Position Paper: Cultural Competence in Supervision
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The Supervision Task Force Group on Cultural Competence:
This position paper was developed in collaboration during a series of roundtable discussions with social work practitioners and educators from around the state of Minnesota committed to the issue of cultural competence as it relates to supervision. The Task Force Group was a subgroup of the Minnesota Coalition of Licensed Social Workers.

Objectives of the Position Paper:
- To provide social workers, supervisors and educators with the knowledge, understanding and clarity necessary to continue the inclusion of cultural considerations in both education and practice.
- To educate and encourage practitioners and supervisors to incorporate an examination of effective cross-cultural practice into supervision.

Definition of Cultural Competence:
Defining cultural competence is by no means an easy task and there is not a clear definition that has been identified to encapsulate all that is meant by the term. For the purposes of this position paper, several professional definitions will be provided. These definitions have shaped our current professional conception of cultural competence, however there was not agreement about the use of one definition, but rather a culmination of stimulating ideas about its definition.

As Sue et al. (1982) explains, “a number of related and overlapping definitions of cultural competence exist, yet the lack of a single working definition continues to hinder-advancing this imperative” (p. 46).

The Social Work Dictionary (Barker, 1999) does not even list the term cultural competence or the sometimes-interchangeable term multicultural counseling competence; however, it does include many related terms. Although there is consensus that cultural competence is important and should be monitored, there is no agreement about what it means or how to measure it (Switzer, Scholle, Johnson, & Kelleher, 1998). McPhatter (2007) explains that cultural competence ‘has become a buzz phrase in dire need of elucidation if we are to move beyond fragmented approaches that have characterized previous efforts’ (as cited in Weaver, 2005, p. 63).

The National Association of Social Work (2007) defines cultural competence as: “...the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each” (p. 12-13).
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The Supervision Task Force Group also developed a definition focused specifically on supervision.

Clinical supervision will be practice guided by:
1) knowledge of culture as it refers to ethnicity, race, age, class, gender, sexual orientation, religion, immigration status, literacy, and mental or physical disability.
2) the supervisor’s and supervisee’s exploration of how they are impacted by their own cultures
3) the need to learn about the unique cultural context and cultural history or the client and
4) the commitment to cultural competence as an on-going inquiry since culture is ever-changing.

Minnesota’s Department of Health and Human Services is working on new definition for describing cultural competence within the context of supervision. When the revised rule is published, this will be included in our position paper.

Below are other professional definitions that reflect the framing of cultural competence for the purposes of this position paper.

“Cultural competence is the ability to relate effectively to individuals from various groups and backgrounds. Culturally competent services respond to the unique needs of members of minority populations and are also sensitive to the ways in which people with disabilities experience the world. Within the behavioral health system (which addresses both mental illnesses and substance abuse), cultural competence must be a guiding principle, so that services are culturally sensitive and provide culturally appropriate prevention, outreach, assessment and intervention. Cultural competence recognizes the broad scope of the dimensions that influence an individual’s personal identity. Mental health professionals and service providers should be familiar with how these areas interact within, between and among individuals. These dimensions include: race, ethnicity, language, sexual orientation, gender, age, disability, class/socioeconomic status, education, religious/spiritual orientation” (UPenn Collaborative on Community Integration, para. 2)

Cross et al. (1989) discusses cultural competence from an ecological perspective. "Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. "Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities” (US Department of Health and Human Services, para. 1).
Statement of Problem:
Both the Council on Social Work Education (CSWE) and the National Association of Social Workers (NASW) have stressed the importance of the inclusion of cultural considerations into social work education and practice. Despite the intentions of the CSWE, and more recently the NASW, the disparities in care that minorities face continue to grow. According to the Surgeon General’s latest report on the state of the mental health system, minorities still face racism, bias, and stereotyping leading to inadequate attention and care (2001). Cultural competency standards have been difficult to incorporate into practice.

Factors Impeding Incorporation of Cultural Competence Standards:
- **Inherent flaws of cultural competency standards**
The NASW Code of Ethics Standards states that culturally competent social workers should possess an understanding of culture and how culture influences behavior and socialization. It also says that social workers need to be knowledgeable about their clients’ cultures, be able to deliver culturally competent service, and seek opportunities to learn about social diversity and oppression (NASW Standards for Cultural Competence in Social Work Practice, 2001). The standards state that clinicians should be able to demonstrate cross-cultural competence and knowledge. This suggests that there are specific facts about people that can be taught, learned and assessed under examination (Walker and Staton, 2000).

