Clinical Social Work Journal (2018) 46:310–320
https://doi.org/10.1007/s10615-018-0683-4

ORIGINAL PAPER

Developing a Working Model of Cross-Cultural Supervision: A Competence- and Alliance-Based Framework

Eunjung Lee[1] · **David Kealy**[2]

Published online: 21 September 2018

Abstract
Despite numerous suggestions to integrate culture, diversity and social justice issues in clinical supervision, empirical studies on cross-cultural supervision indicate limited uptake of such recommendations. We suggest that a comprehensive model of cross-cultural supervision could benefit the field by guiding supervisors in this task. A working model is proposed based on a foundation of the supervisory alliance and a focus on social work practice competence, integrating strategies to promote self- and relational-reflexivity within the supervisory relationship. The model is comprised of four components: component 1: goal setting to contract on cross-cultural integration in supervision; component 2: active listening for cross-cultural markers; component 3: bonding through the supervisor's self-reflexivity to foster the supervisee's self-reflexivity; and component 4: working through tasks for cultural integration in supervision by modelling the supervisor's relational reflexivity in case formulation and treatment to foster the supervisee's relational-reflexivity.

Keywords Clinical supervision · Reflexivity · Cultural humility · Alliance · Social work competence

Introduction

The status of social work as a practice-based profession (International Federation of Social Workers 2014) requires that governing ideologies, ethics, values, and theories be translated into practice. At the heart of this translation, clinical supervision and field education play pivotal roles in closely shaping and monitoring social workers' everyday practice and professional development (Bogo and McKnight 2005; Kadushin and Harkness 2014; Munson 2002; Shulman 2010). Reflecting increasing diversity in society and in social work practice settings, the incorporation of various sociocultural aspects and views in the supervisory triad (i.e., between clients and social workers and between supervisees and supervisors) has been highlighted in social work and related professional supervision literatures (ChenFeng et al. 2017; O'Donoghue et al. 2018; Young 2004). Indeed, this literature recommends that supervisors bear the responsibility for introducing culture and other social justice issues in supervisory conversations (Asakura and Maurer 2018; Berger et al. 2017; Chang et al. 2009).

Recent empirical studies on supervision and culture, however, note that supervision conversations about social justice and oppression have not been experienced by the majority of social workers (Hair 2014). Rather, supervisees' and clients' cultural aspects tend to be addressed at the level of contextual information in supervision conversations (Lawless et al. 2001), with limited pursuit of social justice issues within clinical supervision (Hair and O'Donoghue 2009). Moreover, supervisors have reported challenges in providing feedback in cross-racial supervision (Burkard et al. 2014). When such dialogue does occur, it may be highly conflicted or with little relevance to the clinical focus of the supervision (Burkard et al. 2014; Hair 2014; Lawless et al. 2001).

Given these shortcomings in the applications of cross-cultural supervision, we propose a need to conceptualize ways in which clinical supervisors can articulate a transition from theory and values (e.g., we should incorporate culture) to the level of practice (e.g., *how* to incorporate culture) in cross-cultural supervision. In this article, we selectively review relevant literature regarding culture and

✉ Eunjung Lee
eunjung.lee@utoronto.ca

[1] Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, ON M5S 1A1, Canada

[2] Department of Psychiatry, Faculty of Medicine, Detwiller Pavilion, 2255 Wesbrook Mall, Vancouver, BC V6T 2A1, Canada

supervision to discern common recommendations in cross-cultural supervision. Based on such literature and inspired by scholarly contributions regarding the supervisory working alliance, relational psychoanalytic theory, and social work competence, we propose a working model of cross-cultural supervision. We then elaborate on the components of this model in the context of developing a supervisory alliance and promoting supervisees' practice competence, proposing potential questions and statements supervisors can utilize to facilitate the supervisory process.

Defining and Incorporating Cultural Aspects in Supervision

The construct of culture has been both dynamic and elusive in supervision literatures. Rather than referred to as a singular, static entity (e.g., a shared ethnicity, race, language or traditional customs), culture has been represented as one's values, beliefs, and orientations that dynamically evolve throughout the life course—encompassing various interconnected constructs such as race, ethnicity, sexual and gender orientations, (dis)ability, religions etc. (Young 2004). Since culture is so diverse and socially constructed, it has been referred to as *diversity* in one's life, one's *social locations*, or *a range of differences* one holds with others in society (Watkins and Hook 2016). Social justice-oriented practice involves social workers' respect for diversity, and the promotion of fairness and equity regarding difference rather than marginalization (Hair 2014). To capture these dynamic, diverse, and socially constructed differences, systemic family therapists Roper-Hall (1998) initially coined the term Social GRRAACCCES and Burnham (2012) have expanded the term into *Social GGRRAAACCEEESSS* (*SG*)—a lengthy acronym comprised of gender, geography, race, religion, age, ability, appearance, class, culture, ethnicity, education, employment, sexuality, sexual orientation and spirituality. This 'kaleidoscope' or 'collidescope' of points of one's diversity—referred to as *SG markers*—can serve to guide therapists in being mindful about the range of difference, injustice and cultural aspects that sometimes constitute colliding values of relations in life and in therapy, and certainly in supervision (Totsuka 2014). How supervisors consider and incorporate these cultural aspects in supervision has been referred to as multicultural supervision competence or cross-cultural supervision competence (O'Donoghue et al. 2018; Watkins and Hook 2016; Young 2004). In our review, we selectively present three existing approaches in cross-cultural supervision: (1) supervision models that promote supervisees' self-reflexivity on various cultural differences, (2) a social constructivist approach that focuses on a process of collaboration and supervision conversation, and (3) the cultural context model (CCM) that addresses cultural aspects at the clinical level in supervision.

Self-reflexivity Regarding Cultural Aspects

Several supervision scholars focus on promoting supervisees' self-reflexivity on issues of differences in the supervisory triad. One means of doing so is through the *use of a cultural genogram*, whereby supervisees map their own cultural aspects. The process of drawing and contemplating the genogram helps the supervisees to reflect on their own culture, increase cultural awareness and sensitivities, and promote understanding of their own cultural identities (Hardy and Laszloffy 1995; Pendry 2012). ChenFeng et al. (2017) also suggest utilizing genograms—the supervisor's and supervisee's—as a way of connecting one another and promoting mutual understanding in the supervisory relationship.

