CULTURALLY REFLEXIVE SUPERVISION IN COLLABORATIVE CARE

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Objectives

- Explore the concepts of cultural humility, intersectionality and positionality, in supervision
- Examine strategies for broaching intersectionality and positionality in supervision
- Use an anti-oppressive model to inform supervisory practice
Requests

- I am arguing the knowledge and skills relating to diversity are taught using a “cognition-oriented” model.
- A cognitive-oriented model means one ‘learns’ about every dimension of intersectionality, understands the characteristics of every cultural group or religion, and grasps all the details and nuances of every intersection.
- This leads to an over-simplifying and over-generalizing of culture. In other words – we ‘think’ we know and understand.
- In the literature, it has been noted that workers hold “cultural prescriptions” and treat individuals with blanket terms.
- Textbook knowledge is not helpful for this presentation, I am encouraging you to:
  - remain curious, take a stance of cultural humility, and explore how your own intersectionality influences your work with your supervisees.
  - remain process-oriented rather than content-driven approach.
Introduction

- The quality of supervision is impacted by several factors:
  - Relationship
  - Authenticity
  - Intersectionality, positionality, cultural humility, and anti-oppressive model
Definitions

- **Anti-oppressive model**
  - Promotes equal, non-oppressive social relationships between individuals with different identities.

- **Intersectionality**
  - Intersectionality accounts for various pieces of an individual’s identity. These identities come together (intersect) to form one’s social location, which determines the power and privilege an individual is afforded based on one’s relative position in society and history.

- **Positionality**
  - *Positionality* is the social and political context that creates your identity in terms of race, class, gender, sexuality, and ability status. *Positionality* also describes how your identity influences, and potentially *biases*, your understanding of and outlook on the world.

- **Cultural humility**
  - In order to practice true cultural humility, a person must also be aware of and sensitive to *historic realities* like legacies of violence and oppression against certain groups of people.

- **Microaggression**
  - A statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority, indirect, subtle, or unintentional discrimination against members of a marginalized group.
The supervisory working alliance issues of identity and power require recognition and focus.

Supervisors discuss culture at the outset of all new relationships in order to convey its relevance to the social work supervisory relationship.

Culturally humble supervision requires the supervisor facilitate the conversation - the ‘how and when’ remains debatable.

Supervisors hold responsibility to initiate direct conversations about cultural factors, intersectionality and positionality.
Acknowledging Intersectionality and Positionality

- Intersectionality highlights how dynamics of power and oppression are expressed at the *relational* level in supervision.

- The very nature of supervision establishes a structural hierarchy. The supervisor is in the position of greater privilege because of treatment knowledge.

- Other aspects of intersectionality impact the relationship as well, stemming from differences between supervisor and supervisee. As an example, the white supervisor is “doubly empowered” by race and professional position with supervisees of color. The supervisor of color may only be empowered by position.

- When the supervisor has multiple dimensions of marginalized identities (such as a female supervisor of color), supervising a worker from a more dominant social position (such as a white male), there can be a relational dynamic feeling “flipped” in the room.

- Regardless of who holds greater social privilege in the supervisory relationship, finding a way to address, when appropriate, dynamics of power and privilege differences can be crucial to establishing an authentic and positive supervisory alliance.
Supervisor Self-Assessment (*Adapted from Pettyjohn, Therapist self assessment)

- On what dimensions of identity do I differ from the supervisee as indicated by our differing demographics? How might I unintentionally oppress the supervisee if I’m not careful?
- What aspects of intersectionality exist within the supervisor/supervisee system? How might I unintentionally reinforce problematic power dynamics within the system if I'm not careful?
- How will differences in mine and the supervisee’s identity potentially impact the bond, goals, and tasks of supervision?
- How much knowledge/experience do I have with each aspect of the supervisee’s identity which differs from my own? What common stereotypes exist about the supervisee’s identity which could unconsciously influence my work with them?
- How comfortable/uncomfortable am I with addressing these aspects of intersectionality I have identified?
- What aspects of oppression are involved in the conceptualization of the patient by the supervisee?
- What contextual factors going on in society at large need to be addressed based on mine and the supervisee’s intersectionality?
- Based on my clinical/supervisory judgment and interactions with the supervisee, how do I believe they will respond to having a conversation about intersectionality?