- **Incorrect Categorization**
  Walker and Staton (2000) make three arguments for redefining cultural competencies as ethical principles that drive responsive practice. First, Walker and Stanton (2000) contend that rather than conceiving of competency standards as content that can be taught, the profession should view cultural competence as an ethical principle. The authors suggest that cultural competencies involve skills that are inherent in traditional client-centered practice and thus, should not be thought of as a separate set of skills. Walker and Staton (2000) see culture as being a part of all areas of social work practice. They write: “Culture is the ‘air’ of human behavior, thought and emotion; extrication of it from other facets of human existence is directly counter to the principles inherent in multiculturalist views” (p. 457).
  If cultural competence is viewed as a principle rather than an area of content, we might see a system based on virtue rather than strict rule adherence.

  The second argument that Walker and Staton (2000) make is that viewing multiculturalism as content can lead to stereotyping. Cultural knowledge can be defined as information related to the cultural heritage, life experiences, and historical backgrounds of multicultural clients. The authors contend that cultural knowledge is dynamic, not static. Therefore, cultural knowledge can become distorted as people continue to change as a result of variability within a culture.
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The authors question how anyone other than the clients can define their culture, given that culture is not static (Walker and Staton, 2000).

In the same vein, Dyche and Zayas (2001) identified what they call the “dynamic tension” inherent in teaching about cross-cultural competency. The authors consider cultural knowledge a potential problem for practitioners because “cultural knowledge skirts the realm of affective connection and interpersonal relatedness” (p. 247). They go on to say that cultural knowledge does not assist the practitioner in understanding biopsychosocial factors related to clients and can cause practitioners to miss what distinguishes the client from their ethno-cultural group. Instead of attempting to develop cultural knowledge, they suggest practitioners develop cross-cultural empathy, receptivity, understanding and collaboration (Dyche and Zayas, 2001).

Similarly, Dean (2001) advocates for practitioners to strive for awareness of their lack of cultural competence; she suggests that self-awareness and willingness to understand are more important to successful cross-cultural counseling than knowledge itself. Dean suggests that if practitioners view culture as fluid and constantly evolving, (as did the previous authors), they must also admit that their knowledge is partial and incomplete. She writes “I am proposing that we must distrust the experience of ‘competence’ and replace it with a state of mind in which we are interested, and open but always tentative about what we understand.” (p. 8)

This new role for the client can be seen as an empowerment as they become the “expert” of their individual cultural reality. The role of the practitioner is to seek knowledge and gain an understanding of the client’s life experiences.

Dean (2001) discusses four perspectives in order to explore the concept of cultural competence and allow practitioners to become, what Laird (as cited in Dean) calls “informed not-knowers” (p. 3). Once this is done, clinicians can develop schemas allowing them to practice competently (Dean, 2001).

The first perspective encourages practitioners to see learning as an on-going process which includes learning about others but also attending to their own “cultural baggage”. The practitioner’s task, then, is to sort through various impressions and layers of meaning and awareness as they learn about themselves and others (Dean, 2001). The author maintains that by developing the not-knowing stance practitioners can leave themselves open to the layers of meaning held by the client rather than getting stuck in previous cultural learning. Walker and Staton (2000) add to the discussion by suggesting that practitioners work from a sense of “cultural agnosticism”, meaning that they should distrust any cultural molds that promote that which is right, wrong or meaningful.

• **Lack of empirical data**

Mandates have been difficult to integrate into practice not only because of their inherent flaws, already noted, but also because of a lack of empirical data with which to measure them. Weinrach and Thomas (2002) suggest that one of
the limitations of cultural competency standards is a lack of empirical data necessary to establish their validity.

