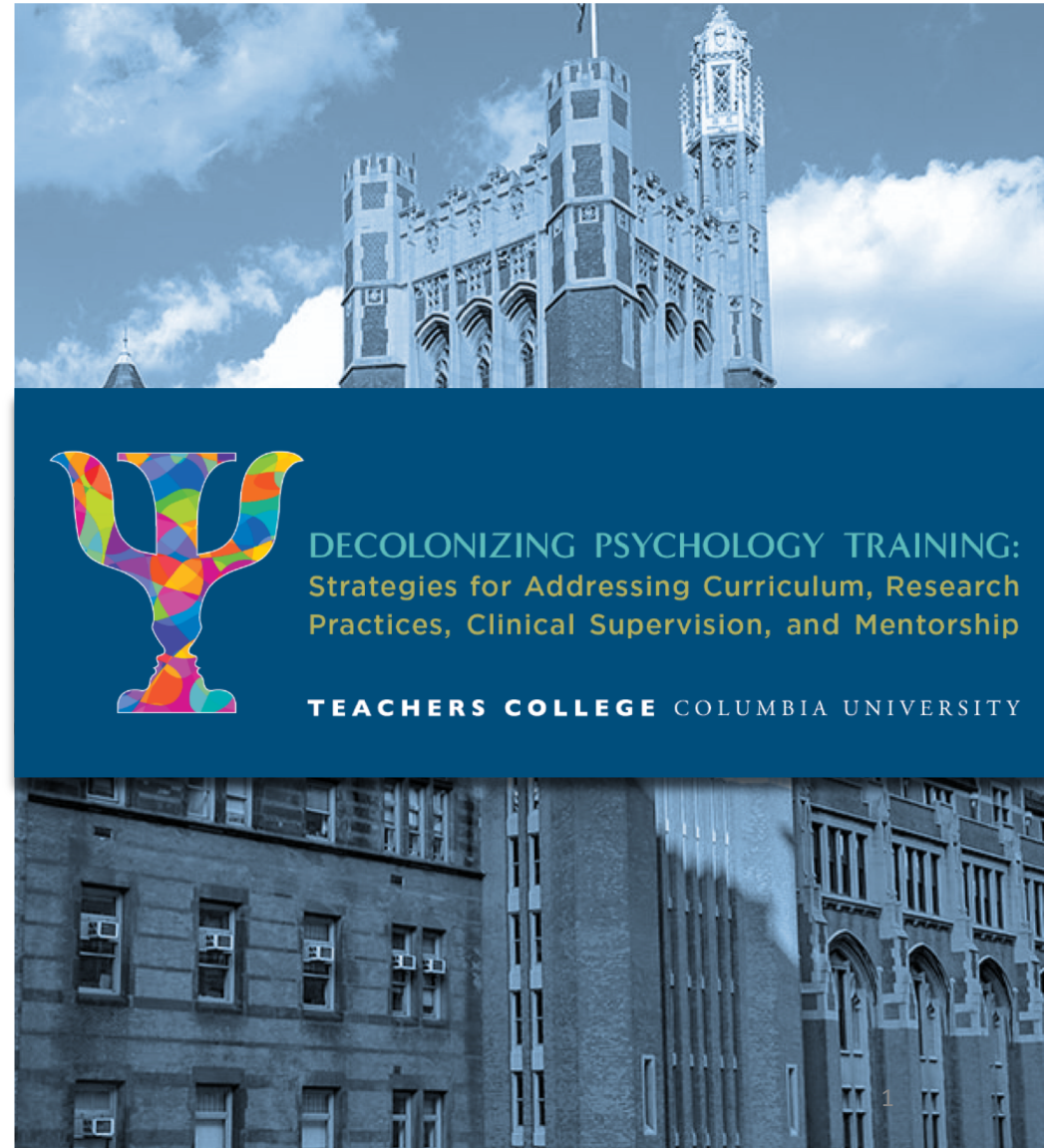


# Decolonizing Clinical Supervision

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# Disclosure

- I have a conflict of interest as I receive royalties for the books I have published (in collaboration with my co-author) with the American Psychological Association.
- I am an older, small, White, Jewish, Midwestern woman, a Hoosier, heterosexual, privileged, and I now live in California

# Colonialism

- One ethnic or cultural group subjugating another resulting in destruction and loss of social patterns, traditions, power, prestige, and self-respect, language, culture, autonomy, and self-determination-- A confluence of profound negative social and emotional consequences
- And a simultaneous elevation of those of dominant Western European groups (Hernández et al., 2010; Hernández-Wolfe, 2011) and their cultural mores.