*Adapted from Pettyjohn https://onlinelibrary-wiley-com.libproxy.adelphi.edu/doi/full/10.1111/famp.12471
Broaching

- Broaching is the direct acknowledgment of race, ethnicity, and other cultural factors, along with experiences of power and oppression systematically attached to the multiple identities held by both supervisee and supervisor.
- Silence on race, racism, and White privilege allows harmful biases to persist unchallenged in those supervisees belonging to dominant groups.
- This silence may compromise the integrity of the supervisory relationship in cross-racial supervision.
- Training regarding ‘broaching’ and the use of broaching in supervision may assist in fostering such conversations.
- Broaching race and race difference could improve the working alliance and credibility, as well as elicit greater disclosure and satisfaction with supervision.
- Broaching race and racism has generally occurred at low rates.
- When ‘ignored,’ supervisees for a myriad of reasons, particularly in relation to the power differential, may be compelled to default to dominant cultural norms, including the avoidance of racial topics, intersectionality, and microaggression.
Recommendations to use broaching

- When the supervisor broaches the conversation about intersectionality, it is recommended they start the dialogue by first positioning themselves through statements.

- During this process, the supervisor can share what they are comfortable with about their own identity first in an effort to not put the supervisee “on the spot.”

- Supervisor self-disclosure creates much discussion and can further highlight the intersectionality and positionality between supervisor and supervisee and authenticity.

- The supervisor needs to gauge the supervisee’s reactions to this disclosure.

- The supervisor can continue with follow up with questions. that would help them conceptualize how the supervisee’s intersectionality may influence not only the supervisor/supervisee relationship but their work with the patient as well.
An example question could be “You mentioned to me at the beginning of our supervision together that you have struggled with some of the aspects of this evidence-based practice model. “I am wondering based on our previous discussions and granted this might be a bold assumption, but I am curious, maybe part of the frustration you experience is related to your identity. I might be completely wrong, but if you feel my assumption might make sense, can you help me understand that?”

Reflections or questions about identity should always end with eliciting feedback through questions such as “Did what I say/ask fit for you? Please correct me if I am wrong because I want supervision to be helpful for you, and you are the expert of your experiences.”

This opens a door for the supervisee to safely express their comments and share if the conversation around intersectionality is or is not relevant to their work with the patient. It also gives space for correction if the supervisor is unintentionally operating from a stereotype or generalization which does not fit their experience.

It also promotes discussion by the supervisee regarding ‘injury’ or ‘microaggressions’ made by patients.
Conclusion/Reflections

- As supervisees share what they view as defining pieces of their own identity and experience, supervisors maintain a stance of curiosity and cultural humility, acknowledging that “we can never truly know another person, their experiences, lives, and legacies, unless we are open to acknowledging what we do not know.”
- Supervisors allowing their supervisees to guide the conversation as much as they would like and asking about what they do not know promotes openness and dialogue.
- These conversations demonstrate humility, transparency, and the willingness to be corrected; they also deconstruct the hierarchy between supervisors and supervisees inviting the individual to choose whether they want to delve further into the conversation around intersectionality.
Conclusion/Reflections

- Throughout the process, it is imperative that the supervisor continually be self-reflective regarding their own internal reactions.
- Engaging in conversations about intersectionality can be anxiety provoking, especially when it involves people with differing identities and differing levels of privilege and oppression.
- Preparing for the conversation ahead of time by answering the self-assessment questions. Maintaining an understanding of potential challenges may help the supervisor be better equipped to manage their internal struggles, address their own intersectionality, and their own microaggressive statements.
References


- Salmon, L. (2017). The four questions: A framework for integrating an understanding of oppression dynamics in clinical work and supervision. In R. Allan & S. S. Poulsen (Eds.), *Creating cultural safety in couple and family therapy* (pp. 11–22). Cham, Switzerland: AFTA Springer Briefs in Family Therapy. [https://doi-org.libproxy.adelphi.edu/10.1007/978-3-319-64617-6](https://doi-org.libproxy.adelphi.edu/10.1007/978-3-319-64617-6)