(upbeat music) (horn honks) (tracks rattling) - [Narrator] We are Teachers College. The first and biggest school of education in the nation. (upbeat music) Here, in a single square block in the heart of New York City, we have invented and reinvented the modern K-12 classroom and the community school. (upbeat music) We've launched and reshaped so many fields of inquiry in education, health, psychology, policy, and leadership. And today we're shaping the future in racial literacy, education in human sexuality, nutrition policy, community health, global mental health, and emotional and psychological resilience. From generation to generation, our faculty, students, and graduates have tackled society's most pressing challenges and improved the lives of the people and communities we've served. Think of us as an incubator and accelerator for creating a better world. So tune in to Teachers College, the premier address for informed conversations about how to create a healthier, better educated, more equitable, and more just world. No matter where you are, you're right in our neighborhood. (uplifting music) - It is my honor to welcome all of you to Teachers College, Columbia University and our conference on decolonizing psychology training. I want to begin by sharing the story behind this conference. Last spring, following the police murders of unarmed Black Americans, a group of TC psychology students came together to discuss how their program could more powerfully confront racial injustice. Their goal was to integrate theories and frameworks into our teaching, research, and professional practice that honor the experiences of people of color and those from immigrant backgrounds. This quickly turned into a true faculty-student collaboration. Faculty mentored students. Students and faculty courageously challenged one another. And many proposals touching on diversity, recruitment, and retention of students of color and curriculum and professional development have already been implemented. As part of that work, the idea for this conference was born. A grant was obtained and word began to spread. And spread and spread some more. So much so that I'm told nearly 5,000 people registered to watch today's event. Such a staggering turnout here suggests that perhaps we have reached the potential watershed moment in this field in academia and in this country. People of color and many other groups have long labored against depression are speaking out and being heard. Their rightful demands for inclusion and justice have spurred organizations throughout society to root out bias and racism and to embed a total commitment to diversity, equity and inclusion in everything they do. This is not to deny that powerful entrenched forces are working in opposition, but events like this conference remind us that the momentum for sustainable change is unstoppable and that history is on the side of inclusion, equity and social justice, thank you. Now a moment ago I mentioned TC faculty members who worked with our students to create this conference. It is my great pleasure to introduce one of them to you now. Prerna Arora is assistant professor of the School of Psychology in our Department of Health and Behavior Studies. Over the past several years, she has proposed new approaches to better serve America's increasingly diverse population of K-12 students. This past summer, representing a coalition of peer organizations, Dr.

Arora also coauthored the article, "School Psychology Unified Anti-Racism Statement and Call to Action." Here at TC, Dr.

Arora has quickly established a reputation as a dedicated teacher and mentor. Someone who, to quote one of her advisees, give students the resources and contacts to work towards their goals and the freedom to run with their ideas. I can think of no higher praise for a professor. Please welcome Dr. Prerna Arora. - Thank you so much, Dr.

Bailey, for your generous words. There is no doubt that your leadership, dedication to justice and commitment to creating a culture that honors the diverse identities of your students and your faculty benefits all members of the TC community. I want to take this moment to recognize the multiple and complex challenges presented to all of us over the past year. As a result of the COVID-19 pandemic, many of us have personally and collectively experienced loss and grief. All of which have occurred

in the midst of physical separation from our families, friends and communities. Throughout this time, existing systemic inequalities have become increasingly salient. From the murders of Black and brown people, to the rise in anti-Asian hate crimes, to increasing disparity and access to healthcare, to pervasive unemployment and housing instability, and so much more. In response, we are called to reflect, to dialogue, and to act intentionally. Over the past year, students and faculty across the country have sought to increase their own understanding of racial justice. Here at Teachers College, Columbia University, I have had the honor of working very closely with some of these students as an advisor, professor and mentor. These students have emphasized the critical need to reimagine racial and social justice both within our program and the field more broadly. We have sought to critically examine the unjust systems that we are all participating to reflect on our own biases and to advocate for change. And while we've made progress, there's still so much more work to be done. We are here today to provide and further develop actionable steps towards decolonizing our practice. We define colonizing practices as those that reproduce existing conditions of oppression and perpetuate deficit-based views that maintain systems that disenfranchise marginalized individuals and communities. In engaging in these efforts to decolonize our practices, we hope to begin to create the world that many have imagined. A world in which all individuals have access to the mental health services they need, where our BIPOC students more readily see their identities reflected in their curriculum and training and where we produce and consume research that is relevant to all. We are here today in different places in our own personal and professional journeys. This work is not easy. Yet we have the power to disrupt and dismantle systems that perpetuate oppression. This work starts with decolonizing ourselves. By changing ourselves, we change our practice. And for the faculty and supervisors here, by changing ourselves, we become more prepared to train a new generation of providers who can repair the silencing and oppression of minoritized individuals and communities. We hope you leave here today with some strategies for how you can decolonize your practice. I am very excited to welcome four incredible speakers today. Our first speaker Dr.

Carol Falender is an international expert on clinical supervision. She will speak on decolonizing clinical supervision practices. Our second speaker Dr.

Celeste Malone is the president elect of the National Association of School Psychologists and has extensive experience in social justice and diversity-related efforts in her field. She will speak on decolonizing mentorship. Our third speaker Dr.

Jasmine Mina is a dedicated educator with expertise in multicultural psychology education. She will speak on decolonizing curriculum. And last but not least Dr.

Amanda Sullivan is a leading researcher in her field with a strong body of work focused on improving the educational experiences of youth from minoritized backgrounds. She will speak on decolonizing research. Before we hear from our first speaker, I am excited to welcome one of my doctoral students Kayla Parr, whose commitment to anti-oppression served as a critical catalyst for today's event. - Thank you, Dr.