# Decolonizing

- “is the meaningful and active resistance to the forces of colonialism that perpetuate the subjugation and/or exploitation of our minds, bodies, and lands” (Waziyatawin & Yellow Bird, 2012, p. 3)
  - Fellner, 2018, p. 284
- Identifies what is not working and then restores community-based Indigenous perspectives, highlighting importance of love, relationships, Indigenous knowledge, local approaches to wellness, responsibility, identity/belonging, and the land/earth in community wellness
  - Fellner, 2018



# Decolonizing Clinical Supervision

- To decolonize clinical supervision requires an awareness of groups that are privileged-- White, European-American, heterosexual, middle and upper class, male, U.S. citizens, able, Christian, and English speaking
  - Hernández & McDowell, 2010
- And awareness of groups devalued-- Black, Indigenous, and people of color, immigrants, LGBTQ2S, non-Christian, lower socio-economic status, older age
- Less addressed—financial – supervisee colonial labor—without pay for practicum, variable salaries for internship, possibility of not matching for internship and requiring another (costly) year of school and unpaid placements—and generally graduating with large debt.

# Decolonizing—A Contrast

- A stark contrast to colonizing is supervision with *cultural humility*, implicit and explicit acknowledgment of culture, empowerment, resilience-support, and liberation—freedom and support to address power and power imbalances—enhancing *co-constructed* relational safety—addressing relational power through transparency, in a *strengths-based approach*
  - The supervisor's critical examination of assumptions helps build relational safety through attention to emotional, cognitive, and cultural factors influencing the client, and the therapist-client and supervisor-supervisee relationships. (Adapted from Ramirez-Stege et al., 2019)
- In the spirit of the American Psychological Association Guidelines for Clinical Supervision in Health Service Psychology
  - APA, 2014; 2015; Ramirez Stege, Chin, Graham, 2019

# Decolonizing the Practice of Clinical Supervision

- Significant and critical lack of comprehensive clinical supervision training for systematic, intentional practice
  - Falender & Shafranske, 2021
- Supervision is a multicultural encounter
  - Falicov, 2014
- Imperative of discussions of intersectionality of identities and power
  - Falender & Shafranske, 2021
- The impact of globalization is neglected—an elephant in the supervision room
  - Pettifor, Sinclair, Falender, 2014
- A challenge is how to address and transform in supervision to understanding, dialogue, respect, in a reflective lens

# Data Points

- Minority supervisors are subject to the same stereotypes and microaggressions as those directed to minority clients (Sato, 2014)
- Butler-Bryd's (2010) anecdotal description – students challenging her knowledge and experience, feeling that she had to work twice as hard to prove she was as good as her White colleagues to her White supervisees, feeling marginalized, like she was a guest in someone else's house (Constantine, Smith, Redington, and Owens, 2008) -- insights into the daily challenges for Black, female supervisors.
- First Nations clients likely not to return after first counseling session
  - Nuttgens & Campbell, 2010

## Consider--Canada: Decolonizing--Psychology's Response to the Truth and Reconciliation Commission of Canada's Report (2018)

- Guiding principles
  - Cultural Allyship
  - Humility
  - Collaboration
  - Critical Reflection
  - Respect
  - Social Justice
- In the context of the Ethics Code of the Canadian Psychological Association (Respect for the Dignity of Persons and Peoples, Responsible Caring, Integrity in Relationships, Responsibility to Society) (CPA, 4<sup>th</sup> ed., 2017)

## Data: Indigenous Peoples and Professional Training in Canada (Ansloos, Stewart, Fellner, Goodwill, Graham, McCormick, Harder, & Mushquash, 2019 - *Canadian Psychology*)

- “As part of the colonization process the Canadian Government and the churches attempted to separate Indigenous peoples from primary sources of meaning and strength such as family, community, culture, the land, and spirituality.”
  - In Ansloos et al., 2019, p. 268 -- Dr. Rod McCormick, Professor and British Columbia Regional Innovation Chair in Aboriginal Health, Thompson Rivers University
- “I am an Anishinaabekwe and come from a long line of healing people. Our approaches to looking after one another using our own ways are completely foreign to the psychotherapy I learned from Euro-Canadian Instructors.... Professional psychology training is placed at the end of an obstacle course best run by candidates unencumbered by geography, mobility, structural and systemic racism, and diversified life roles and responsibilities”
  - In Ansloos et al., 2019, p. 268 --Dr. Alanaise Goodwill, Assistant Professor, Counselling Psychology, Simon Fraser University