They maintain, “There is no direct evidence that those who master the competencies are, or will be, any better practitioners than those who do not” (p. 8). They go on to suggest that there is no evidence that: 1) practitioners would be consistent in the attainment of cultural competencies from one sitting to the next; 2) cultural competence achieved in simulations would generalize to real-life; and 3) cultural competencies have a construct relationship with what is actually practiced in cross-cultural settings (Weinrach and Thomas, p. 8). The authors conclude by noting that practitioners will need to live with the ambiguity inherent in the current conception of cultural competencies. They suggest that the profession deal with the inconsistencies and flaws of the competencies through continued research before practitioners adopt them universally (Weinrach and Thomas, 2002).

In their report on the future directions of multicultural competency, Fuertes, Bartolomeo and Nichols (2001) note that how practitioners develop multicultural competence is poorly understood, and suggest that researchers learn more about “how, when and by what process practitioners become multiculturally competent” (p. 9). They ask: 1) What is the role of the practitioner's cultural attitude, knowledge and skill in facilitating client progress? 2) How does a practitioner’s cultural self-awareness translate into handling client cultural concerns? and 3) How is a practitioner’s level of cultural competence related to resolving potential cultural conflict with clients? (Fuertes, et al., p. 8) The authors assert that in addition to research examining the relationship between the cultural competencies and the process and outcomes of practice, research must be conducted about the process by which clinicians integrate cultural competence into practice. They assert that the client voice is important to assessing the ultimate outcomes of practice, and that measures must be developed to assess competencies from supervisors’ and clients’ perception as well as their own.

• **Variability in training**

In 1968, the Council on Social Work Education (CSWE) accreditation standards required schools to facilitate cultural diversity by hiring faculty of color, enrolling diverse students and to incorporate multicultural training in curricula. More recently, the CSWE accreditation standards have reflected the organization’s commitment to assisting students in understanding and appreciating cultural diversity.

Dyche and Zayas (2001) in their article on cross-cultural training state that the goals of educators include training future clinicians to be knowledgeable about the specifics of particular cultures. Many researchers note the inadequacy of multicultural training in post-secondary education (Fuertes, et. al, 2001; Toporek & Reza, 2001; Le-Doux & Montalvo, 1999; Ridley, 1995). Critics of post-secondary social work programs point to the fact that programs tend to focus instruction on objective knowledge. In terms of multicultural content, objective
knowledge asks students to objectively learn about various cultures and to learn specific skills necessary to work with them. Subjective knowledge, on the other hand, focuses on the underlying beliefs, assumptions and values that future practitioners carry with them. Subjective knowledge, in multicultural training, allows students to develop self-awareness of biases that may impede their work. Ridley (1995) argues traditional training [objective learning] of practitioners is not adequate because of the great variability in the quality and content of multicultural training in graduate programs across the country. Traditional training, according to Ridley (1995), adopts the philosophy that existing counseling theories are effective for use with all people, regardless of ethnicity or culture.

Le-Doux and Montalvo (1999) examined the current state of multicultural content in graduate social work programs. The authors found that most graduate programs had a single designated course, as well as an infusing of multicultural content throughout the curriculum. They found that 71% of the schools had only one faculty member teaching diversity courses; this "gives credence to the concern of 'ghettoizing' these designated courses, and potentially the faculty responsible for teaching these classes" (p. 49).

The findings reflect the fact that while CSWE mandates the inclusion of issues of diversity, it does not provide guidelines for inclusion. The authors found that the great variability of approaches to including multicultural content makes it difficult to measure outcomes. The social work profession must “concretize” what constitutes cultural competence in practice and how these competencies are measured in social work students (Le-Doux & Montalvo, 1999).

In her study of student perceptions of culture, Julia (2000) reiterates the importance of incorporating multicultural content into curricula while also assessing the relevance students give to the content of their education. The most significant finding was that students seemed oblivious to or ignorant about the relevancy of culture in practice. The author writes that programs should “design opportunities for students to experience the content in a way that personalizes the learning by furthering self-awareness, discovering new social realities and translating knowledge into effective practice” (p. 286).