Arora. I am so honored to be part of this event today. We would like to officially begin our conference with a land acknowledgement. Land acknowledgements are one step in correcting the erasure of indigenous people's history and culture. We acknowledge that our university stands on the ancestral and unseated land of the Lenape And Wappinger peoples. I ask you to join me in honoring indigenous communities, their elders, both past and present, their descendants and their future generations. Next we also want to make everyone aware that you can access real-time translation or cart services. To do so, click the link in the YouTube event description. Finally, the Q&A at the end of each talk will feature questions

that were submitted in advance, as well as live questions from the audience. We invite you to submit your questions in the YouTube chat throughout each talk. I will now turn it over to Dr. Marie Miville to introduce our first speaker. - Good morning.

My name is Dr. Marie Miville. And I'm a professor of psychology and education and the vice dean for faculty affairs at Teachers College, Columbia University. I am very pleased to introduce our first speaker of the day Dr. Carol Falender, who will be discussing decolonizing supervision. Dr.

Falender is the co-author of several leading texts of clinical supervision in psychology, including, "Clinical Supervision: A Competency-based Approach," "Getting the Most Out of Clinical Training and Supervision: A Guide for Interns and Trainees," and "Multiculturalism and Diversity in Clinical Supervision: A Competency-Based Approach." Dr.

Falender previously served as the chair of the Supervision Guidelines task force of the Board of Educational Affairs, EEA, of the American Psychological Association. And she has conducted workshops across the United States, Canada, and internationally on the topics of clinical supervision, strengths-based clinical supervision, the ethics of supervision and competency-based supervision. She has directed APA-credited internship programs at child and family guidance clinics for over 20 years. Dr.

Falender is a fellow of the APA and the past president of Division 37: Society for Child and Family Policy and Practice. She's an adjunct professor at Pepperdine University and a clinical professor in the UCLA Department of Psychology. On a personal note, I came to know Carol well when we worked together on the BEA task force that developed the guidelines on clinical supervision some years ago. I'd been invited as an expert on multicultural and social justice perspectives. As you might imagine, discussions on social justice matters in the guidelines were at times fraught with tension. I remember at one point being challenged about the validity of the term context in psychology. Carol was ever the calm and inclusive leader in charge who supported my efforts to overtly include social justice in the guidelines, even at one time saying, "Marie wants to change the world." I felt so supported in those moments. And as we say in affirmative therapies, I felt witness. And so I'm pleased to say that the guidelines we produced include a section on social justice, it's named diversity, being listed as the second identified domain by consensus of the entire committee. This was a critical step in beginning to decolonize clinical supervision in the field of psychology. Today Carol will be speaking on decolonizing supervision within psychology training. Her talk will be about an hour long and will be followed by a live 15 minute Q&A session, Dr.

Falender. - Thank you so much. It is an honor for me to be here amongst such esteemed colleagues and an honor to talk about this subject, which is critical to the future of education and even to the present of course and to all of clinical supervision. Next slide, please. Next part.

Right. I wanted to disclose that I do have a conflict of interest because I receive royalties from the books that I have published that Dr.

Miville so kindly discussed with the American Psychological Association. Also that I am an older, small, White, Jewish, Midwestern woman. I'm a Hoosier, for those of you who know, that means from Indiana. I'm heterosexual.

I'm privileged. And I now live in California.

Next, please. So to begin, I wanna say that from my perspective, clinical supervision is tremendously under-addressed. And as a function of that,

multiculturalism, social justice, social action, racial justice, all of these factors are dramatically under-addressed in clinical supervision, even though the efforts of all these panelists and of many, many international supervision scholars and practitioners, it's an upward struggle. And colonialism was so lovely, (chuckles) beautifully described already, that simply I will say here that the loss of the self-respect and the loss of language and culture and autonomy are indescribable. And thank you to Dr.

Hernandez for her excellent work on this and developing a model. Next slide, please. So as we think about decolonizing, what we need to think about is the fact that the majority of supervisors have not had training in clinical supervision. In fact, to say the majority is an underestimate. Significant numbers and huge numbers of supervisors have had no formal training in clinical supervision. Or if they've had, they've taken maybe a course, maybe, or part of a course, with no active experiential component, no feedback, no sense of competence or integration of the multiple aspects that are critical to clinical supervision. Also there is a pervasive sense that self-disclosure by supervisors is contrary to theory or is not acceptable. And this is a very delimiting factor, especially as we move toward decolonizing clinical supervision. And I like very much the statement by Waziyatawin & Yellow Bird that decolonizing is the meaningful and active resistance to the forces of colonization that perpetuate the subjugation and-or exploitation of our minds, bodies, and lands. So essentially what we need to do is restore community-based indigenous perspectives and highlight the importance, as Fellner says, of love, relationships, indigenous knowledge, local approaches to wellness, responsibility, identity belonging, and the land, earth in community wellness. Next slide, please. So just to say that the disparities among supervisors are so great that in fact in surveys, our doctoral program at Pepperdine, we have many doctoral students who conduct research. And in one of the most recent one, experts were asked what's most important in multicultural supervision. And interestingly, things having to do with self-disclosure or self-awareness of supervisors were very low rated. Whereas highest rating were focusing on supervisee discomfort, which I'm not saying that's not important, but think about that, the context of that. So to decolonize clinical supervision, we have to be aware of who are privileged. And who are privileged are White, European-American, heterosexual, middle and upper class, males, US citizens, able, Christian, English speaking, okay? And this is derived from Hernandez and McDowell. I edited a little. And then the awareness of groups that are devalued and those include Black, indigenous, people of color, immigrants, LGBTQ2S, non-Christian, lower socioeconomic status, and older age. And so I wanna also highlight that as we talk about supervision, an implicit colonizing factor is the financial aspect of clinical supervision. And that is supervisee colonial labor. Supervisees function without pay for practicum. They have variable salaries for internships, sometimes none. The possibility of not matching for internship and then requiring another costly year of school with unpaid placements to try to increase their resume, and generally graduating with a gargantuan debt, large isn't strong enough. So this is another example of implicit colonization. Next slide, please. So a stark contrast to the things I've been talking about are supervisors who function with cultural humility. And this is acknowledgement of culture. This is acknowledgement of empowerment and resilience and liberation. And the freedom to support and address power and power imbalances and to co-construct relational safety. Now it is critical for us to remember that this past year has been one of the most trying, at least in my lifetime. And that the supervisees have been under the most incredible stress as well as supervisors but supervisees much more vulnerable. And that a supervisor who can function and address with relational power through transparency and use a strength-based approach is so far ahead. And strength-based approach is another thing which seems to be getting lost in the shovel. It's simply not happening. Now Ramirez Stege and colleagues say that the supervisor's critical examination of assumptions helps to build relational safety, because of attention to emotional, cognitive, and cultural factors that impact the client, the therapist, client relationships, and the supervisor-supervisee