# In the U.S.: Diversity in the Pipeline

- Diversity within the psychology workforce remains a challenge. APA data shows that non-Whites make up only 16% of the psychology workforce, as follows—Hispanic (6%), Black/African American (4%), Asian (4%), and other (2%).
- 88% of supervisors are White
  - Baggerly, Tan, Pichotta, & Warner, 2017
- In 2019, 38% of psychology grad students were from racially and ethnically diverse groups; 12% African American
  - Buchanan, Perez, Prinstein, & Thurston, in press

# Knowledge and *Attitudes*

Enlightened Globalization

Critical Consciousness

Power and the supervisory relationship



# Enlightened vs. Unilateral Globalization

- Unilateral globalization is based on belief in the superiority of one's own culture, values, and ideals, and imposing that standard on all individuals and cultures—one culture dominating and subjugating others
- Enlightened globalization is based on understanding, dialogue, respect, integrating knowledge to foster cultural development—with recognition that each culture has different set of values, beliefs, skills, and resources
  - Kim & Park, 2007
- In context of intersectionality: social and political identities combine –and relate to inequalities and “isms,” discrimination/ oppression and privilege. Included are gender, gender identity, race, age, ethnicity, social class, religion, ableness

# In Clinical Supervision

- Unilateral globalization aims to give advantage to some persons and peoples over others and is often seen as a modern form of oppressive colonialism
  - Pettifor & Ferrero, 2012
- Through a framework of deconstructing, thinking through the lens of enlightened globalization and building on cultural humility, competence in clinical supervision (often a missing ingredient—Falender, 2018) that is driven by respectful process, collaboration, perspective taking, self-awareness, vulnerability, reflection, other-awareness, lack of certitude that we are right (part of humility).

# Critical Consciousness

- Critical consciousness --the process of becoming aware of and thoughtfully problematize one's lived experience and the sociopolitical environments (e.g., exposure to racism) and then engage in targeted actions in response to that critical reflection
  - Diemer, Kauffman, Koenig, Trahan, & Hsieh, 2006, cited in Mosley et al., 2020
- It includes an awareness of social inequalities and action toward dismantling systems of power, privilege, and oppression—in generating social change at various levels of societal organization (based on work of Freire, 2000)
- Critical consciousness includes the ability to recognize and challenge oppressive and dehumanizing political, economic, and social systems
- Accountability: reflecting on and taking responsibility for examining our own worldviews, biases and assumptions in supervision and clinical work—how we perceive difference, multicultural factors, and power (Garcia et al., 2009)—and to influence social realities

# Feminist Supervision-Power

The supervisory relationship is anchored in the *inherent power* of the supervisor over the supervisee based on the supervisor's legal liability and professional roles as a teacher, evaluator, and gatekeeper.

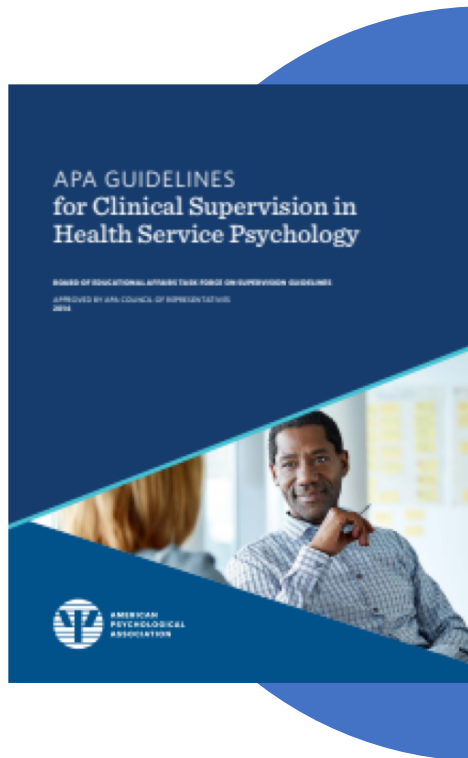
Managing power: Four dimensions define feminist supervision: collaborative relationships, power analysis, diversity and social context, and feminist advocacy and activism toward eliminating oppression (Szymanski, 2005).

