, Adam
discussed his inability to feel empathy for the 20-something Iraqi veterans for whom he was providing services. Adam explained with exasperation,

> These young people, your age group, want everything handed to them. When I was a vet, we didn't have any of these services and all they do is complain and ask for more and more without taking the initiative or responsibility for themselves. I'm getting really irritated and hate when I see one of them coming.

**Briefly reflective commentary.** Carla had just taken a diversity supervision course, so she assumed that if Adam would try to see the worldview from the perspective of the younger veterans, he would be able to empathise with them and find compassion. Adam felt that Carla was accusing him of having a problem with the clients at his internship site. During the next few sessions, Adam shared less and less with Carla. Carla interpreted Adam's unresponsiveness as an indication that she had not learned enough about Adam's worldview to adequately assist him with his ambivalence toward his younger clients' requests for assistance. Carla spent the next few sessions asking Adam to describe his experience as a young veteran. Carla and Adam realised there were many factors impacting his negative response to his clients: generational values (age), the national economy (social class), disability status (invisible — mental illness versus visible — amputation) and society's attitudes towards different wars (service provision).

In clinical supervision, supervisors need to evaluate cultural identity attitudes of both themselves and their supervisee to assess the knowledge base and identify strengths and weaknesses of both themselves and their supervisees (Miville, Rosa, & Constantine, 2005). It is not enough for a supervisor to be simply aware of their differences; these differences may be addressed throughout the supervision experience (Campbell, 2000). The case of Jackson makes the point:

**The case of Jackson.** Jackson, a low-income doctoral student, met with his supervisee for the weekly scheduled time. In this session, the supervisee made derogatory comments about the homeless population that received services at the student's internship site. Jackson was uncomfortable confronting the supervisee about his homeless clients because Jackson had once been homeless and had a different viewpoint toward the supervisee's clients. The supervisee disclosed that he had been raised in a wealthy home with servants, maids and a driver, and had difficulty understanding how anyone could 'live like that'.

**Brief reflective commentary.** Jackson also felt uncomfortable discussing the counter-transference within the supervisory dyad because his faculty supervisor was middle-class and often discussed the generational home-ownership and loyalty to one particular private university where the members of the family all attended. Jackson feared a negative evaluation from his supervisor and facing stigma from the supervisee.

**Importance of Working Alliance**

Inman (2006) found that supervisor multicultural competence is positively correlated with the supervisory working alliance. The supervisor–supervisee relationship must be grounded in multiculturalism to increase the likelihood that the acquisition of diversity counselling skills in supervisees (Campbell, 2000). Having a working alliance with their supervisees they can foster an effective supervisor–supervisee relationship. Though the working alliance most commonly refers to the counsellor and client relationship and encompasses agreement in the areas of goals, tasks and bonds (Bordin, 1979). In the
context of supervision it includes strengthening understanding of populations with whom the supervisee is working and increasing awareness of supervisee impact on the client–counsellor relationship (Bordin, 1983). There are several factors that serve to enhance the supervisory working alliance: concreteness, openness, skills in working with transferrence and cultural identity development.

Concreteness is evidenced by providing clear and specific feedback to supervisees to promote self-awareness. Skills in concreteness in a supervisor help strengthen the supervisory working alliance. They also add to mutual respect and understanding between supervisor and supervisee (Muse-Burke, Ladany, & Deck, 2001). Concreteness is possible with openness to creating an accepting environment for supervisee stage of development, level of exploration and risk-taking (Ancis & Marshall, 2010; Bernard & Goodyear, 2004). Supervisor–supervisee transference and countertransference from unresolved personal issues (Ladany, Constantine, Miller, Erickson, & Muse-Burke, 2000; Lower, 1972) need to be addressed as part of the supervision relationship. If not addressed, these could hamper the supervision experience by creating barriers to openness (Kaiser, 2004; Muse-Burke et al., 2001).

Cultural identity and socialisation experiences could also impact the supervisor–supervisee relationship (Constantine, 1997; Corey, Corey, & Callanan, 2007; Gardner, 2003). For instance, during the start of the supervisor–supervisee relationship, there is a negotiation whereby similarities are assessed followed by dissimilarities (Hird, Cavalieri, Dulko, Felice, & Ho, 2001). The two individuals use multiculturalism to bridge dissimilarities. The more effective the supervisor and supervisee are in bridging those dissimilarities, the greater the multicultural competence available in supervision (Hird, Cavalieri, Dulko, Felice, & Ho, 2001). An effective supervisor is able to leverage cultural differences in a way that provides opportunities for enhancing the supervisory working alliance (McPhatter, 2004).