relationship. So all of this is in the spirit of the American Psychological Association Guidelines for Clinical Supervision in Health Service Psychology. Next slide, please. So we need to reconceptualize clinical supervision as a multicultural encounter. And to think of the imperative of those discussions of intersectionality of identities and power in a social justice frame. And when I say clinical supervisions not a uniformly taught, social justice not taught at all. And I have slides on that later. Also neglected is the impact of globalization. And globalization is an elephant in the supervision room. Jean Pettifor and Carol Sinclair and I wrote an article about this in 2014. So it challenges how to address and transform supervision to understand dialogue, respectful process, and to use reflective processes. We also have information that reflection is a lost art, that it becomes so much more formulaic in supervision. Very little reflection. Next slide, please. Okay.

So what are some data points? We know, as Sato points out and many other researchers do, that minority supervisors are subject to the same stereotype, and stereotypes and microaggressions as those directed to minority clients. In Butler-Bryd's anecdotal description, that students challenged her knowledge and experience and she felt she had to work twice as hard to prove she was as good as her White colleagues to her White supervisees. Her feelings of marginalization, being a guest in someone else's house, which she drew from Constantine and colleagues' comment. And insights into the daily challenges for Black female supervisors. Also we know that First Nation clients are not likely to return after first counseling sessions. Next slide, please. And to turn to the situation in Canada for a moment, just to give us a little baseline, a very important report about decolonizing was "Psychology's Response to the Truth and Reconciliation Commission of Canada." And they identified guiding principles and placed these in the context of the Canadian Psychological Association. So this is quite important. Next slide, please. However, when we turn to the data, and this is a most important article by Ansloos and colleagues, that came out in the Canadian Psychologist in 2018, they commented on the dearth of indigenous faculty members in Canada, having queried many of them for the article and saying that they were essentially a little more than a handful. And as one of them, Dr.

Rod McCormick, who's in British Columbia said, "As part of the colonization process, the Canadian Government and the churches attempted to separate indigenous peoples from their primary sources of meaning and strength." And we know this, we've read about this, but the horrendous things that have happened. The second person who I felt was important to quote was Dr.

Alanaise Goodwill. And she is an Anishinaabekwe. And she came 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." Okay.

Next slide, please. So in delivery in the US, sorry to have so much dismal news for us at the beginning of this early morning in California, but diversity in the workforce is a significant challenge. We know that 16% of the psychology work force in the pipeline, I believe, is non-White. And 88% of supervisors were reported as White in 2017. However, there may be an uptick in psychology grad students from racially and ethically diverse groups. However, Callahan and Watkins caution us in their excellent articles that in fact the barriers to completion are very great and that completing the doctoral education, there's a lot of dropout, but probably because of lack of support and lack of structures. Next slide, please. So some of the frameworks to move us ahead to how to move toward decolonization are enlightened globalization, critical consciousness, power, and the supervisory relationship. And power is at the essence of supervision. And it's unfortunately

very neglected, except in feminist kinds of approaches. Next slide, please. Okay, so many of you may be familiar with Kim and Park's work on unilateral globalization and enlightened globalization. Unilateral globalization is what we see. It's a belief, colonial belief, in the superiority of one's own culture, values, and ideals, and imposing them pretty much on everyone with the domination and subjugation that follows. In contrast, enlightened globalization is based on understanding dialogue, respect, integrating knowledge, and recognizing that each culture has strengths, values, beliefs, skills and resources that are essential and critical. And in the context of intersectionality, which is so, so, so critical to clinical supervision, that everyone understands intersectionality, believes in intersectionality, thinks of intersectionality of the clients, the supervisees and the supervisors. The social and political identities combined and they relate in inequities and isms, discrimination, oppression, and privilege. Okay. Next slide, please. So in clinical supervision, unilateral globalization is aimed at giving persons and peoples an advantage over, and is often seen as a modern form of oppressive colonization. So what we need to do is to move toward deconstruction. Thinking of enlightened globalization. Thinking about cultural humility, competence in clinical supervision, all the components we'll be getting too, often a missing ingredient. Respect, collaboration, perspective-taking, self-awareness, vulnerability. And lack of certitude that we are right, part of humility. We are not always right. I hate to be the one to bring this up, as supervisors, okay? Next, slide please. So as critical component also is critical consciousness and that is being aware and thoughtfully problematizing one's lived experience. And then engaging in actions to respond to that critical reflection. Thanks to Diemer and colleagues. It requires ongoing and constant awareness of social inequities in action, and action toward dismantling the systems of power and privilege and oppression to generate social change. And this comes from the work of Freire. Critical consciousness includes the ability to recognize and challenge oppression. And all the dehumanizing social systems and to increase accountability. How we have to take responsibility for our own actions. How we have to take responsibility for our biases and be aware of them, our implicit biases, and our assumptions in supervision and how this impacts multicultural practice and power, and influences all of our social realities. Next slide, please. Okay, so feminism has led the way in this. And the supervisory relationship is anchored in power. And it is remarkable how few supervisors address power or form a formal supervisory relationship around these kinds of discussions based on the supervisor's legal liability, professional roles to teach, evaluate, and gate keep. But how to manage power, and Szymanski and her feminist colleagues, including Vasquez and Porter, have laid tremendous groundwork for feminist supervision, talking about power analysis, diversity and social context, feminist advocacy, and activism toward eliminating oppression. Next slide, please. Okay, so, and our host Marie Miville also has written prolifically on feminist lens and power. And my feelings toward her are reciprocal that her work is monumental. And how through a feminist lens, we ensure safety with co-constructed ground rules. And part of this is engaging in deliberation, a process with a strengths base, self-awareness and self-awareness of oppression, privilege, marginalization, and empowerment. And as she says, bringing light to hidden norms and preconceptions, identities, and addresses off-perpetuated stereotypes and inequities, revealing hidden norms and preconceptions. How important is all of this? Because ultimately it's a shift toward an Egalitarian relationship within the power differential. This is an art form. This is not something one does easily. It requires training in clinical supervision and in feminist supervision. Next slide, please. Okay.