- Falender, 2010, p. 24

# Feminist Lens-Power

- Ensure safety with co-constructed ground rules
  - Engage in a deliberative process, focus on a strengths base, enhance self-awareness of oppression, privilege, marginalization, and empowerment, bring to light hidden norms and preconceptions, identify and address oft-perpetuated stereotypes and inequities, reveal hidden norms and preconceptions, create attitudes conducive to transparency and social change. shift towards egalitarian relationship in the context of the power differential
    - Miville, 2015

# Frame For Processes/Components

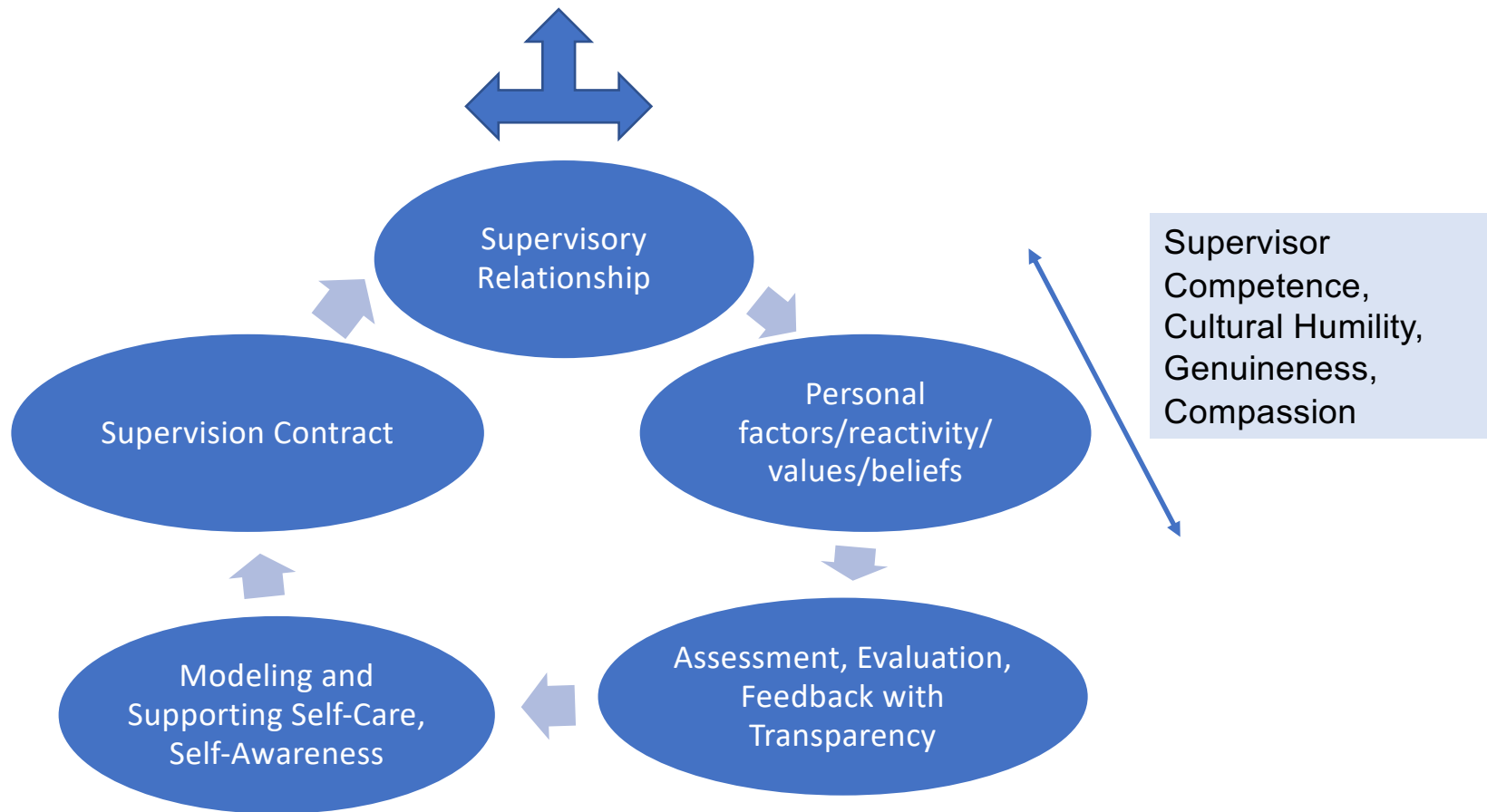


## APA Supervision Guidelines

- Supervision Competence-- Relationship
- Diversity (Multicultural)
- Professionalism
- Assessment/Evaluation/Feedback
- Professional Competence Problems
- Ethical Legal, and Regulatory Considerations

<https://www.apa.org/about/policy/guidelines-supervision.pdf>

## Strengths-based Reflective Practice



# Overview of Competency-based Supervision Components



- **Supervisor Competence** –knowledge, skills, and attitudes –that require specific training to attain
  - Serving as role model for the supervisee
- Infuses multicultural competence of triad/worldviews of client, supervisee, supervisor
- Attends to the supervisory relationship/alliance (identifies strains) and Implements supervision contract
- Assesses relationship strength, strains, ruptures and repair
- Provides assessment, competency-anchored feedback, evaluation, and is responsive to feedback from supervisee
- Models and monitors professionalism
- Identifies and enforces ethical, legal, and regulatory issues/standards
- Routinely monitors client outcome and infuses in supervision
- Manages supervisees who do not meet competence criteria
- Add self-awareness, support of emotion-regulation



The Following are Derived from the  
American Psychological Association  
Guidelines for Clinical Supervision in Health  
Service Psychology (2014, 2015)

With annotation and citations added for Decolonization

# Domain A

## **\*Supervisor Competence –**

**Knowledge, skills, and attitudes** –that require **specific training** to attain

Serving as role model for the supervisee.

