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A Collaborative-Affirmative Approach to Supervisory Practice

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Abstract

As gatekeepers of the profession, supervisors must work to ensure that supervisees do no harm to their clients. At times this requires a more hierarchical approach to supervision, which may pose difficulties for supervisors working from a collaborative stance. These matters may become intensified when supervisees work with LGB clients and affirmative supervision becomes necessary, which tends to come from a “knowing” stance. By highlighting the aspects of collaborative and affirmative supervision and the necessity of affirmative supervision, this paper provides an affirmative approach to supervision that is congruent with collaborative supervisory practices. A way of including the presence of the LGB client in supervision in an effort to merge collaborative and affirmative supervision is addressed. An overview of the collaborative-affirmative approach, as well as supervisees who may be suitable candidates for receiving collaborative-affirmative supervision is discussed. The implications of the approach and its possible limitations are provided.

Key words: supervision, collaborative supervision, affirmative supervision, collaborative-affirmative supervision

A Collaborative-Affirmative Approach to Supervisory Practice

As gatekeepers of the profession, supervisors are ethically bound to ensure supervisees do no harm to clients. This often requires supervisors to work from a more structured position of knowing where the roles of the supervisor and supervisee are more clearly defined and distinguished. In this context, the relationship between supervisor and supervisee often becomes more hierarchical. However, for supervisors that work from a collaborative stance, this need to integrate modern and postmodern approaches to clinical supervision may present several challenges (Selicoff, 2006). For collaborative supervisors – meaning those who work from a postmodern, not-knowing, social constructionist stance (Anderson & Swim, 1995) – their approach may need to be supplemented with more directed and guided practices to ensure the well-being of the client. In such instances, the collaborative stance of the supervisor may be compromised. Therefore, collaborative supervisors must delicately balance the not-knowing stance and the gatekeeper role that requires “knowing.”

The balancing of collaborative and hierarchical supervisory practices may become more difficult if supervisees are working with minority clients, particularly those who identify as lesbian, gay, or bisexual (LGB¹). Supervisees may have little to no awareness of the larger contextual issues facing LGB clients and such training may well have been absent, or at best limited, in their family therapy training program. Likewise, supervisees may have little to no

¹ The authors do not intend to exclude other sexual minorities, such as those who may identify as being transgendered, intersex, or androgynous. Rather, the authors affirm the innate differences between such persons and those that identify as gay, lesbian, or bisexual. Therefore, the points made in this paper apply specifically to the LGB population, and other supervisory practices that are affirming of other sexual minorities would require further attention that extends beyond the scope of this paper.

awareness of their own attitudes, beliefs, and biases toward LGBs. In such situations, collaborative supervisors are faced with the task of working collaboratively with the supervisee, yet providing appropriate affirmative practices that may otherwise be considered more structured.

The purpose of this paper is to propose an approach to supervision that merges the not-knowing stance and the need to know in order to effectively gate keep as a collaborative supervisor when supervisees are working with LGB clients. This paper also serves to bring greater clarity to the complexities of working collaboratively as a supervisor with supervisees working with the LGB population where affirmative practices are a “must.” A way of merging collaborative and affirmative practices, hereon referred to as collaborative-affirmative supervision, is introduced with suggestions for readers to consider in their own practices as supervisors.

Collaborative Supervision

Collaborative supervision is grounded in social constructionism (Cantwell & Holmes, 1995) and consists of “generative conversation” (p. 5) where knowledge is co-constructed between the supervisor and supervisee (Anderson & Swim, 1995). Similar to the egalitarian relationship between therapist and client in collaborative therapy, a parallel process occurs in collaborative supervision where the traditional hierarchy becomes lessened between supervisor and supervisee (Anderson & Swim, 1995). The collaborative stance in supervision recognizes that supervisors and supervisees bring different levels of experiences to the supervision, and each person is a valued and contributing member of the supervision experience. In addition to experience, the reality of each participating supervisory member is valued and respected. These realities range from the central and local to the personal, interpersonal, and consumer situated

realities in supervision (Fine & Turner, 2002). Additional hallmarks of collaborative supervision include the supervisor creating a respectful and collaborative learning environment and learning that is specific to the needs of each supervisee (Cantwell & Holmes, 1995).

Affirmative Supervision

Research has shown that addressing issues related to diversity in general and sexual orientation specifically in supervision can increase the supervisee's competence, level of satisfaction with supervision, and improve the supervisory relationship. For instance, multicultural competence on the part of the supervisor yielded a positive association with the supervisory working alliance and the supervisee's satisfaction with supervision (Inman, 2006). Furthermore, supervisees who received supervision where issues related to power and diversity were addressed felt more competent about their abilities as therapists (Green & Dekkers, 2010). Supervisees have been found to rate their experiences in supervision as positive when issues of race, gender, class, and sexuality were included and negative when supervisees had to raise issues of sexuality themselves (Pett, 1997). Additional findings show the supervisory relationship was strengthened and enhanced when supervisees received affirmative supervision and, on the contrary, the supervisory relationship deteriorated when supervisees received non-affirmative supervision (Burkard, Knox, Hess, & Schultz, 2009). Supervisees also reported higher levels of satisfaction with supervision and viewed supervisors as being more competent at providing good supervision when supervisors initiated discussion on sexual orientation in supervision (Gatmon et al., 2001). Further, the authors found significant positive correlations between the supervisory working alliance and the frequency, depth, safety, and satisfaction of discussions on sexual orientation in clinical supervision.