Okay. So let's turn to the APA Supervision Guidelines. Many of you may be familiar with them. If not, it's very easy to access them and you can see the pretty little cover there, but they're just simply put in the browser APA Supervision Guidelines. The document was approved by the American Psychological Association in 2014 and published in the American Psychologist in 2015. And you can see the various topics of the guideline: the supervision competence, including relationship, diversity,

professionalism. I'm sorry. Relationship was the second one. Diversity, professionalism, assessment evaluation and feedback, professional competence, problems, and ethical legal, and regulatory considerations. Next slide, please. And a little picture of what this might look like. Another thing that's missing quite a bit in supervision is, besides not forming a supervisory relationship planfully, there is often no supervision contract as we know from the work of Mike Ellis and others. So supervision competence needs to be imbued with cultural humility, genuineness, and compassion. And then these other parts, including attention to personal factors, another missing piece, reactivity or countertransference and values and beliefs. And this includes not simply the client, not simply the supervisee therapist, but also the supervisor. The assessment, the evaluation, and the feedback promising transparency that when we have concerns about supervisees' development, we tell the supervisee. We interact. We collaborate. We assist, we help the supervisee to gain greater competence. And also for us to understand their worldview that we may have misunderstood. Through processes of modeling, supporting self-care and self-awareness. And self-care is another piece that's kind of relegated to the background. But an affect regulation and helping supervisees to set limits and regulate their affect are all part this support that needs to be implicit in clinical supervision. Should we become therapists?

Should we become therapists? Absolutely not. But we do need to think about knowledge, skills, and attitudes of our supervisees and address these, but never cross the unethical line of becoming a therapist to our supervisees. All of this is formalized in a supervision contract Next slide, please. Okay, this is an overview of the competency-based supervision components And I think we will just proceed to the next slide. Okay, and these are all derived, and I added annotation, citations for decolonization. Next slide, please. Okay.

Supervisor competence. Now supervisor competence includes knowledge, skills and attitudes. And again, I will reiterate, specific training in supervision. And I'll just tell you as an aside what I mean by specific training, not part of a course with professionalism and professional roles and ethics and other things, but a dedicated course on, first of all, becoming a good supervisee, how to utilize supervision, what the models and theories of supervision are, and how they apply to the setting that you're in, one course. A second course would be on, in fact, the practice of clinical supervision. Again, an extension into the research, the abundant research about social justice in supervision, about how these models can be utilized most effectively about tracking client outcomes and bringing it back to supervisee practice and supervision practice, all of that in the second course. And then the third would be a practicum in which supervisees would actually in vivo or through role-play, but ideally in vivo, supervise either less advanced peers or another discipline or whatever population you can creatively identify in your setting in order to enhance their skills. So this, it could be role-play. But ideally the fourth component would be bringing, having a video review of the supervisee in trainings, summative work as a supervisor, and having that assessed with feedback given to the supervisor training. Okay. Next slide, please. Okay, so there is a supervisor competence self-assessment that was derived from the guidelines we developed. It's available, these websites. And there is another one in progress, which I'm hopeful will be ready as a manuscript soon for review for publication that has validated scales. Next slide, please. Okay, unfortunately the data is in line with what I've been telling you throughout. And that is a lot of clinical supervision is harmful and inadequate. And this is not simply in the US.

This is internationally. And studies have been conducted in Ireland, in South Africa, in South Korea, among many other venues. And so in addition to harmful or negative events that occur in clinical supervision, most of those were not acknowledged or addressed, and they inflicted substantial harm and they are reflective of colonial practices of supervision, which again, gets us back to the cycle or the circle that clinical supervision training has been undervalued. And as

I describe other places, social, I'll tell you later, social justice training is non-existent in many clinical psychology programs. Next slide, please. Okay, so many missing parts are really failures to understand and to implement the foundations of clinical supervision. And so starting with alliance formation. And I'd like you to self-assess as we go from this point, or if you haven't already, which particular components you feel are strengths, both for you and in your setting. Forming the supervisory alliance, being attentive to our own attitudes and to the attitudes of our supervisees. Engaging in a respectful process, regardless of what the content is, to maintain respect. Collaboration, which means even within the hierarchy, which does exist, to collaborate and to value what the supervisees say. To listen, to reflect on it, to always be reflective of cultural worldviews, and to express our own cultural worldviews. Cultural humility in all of its aspects. And I commend the work of Hook and colleagues as well, and Owen, as well as Celia Falicov who's done amazing work on this. The lack of certainty, which I said before, the one who's always right. And it's just so important to be humble, to be thoughtful, to be reflective, to take perspective, to be self-aware, to have other awareness, to be vulnerable. Just 'cause we're supervisors, we still can be vulnerable. To be resilient.