Self-reflexivity can also be facilitated through experiential group supervision. Divac and Heaphy (2005) describe an experiential group supervision model called 'Space for GRRACCESS'. Burnham et al. (2008) outline a similar approach to promoting culturally attuned supervision and training, and Totsuka (2014) details a more extended version for 'Social GGRRAAACCEEESSS'. Though some variabilities are present (e.g., videotaping the supervision session for further reflection in Divac and Heaphy's model), the common thread throughout these contributions is their focus on *emotional experiential process* rather than exclusive culture-related content. These experiential group supervision models invite supervisees to engage with their own cultural attitudes, and provide opportunities to learn how others have influenced their worldview—whilst considering ways in which others may have been influenced by such cultural attitudes. Moreover, by laying out the premise that we all occupy both privileged or disadvantaged cultural aspects in given contexts, these group supervision exercises intend to facilitate supervisees' "*emotional* understanding of the dynamics of power" and promote "an awareness of the shifting positions we occupy" (Divac and Heaphy 2005, p. 281, italics in original).

A Social Constructionist Approach: The Co-creation of Supervision Conversation

Hair and O'Donoghue (2009) propose a culturally relevant and social justice-oriented social work supervision model that seeks (1) understanding about multiple differences that exist in the supervision triad, rather than aiming to achieve a preconceived idea of cultural competence, and (2) "opportunities to advocate for cultural community 'insiders' to develop their own configuration of social work supervision" (p. 70). They underline several features of social constructionist-informed supervision: recognition of multiple diverse

experiences, emphasis on collaboration and co-construction, and increased sensitivity to power and (dis)empowerment in supervision. Actualization of these principles not only involves reflection on taken-for-granted norms, authorities, and privileges, but also a focus on the *process of supervision conversation*—"*how* an understanding of culture is formed in supervision conversation" (p. 78, italics in original). For example, supervisors can pose 'curious' questions about idiosyncratic individual and local community knowledge, and inquire about structural barriers and contexts. Instead of silencing unspoken cultural voices and beliefs, this approach aims to stimulate "an open flexible and co-creative dialogic process" (p. 79) around cultural aspects in supervision.

Cultural Context Model

The cultural context model (CCM, Almeida et al. 1998), originating from the Institute for Family Services in New Jersey, emphasizes supervisors' articulation of historical and contemporary experiences of oppression (due to race, class, gender, and other social locations) and their effects on family and community life. This model starts with a socio-education process where a team of therapists invite clients to reflect on "societal-based patterns that contribute to social inequality organizing family and community life" (p. 2). Meanwhile, a supervisor is behind a one-way mirror or reviewing a taped session of this didactic socio-education process. The clients are grouped by gender along with children and youth in one more separate group. These gender-based groups form a community healing circle to develop "knowledge necessary to dismantle linkages of power, privilege, and oppression" (Hernández 2003, p. 2); participants examine the ways in which dominant gender, class, race, and immigration inequities permeate their personal and family life and construct domestic and community violence. Supervisors provide live supervision in this community circle, promoting supervisees' understanding and developing their skills to address oppressive discourses about various cultural aspects. This *live coaching of addressing cultural aspects at the clinical level*—while promoting community capacity building and resilience—may be especially valuable in work with marginalized, culturally diverse clients facing multiple oppressions.

Central to each of the aforementioned cultural supervision approaches is the significance of promoting supervisees' self-reflexivity upon various dimensions of culture and difference in clinical supervision. Rather than essentializing and otherizing clients' culture, social construction perspectives move the focus to supervisees' and supervisors' own cultural values and their impacts on the supervisory triad. In doing so, supervisors adopt a curious stance as they facilitate the co-creation of supervision dialogues around cultural aspects. The CCM approach also promotes reflexivity through direct supervisory linkages between clinical (micro) and cultural/systemic (macro) issues, bringing anti-oppressive supervisory dialogue directly into the clinical situation.

Developing a Working Model of Cross-Cultural Supervision

We argue that an integration of the strengths of these approaches would be enhanced by *a comprehensive cross-cultural supervision model* that is situated within a framework based on a supervisory alliance and the development of social work competence. The alliance provides an orientation for understanding mechanisms involved in the *supervisory relationship* and its impact on supervisees' learning and their practice with clients. As noted by Shulman (2010), the positive working relationship between supervisor and supervisee is the medium of supervisory influence. Kadushin and Harkness (2014) note that the supervisory relationship is "a powerful variable in determining the supervisee's openness and receptivity to the supervisor's efforts to educate toward change" (p. 140). They further argue that "the supervisory relationship itself, its nature and use, is an educational exemplification of what needs to be taught in developing clinical competence", thus highlighting the supervisory relationship being "both the context for learning and a learning experience in itself" (p. 141). Indeed, the supervision literature contains numerous entries emphasizing the interactional and relationship-centered nature of clinical supervision (Falendar and Shafranske 2012; Lawless et al. 2001; Shulman 2010). In particular, difficult conversations around culture and social justice issues are *relational events*, demanding attention from supervisors and supervisees regarding their impact on the supervisory relationship (Lawlor 2013; Burkard et al. 2014).

Clinical supervision aims to enhance supervisees' *social work practice competence* (Bogo et al. 2013). Thus, integration of cultural aspects and social justice issues in supervision has a broader purpose beyond critical reflection within the supervision triad, extending to the translation of such reflection across multiple practice encounters and scenarios. In other words, addressing cultural and social justice issues in clinical supervision is not only politically and ethically correct practice but also clinically significant practice (Lee 2010). When this task is at stake, aspects of the supervisee's future practice competence will be at stake. Therefore, we propose a supervision model that enhances supervisees' practice competence while incorporating cultural aspects and addressing social justice issues, within the context of a secure and generative supervisory relationship (see Fig. 1).