Attain and maintain competence in practice of supervision through formal education and training; strive for diversity competence across populations and settings

# Supervisor Competence Self-Assessment

Aspect of power—self-disclosure

- Either individually or collaboratively review the Supervisor Self-Assessment and identify two areas of development for yourself
- Supervisor self-assessment may be retrieved from:
  - <http://societyforpsychotherapy.org/guidelines-clinical-supervision-health-service-psychology/>
  - <http://societyforpsychotherapy.org/wp-content/uploads/2016/10/Appendix-Special-Feature.pdf>

# Competence?

## Harmful and Inadequate Supervision Occurs

- Supervisees internationally report inadequate (Ellis et al., 2014 U.S. and Ireland), harmful (Ellis et al., 2017 U.S); negative (Hendricks & Cartwright, 2018 South Africa); counterproductive (Shafranske & Falender lab at Pepperdine University, 2009-2019); and unsatisfactory (Bang & Goodyear, 2021 South Korea) clinical supervision.
- In addition to the harmful or negative events, most of those were not acknowledged or addressed and inflicted substantial harm to supervisees and to clients – **many were reflective of colonial practices**

# Clinical Supervision

- Some missing parts are failures to understand and implement that the foundations of clinical supervision are reflective of *competence*
- This includes alliance formation, *attitudes*, respectful process, collaboration, cultural worldviews, cultural humility, lack of certainty that one is always right (part of humility), perspective taking, self-awareness, other-awareness, vulnerability, resilience, reflection, strategic self-disclosure, relational power
  - Falender, Burnes, & Ellis, 2013

# Metacompetence

- Ability to assess what one knows and what one doesn't know
  - Weinert, 2001
- Supervision guides development of metacompetence through encouraging and reinforcing the supervisee's development of skills, knowledge, and attitudes in self-assessment
  - Falender & Shafranske, 2007
- Inherent difficulty underestimating how our interpersonal or supervisory style impacts others; underestimating one's competence resulting in limitations on confidence, efficacy, and personal satisfaction
  - Falender & Shafranske, 2017

# An Aspect of Competence: From APA Sup Guidelines *Assumptions*

- Supervision is influenced by both *professional* and *personal factors* including values, attitudes, beliefs and interpersonal biases
- **Disclosing and managing Countertransference or Reactivity**

# Dilemmas Impacting Supervisee—and Underlying Trust in Process

- a) Parallel processes across client psychotherapy and supervision
- b) Expert directive role of supervisor vs. collaborator or co-explorer
- c) Maintenance of clarity of supervisory boundaries
- d) Catch 22 – requiring disclosures of difficulties, errors, or emotional responses and then—the supervisor including as deficits on evaluation



## Domain B

### **\*\*Diversity: Infuses Multicultural Competence of Triad/Worldviews**

Develop and maintain self-awareness regarding their diversity competence; enhance to establish a respectful supervisory relationship and facilitate diversity competence of supervisees; recognize value of and pursue training in diversity competence as life-long learning; be knowledgeable about effects of bias, prejudice, and stereotyping; model advocacy, be familiar with literature and promising practices for navigating conflicts among personal and professional values in interest of protecting the public

# Multicultural Reflection and *Self-Awareness*

- Each supervisor to reflect using Falicov MECA (2014) or Hays (2016) ADDRESSING model
  - Self-awareness of identities, intersections, implicit biases, *historical experience and worldviews* as they impact client(s), supervisees, and supervision
  - Simple examples are shared identities, but attenuated by differences—shared race and ethnicity, differing socio-economic status and gender identity
- **MECA**—Multidimensional, Ecosystemic, Comparative Approach—Culture refers to those sets of shared worldviews, meanings, and adaptive behaviors derived from simultaneous membership and participation in a variety of contexts, such as language; rural, urban or suburban setting; race, ethnicity, and socio-economic status; age, gender, sexual orientation and gender identity; religion; disability; nationality; employment, education and occupation; political ideology; stage of migration/acculturation, partaking of similar historical moments and ideologies (Falicov, 1983, pp. xiv–xv). Exclusion from various contexts can also be part of the cultural experience (Falicov, 2014)
- **ADDRESSING**: Age and generational influences; Developmental or other Disability; Religion and spirituality; Ethnic and racial identity; Socioeconomic status; Sexual orientation; Indigenous heritage; National origin; Gender