To reflect. To engage in strategic self-disclosure. And please be clear, I'm not talking about massive self-disclosure unrelated to client material, strategic. And relational power, to focus on relational power. And an article I wrote with Theo Burnes and Mike Ellis in 2013 summarizes many of these things. Next slide, please. So another missing element and critical piece to all of this is metacompetence. And that is our ability and our supervisee's ability to assess what we know and what we do not know. How often do we think about what we do not know? We do not think about what we do not know, because we do not know what we do not know. And unfortunately, so many of the things we've talked about, including decolonizing strategies, if we do not know, we do not think about them. So please be thoughtful about this. And one of the major supervisory goals is to guide the supervisees on metacompetence and to reinforce their development through this frame. Also there's an inherent difficulty in underestimating how our own interpersonal or supervisory style impacts others. And underestimating one's competence results in limitations in confidence, efficacy and personal satisfaction. And I think underestimating our supervisees' competencies can be devastating. Next slide, please. Okay, so, an aspect from, it's important when you read the guidelines, don't just read the guidelines, but read also the assumptions that underline the guidelines, because these are pivotal to the implementation. And one of the assumptions which is often neglected is that supervision is influenced by both professional and personal factors, including values, attitudes, beliefs, and interpersonal biases. So one of these is disclosing and managing countertransference or reactivity. Next slide, please. So there are a lot of dilemmas within this. And one of these is trust. And that is a supervisee is very vulnerable. And there are parallel processes across client psychotherapy and across supervision. And there's the expert directive role of the supervisor versus the role of collaborator or co- explorer. We need to maintain the clarity of supervisory boundaries, but address the catch-22, for those of you who know what I mean, but it means the risk of disclosure. So supervisees are encouraged or actually required to disclose their emotional response and their countertransference or their reactivity. However, after they disclose these, the supervisor may view these as deficits on their evaluation, creating a very unsafe environment. So you may say, well, how do you get around that? You discuss this. You're much more transparent, much more oblique. And also understand that discussion and revealing countertransference or reactivity is a competency to be encouraged and developed and it's a tool in clinical supervision. Which speaks to something that I neglected to tell you at the beginning, that competency-based supervision is metatheoretical. It's a structure to put above all supervision, models and theories. So it provides an intentional and systematic approach to supervision that can be placed on any model. Next slide, please. Okay, the next domain, which probably should be domain A, but it's diversity and infuses

multicultural competence in the triad and in the world view. Now the first is to develop and maintain self-awareness regarding one's own diversity competence. And this means who are we talking about? We're talking about the supervisor. And then to enhance or establish a respectful supervisory relationship and to facilitate the diversity competence of supervisees. Supervisees in the literature and in anecdotal reports benefit so much from our self-disclosures. Not that we should spend our whole supervision self-disclosing, but targeted specific self-disclosures or perspectives are incredibly important in work, but they have to be built upon a strong supervisory relationship of trust and collaboration. We need to always recognize the value and constantly pursue training in diversity competence. This is lifelong learning. Be knowledgeable about the effects of bias, prejudice, and stereotyping, which unfortunately we only need to read the paper every day. Model advocacy, be familiar with literature and promising practices, how to navigate conflicts among personal and professional values in the interests of protecting the public. And remember, our supervisees are also the public. Next slide, please. So for multicultural reflection and self-awareness, the first step, which hopefully all supervisors engage in critically before they begin to supervise, is their own self-reflection. And I would strongly encourage they use either MECA, Falicov's Multidimensional Ecosystemic Comparative Approach or Hays' ADDRESSING model. And do a thorough self-assessment of our own cultural identities and our own implicit biases, our own perspectives through the lens through which we perceive everything. And to encourage our supervisees to do the same. Do we require a supervisees to disclose everything? No, but we do encourage our supervisees to target their self-disclosures related to the reactions to the clients, their perceptions of the clients to supervision, to whatever, to make it a part of supervision that we, our identities, are part of clinical supervision. Next slide, please. Okay, Jernigan, and Helms of course, have made tremendous contributions helping us to understand that the progressive versus regressive supervisors are essentially game-changers. That a progressive supervisor who is more, has a stronger racial identity development and more advanced racial identity development, and who is generally more competent at multicultural competence is incredibly important. A regressive relationship in which the supervisee either is teaching the supervisor or who is just simply neglecting the whole topic is hugely problematic. Next slide, please. Okay, and furthermore, how important it is not just to be thinking about the supervisee, supervisor, but to be thinking about the entire climate, the racial and ethnic climate of the setting one is in. And Thrower and colleagues have done some important work under, with Janet Helms as well, and Jernigan, about how critical it is to consider the entire institutional climate or setting that one is working in. And that White supervisor disengagement from supervisees of color who disclose racial trauma or harassment when supervisors responded with reflection on their own White racial identity development occurred, especially if supervisors were in regressive relationships with their own institutions. So how complex this is. It's not simply controlling ourselves, but it's changing. As Dr.

Miville said actually that she changed, we need to change the world. And regressive relationships with institutions, supervisors express ambivalence about the extent to which the institution was racially responsive, how critical this is. And Black supervisors described their own empathic disengagement with supervisees when they felt pressure from their institutions to tow the line, maintain the status quo or ignore issues related to race, culture, racism. It's Thrower and colleagues. Next slide, please. Okay.

Supervisory relationship. This is at the heart, as I mentioned, of all supervision. This establishing this relationship. Next slide, please. So some of the key aspects. I've mentioned several before. Respect and collaboration, facilitation, embedding evaluation for growth, maintaining and repairing the collaboration as indicated. And infusing and integrating diversity into all aspects. Being genuine, authentic, and present, and attuned, and reflective. I know it's a high bar for supervisors who are torn in many directions, but this is essential practice,

transparency. Supervisor self-assessing, ongoing and modeling this and acting on it and never including personal therapy and supervision. Next slide, please. Relational safety, and this is quite misconstrued, that many people feel they, many supervisors feel they know what safety means, but we need to be collaborative in our thoughtfulness about establishing relational safety. And consider examples when intersectionality is discounted or ignored and what impact that has on safety. Next slide, please. Okay, these, there's a meta analysis, and I'll leave this for you to review. But this is very important work by Clifford Watkins about favorably rated supervisory alliances. And it's critical data. So please review it and see that I'm not just saying that the supervisory alliance is icing on the cake. It is essential. Next slide, please, which is more of these, okay? A weak or unfavorably rated alliance was related to avoidance in their attachment style. It was higher stress, exhaustion, burnout. Role conflict and role ambiguity. And negative supervision events.