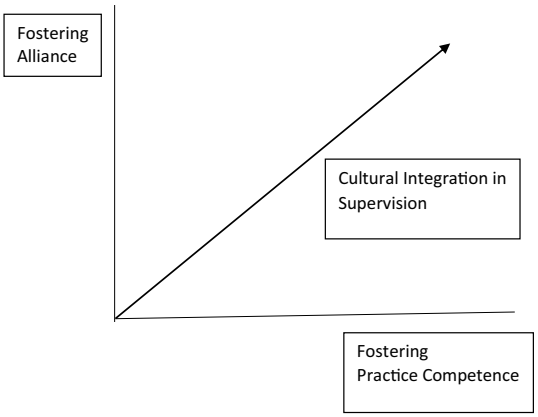

Fig. 1 Cultural integration in clinical supervision

Fostering the Supervisory Alliance

Founded in the psychotherapy literature, the alliance consists of the presence of relational bonding as well as an agreement or compatibility of goals and tasks in therapy relationship (Bordin 1979; Horvath 2007; Tsang and Bogo 1997). Bordin (1983) expanded the therapeutic alliance into the supervisor relationship, referring to it as the supervisory working alliance (SWA), as similarly consisting of goals, bond, and tasks. These components of the SWA may be applied to cross-cultural supervision in the following manner: (1) *goals of supervision* initially and on an ongoing basis, the supervisor and supervisee collaboratively negotiate and achieve consensus about the degree to which cultural aspects will be discussed in supervision. (2) *Relational bonding* the supervisor works to foster a secure supervisory bond that promotes a sense of safety—with supervisees' feeling heard and understood—with regards to the integration of cultural aspects in supervision. (3) *Tasks of supervision* the supervisor introduces the task of exploring cultural issues—beyond background or contextual aspects—as they are entwined in clinical issues, and collaboratively seeks consensus with the supervisee about pursuing such exploration (Lee and Horvath 2013).

Given the dynamic and relational nature of the alliance, emphasis on its ongoing negotiation and maintenance in light of potential ruptures has been highlighted in the literature (Burkard et al. 2014; Lee 2010; Tufekcioglu and Muran 2015). This involves continuous attention to the relational process between supervisor and supervisee—with particular focus on *collaboration* and *mutual regulation*. Rousmaniere and Ellis (2013) define collaborative clinical supervision as "the extent to which the supervisor and supervisee(s) mutually agree and work together on the processes and activities of clinical supervision" and operationalize it as "observable verbal behaviors (e.g., discussions)" (p. 302). Mutual regulation refers to the ways in which supervisors and supervisees potentially influence and transform each other through their responsiveness to one another. We suggest that rather than attempting to directly change supervisees (e.g., their clinical intervention, cultural reflection, etc.), supervisors may focus on modulating their own responses (e.g., regulating their own emotional reactivity) and modeling various ways of reflecting and integrating cultural aspects in therapy and supervision. The supervisor's reflectivity may then be available for supervisees to identify with and internalize, gradually promoting development of supervisees' own reflective abilities around cultural aspects, and opening a psychological space in which cultural conversations can be co-created.

Fostering Practice Competence

Competence building is a core task of supervision. A leading social work education scholar, Marion Bogo distinguishes social work practice competence into meta and procedural competencies (Bogo et al. 2013). Meta competence refers to "higher order, overarching qualities and abilities of a conceptual, interpersonal and personal/profession nature" including social workers' "cognitive, critical and self-reflective capacities" (p. 260). Procedural competence refers to "performance and the ability to use procedures in various stages of the helping process" (p. 260), such as forming a collaborative relationship, conducting assessments, and providing interventions to clients-in-systems. Both sets of competencies should be fostered in cross-cultural supervision. As a higher order of thinking and reflexivity, meta competence around cultural aspects in the supervision triad should be fostered by the supervisor. The supervisor's demonstrated capacity for self-evaluation and critique regarding potential biases can serve to foster supervisees' self-reflexivity of ones' cultural values and other cultural aspects arising in the cross-cultural triad. With regards to procedural competence, the supervisor can provide explanation, encouragement, and modeling of ways in which the supervisee might integrate cultural aspects into specific practice procedures, while also working to encourage reflection regarding the supervision triad itself. Thus, cultural aspects within the here-and-now interactions of the supervision may be considered in terms of their impact on clinical understanding and procedure (e.g., case formulation and treatment).

Figure 2 illustrates the integration of alliance and social work competence theories within our working model of cross-cultural supervision. Although it is presented as a linear and stage model, supervisory alliance-building and competence enhancement occur in a dialectical fashion. Thus, rather than emphasizing linear stages in this process, we highlight several core components of cross-cultural supervision.