While these findings themselves can be pleasing, the ultimate goal of supervision is to provide ethical therapy that helps clients achieve their goals. Supervision is often considered a parallel process to therapy (Morrissey & Tribe, 2001). This means one might hypothesize that those who receive affirmative and multicultural competent supervision reflect such practices in their therapy with LGB clients.

Halpert, Reinhardt, and Toohey (2007) noted that “the cornerstone of an LGBT-affirmative approach to supervision is the belief that all gender identities and sexual orientations are equally valid” (p. 342). Clients are uniquely susceptible to therapist influences (Halpert & Pfaller, 2001) and therefore, in general, affirmative models of supervision work to ensure the protection and safety of LGB clients and affirm issues related to sexual orientation. Affirmative supervision further works to provide the supervisee with a clearer understanding of the various aspects of the coming out process for LGB persons and is appropriate with many different supervisory triads that extend across sexual orientations (Hitchings, 1999). Affirmative supervisors attend to heterosexual supervisees’ transference and countertransference issues, clarify supervisees’ values, confront homophobic collusion, and avoid both minimizing and exaggerating the significance of clients’ sexual orientation (Hitchings, 1999). Affirmative supervisors can take on multiple roles in relation to supervisees, of which includes the supervisor as teacher, therapist, consultant, and mentor (Hartley Pfohl, 2004). The following have been identified by Halpert and colleagues (2007) as current affirmative models used in supervision, and each model contributes to and expands upon the others: Gay-Affirmative Model (Pett, 2000), Affirmative Developmental Model (Bruss, Brack, Brack, Glickauf-Hughes, & O’Leary, 1997), Conflictual Situation Model (Buhrke, 1989), and Supervisee Empowerment Model (House &

Holloway, 1992). Finally, the Integrative Affirmative Model (Halpert et al., 2007) incorporates the most significant aspects of each of these affirmative models.

In an effort to provide appropriate and ethical treatment to LGB clients, affirmative models of supervision serve several purposes. Generally, these models work to bring greater awareness to the supervisee's own beliefs and values about sexual orientation and identity. Regardless of how accepting a person might be of LGB persons, all supervisors, supervisees, and clients maintain some degree of homophobia and/or heterosexism by virtue of living in a homophobic society (Halpert et al., 2007).

Sexual Orientation Training

LGBs still face societal prejudice and discrimination (Hitchings, 1999) and a heterosexist bias continues to prevail in family therapy training programs (Long & Serovich, 2003). Despite efforts to incorporate topics on sexual orientation into curricula, it continues to be met with resistance. Graduates of family therapy training programs have had little training or coursework on sexual orientation (Godfrey, Haddock, Fisher, & Lund, 2006). Research has shown that more than 75% of family therapy graduates have had less than 2 hours of training related to sexually marginalized populations (Malley & Tasker, 1999) and slightly more than 60% of family therapists reported having received no training on affirmative therapy practices and LGB identity development (Rock, Carlson, & McGeorge, 2010). This lack of training on sexual orientation has led family therapists to believe they are only "somewhat" competent in their abilities to work effectively with LGB clients (Rock et al., 2010). Yet despite such limited knowledge and training on sexual orientation, 80% of family therapists report working with LGB clients in therapy (Green & Bobele, 1994).

These statistics, combined with the overall lack of training on sexual orientation in training programs, the need for multicultural issues to be addressed in supervision (Christiansen et al., 2011), and the expectation of supervisors to attend to these various multicultural issues (Storm, Todd, Sprenkle, & Morgan, 2001) means there are several implications for clinical supervisors. Given the previously mentioned statistics, supervisors themselves may lack proper training and competence for working with sexual orientation in supervision and as family therapists. Yet, as gatekeepers of the profession, supervisors may find themselves responsible for making decisions as to whether or not a supervisee is sufficiently competent with issues related to sexual orientation and has obtained the appropriate skills to work effectively with LGB clients. Supervisors are faced with the task of assessing the supervisee's comfort level and willingness to work with LGB clients. Consequently, supervisors may feel increased pressure to educate their supervisees on issues related to sexual orientation for those wishing to provide services to LGB clients or hoping to become more attuned to their own sexual identity development. Such issues may require supervisors to work from a more knowing position in supervision.