So critical. Next slide, please. Okay, professionalism, that we model professionalism in our own comportment, in our own interactions. And especially in very stressful situations, we think about our professionalism and what kind of a model we're being. Next slide, please. In a decolonizing frame, think about the fact that professionalism includes, according to Kathy Grus and Nadine Kaslow, altruism, accountability, benevolence, caring, compassion, and courage, and all those other things listed. But civility is often omitted from supervision, as is of course cultural humility, ethical engagement and collaboration. And always thinking about psychology, social contract with society. Next slide, please. So assessment evaluation and feedback. I think sometimes these areas are avoided, because they do heighten power differentials, but we need, within our supervision structure, to have transparency, which means we need to give feedback any time there is in fact an issue or concern, we need to be reflective and give feedback. So the supervisee can correct us if we misunderstood or the supervisee has informed consent to move ahead and improve their, or change their behavior. Next slide, please. Or to teach us, I should say. There are many cultural and systemic barriers to feedback. And sometimes supervisors fail to understand multicultural dynamics or power or privilege. And especially across all client supervisee and supervisor. Supervisees may be fearful of revealing their errors. We know that for sure, they don't disclose errors. As a matter of course, Nick Ladany's work on this was important, and Knox and others. Supervisees do not necessarily disclose. And also supervision can be confused with evaluation that sometimes is viewed as synonymous and therefore it loses all the human aspects of process. Self-criticism may not be part of one's culture. And evaluation and feedback may be culturally dystonic, may be viewed as disrespectful or a defiance of the power hierarchy. So these are all things to think about. Next slide, please. Okay.

Professional competence problems. May I simply say, 'cause I'm running out of time, I think, that in fact all of this is embedded in cultural beliefs. And next slide, please. That in fact Shen Miller's work as well is very important to consider in terms of all the different ways of evaluating the lenses through which we work. And that viewing it through Brad Johnson's humanitarian, communitarian training environment is a critical movement forward. Next slide, please. Ethical, legal and regulatory considerations. We need to model ethical practice, including adherence to principles, which are often forgotten beneficence and non-maleficence. Next slide, please. Okay, treating ethical rules as immutable ends in themselves, separating them from ethical ideals, 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. And in these instances, supervision is prevented from being collaborative with a respectful interchange. Next slide, please. Okay.

And a basic is human rights competence. And knowledge of human rights. The fact that this is not generally trained in graduate school, that the Universal

Declaration of Ethical Principles for Psychologists, which was developed by an international task force is virtually not trained in the community. Next slide, please. And here are the components which you can review. Next slide, please. But note that it's respect for, yeah, it's respect, is at the very, very top. How important is for us to also realize that our ethical principles are not culturally syntonic. They're very individualistically developed, not collectively developed. And that, for example, multiple relationships is hugely conflictual in some populations or in many, because in fact there is a major overlap between professional and non-professional relationships, and community and family are very, very, very closely associated. So avoiding dual relationships might be viewed as disrespectful and insensitive. Next slide, please. Okay.

So we need to have formal training, not simply in clinical supervision, but in social justice. This is a major movement forward to ensure that there's formal coursework and curriculum. And Burnes and Singh have provided a structure as have Burnes and Manese. So look at those. Next slide, please. So how do we transform? Okay. What are our strategies? They're through empowerment, mentoring, and supervision of supervision. Next slide, please. Okay.

So training models represent a major system shift. We need a service learning transformation. This comes from the Boston College Movement. And this is a shift from individuals to system. We need to infuse ethics, empirical research on oppression, implementation of social justice principles in community work and in academic work. Thinking of change of institutions and communities, not simply individuals. Immersive learning, experiential learning regarding privilege and oppression. And this is the opportunity to work in real communities with critical reflection, reducing negative stereotypes and giving voice. Strength focus, providing specific tools for change. Self-assess how many of you have training in any of this in your graduate programs. Next slide, please. So an action shift would mean major changes. And well-meaning supervisors could marginalize or contribute to structural inequities. Reflect for a minute how in fact in your setting this could happen, that supervisors actually may be marginalizing. A shift to an action focus empowering disempowered groups and encouraging tools and access to self-determination tools. A training to engage in therapy that contributes to social justice reflects transformation. Remember, we are all at a point where we need to transform, not simply to change a tiny little bit, but to transform our training, transform our systems. Not simply ameliorate. And Prilleltensky and Nelson have done so much important work on this. This also refers to personal transformation as well as systems. Next slide, please. Another important model, if you're not familiar with it, is that developed by Brad Johnson and colleagues, Jeff Barnett, Nancy Elman. Yeah, okay, (chuckles) Albie Forrest, Swartz-Metz and Kaslow. And that is transforming to a communitarian training culture. Competence movement may have inadvertently not attended adequately to communitarian values to caring for others, to recognizing vulnerability, our own emotional interdependence and mutuality. How important reciprocity is, the role of self-disclosure, including our own strategic self-disclosure, support and engagement. So what are some of the components? Collegiality, civility, modeling self care and civility. We know that supervisors modeling self-care is a very powerful stimulus for our supervisees. Preparation for collegial care and civility in one's whole career. And engaging in reflective self-care, mindfulness. And mindfulness is proving to be essential, especially as many of our clients have experienced trauma and we know that many of our supervisees and probably supervisors as well are trauma survivors. And we're living in a traumatic era. So because of all of that, we have to adopt more trauma-informed techniques. And these are a whole new area of clinical supervision that I haven't even touched upon today, but it's a whole emerging area that we need to be quite trauma-informed and focus in even more ways upon helping our supervisees to remain present and to deal with the horrendous traumatic disclosures that they hear that may trigger responses from their own personal experience. To collaborate, I keep saying, to acknowledge vulnerability. And how often do we acknowledge our own vulnerability,