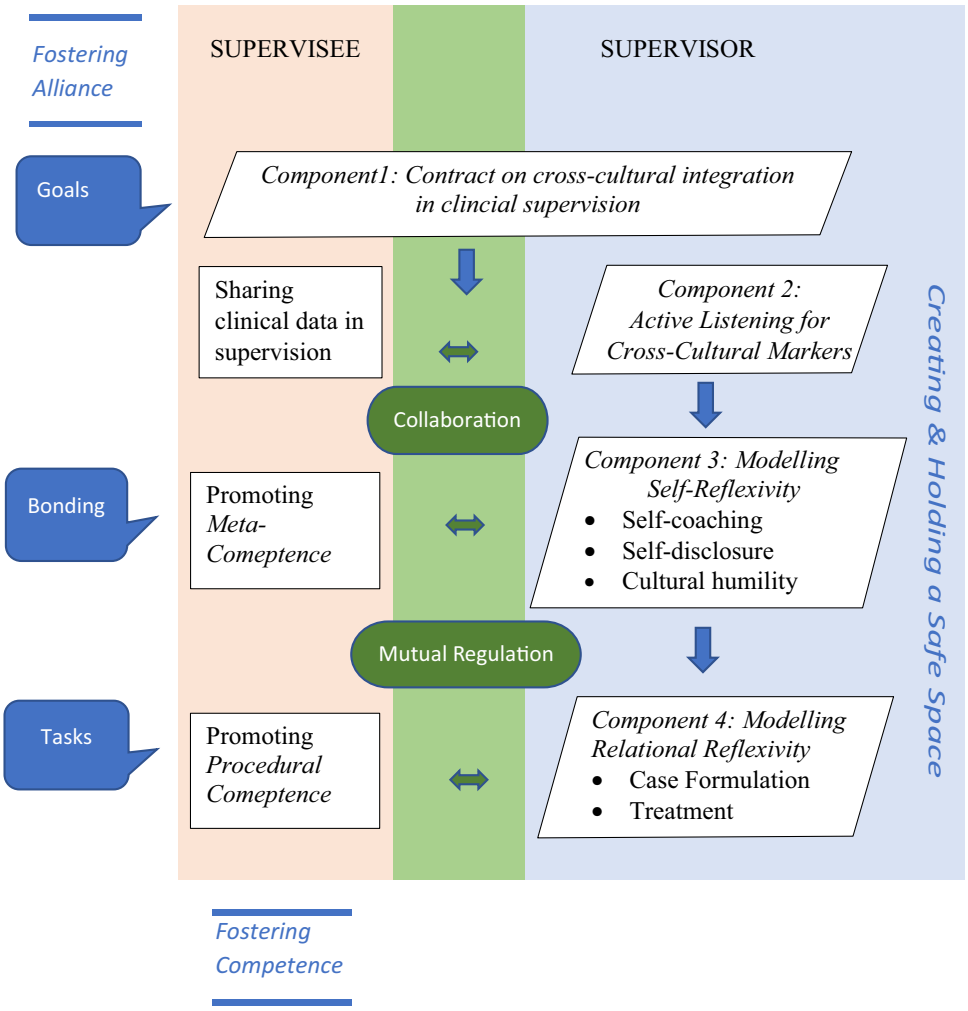

Fig. 2 A working model of cross-cultural clinical supervision

Component 1: Contract on Cross-Cultural Integration in Clinical Supervision

Shulman (2010) notes that session agendas and written and verbal contracts between the supervisor and supervisee provide a basis for monitoring and measuring supervision progress, facilitating the clarity and management of roles and expectations in the supervisory dyad, and providing evaluative feedback to enhance the supervisee's professional development. Lehrman-Waterman and Ladany (2001) and Sutter et al. (2002) also underline the importance of clarifying the specific focus and goals of supervision in the contract at the onset of forming a supervision relationship. Therefore, incorporating cross-cultural aspects as the agreed upon *goal* at the outset of supervision is critical in developing a productive supervision process (Burkard et al. 2006) and in fostering an emerging 'we' in the supervision relationship itself. This initial contracting stage prepares both participants for the ongoing nature of cultural and social justice themes throughout the supervision. Just as the goals of therapy may be ongoing moving targets, as supervision progresses the supervisor needs to initiate revisiting this goal and monitor the mutual agreement and openness regarding cross-cultural supervisory conversations.

The goal setting process should clarify for both participants what it means to discuss cultural aspects in supervision, provide a preliminary sense of what this may look like, and address anxieties that may arise through such discussion. For example, the supervisor might introduce the concept of cultural aspects—perhaps drawing upon the notion of *SG markers* as a starting point for considering intersectionality of multiple social locations (Burnham 2012; Burnham et al. 2008; Divac and Heaphy 2005; Totsuka 2014). The supervisor and supervisee can seek to collaborate regarding a goal of considering multiple 'cross-cultural' aspects—including those of supervisor and supervisee—rather than only those of the client. Thus, actively integrating SG markers in cross-cultural supervision involves an active reflection of their presence within all interactions in the supervisor triad. Similarly, goals regarding social justice oriented conversations may be developed, setting an agenda for the supervision to consider "the daily experiences of social workers

striving for equity and fairness with people who have been marginalized, silenced and dispossessed" due to their cultural identities such as race, ethnicity, gender, class, and so on. (Hair 2014, p. 350).

Potential questions and statements to support the initial contract may include:

- What would be the goals of our supervision?
- How would you feel about incorporating social justice oriented social work practice frameworks in our supervision, to better understand clients from various sociocultural locations?
- During supervision, when we try to understand clinical and supervision processes, I often notice that some different values and ideas are present, and that if we unpack them in our discussions, our understanding of the clinical situation is deepened. I wonder if we could consider making this kind of discussion one of our shared supervision goals.
- In terms of similar or different values and ideas that exist in the supervision triad, it would be important to consider various multiple cultural aspects of the client, yourself, and myself in our work together. What do you think about working toward that understanding as one of our supervision goals?

Component 2: Active Listening for Cultural Markers in the Supervision Triad

As supervisees share their concerns and questions about clinical issues, the supervisor actively listens for SG markers. While supervisees' reports on their clients' presenting issues may not be framed in social justice or cultural contexts, their stories are nevertheless embedded with culturally relevant and social inequity issues. Research has demonstrated the tendency for these culturally relevant stories to be unnoticed, and for cultural conversations to recede unless the supervisor explicitly marks them in the supervisory conversation (Lawless et al. 2001). Thus, supervisors are tasked with listening for cultural markers and maintaining attention to social (in)justice, (in)equity, power and oppression in both micro and macrolevels throughout the supervision. Indeed, the supervisor maintains responsibility for ensuring that this process of selecting certain cultural aspects for discussion be collaboratively reflected upon and discussed within the supervision.

Potential questions and statements to elicit this step may include:

- What SG markers are salient in this client's life?
- What SG markers are relevant to us as the therapist and supervisor in understanding the story?
- Are there any social (in)justice, (in)equity, power and oppression issues relevant to this case that we should pay attention to in the therapy and supervision process or systems?
- You [supervisee] just mentioned about your client's self-imposing expectation of himself around 'he should be a responsible son to take care of his mother and sisters' and shared your frustration of this 'should' statement while sacrificing his own need. I wonder if we could pause and think about what SG markers in the supervision triad may be relevant here.
- You shared some concerns around whether this case is moving forward or at an impasse since the client is not completing homework and passively resisting change efforts. I wonder if we could reflect on this in terms of some power dynamics around what the client is 'supposed' to do in terms of your work together.