# Progressive- Regressive

Jernigan et al., 2010

- Regressive supervisors generally do not raise race. When supervisees do it is met with an unsupportive response, and a combination of anger, frustration, resentment, discomfort, and confusion—leading to supervisee withdrawal, mistrust, feelings of isolation and powerlessness or feeling need to educate supervisor—or being requested to educate supervisors and/or staff

# Impact of Racial Climate on Supervision: Supervisor Empathic Disengagement

- White supervisor disengagement from supervisees of color who disclosed racial trauma or harassment –supervisors responded with reflection on their own white racial identity development—especially if supervisors were in regressive relationships with their own institutions
  - Regressive relationships with their institutions: Supervisors’ ambivalence about the extent to which the institution was racially responsive
- Black supervisors described their own empathic disengagement with supervisees when they felt pressure from their institutions to “toe the line,” maintain the status quo, and/or ignore issues related to race, culture, or racism.
  - Thrower et al., 2020

## Domain C

# **Supervisory Relationship**

Supervisors value and seek to create and maintain collaborative relationship; seek to specify responsibilities and expectations of both—identify competencies and performance standards, assist supervisee formulate learning goals; regularly review progress of supervisee and effectiveness of supervisory relationship, address issues

# Key Aspects

- Clinical supervision occurs within a **respectful** and **collaborative** supervisory relationship, that includes facilitative and evaluative components and which is established, maintained, and repaired as necessary
- Intentionally infuses and integrates the dimensions of diversity in all aspects of professional practice
- Genuine, authentic, present, attuned, reflective, transparent
- Supervisor self-assesses and acts upon that
- Supervision never includes supervisee personal therapy



# Relational Safety

Safety is a word commonly stated to be essential in supervision—what is the meaning?

- How it can be established, modeled, empowered, and supported in a supervision dyad or a group--and a context
  - The supervisor's critical examination of assumptions helps build relational safety through attention to emotional, cognitive, and cultural factors influencing the client, and the therapist-client and supervisor-supervisee relationships. (Adapted from Ramirez-Stege et al., 2019)
  - Consider examples when intersectionality is discounted or ignored—impact on “safety”?

**Favorably rated supervisory alliance** linked to:

- higher supervisee self-efficacy and well-being,
- greater willingness to self-disclose during supervision,
- more satisfaction with supervision, more job satisfaction,
- greater perceived effectiveness of supervision,
- more availability of coping resources,
- more supportively-perceived gender events during supervision,
- higher interactional complementarity between supervisee and supervisor,
- higher supervisee and supervisor racial identity statuses,
- more discussions of culture in supervision,
- more favorable perceptions of supervisor ethical behaviors,
- greater supervisor relational ability
- more frequent, appropriate supervisor self-disclosures

Watkins, 2014 -- meta-analysis data



**A weak or unfavorably rated supervisory alliance** was related to:

- Supervisee avoidant attachment style,
- Higher degree of perceived stress,
- More exhaustion and burnout,
- Greater amount of role conflict and role ambiguity
- More frequently perceived occurrences of negative supervision events

Watkins, 2014 -- meta-analysis data

## Domain D

# Professionalism

Supervisors strive to model professionalism in own comportment and interactions, teaching knowledge, skills, and attitudes associated with professionalism; Include professionalism in formative and summative evaluations

# Professionalism--Decolonizing

- Altruism, accountability, benevolence, caring and compassion, courage, ethical practice, excellence, honesty, honor, humanism, integrity, reflection/self-awareness, respect for others, responsibility and duty, service, social responsibility, team work, trustworthiness, and truthfulness
  - Grus & Kaslow, 2014
- Civility, cultural humility, ethical engagement, collaboration, psychology's social contract with society
  - Civil engagement, social learning activities
  - Problem that although an essential competency, less focus and assessment
- Grus et al., 2018

# Domain E

## **Assessment, Evaluation/Feedback**

Ideally within a collaborative supervisory relationship, supervisors promote openness and transparency, anchor in competency development of supervisee; Supervisors monitor and provide feedback on performance—live or recorded session review preferred; feedback direct, clear, timely, behaviorally anchored, responsive to supervisee reactions, mindful of impact on relationship; value self-assessment by supervisee; seek feedback from supervisees