almost never. Reach out to our inner circle for support and modeling this in training. Johnson and colleagues suggest that we have an inner circle, that we have several selected colleagues who we inform that they're part of our inner circle who actually are there for us in a communitarian training culture and who can address our vulnerabilities, who can give us feedback, realistic honest feedback about how we are doing. Next slide, please. Then there's the empowerment of Black Lives Matter. Higher education strategies across the board, we need more critical consciousness raising. Awareness of violence and marginalization and oppression, bringing to life all the things we're experiencing daily, unfortunately, in our lives. And the traumatic exposure that we, our supervisees, and our clients are experiencing in the world. Creating an affirming sustaining culture. And those faculty-student and student-student relationships are critical components for support and for emotionality. And all of us have to realize that just being a clinical supervision supervisor who's didactic and who knows the research and all that is maybe only a quarter of clinical supervision. We have to be emotionally accessible. We have to be in touch with realities. We have to think about the impact of life events, of COVID, of all the traumas which are occurring virtually, daily, now, and how this is impacting us, our clinical work, our supervisees, their work with their clients and how they're managing this and addressing all of these. Humanizing pedagogy through connectivity and caring in a whole-person approach. And never to minimize the power of intersectionality. How structural power and social activism and how relationships and addressing and supporting emotionality are implicit in all this. And Castillo-Montoya, Abreu and Abad provide a toolkit for educational empowerment. Next slide, please. Okay.

Some of the strategies specifically include mentoring. And peer mentoring can be an incredibly important tool Foxwell and colleagues talk about this, about pairs of more advanced clinical graduate students working with junior doctoral studies And essentially nested in SOS, which is supervision of supervision, to prepare for postdoctoral work. The mentors had had prior, really minimal prior training in supervision which echoes what my senses, and what the literature is telling me and what everyone where I travel all over says or used to travel all over, says that they're not getting ample training or adequate training in clinical supervision. So this is a six-month program with monthly mentorship meetings, three training sessions. I don't of course think that's enough, but it's better than nothing, and resulted in enhanced professional development and feedback. So in other words, they trained a cohort of more advanced clinical students and then they had those advanced clinical students mentor less advanced students. And this resulted in some increased, perhaps in supervision competence through their readings, their structure. I wanna be clear though that mentoring is different than supervision. In supervision there is generally a power differential, so they were training supervision through mentoring, which is a little complicated, but still interesting. Next slide, please. Then there is supervision of supervision. And this is the very, very important modality. When I gave you that three-year training project, part of the last year, could also be supervision of supervision. The power of this and its generativity is very important to keep in mind, which there are so many different models. Generally they have some didactics. And there's a place to create a safe forum for discussion in which a group of individuals who are learning to supervise meet and who are doing supervision themselves, quasi-supervision or supervision under the supervision of someone else actually meet with a licensed supervisor and reflect hopefully on videotapes and receive this training, link it to the guidelines and increase their multicultural awareness and competence as well as acknowledgement of personal factors, and legal and ethical parameters. Next slide, please. So action steps are to increase competence of supervisors and faculty on human rights, ethics and social action. All totally under-addressed in most programs. Maybe Teachers College at Columbia's an exception probably, but I think there are very few exceptions ensuring that human rights, ethics, social justice, and multiculturalism are taught and supervised and that they're interrelated and inseparable and they're proactive and we're not, we are proactive

and not risk averse, and use all kinds of experiential teaching supervision as a medium to assist supervisees in addressing attitudes or beliefs. In other words, role-play, model, engage in ethical problem solving, all kinds of experiential training to decolonize clinical supervision. Next slide, please. Okay, then there is a model I would encourage you to look at called the Mental Wellness Program. And it's based on the premise that Western science research methods can be decolonized by having indigenous community members and researchers involved. Okay.

Next slide, please. Okay, so my very last comment is that we had an article that we oversaw because we presented at APA as a panel of international supervision leaders. And what we concluded was that perhaps there needs to be an international definition of clinical supervision that's a little bit revised. Rod Goodyear was instrumental in this as well. hierarchy and direction preempt collaboration. An evaluation in gatekeeping may not be included in international competencies. So think about that. There's the relational cognition of collectivist cultures and how that can contrast with non-relational cognition focused on intelligence, which is more individualistic. And the book by Sundararajan is an amazing book I'd encourage you to look at. Cultural humility and self-awareness of one's own vulnerabilities are more compatible with harmony and the highest value attached to symmetry maintenance. And the relationship is hierarchical, but culture can amplify it and have relational implications. So next slide, please. Thank you all so much. I'm sorry, I included so much material and less experiential material, but hopefully you'll have questions that can lead to more experiential interactions and to more decolonizing, thank you. - Well, thank you, Dr.

Falender, for your superb and comprehensive talk. I much appreciated many of your points beginning with your discussion on indigenous perspectives on decolonization, as well as your deconstruction and reframing of the supervision guidelines within the theoretical approach of decolonization. So right now we're gonna transition to the Q&A portion of this session. We've been taking live questions and we will continue doing so through the chat feature that's visible to the right of your screen. And I have to say, we already have quite a list of questions. So let's go ahead and start with the first one from Emma McBride. And she asks, "What theoretical frameworks might we adopt in clinical training and supervision to more robustly address oppression and decolonization over the course of training?" - Well, you're speaking to a competency-based supervision person. So I believe that it would be important to adapt a metatheoretical approach to whatever theoretical model you have. I do believe that certain theoretical models are more open to a humanistic change and shift to social action, more compatible. But I do believe that it is more about the person of the supervisor than it is the theoretical model they're working within. And I believe that most theoretical models could be in fact impactful in this framework, but it depends on the supervisor and all the variables I talked about endlessly in the last hour. So we need to decolonize our supervisors. - Great. Thank you. From M.