Component 3: Modelling Self-reflexivity

This component focuses on enhancing supervisees' metacompetence while fostering the bond between the supervisee and supervisor. Goodyear (2014) highlights a supervisor's modelling, which allows for vicarious practice-related learning, in promoting the supervisee's ability for self-reflection. A prerequisite to developing this critical self-reflexivity is the creation of a safe space (Watkins and Hook 2016). In systemic family therapy supervision, Pendry (2012) notes that supervisors function as "attachment figures establishing a secure base for their supervisee(s) through offering them protection and safety in managing difficulties or worries in their therapeutic work" (p. 413). In cross-cultural supervision, this secure base is crucial in allowing supervisees to take risks in sharing personal stories and prejudices, including some "politically incorrect views that they would hesitate to discuss elsewhere" (p. 94). When supervisees experience—through the supervisor's modelling—that they are not the only ones who struggle around cultural aspects in therapy and supervision; and learn that cross-cultural similarities and differences are frequently regarded as challenging and conflicting, they are likely to feel safer in sharing and reflecting upon their own culturally related biases and challenges.

Berger et al. (2017) remind us that "[S]afe space in supervision does not mean absence of conflict, nor is it a permanent state" (p. 132). Kadushin and Harkness (2014) also highlight that "If the supervisor avoids conflict for purposes of keeping the supervisory relationship untroubled and outwardly smooth, he will have abdicated his responsibility to the supervisee and will have compromised his trustworthiness" (p. 129). These scholars underline the supervisor's active efforts to work through

a process of creating a safe space where conflicts and challenges can occur and be addressed in supervision.

Supervisors' purposeful self-disclosure (Burnham et al. 2008; Divac and Heaphy 2005; Totsuka 2014), self-coaching (Nelson et al. 2008; Burkard et al. 2014), and cultural humility (Watkins and Hook 2016) may be useful means by which supervisors demonstrate their authenticity and vulnerability, validate the supervisee's feelings, and share their empathy and compassion—thereby fostering a sense of safety in the supervisory relationship. Models of experiential group supervision described earlier are such examples where the supervision process facilitates reflexive discussion around differences and power—drawing upon supervisors' skillful *self-disclosure* regarding their own social location—to demonstrate the salience of such issues for both supervisees and supervisors (Burnham et al. 2008; Divac and Heaphy 2005; Totsuka 2014).

Nelson et al. (2008) found that experienced supervisors have 'internal dialogues' before addressing difficult feedback in supervision, referring to this process as *self-coaching*. For example, the client refuses psychotropic medication due to cultural beliefs and the supervisee shares her conflict around this issue in supervision (i.e., should I agree with the client or suggest considering medication as another treatment option? If I agree, I feel as if the client is not having the full access to services; if disagree, I am concerned about disrespecting his cultural views). A supervisor is making several mental notes on underlying cultural issues such as the client's cultural beliefs about medication, the supervisee's (and potentially the agency's and profession's) cultural belief and reliance on psychiatric medication, and prevailing and alternative views on the nature of mental suffering. The supervisor also acknowledges her own similar struggles around the conflict. However, before self-disclosing them, the supervisor is engaged in an internal dialogue around how to address these points; why this conflict is significant in this moment; and how the supervisor's self-disclosure about the conflict would either benefit or interfere with the supervisee's understanding of the client. Nelson and colleagues note that "supervisors found this skill important to recognizing their own limitations, accepting these concerns, and finding ways to address the issues" (cited in Burkard et al. 2014, p. 333). For example, supervisors may pause to indicate their own sense of uncertainty or dilemma, rather than reacting with a definite answer or demanding the supervisee's reflection on cultural values (e.g., why do you think you have this struggle?).

Cultural humility has also been recommended as a way of promoting safety and reflexivity in cross-cultural supervision. Falender and Shafranske (2012) define cultural humility as an internal stance that involves cultural openness and awareness in clinical training and supervision. Watkins and Hook (2016) consider cultural humility as both an intra- and inter-personal phenomenon:

> Intrapersonally, cultural humility involves a willingness and openness to reflect on one's own self as an embedded cultural being, being aware of personal limitations in understanding the cultural other and guarding against forming culturally unfounded, automatic assumptions; inter-personally, cultural humility involves being open to hearing and striving to understand aspects of the other's cultural background and identity (p. 490).

The supervisor's adoption of a culturally humble stance can help the supervisee feel safer in disclosing and reflecting on his or her limitations in cross-cultural understanding. This kind of "not-knowing" stance has also been emphasized by scholars working from a social constructionist perspective. For example, Pendry (2012) suggests that a not-knowing stance can facilitate "co-operative meaning-making with [the] supervisees" (p. 411), encouraging them to create their own answers and experience increasing self-competence through the supervisors' one-down position. Others, however, caution against falling into the trap of essentializing and otherizing a native informant. As a therapist of color, Totsuka (2014) vividly recalls "numerous occasions during training where people turned to me when culture and race were discussed, and I found myself in the position of 'a native informant' (hooks 1994, p. 43)" (p. 91). Therefore, it is critical for supervisors to strike a balance between marking cultural aspects within the supervision through a stance of cultural humility and avoiding the essentializing of supervisees' cultural positions. One way of doing this is to consistently ponder the overarching question of "what is missing?", including inquiry such as: am I essentializing the supervisee or client? Am I taking this one-down position to avoid thinking about cultural aspects in the supervision triad and defer this task to the supervisee? And by focusing on cultural humility for now, am I missing any significant conflicts the supervisee is experiencing in therapy and supervision?