Agencies also have trouble with training practitioners to effectively counsel cross-culturally. Toporek and Reza (2001) state that when training does happen that it is often done in time-limited workshop formats, furthering the assumption that culture is static and finite. They suggest that more attention be paid to the development of models and an operationalization of cultural competence to ease integration into practice. The purpose of identifying the complexities in training is “to encourage and provide guidance to those professionals pursuing increased competence in counseling…and to address the institutional, professional, and personal issues necessary for authentic transformation in respectful and progressive multicultural counseling” (pp.10-11). They suggest that training incorporate identity development to make a shift in the practitioners’ view of their relation to others and their own understanding of their world.
Many authors concur with Toporek and Reza’s view that practitioners’ own identity development is important to the process (Holcomb-McCoy, 2000; Vinson and Neimeyer, 2000; McNeill, 2001). Miehls (2001) maintains that individuals without a developed sense of identity are limited in being able to integrate whom the “other” is when dialoguing about difference. He writes that traditional training assumes that the practitioner has a “normal” identity and that it is the “other’s” identity that has been pathologized. This assumption, he writes, is exaggerated when practitioners lack a sense of their racial identity.

Discussion on Cultural Competence:

The idea of adopting cultural competencies was first introduced by Sue, Bernier, Durran, Feinberg, Pederson, Smith and Vasquez-Nutall. Their 1982 position paper remains a seminal work in the creation of the competencies and the furthering of the debate. The authors begin by addressing the myths and misunderstandings that challenged the development of “appropriate curricula and relevant counseling/therapy competencies for the culturally different” (Sue, et al., p. 45). One of the myths the authors challenge is that traditionally based practice and research are adequate and appropriate for use with minority clients. The authors argue, instead, that both mental health literature and research have failed to describe ethnic groups realistically. This failure, they state, led to stereotypical portrayals of those that are culturally different and tended to label them as deficient. They add to this argument by reminding the reader that the counseling professions have always been preoccupied with pathology. This preoccupation, they say, encourages then the study of deficits rather than assets. They continue by asserting that what a researcher chooses to study and how he/she interprets the findings are closely linked to a “personal, professional and societal value system” (Sue, et al., p. 46). The authors suggest that it is those societal values that can influence how a researcher interprets data about minorities and may lead to inadequate research.

The authors maintain that it is the misunderstandings between practitioners and culturally different clients that cause many minorities to drop out of therapy and mistrust the process. Furthermore, they suggest that this mistrust is fueled by the fact that many minorities feel that mental health professionals engage in a form of cultural oppression. The authors maintain that this oppression is a result of the fact that “counseling and psychotherapy are handmaidens of the status quo and transmitters of society’s values” (Sue, et al., p. 46).

The authors assert that it is ironic that the counseling professions continue to adopt a monolingual/monocultural orientation in a decidedly multicultural society. This approach limits the effectiveness of cross-cultural practice. They suggest that the study of minority groups “tests the limits and generalities” of psychological theories. Without this study, they assert, it is difficult to assess whether these theories and concepts are truly universal. The authors suggest that study of different cultural groups alone does not offer enough in the way of understanding the individual client; a practitioner must also understand the sociopolitical histories of minority groups to develop an understanding of their issues. They maintain that
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the sociopolitical histories and experiences of clients carry with them a host of difficult feelings.

The authors conclude their examination of myths and misunderstanding by suggesting that the counseling professions view ethnic/cultural issues as the province of “diversity experts” only. The authors assert that little attention has been given to the importance of practitioners developing awareness of their cultural influences, biases and values. When attention is given to this issue, it is believed to be more appropriate for minorities than mainstream practitioners. Sue and his team maintain that ethnic and cultural self-awareness is important to the development of all practitioners, not just minorities.

Sue, et. al’s position paper continues with the authors’ definitions of what constitutes cross-cultural practice. They maintain that cross-cultural practice is “any counseling relationship in which two or more of the participants differ with respect to cultural background, values and lifestyle” (p. 47). Cross-cultural practice suggests that all counseling is cross-cultural. The authors assert that it is important to acknowledge the importance and power of each variable that affects the counseling relationship.

The authors conclude their position paper by detailing eleven characteristics of culturally competent practitioners. It is these characteristics that they assert should inform the development of cultural competence standards. The characteristics are divided into three sections: Beliefs/Attitudes, Knowledge, and Skills.