# Cultural and Systemic Barriers

- Lack of supervisor training in clinical supervision—in feedback, contracting, goal setting, monitoring
- Supervisor failure to understand multicultural dynamics, power, privilege—across client, supervisee, and supervisor
- Supervisee fear of revealing lack of knowledge, skills, attitudes, being viewed as incompetent, and then being evaluated or judged negatively
- Supervision confused with evaluation—being viewed as synonymous
  - Falender & Shafranske, 2021
- Self-criticism may not be part of one's culture
  - Vassara & Papavassiliou, 2021 (re: supervision in Greece)
- Evaluation, feedback culturally dystonic—to respect and power hierarchy
  - Falender et al., 2021

# Domain E

## **Professional Competence**

### **Problems**

Consider the multiple contexts in which problem behavior is embedded (e.g., cultural beliefs...peers, faculty, supervisors (Forrest et al., 2008), Adhere to supervisory contract and to program, institutional, and legal policies and procedures related to performance evaluations, identify promptly, and remain mindful supervisees are ethically and legally entitled to a fair opportunity to remediate the competence problems and continue in program of study.

# Trainees with Problems of Professional Competence

- Participants described historic conflicts (e.g., interpersonal and program-wide) and within-faculty differences (e.g., differences in multicultural training, assumptions about diversity-related conflict) that made faculty interactions more difficult.
- Differences in opinion about influence of diversity variables exacerbated existing conflicts and created new tensions among faculty.
  - Shen-Miller, Forrest, & Burt, 2012
- Decolonizing is movement towards a communitarian training environment
  - Johnson et al., 2014

# Domain G

## **Ethics, Legal and Regulatory Considerations**

Supervisors model ethical practice and decision making; Supervisees may perceive their supervisors to engage in unethical behavior (Ladany et al., 1999) sometimes due to misunderstanding the structure of the supervisory relationship and/or a supervisor's failure to secure informed consent. Generally, there is some evidence that supervisors and supervisees agree on what comprises ethical behavior (Worthington, Tan, & Poulin, 2002)



“...treating ethical rules as immutable ends in themselves, separating them from the ethical ideals (i.e., the principles and virtues) they were designed to reflect and support, can turn rules into obstacles rather than facilitators of ethical ideals such as respect, fairness, caring, beneficence, and avoidance of harm. When this happens, supervision is prevented from being collaborative with a respectful interchange.”

Pettifor, Sinclair, & Falender, 2014

# Basics: Human Rights Competence

- Understanding that human rights are a moral imperative—with priority over all other issues
- Ethics developed as people reflected on moral intentions and consequences of their actions
- Universal Declaration of Ethical Principles for Psychologists—developed as “global consensus on what constitutes “good” is badly needed” (p. 122)—and it is for the psychological community
  - Gauthier & Pettifor, 2012

# Universal Declaration of Ethical Principles for Psychologists

- I. Respect for the Dignity of Persons and Peoples
- II. Competent Caring for the Well-Being of Persons and Peoples
- III. Integrity
- IV. Professional And Scientific Responsibilities To Society

The Universal Declaration articulates principles and related values that are general and aspirational rather than specific and prescriptive. Application of the principles and values to the development of specific standards of conduct will vary across cultures, and must occur locally or regionally in order to ensure their relevance to local or regional cultures, customs, beliefs, and laws.

- <https://www.iupsys.net/about/governance/universal-declaration-of-ethical-principles-for-psychologists.html#preamble>

# Competence and Culture

## Dual/Multiple Relationships

- Issues of ethics of multiple relationships and the cultural expectation and natural quality of overlap between professional and nonprofessional relationships—interdependence of community and family—avoidance of dual relationships may be viewed as disrespectful and insensitive
  - Seeking out therapy with someone known personally and respected
    - Deng et al., 2016
- Conflict of individualistic vs. collective worldviews

# Training in Social Justice: From Conceptual to Action

- “Supporting students to develop the capabilities and skills necessary to work towards external, contextual change as well as internal psychological change”
  - Goodman, Liang, Tummala-Narra, Borges, Claudium, & Woulfe, 2014
- Social Justice curriculum in Practicum
  - Burnes & Manese, 2008
- Social Justice curriculum in Internship
  - Empowerment to address oppressive paradigms
  - Burnes & Singh, 2010

# Strategies for Transforming Through Supervision

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Empowerment  
Mentoring – to Enhance Supervision  
Supervision of Supervision