The maintenance of humility, openness, and a not-knowing stance toward cultural aspects represents an ideal of mentalizing in supervision. Mentalizing—the capacity to appreciate and understand complex mental states—is associated with affect regulation, psychological wellbeing, and interpersonal relatedness (Fonagy et al. 2004). As the security of the relationship promotes enhanced reflectivity, cultural humility—the joint inquisitiveness about cultural aspects—embodies mentalizing in action. Rather than assuming to know the underlying meanings of one's own and other's actions, Fonagy and colleagues suggest pausing-and-reflecting to foster an inquisitive mind and exploring one's and other's internal experiences. They encourage using

I-statements (e.g., 'I wonder...') to facilitate openness and reflection rather than providing answers or didactic information giving. Similarly, we suggest supervisors utilize these mentalizing techniques to develop and augment supervisees' meta competence rather than providing didactic cultural information to momentarily resolve therapy or supervision issues. The supervisor's reflective, potentially self-disclosing statements are intended to model self-reflexivity, providing an opportunity for the supervisee's utilization and internalization of the mentalizing process of the supervisory relationship:

- I (supervisor) wonder how my understanding of your reaction to your client's story around parenting practices [or any other SG markers] has to do with my own value of what parenting is all about.
- I am mindful that I very much rely on this Western notion of how treatment for severe mental illness should be. I noticed that I reacted when you shared your struggles between the client's religious views on medication and mental illness and the institutional rule of psychiatric medication compliance.
- I am curious about how my assumptions (e.g., a myth of the sameness—our theory is universal and applies to all as if we all are the same) just applied to your case when I said 'how about making a referral to a parenting class?' as if the client's parenting challenges can be resolved by further education rather than reflecting on different cultural expectations between recent immigrant parents and their children.

Component 4: Modelling Relational Reflexivity

This component focuses on enhancing supervisees' *procedural competence* while addressing 'clinical' tasks in supervision. The supervisor's modelling of self-reflexivity to foster the supervisee's meta-competence is thus broadened and deepened into *relational reflexivity* to promote the supervisee's performance in integrating cultural aspects into specific practice procedures (i.e., procedural competence). Burnham (2006) defines relational reflexivity as:

> The intention, desire, processes and practices through which therapists and clients explicitly engage one another in coordinating their resources so as to create relationships with therapeutic potential. This would involve initiating, responding to, and developing opportunities to consider, explore, experiment with and elaborate the ways in which they relate (p. 4).

Neden and Burnham (2007) propose using this relational reflexivity for adult learning and family therapist training, where one supervisee presents a case and others pose reflective questions representing different positions from "resources, restraints, problems and possibilities" (p. 360) in various moments of the helping process. Whereas the previous step focused on the potential impact of the supervisee's own cultural views and supervisor's modeling of self-reflexivity, relational reflectivity highlights the supervisee's understanding of their clients' dynamics and stories. In this step, the focus turns to the ways in which the supervisor can bring the supervisee's attention toward the dynamic formulation of cultural aspects in the client's story and clinical issues.

As emphasized by Burkard et al. (2014), implementing this focus on the supervisee's work with the client can be difficult, potentially challenging "supervisees' cultural belief systems, their personal identity, or even their sense of self as a therapist" (p. 333). One risk is that such feedback may not be sufficiently specific, nor behaviorally anchored in fostering supervisees' cultural sensitivity around clinical issues. Instead of focusing on "what supervisees did not do" to achieve this task of integrating cultural aspects in therapy, it would be critical that supervision contents center around "supervisees' skills or examples of client work" (p. 334) in greater detail.

When culturally relevant conversations occur in therapy, even therapists who demonstrate good clinical skills can become frozen, inhibiting their use of clinical skills in cultural dialogues (Lee and Horvath 2014). We speculate that under such circumstances—involving an activation of therapists' anxiety—therapists may become preoccupied with their own position and lose sight of an opportunity to explore the meaning of cultural aspects in the therapy conversation. The supervisors' tracking of such incidents (e.g., let's pause for a moment where you reported the client's hopeless statement about changes due to his cultural norms), and inquiry regarding the clinical process (e.g., let's explore what was going on between you and him) and supervisees' emotional experience (e.g., I wonder if you also feel hopeless in the countertransference, where immobility is becoming a theme between you and him), can help retain a focus on understanding what might be happening for both client and therapist. Kadushin and Harkness (2014) also note that

> the focus of the interaction [in supervision] is the supervisee and the content for the discussion is the supervisee's feelings about the case problem, his or her reaction to and feelings about the client, the client's response to the supervisee as the supervisee perceives it, the supervisee's feelings about the client's response, and so forth. The supervisor concentrates on this focus by reflecting, clarifying, probing and interpreting the feelings of the supervisee (pp. 111–112).

Unconscious or conscious collusion with the supervisee's anxiety poses a risk to both the case and the supervisee's development: key dynamic meanings in the client's story may be overlooked, and blind spots and anxieties in the therapist may remain concealed—resulting in potentially long-term limitations in the therapist's case formulation and intervention skills.

In one example of relational reflexivity, a British White Canadian therapist shared her conflicts when a Chinese immigrant client in Canada remained in an abusive relationship with her husband—attributing the abusive and controlling relationship dynamics to cultural norms regarding male superiority (e.g., as the head of the household). As a therapist who valued cultural responsiveness in cross-cultural therapy, she did not want to devalue or problematize the client's culture. At the same time, as a feminist and anti-oppressive therapist, she recognized the negative impact of the abusive relationship on the client. While she struggled with these conflicts without engaging in conversation around these cultural notions, she also began to notice her own frustration regarding the client's passivity to make changes in life as well as the client's frustration with therapy (e.g., questioning whether the therapy was useful). To guide relational reflexivity, potential questions and statements include:

- I wonder why the client attributes the abusive relationship to cultural norms.
- If you [supervisee] ask the client whether she has met other couples in her own culture yet with different family relationships from hers (i.e., more intimate and respectful to each other as the couple), I wonder how she would explain and make sense of this discrepancy.
- I wonder how we can hypothesize her meaning-making of both her culture and the abusive relationship she finds herself in. As you noted she is struggling with low self-esteem and a belief that she somehow deserves the abuse, which is not uncommon among trauma survivors. I wonder if her ongoing traumatic experiences of violence in the relationship was so unthinkable and painful that she had to find ways to manage it; attributing it to a cultural norm could have been one way to do so.
- I am curious if her deploying culture (i.e., "it is common in our culture that the husband makes a final decision and dominates wife and kids in the family interactions") is reflecting her own hopeless and helpless feelings. She may feel that if the issue is embedded within cultural norms, there is not much she can do to make changes.
- I wonder if both your and her frustration is an enactment embodying these feelings in transference and countertransference.