Early career counsellor supervisors providing clinical supervision training or clinical supervision may perceive the supervisee’s attitudes or actions differently to what was intended. Skills in how to reach the supervisees’ at an individual level in regard to culture and socialisation would be a beginning step in providing adequate supervision (McPhatter, 2004). Use of the critical incident method could help supervisors and supervisees bridge lessons important for mutual awareness of the influences of culture of origin on diversity counselling skills acquisition (Pack-Brown & Williams, 2003).

**Significance of Prior Experience**

Supervisors and supervisees bring on board different profiles of experience. Conceivably, pre-service master students could be ‘with knowledge of theories and skills, but have minimal experiences’ (Stoltenberg, 1981, p. 60). As counsellor trainees continually realise that they are responsible for taking what they have learned in the classroom and applying this knowledge in their work with clients with disabilities from diverse backgrounds (e.g., race/ethnicity, gender, class, religion, etc.), they may feel inadequate. For example, Jordan and Kelly (2004) concluded that 22% of beginning counselling practicum students worried about their overall competence, while 9% of those surveyed worried about their overall preparedness to work in the field. Perceptions of inadequacy in self may limit risk-taking in the counselling session and prohibit asking questions. Rehabilitation counsellor supervisors in training need to be aware of how these issues can be addressed throughout the supervision process.
Implications and Recommendations

The US Council on Rehabilitation Counselor Certification’s Code of Ethics (2010) specifically states that ‘rehabilitation counselor supervisors are aware of and address the role of cultural diversity in the supervisory relationship’ (p. 20). The Code of Ethics clearly states that ‘rehabilitation counselor educators actively infuse material related to cultural diversity into all courses and workshops for the development of professional rehabilitation counselors’ (p. 23). Frameworks for addressing diversity in counselling (e.g., Constantine, 1997; Donnell, Robertson, & Shannon, 2009; Falender & Shafranske, 2004; Lassiter, Napolitano, Culbreth, & Ng, 2008) highlight the importance of attending to a range of multicultural issues that counsellor trainees are likely to experience throughout practicum and internship. Lassiter, Napolitano, Culbreth and Ng (2008) call for stronger supervisor emphasis on setting expectations and creating an environment that is safe and conducive to the discussion and dialogue of multicultural issues.

Collegiality or removing the power component from supervision may lead to more sharing of uncomfortable issues. For instance, when the doctoral student supervisor is providing feedback to the master’s level supervisee, portions of the student taped counselling sessions can be discussed to address issues of power, stigma, disability, class, race/ethnicity, gender and religion. However, in order for this type of discussion to take place, rehabilitation counselling doctoral supervisors must (a) develop skills for incorporating culturally related perspectives into the trainees’ supervision experience and (b) create and maintain an environment that encourages teaching and learning about culture, disability and its impact on the therapeutic process, as well as the supervisory process (Corey et al., 2007; Priest, 1994).

Donnell, Robertson, and Shannon (2009) proposed a three-pronged approach addressing multicultural issues in counsellor supervision. The first prong emphasises the importance of counsellor educator preparedness and culturally responsive teaching. The second prong details the need for a multimethod curriculum approach to introduce multicultural material to students. The third prong calls for ongoing evaluation and review of student knowledge of multicultural competencies. Attending to these prongs throughout the supervision process to help facilitate trainees’ development, as well as further sensitise future practitioners to ethical considerations is a must.

Rehabilitation counselling doctoral supervisors are expected to take into consideration the developmental stages of their trainees. For example, some individuals are likely to be highly dependent on their supervisors for guidance and therefore risk-taking may be limited (Bernard & Goodyear, 2004; Corey et al., 2007). The case of Chen is illustrative.

The case of Chen. Chen, a rehabilitation counselling doctoral trainee at an inner-city rehabilitation counselling program, encourages her supervisees to experiment with different approaches. She demonstrates culturally appropriate counselling techniques in class via film, role-play and lecture and challenges each student to choose one intervention to adjust for the client they are working with, try it and report back to the class how it felt to implement the activity. The focus was not on the result, but on the counsellor’s self-awareness regarding how it feels to experiment with nontraditional counselling approaches.
**Multimedia Approaches**

Incorporating specific activities such as video clips, reflective journals and games into the practicum and internship experience can help enhance effective supervision. For example, video clips and excerpts from films can help increase attention to multicultural (e.g., disability, race, religion, etc.) issues throughout the supervisory process by allowing trainees to vicariously experience emotions, as well as empathise with clients from culturally diverse backgrounds. Journals and other practicum and internship activities that engage in reflection around counsellor/client cultural contexts and are inclusive of an array of cultural characteristics can help to facilitate trainee effectiveness and competence. The use of games that address cultural norms, cross-cultural interactions and other similar issues can create an atmosphere where learning about cultural diversity and disability is safe and enjoyable (Kim & Lyons, 2003).