The Belief/Attitudes Characteristics state that the culturally competent counselor is one who:

• has moved from being culturally unaware to being aware and sensitive to his/her own cultural heritage and to valuing and respecting difference.
• is aware of personal values and biases and how they may affect minority clients.
• is comfortable with differences that exist between counselor and client in terms of race and beliefs.
• is sensitive to circumstances (personal bias, stage of ethnic identity, sociopolitical influences, etc.) which may dictate referral of the minority client to a member of her/his own race/culture (Sue, et. al, p. 49).

The Knowledges Characteristics assert that the culturally competent counselor must:

• possess a good understanding of the sociopolitical system’s operation in the United States with respect to its treatment of minorities.
• possess specific knowledge and information about the particular group she/he is working with.
• have a clear and explicit knowledge of the generic characteristics of counseling and therapy.
• be aware of institutional barriers which prevent minorities from using mental health services (Sue, et. al, p. 49).
Finally, the Skills characteristics assert that the culturally competent counselor must be able to:

- generate a wide variety of verbal and non-verbal responses.
- send and receive both verbal and non-verbal messages accurately and “appropriately”.
- exercise institutional intervention skills on behalf of his/her client when appropriate (Sue, et. al, p. 49).

The authors give detailed explanations of each of the characteristic although they will not be included in this position paper. It was these characteristics that the authors suggested the APA use to develop and implement cultural competence standards. The authors note that they do not address the issue of how to implement the standards as they maintain that the issue preceded their recommendations.

Ridley, Baker and Hill’s critical analysis of cultural competence:

The authors agree that Sue et al. has been a leading authority on cultural competence, they suggest that we are not much farther ahead in our understanding of the competencies. One factor impeding this advancement has been that there is still no collectively agreed upon operationalization that captures the essence of cultural competence. The authors assert, “until a solid definition is elucidated in the literature, researchers and clinicians alike will continue to find their conversations steeped in misunderstanding, confusion and cross-purpose” (Ridley, et. al, p. 823).

The authors suggest that adopting the skills, beliefs and knowledge without purposeful integration and coordination does nothing to further our understanding of the competencies. There has yet to be an examination and clarification of the purpose of the competencies. They contend that determining purpose is integral to operationalizing cultural competence. Advancement of the debate of cultural competence is impeded by these two important issues, according to Ridley, et. al.

The first important step to consider in clarifying competencies is to establish the desired outcomes and the steps necessary to achieve them. To merely have a definition of the competencies is not enough to help practitioners learn how to practice competently. Additionally, the authors write that the majority of the current instruments that measure cultural competence are limited because of their reliance on self-reporting. Self-reporting inevitably brings with it the issue of social desirability.

Ridley and his co-authors address concerns they have with his contributions to the development of cultural competencies. One concern is that Sue’s suggestions make it difficult to glean clear guidelines as to how to integrate cultural competence into everyday practice. Case examples, “could delineate how the various dimensions of the model interact and how [practitioners] can use the model to facilitate, for example, therapeutic gain…” (Ridley, et. al, p. 829). Another concern is that race is assumed to be the most important dimension of one’s identity. The authors suggest that cultural identities other than race could be more prominent in the presenting problems of an individual. For example, sexual orientation, socioeconomic status or
age may be more prominent in some clients. Therefore, Ridley and his co-authors suggest that cultural competence address more than just race or ethnicity. In their view, the competencies must address the multiple cultural identities and their “unique intersection” within each individual.

**Including Cross-Cultural Practice in Supervision:**

Supervision is an integral part of the continued education and growth of social work practitioners. Supervisors, according to Goldstein (as cited in Shulman, 1993), are responsible for “the protection of clients, for the advancement of social work practice, and for the professional development of the individual worker” (p.ix). Given this important role, it seems baffling that many supervisors do not approach the subject of the development of cross-cultural practice. Gatmon, et al. (2001) conducted a study to explore whether supervisor-supervisee differences and similarities were discussed in supervision and if so, who initiated the dialogue. Gatmon, et al. (2001) found that only 32% (n=285) of the subjects reported that they discussed ethnicity in supervision and the discussions were mainly initiated by the supervisee (p. 5). Additionally, they found that supervisors and supervisees were more likely to discuss ethnicity when a cultural supervisory match difference existed.