# Training Models—Systems Shift

- Service learning—shift from individual to system
  - Infusion of ethics, empirical research on oppression, implementation of social justice principles in community work—thinking of change of institutions or communities rather than individuals
    - Goodman et al., 2014 (Boston College model)
- Immersive learning—experiential learning regarding privilege and oppression
  - Working in real communities—critical reflections, reduction of negative stereotypes, giving voice, strength focus, providing tools for change
    - Goodman et al., 2014

# Action Shift

- Well-meaning supervisors may marginalize or contribute to structural inequities
  - Goodman, 2015
- Shift to action focus—empowering disempowered groups with increased access to tools of self-determination
  - Goodman et al., 2004
- (Training to engage in) therapy that contributes to social justice reflects transformation, not amelioration
  - Prilleltensky & Nelson, 2002
  - *Referring to personal transformation*



# Transforming to a Communitarian Training Culture

- Competence movement may have inadvertently not attended adequately to communitarian values, caring for others, recognizing vulnerability, emotional interdependence, mutuality, reciprocity, self-disclosure, support, and engagement
- Collegiality, civility, modeling self-care and civility—preparation for collegial care and civility in one's career, reflective self-care, mindfulness, collaboration, acknowledging vulnerability, and reaching out to inner circle for support, modeling this in training
  - Johnson, Barnett, Elman, Forrest, Swartz-Metz, & Kaslow, 2014

# Empowerment: Black Lives Matter—Higher Education Strategies

- Critical consciousness raising—awareness of violence and marginalization, and oppression
- An affirming sustaining culture
- Faculty-student and student-student relationships; emotionality that accompanies the learning process –
  - A kind of connectivity – caring, and whole person approach—humanizing pedagogy
  - Power of intersectionality—structural power-social activism, relationships and emotionality
  - A toolkit for educational empowerment
    - Castillo-Montoya, Abreu, Abad, 2019

# Mentoring for Supervision Competence

- Peer mentoring
  - Pairs of more advanced clinical psychology graduate students with junior doctoral students—supervised by two licensed psychologists (in medical center)—with two extra sessions—essentially nested SOS to prepare for post-doctoral – “mentors” reported minimal prior training in supervision
  - 9-month program, monthly mentorship meetings, 3 training sessions
  - Resulted in enhanced professional development and feedback—high satisfaction and significant self-assessed competence
    - Foxwell, Kennard, Rodgers, Wolfe, Cassedy, & Thomas, 2017

# Supervision of Supervision Models

- Create a safe forum for self-disclosure, self-reflection, reflective practice, openness to feedback
- Provide mentoring (modeling, supporting and sharing) and empowerment
- Provide didactic training, supervision guidelines, empirical research and connect supervision practice to research and theories of supervision
- Enhance awareness of intersectionality and diversity, multicultural context, emotional response, personal factors, legal and ethical parameters

Falender & Shafranske, 2004; 2021

# Action Steps

- Increasing competence (*knowledge, skills, and attitudes*) of supervisors and faculty on Human Rights, Ethics, and Social Action
- Ensuring that Human Rights, Ethics, Social Justice, and Multiculturalism are taught and supervised as interrelated and inseparable—as *proactive* not risk averse
- Train the trainers first (supervisors/faculty)—attending to attitudes
- Use of experiential teaching techniques, using supervision as a medium to assist supervisees in addressing attitudes and beliefs, multicultural aspects regarding clients and systems, decolonizing supervision

# A Model: Research on Decolonization Indigenous Frame

- The Mental Wellness Program -- based on premise that Western science research methods--epidemiological data analysis, can be decolonized by having Indigenous community members and researchers involved in determining what data are collected and analyzed,
- Articulating contextual relevance of findings,
- Deciding how the findings are shared within and outside of the community. By prioritizing and upholding the importance of strong and honest community-researcher relationships, community leaders and other invested community members can assert ways for local Indigenous knowledge and practices to be incorporated into the MWP. (Ninomiya, p. 9)

# APA Supervision Guidelines in an International Frame

- Proposed revised definition of clinical supervision (Falender et al., 2021) in which international supervision leaders agreed on indicated hierarchy and direction preempt collaboration; evaluation and gatekeeping may not be included in international competencies
  - Relational cognition of collectivist cultures contrasts with non-relational cognition, focused on intelligence, of more individualist cultures (Sundararajan, 2015)
  - Cultural humility and self-awareness of one's own vulnerabilities, are more compatible with harmony and the highest value attached to symmetry maintenance (Sundararajan, 2015).
  - As well, although the supervisor-supervisee relationship is hierarchical in all countries, culture can further amplify it and have relational implications.
- International Conference on Competence in Psychology (IPCF, 2018)—Core competencies



# Thank you!!

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