Through the supervisor's modeling of relational reflexivity via these inquisitive statements, the supervisor and supervisee engage in a conversation that is at once culturally embedded and clinically centered. What we have found from using relational reflexivity in our cross-cultural supervision is that supervisees have become more engaged with clients to talk about cultural aspects in therapy, and tend to have a better understanding of the client-in-cultural contexts. Consequently, they use such opportunities not only for promoting the therapeutic alliance between therapist and client, but also for providing a corrective experiential space for clients and supervisees where their unthinkable and incoherent stories can find meaning and emotional salience. An experience is generated in which their difficult affects (e.g., frustrations) may be understood by an empathic and attuned other. This modelling of relational reflexivity helps the supervisor to initiate 'relational risk-taking' (Totsuka 2014) while using this process as a site for supervisees themselves to *experience* that there are empathic others who listen and mutually regulate their various emotions during culturally relevant conversations.

Conclusion

The proposed working model is developed from a critical review of various scholarships on alliance, social work competence, and psychodynamic approaches (i.e., relational therapy and mentalization based therapy). Since this critical review was conducted with selective literatures in these areas, rather than a comprehensive systemic review on cross-cultural clinical supervision, the latter would be an important area for future research. Empirical contributions regarding cross-cultural supervision, and integration of findings with theories and conceptual models such as the one we have presented, are essential next steps for the development of clinical supervision scholarship. We anticipate that such work may contribute to further revision and enrichment of the working model we have presented. A Task Analysis (TA) approach might be a viable way of evaluating this working model, since TA aims to develop a model of the change process in psychotherapy, which can be applied to develop a model of the change process in clinical supervision (for details see Greenberg and Foerster 1996; Rice and Greenberg 1984; Safran et al. 1994).

Despite these limitations, the proposed working model is strengthened through the integration of cultural supervision and clinical social work practice literatures. The proposed model indicates ways of closely integrating cultural and clinical issues in supervision; it attends to the use of cultural conversations and associated affective relational experiences in the supervisory alliance; and it explicitly aims to foster supervisees' clinical social work competence while integrating cultural aspects in therapy and supervision. Scholars note that, in social work, supervision has three

primary functions namely administrative, educational and supportive (Kadushin and Harkness 2014; Munson 2002). This working model can be used as a framework for supervisors to provide the educational function to foster social work competence and the supportive function by building the supervisory alliance in cross-cultural supervision. We hope that this working model may be a starting point to enhance the engagement of cultural dialogue in supervision, and we look forward to its expansion through further clinical and empirical work regarding cross-cultural clinical supervision.

References

Almeida, R., Woods, R., Messineo, T., & Font, R. (1998). The cultural context model: An overview. In M. McGoldrick (Ed.), *Revisioning family therapy: Race, culture, and gender in clinical practice* (pp. 414–431). New York: Guildford.

Asakura, K., & Maurer, K. (2018). Attending to social justice in clinical social work: Supervision as a pedagogical space. *Clinical Social Work Journal*. https://doi.org/10.1007/s10615-018-0667-4.

Berger, R., Quiros, L., & Benavidez-Hatzis, J. R. (2017). The intersection of identities in supervision for trauma-informed practice: Challenges and strategies. *The Clinical Supervisor, 37*(1), 122–141. https://doi.org/10.1080/07325223.2017.1376299.

Bogo, M., Katz, E., Regehr, C., Logie, C., Mylopoulos, M., & Tufford, L. (2013). Toward understanding meta-competence: An analysis of students' reflection on their simulated interviews. *Social Work Education, 32*(2), 259–273.

Bogo, M., & McKnight, K. (2005). Clinical supervision in social work: A review of the research literature. In L. Shulman & A. Safyer (Eds.), *Supervision in counseling: Interdisciplinary issues and research*. New York, NY: The Haworth Press. (also published in *The Clinical Supervisor, 24*(1/2), 49–67).

Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16*, 252–260.

Bordin, E. S. (1983). A working alliance based model of supervision. *The Counseling Psychologist, 11*, 35–42. https://doi.org/10.1177/0011000083111007.

Burkard, A. W., Johnson, A. J., Madson, M. B., Pruitt, N. T., Contreras-Tadych, D. A., Kozlowski, J. M., Hess, S. A., & Knox, S. (2006). Supervisor cultural responsiveness and unresponsiveness in cross-cultural supervision. *Journal of Counseling Psychology, 53*, 288–301.

Burkard, A. W., Knox, S., Clarke, R. D., Phelps, D. L., & Inman, A. G. (2014). Supervisors' experiences of providing difficult feedback in cross-ethnic/racial supervision. *The Counseling Psychologist, 42*(3), 314–344.

Burnham, J. (2006). Relational reflexivity: A tool for socially constructing therapeutic relationships. In C. Flaskas, B. Mason & A. Perlerz (Eds.), *The space between*. London: Karnac Books.

Burnham, J. (2012). Developments in Social GRRRAAACCEEESSS: Visible–invisible and voiced–unvoiced. In I.-B. Krause (Ed.), *Culture and reflexivity in systemic psychotherapy: Mutual perspectives* (pp. 139–160). London: Karnac Books.

Burnham, J., Palma, A., D., & Whitehouse, L. (2008). Learning as a context for differences and differences as a context for learning. *Journal of Family Therapy, 30*, 529–542.

Chang, C. Y., Hays, D. G., & Milliken, T. (2009). Addressing social justice issues in supervision. A call for client and professional advocacy. *The Clinical Supervisor, 28*, 20–35.

ChenFeng, J., Castronova, M., & Zimmerman, T. (2017). Safety and social justice in the supervisory relationship. In R. Allan & S. Singh Poulsen (Eds.), *Creating cultural safety in couple and family therapy: Supervision and training*. New York: Springer.

Divac, A., & Heaphy, G. (2005). Space for GRRAACCES: Training for cultural competence in supervision. *Journal of Family Therapy, 27*, 280–284.

Falender, C. A., & Shafranske, E. P. (2012). *Getting the most out of clinical training and supervision: A guide for practicum students and interns*. Washington, DC: American Psychological Association.

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2004). *Affect regulation, mentalization, and the development of self*. New York: Other Press.