**Collegiality**

If both the supervisor and supervisee are equal learners within the relationship, multiculturalism can be addressed from the supervisor to the supervisee and the reverse, ensuring that supervision goals, feedback and evaluations are culturally appropriate (Bernard & Goodyear, 2004). The suggestion to use the feminist theory in clinical supervision is not based in gender-only references, instead it is meant for supervisors to bridge the gap of power and privilege — core components to understanding multiculturalism identity development (Bernard & Goodyear, 2004). According to Miville, Rosa and Constantine (2005), supervisors greatly affect the quality of multicultural supervision both by what they do and by what they do not do. Subsequently, a supervisor can do equal harm by either discussing culture in a hurtful dialogue or not discussing it at all. The case of Sala is illustrative:

Sala, a 30-year-old Chinese American woman told her supervisor, a 60-year-old White man that she asked her new client — who is a 20-year-old African American male — how he feels receiving counselling from an Asian woman. Sala's supervisor told her not to bring race up because 'that really isn't the issue.'

**Implications for International Multicultural Clinical Supervision Training**

Traditional clinical supervision training emphasises skill acquisition, professional development and the clinical process, but does not adequately address cultural differences among the supervisor, supervisee and client (Ryde, 2000). Supervisors who are aware of 'multicultural issues and who proactively explore multicultural issues in supervision are both personally and clinically helpful' to supervisees (Ancis & Marshall, 2010; p. 283). When providing multicultural supervision training internationally, it is important to teach supervisors how to use universal and culturally normative supervision techniques. If used well, the techniques would not only benefit the working alliance between the supervisor and supervisee, it will also benefit the parallel process between the supervisee and client. Below is an example of a universal supervision technique and a culturally normative supervision technique.

**Universal Supervisory Technique**

Faculty members and doctoral students providing clinical supervision to future rehabilitation counsellors must de-emphasise western versions of multicultural clinical
supervisor training. Narrative clinical supervision is a universally ‘experience-based learning activity’ that offers creative means for increasing self-reflection and multicultural understanding. Storytelling is useful in clinical supervision because the multiple, cultural interpretations provide mean-making exercises in the supervisory relationship, reflecting personal and cultural aspects of both the supervisor and the supervisee. Narrative clinical supervision demonstrates how universal clinical issues are represented in the global community and how stories transcend cultural boundaries (Sommer, Derrick, Bourgeois, Ingene, Yang, & Justice, 2009).

**Culturally Normative Supervisory Technique**

When providing multicultural clinical supervision in an international capacity, supervisors should defer as much as possible to the supervisee’s work and life experiences before entering the rehabilitation counselling graduate program, so that the supervisory dyad has more shared power. ‘I have quite a bit of success in the real world, but the programme faculty doesn’t want to hear about that … rather than drawing on our strengths they only want to hear about our weaknesses’ (quote by participant, Protivnak & Foss, 2009, p. 246).

Shared power can also be accomplished through triadic supervision. ‘Sharing feedback on a peer’s work with the faculty supervisor [challenges] traditional roles within the supervisory relationship’ (participant quote, Stinchfield, Hill, & Kleist, 2010, p. 231).

In these two comments, the supervisee is encouraged to bring her or his culture to the supervisory relationship and support and learn from peers from a different culture. It is important to have shared power within this particular relationship as both parties (supervisor and supervisee) have areas of expertise that enhance the working alliance. International graduate students trained in multicultural counselling techniques become clinical supervisors who, without training, may not understand how to apply cultural awareness knowledge and skills to the supervisory relationship. International graduate and doctoral students who are trained to be multiculturally competent clinical supervisors for rehabilitation counsellors help future counsellors improve cultural communication and understanding.

**Conclusion**

Rehabilitation counsellor educators have an ethical responsibility to ensure that counsellor supervisors have the requisite skills in that function. Multicultural competence is an integral part of clinical supervision and to be specifically addressed in counsellor supervision training. Supervisor education experiences that build on skills in initiating, managing and promoting a positive working alliance are likely to result in competent clinical supervisors. The early acquisition of clinical supervision skills is important to maturing multicultural counsellor supervision competencies over one’s career. Culturally competent counsellor supervisors are prepared to meet the diverse counsellor education needs of a global market.

**References**