Gatmon, et al. (2001) attribute the low frequency of discussions initiated by supervisors to three factors: 1) denial that ethnicity is an issue; 2) fear that raising issues of ethnicity may cause the supervisee to think of them as overly concerned with diversity; and 3) uncertainty that the diversity issue should even be discussed because of personal insecurities (p. 7). Regardless, they contend that further training needs to be developed to increase supervisors’ competence in addressing issues of diversity in the supervisory relationship (Gatmon, et al., 2001).

Their findings suggest that supervisors should not wait for issues of diversity to present themselves but should take the initiative and raise the issues themselves. Supervisors who can provide an atmosphere of safety, provide depth of dialogue and offer frequent opportunities to discuss diversity issues contribute significantly to the development of a strong working alliance and increased satisfaction of the supervisee. When there is an atmosphere of safety and openness in discussing diversity issues, regardless of cultural composition, that both participants are given the opportunity to discuss their worldview and assumptions and together examine their impact on both the supervisory and the counseling relationships (Gatmon, et al., 2001).

Constantine (2001) studied the relationship between multicultural supervision and trainees’ cultural competence self-efficacy. She found that multicultural supervision is critical in increasing supervisees perceived level of cultural competence and self-efficacy in practicing cross-culturally. Supervisors who openly address cultural issues in supervision and encourage supervisees to attend to cultural issues in the counseling relationship may be successful in helping practitioners to work effectively with diverse clients (Constantine, 2001).
Ridley's principles and actions for cross-cultural practitioners.

Ridley (1995) suggests five principles that practitioners may use as a guide to their practice with multicultural clients:

- The first principle states that clients should be understood from their unique frames of reference. Practitioners are often too quick to assume that they understand a client.

- The second principle is that prominent characteristics and norms of the group to which the client belongs do not always fit a particular client. Information about group norms can be useful but only if the counselor does not expect that information to present them a full view of the client. Clients need to be viewed individually and practitioners need to strive to understand the personal meaning held by each client.

- The third principle suggested by Ridley acknowledges that people represent a combination of multiple roles and identities and are therefore never representative of just one group. The manner in which each of our clients' roles and identities overlap are special and unique to them. Again, to see clients as representatives of singular groups is to close oneself off from a deeper understanding of the client's experiences and cultural context.

- The fourth principle posited by Ridley (1995) states that the biopsychosocial perspective lends the most comprehensive understanding of individuals. Because the bio-psychosocial perspective encourages practitioners to examine biological, psychological and social aspects of individuals, practitioners may develop a better understanding of the client; this differs from perspectives such as the medical model, which tend to focus on only one aspect of the client experience.

- The fifth principle asserts that rather than using race-specific interventions which contain “cultural knowledge” that can lead to stereotyping, practitioners should tailor their interventions to the clients’ particular problem areas and needs. In addition to the five principles, Ridley (1995) suggests 12 actions that should be taken by practitioners working cross-culturally. The author maintains that practitioners should initiate the following actions:
  1. Develop Cultural Self-Awareness
  2. Avoid Value Imposition
  3. Accept Your Naivete as a Multicultural Counselor
  4. Show Cultural Empathy
  5. Incorporate Cultural Consideration Into Counseling
  6. Do Not Stereotype
  7. Weigh and Determine the Relative Importance of the Client's Primary Cultural Roles
Dyche and Zayas (2001) suggest three ways that practitioners can develop skills appropriate to work with multicultural clients:

- **One area of examination is that of cross-cultural empathy.** Cultural empathy, according to the authors is a general skill or attitude that assists practitioners in bridging the gap between therapists and their clients. Cultural empathy requires that the counselor combine openness to diversity with developed knowledge and skills necessary to work cross-culturally. Empathy also allows us to understand that we are each individuals who share a common humanity. What the authors call empathic imagination allows practitioners to view and imagine the clients’ world and allows them to be touched by the clients’ experiences.

- **Dyche and Zayas (2001) continue by focusing on developing cultural receptivity.** Receptivity, they state, includes genuine curiosity and a capacity to tolerate ambiguity. The authors suggest that the development of cultural receptivity can help to desensitize anxiety about difference, something native to the human beings. As noted earlier, the development of “cultural knowledge” can lead practitioners to grasp this information and unintentionally use it to stereotype clients.