Goodyear, R. K. (2014). Supervision as pedagogy: Attending to its essential instructional and learning processes. *The Clinical Supervisor, 33*, 82–99.

Greenberg, L. S., & Foerster, F. S. (1996). Task analysis exemplified: The process of resolving unfinished business. *Journal of Consulting and Clinical Psychology, 64*, 439–446.

Hair, H. J. (2014). Supervision conversations about social justice and social work practice. *Journal of Social Work, 15*(4), 349–370.

Hair, H. J., & O'Donoghue, K. (2009). Culturally relevant, socially just social work supervision: Becoming visible through a social constructionist lens. *Journal of Ethnic and Cultural Diversity in Social Work, 18*, 70–88.

Hardy, K. V., & Laszloffy, T. A. (1995). The cultural genogram: Key to training culturally competent family therapists. *Journal of Marital and Family Therapy, 21*, 227–237.

Hernández, P. (2003). The cultural context model in supervision: An illustration. *Journal of Feminist Family Therapy, 15*(4), 1–18.

hooks, b. (1994). *Teaching to transgress: Education as the practice of freedom*. London: Routledge.

Horvath, A. O. (2007). The alliance in context: Accomplishments, challenges, and future directions. *Psychotherapy: Theory, Research, Practice, Training, 43*(3), 258–263.

International Federation of Social Workers (2014). The global definition of social work. Retrieved July 17, 2018 from https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/.

Kadushin, A., & Harkness, D. (2014). *Supervision in social work* (5th ed.). New York: Columbia University Press.

Lawless, J. J., Gale, J. E., & Bacigalupe, G. (2001). The discourse of race and culture in family therapy supervision: A conversation analysis. *Contemporary Family Therapy, 23*(2), 181–197.

Lawlor, D. (2013). A transformation programme for children's social care managers using an interactional and reflective supervision model to develop supervision skills. *Journal of Social Work Practice, 27*(2), 177–189.

Lee, E. (2010). Revisioning cultural competencies in clinical social work practice. *Families in Society, 91*(3), 272–279.

Lee, E., & Horvath, A. O. (2013). Early cultural dialogues in cross-cultural clinical practice. *Smith College Studies in Social Work, 83*(2–3), 185–212.

Lee, E., & Horvath, A. O. (2014). How a therapist responds cultural versus noncultrual dialogues in cross-cultural clinical practice. *Journal of Social Work Practice, 28*(2), 193–217.

Lehrman-Waterman, D., & Ladany, N. (2001). Development and validation of the evaluation process within supervision inventory. *Journal of Counseling Psychology, 48*, 168–177.

Munson, C. E. (2002). *Handbook of clinical social work supervision* (3rd ed.). New York: The Haworth Press, Inc.

Neden, J., & Burnham, J. (2007). Using relational reflexivity as a resource in teaching family therapy. *Journal of Family Therapy, 29*, 359–363.

Nelson, M. L., Barnes, K. L., Evans, A. L., & Triggiano, P. J. (2008). Working with conflict in clinical supervision: Wise supervisors' perspectives. *Journal of Counseling Psychology, 55*, 172–184.

O'Donoghue, K., Wong Yuh Ju, P., & Tsui, M. (2018). Constructing an evidence-informed social work supervision model. *European Journal of Social Work, 21*(3), 348–358. https://doi.org/10.1080/13691457.2017.1341387.

Pendry, N. (2012). Race, racism, and systemic supervision. *Journal of Family Therapy, 34*, 403–418.

Rice, L. N., & Greenberg, L. S. (1984). *Patterns of change: Intensive analysis of psychotherapy process*. New York: Guilford Press.

Roper-Hall, A. (1998). Working systemically with older people and their families who have 'come to grief'. In P. Sutcliffe, G. Tufnell & U. Cornish (Eds.), *Working with the dying and bereaved: Systemic approaches to therapeutic work* (pp. 177–206). London: Macmillan.

Rousmaniere, T. G., & Ellis, M. V. (2013). Developing the construct and measure of collaborative supervision: The supervisee's perspective. *Training and Education in Professional Psychology, 7*(4), 300–308.

Safran, J. D., Muran, J. C., & Samstag, L. W. (1994). Resolving therapeutic alliance rupture: A task analytic investigation. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp. 225–255). New York: Wiley.

Shulman, L. (2010). *Interactional supervision* (3rd ed.). Washington DC: NASW Press.

Sutter, E., McPherson, R., & Geeseman, R. (2002). Contracting for supervision. *Professional Psychology: Research and Practice, 33*, 495–498.

Totsuka, Y. (2014). 'Which aspects of social GGRRAAACCEEESSS grab you most?' The social GGRRAAACCEEESSS exercise for a supervision group to promote therapists' self-reflexivity. *Journal of Family Therapy, 36*, 86–106.

Tsang, A. K. T., & Bogo, M. (1997). Engaging with clients cross culturally: Using research and developing research for effective practice. *Journal of Multicultural Social Work, 6*(3/4), 73–91.

Tufekcioglu, S., & Muran, J. C. (2015). Case formulation and the therapeutic relationship: The role of therapist self-reflection and self-revelation. *Journal of Clinical Psychology in Session, 71*(5), 469–477.

Watkins, C. E., & Hook, J. N. (2016). On a culturally humble psychoanalytic supervision perspective: Creating the cultural third. *Psychoanalytic Psychology, 33*(3), 487–517.

Young, R. (2004). Cross-cultural supervision. *Clinical Social Work Journal, 32*(1), 39–49.

Eunjung Lee Ph.D., is an Associate Professor at the Factor-Inwentash Faculty of Social Work at the University of Toronto in Canada. She is a psychotherapy process researcher focusing on cross-cultural clinical practice in community mental health. Her other research interests are immigration, transnationalism, international education, and clinical supervision and training.

David Kealy Ph.D., is an Assistant Professor in the Psychotherapy Program in the Department of Psychiatry at the University of British Columbia. His research interests include the intersection of identity and relatedness in personality syndromes (e.g., pathological narcissism), the treatment of personality disorders, and the processes involved in individual/group psychotherapies.