Brett Debney. They ask, "Can you provide some good resources for decolonizing psychotherapy in practice? In other words, how do we decolonize our work with our clients in the clinical setting?" - I think that's an incredibly important topic. And I believe you're going to be having specific talk on that later today, aren't you? Dr. Miville, isn't that true? - Olivia, and, is that true? - Yes.

- Shall we differ, okay - (chuckles) Yes. Thank you. - So shall we defer to the following session or the next session? - Right. Because I think that everything that I talked about actually does relate directly to the clients because essentially what we do in our worldviews, how we approach the process of therapy, and how supervisors approach the process of supervision, molds everything. And it molds how we approach our clients. So I think it's just a very complex, interrelated set of systems that have to be enacted. But I think the basic system, as we see from the work of Jernigan and Thrower and Helms is we have to look at our

systems first. We need to go top down, look at our systems, then look at our supervisors, then look at our supervisees and then think about how it's going to impact everything and how it should. - So true. Okay, Kenya Luvert. asks, "How can the entire licensing process move toward decolonization? I feel the test is very biased." - Well, the good news on this is that the EPPP, the ASPPB, Association of State and Provincial Psychology Board is in the process of developing the EPPP2. Now I know there's some controversy related to it but it's much more experiential. It's much more applied. It's much more intersectional and includes much more diversity. And it's more competence-based, which means it has actual vignettes and actual situations. So it's not, it's not like the EPPP1. So that is the intent. Hopefully there will be impetus in movement that that could occur and finish its development and who knows what place it will take but maybe that would help. - Great. Thank you. Raul Ortega Moreno asks, How can clinical practices be decolonized when they are based in theories and practices developed in colonizing countries? - It's an excellent question. I think you have models within the universities, the university that sponsors those. I think that there are ways to decolonize, that the literature on decolonization is blossoming. There are huge numbers of articles and I think universities are taking note of this that change is going to be happening at the university level. And perhaps this is one of those reverse change processes in which we initiate the change. And it kind of goes, I don't know, whether you wanna call it downward or upward, into new models and new theories, and new practices in at least this country. I know that other countries are also working on this very intensively including South Africa and many other countries. So I think we have to stay tuned, but also be active. Take a position and develop a model, develop a theory. These are not sacred. You can see much of the research that's evolving is simply by researchers or theorists. So there's room. Because you're probably right that clinical practices can't be decolonized until we change a lot of things. - So true. And now Sarah Wali asks, "How do we move towards decolonization while working within colonial systems such as the administration?" - I assume you mean the administration- - Of that system, yeah. - Of that system. Right. Well, one is education. And one is kinda power, because look at the world now, and the student body, at least in situations that I've been, and I do trainings in a lot of universities. There's such strong desire for change amongst the students that that drives change. Administrations are sensitive to what students want, because students need to pay the tuition or to enroll in the institution. So I think this is one that we can't, I won't say be patient, because that won't work, but to be active and to inform the administration, to work with the administration to ensure that all the people higher up in the universities or settings are aware of these decolonizing actions and what kinds of things in this particular setting are colonial, and how this is not going to be acceptable to continue. So we have to be advocates for change. And I think this can happen. - Well, witness today's event. Today's an absolutely great example of what you are saying, absolutely. Okay. - And I see it. I do see it. I really do see signs that some universities are listening because the universities are only as good as the quality of students who enroll. So there's power there. - Absolutely, (chuckles) Krish Sehgal asks, "I'm curious about minority supervisors supervising minority interns from different racial backgrounds and how to navigate internalized racism and the impact of colonialization." - That's bringing it to the fore, discussing. Remember, self-disclosing, talking about what it's like to be supervised by me. And being open to the response. And if they describe traumatic events in the past with previous supervisors or fears that they have with you, to confirm it directly. Don't just avoid it. To be direct and open and not distressed or overwhelmed or angry at their responses, but to be reflective and think about what that means for supervision. - So true, Carolina Julian asks, "For minority supervisors," I'll start again. "For minority supervisors and supervisees, how can we create a space for awareness and empowerment?" - I think this is the question of the era. And I think we have an emerging literature and practices that are being led by incredible people. And then we need to see that the institutions and the supervisors, the privileged, or whatever you wanna call us, the White ones are going to be open,

welcoming, and responsive to the fact that this is a time of change and empowerment and awareness. And we all have to be on board and we have to be, if we're thinking about motivation to change, we have to be in action. We can't be in pre-contemplation. We've gotta be an action. So it requires a lot of system change and it has to come, I do believe it does come from the top down, but it can start from down and go up, because we have to exert our leadership and our knowledge. - Okay.

We have about a couple more minutes left. Erick Aguinaldo asks, "In a predominantly White field, how do we ensure that feminism is not limited to White feminism even if it's unintentional? - It's a wonderful question. I think Division 35 of APA is working on this intensively. But I think we have been, we collab, all of us have been negligent in empowering our supervisees, our diverse supervisees to be active in organizations and to be active in the power structure and to adopt leadership positions and to move upward and to write and to feel powerful, to feel as if perspectives are meaningful, and to collaborate with their own supervisors to write, to lead. And that we need to guide and mentor and support this kind of development, 'cause I think you're right. It can unintentionally be not a factor. So I think it depends on us. We have a lot of power and we need to use it benevolently in that way. - Well, thank you, Dr.

Falender. I think we are out of time. And this has just been such a fabulous conversation dialogue. With you of course leading us in this conversation and the just amazing questions from our audience today. Thank you all. - Thank you for the opportunity. Buh-bye.