- **Dyche and Zayas (2001) recognize the privilege and power differentials that exist in therapeutic situations.** They suggest that practitioners walk a fine line between being too controlling and replicating oppression, and being less controlling and thusly abdicating their therapeutic responsibility. The authors suggest that practitioners learn to recognize their own privilege and at the same time manage any accompanying feelings of guilt or shame. The authors suggest that practitioners take an egalitarian stance in the therapeutic relationship, allowing the practitioner to at once be sensitive to the client’s vulnerability as well as being open to sharing and self-disclosure which are necessary for developing cultural empathy. The authors do note that the application of an egalitarian stance runs counter to the “grain of medical tradition, client assumptions and social reality” but is nevertheless important to the development of cross-cultural practice.
practice. Nevertheless, there still exists a social environment that includes mistrust, miscommunication and misdiagnosis. Additionally, there is still great disparity in care for multicultural clients. With so many inherent problems, how are agencies to incorporate cultural consideration into practice? Where do supervisors begin in encouraging their practitioners to develop skills in cross-cultural counseling, including subjective skills?

Summary of Recommendations

Implications for Practice

- Adoption of a “not knowing” stance seems to assist practitioners in feeling validated by their current cross-cultural practice, and also seems to free them from the confines of feeling as though they need to be culturally competent, as it is currently defined.
- The idea that culture is fluid and ever-changing is another important ideal to be embraced by the profession. By lessening reliance on cultural knowledge and viewing clients individually, the practitioner has the time and openness required to develop an in-depth understanding of the multiple cultural identities of clients. If social workers can accept the complexities of their clients, they can perhaps develop a better understanding of the multiple cultural influences that clients carry and not take a linear approach to understanding them.
- The development of practitioner self-awareness is another important concept. When social workers assess their own experiences and how those experiences have shaped them, they are more open to understanding and making more intimate connections between clients’ struggles and their own.
- Through self-assessment practitioners learn about the values that they have absorbed from their multiple cultural influences. An awareness of personal values makes it less likely that practitioners will impose those values onto their clients.

Implications for Cross-Cultural Practice in Supervision

- Supervisors need to provide an atmosphere in which they can talk about the issue of culture. If discussions happen with more frequency, growth will be an inevitable outcome. Supervision has been shown to be a critical facet of a practitioner’s development of effective cross-cultural practice.
- Practitioners must have a space to talk about who they are, what their values are, what their worldviews are and how this both helps and hurts the process of cross-cultural practice. Knowledge of a practitioner’s background and influences can aid the supervisor in assisting in the continuous development of cross-cultural practice.
- It is important that supervisors be able to make connections between a practitioner’s background and places where they may have difficulty making progress with clients. In addition, by learning which issues pose barriers for
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practitioners, supervisors can suggest ways that practitioners can further develop their practice through further training or readings.

• Supervisors must be an active part of the process of learning about culture. They must become comfortable with disclosing information about themselves and what they have learned about culture.

• If supervisors can model development of their own self-awareness, then those whom they supervise will more than likely begin to examine their own.

• If supervisors are open to having discussion about culture, the practitioner will likely be more open to having discussions with clients about culture.

• Supervisors need a systematic way of dealing with the complicated issue that is cultural competence.

• Supervisors need a safe space within which to talk about issues that they may not be comfortable introducing in supervision.

• Practitioners need to assess themselves and take a critical look at their current cross-cultural practice without feeling judged. Self-assessment can help practitioners to discover new insights about themselves and link these insights to their practice.

Implications for Further Research

• Further research should be done to assist supervisors in learning more about why shame and guilt arise from discussion. Further research could assist supervisors in learning how to initiate conversations about shame and guilt.

• Supervisors sometimes feel burdened by continuing to discuss issues of culture and cultural awareness. Further research should be done to examine whether or not other practitioners feel this burden. This research can assist supervisors in initiating discussion of this burdensome feeling and can help supervisors to assist their practitioners in keeping a fresh perspective with respect to issues of diversity.

• Much of the existing literature speaks to practitioners who are Caucasian or part of the majority culture. Further research is needed to explore how practitioners of color approach cross-cultural practice and what can be done to improve upon that practice.

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