Supervision serves as an opportunity for supervisees to evaluate and assess their own cultural lenses and potential roadblocks that may prevent them from working adequately with minority clients (Banks, 2001) and the supervisor must create an atmosphere conducive to such personal reflections. In order to foster a supervision environment that is sensitive to sexual orientation and welcoming of LGB and heterosexual supervisees to discuss issues related to sexual orientation in supervision, practical approaches have been identified. Briefly, these strategies for supervisors include taping and reviewing supervision sessions when sexual orientation is discussed (Long, 2002), balancing the significance of sexual orientation in

supervision (Hitchings, 1999; Storm et al., 2001), using films and literature in supervision that incorporate LGB characters, using language that is sensitive to sexual orientation (Bruss et al., 1997; Long & Serovich, 2003), attending LGB workshops, and reading LGB journal publications (Godfrey et al., 2006).

While such strategies contribute to creating a supervision environment conducive to discussing sexual orientation, what remains absent from this literature are approaches that effectively and overtly address sexual orientation and the heterosexual supervisee's comfort level working with LGB clients performed in a manner congruent with collaborative practices. Supervisors could benefit from appropriate ways to expand the supervisee's knowledge of sexual orientation and aid in the supervisee's sexual identity development, while at the same time including all voices in the supervisory triad (client, supervisee, and supervisor) that ultimately lead to successful treatment outcomes. We propose the following collaborative-affirmative approach that includes the input and perspective of the LGB client in supervision. Including the presence of the LGB client in supervision is congruent with collaborative and affirmative practices, as doing so recognizes the expertise of clients and further affirms their LGB status.

Suitability of Collaborative-Affirmative Supervision

In an effort to increase the supervisee's sexual identity development, to ensure the LGB client is receiving affirmative supervision, and to strengthen the supervisee's relationship with LGB clients, collaborative-affirmative supervision includes the presence and voice of the LGB client in supervision. This would mean the supervisor and supervisee extending an invitation to the LGB client to participate in the supervisee's supervision. It would first be necessary that the supervisor explains the potential benefits of collaborative-affirmative supervision to the supervisee and have the supervisee consent to using the approach. The supervisee must have the

opportunity to decline using the approach and choose an alternative approach. Secondly, the supervisor must receive consent from the client to participate in the supervision and that the client has an opportunity to decline participation with no repercussions. Efforts would need to be made by the supervisor and supervisee to ensure that the client is informed of the purpose of their participation in the supervisee's supervision and their consent to participate is received. It should also be noted that the supervisor would need to be an affirmative therapist and supervisor in order to properly facilitate this process. Being versed in the assumptions behind collaborative supervision would also help to ensure that all participating members can participate in a collaborative manner where each person is valued as a contributing member of the supervision.

To ensure that no harm is done onto the client, supervisors must carefully assess to determine if the supervisee meets the criteria for collaborative-affirmative supervision. The collaborative-affirmative approach introduced here is intended to be used when the supervisory triad consists of a heterosexual supervisor and supervisee and a LGB client. Such an approach was intended to fit this triad in particular due to the fact that it is the most common supervisory situation when sexual orientation related issues serve as a potential barrier to effective treatment (Hitchings, 1999). However, the approach could be utilized with a supervisory triad that consists of a LGB supervisor and client and a heterosexual supervisee. Every supervisor, supervisee, and client have at least some degree of homophobia or heterosexism regardless of acceptance level and training (Halpert et al., 2007), thus making it possible for most supervisors and supervisees to incorporate this approach into their supervision provided the criteria laid out below is met.

The Sexual Orientation Matrix for Supervision (SOMS; Long & Lindsey, 2004) and the Affirmative Developmental Model of Supervision (ADMS; Bruss et al., 1997) have been identified as useful guides and assessment tools that can be used to assess the supervisee's values

and beliefs toward sexual orientation. Collaborative-affirmative supervision was designed ideally for supervisees in quadrant B and C of the SOMS (see Figure 1) and/or in either levels two or three of the ADMS.

Supervisees who find themselves in quadrants B or C of the SOMS exhibit low levels of heterosexual bias. They may also range from having some moral objections to LGB orientations to being generally accepting of LGB orientations. Supervisees in quadrants B and C may also express a desire to further develop their abilities to work with LGB clients and thus are prime candidates for being public about sexual orientation in the presence of the client. Supervisees in level two of the ADMS are encouraged by their supervisor to verbalize what they have learned about sexual orientation and become aware of any issues they are struggling with related to sexual orientation (Bruss et al., 1997). The emphasis in level three of the ADMS is finding means to foster an authentic therapeutic relationship with LGB clients. Having the supervisee share the personal process of becoming more adept at understanding and working with LGB orientation in the presence of the LGB client can help create a more genuine therapeutic relationship.

It is recommended that supervisees who fall under quadrant A and D of the SOMS and are in level one of the ADMS not be considered for collaborative-affirmative supervision. Supervisees in quadrant A are non-accepting of LGB persons and are highly heterosexually biased in their actions, which questions the ethics of allowing a supervisee in this quadrant to work with LGB clients (Long & Lindsey, 2004). Those in level one of the ADMS may not yet have had an opportunity to fully comprehend their beliefs about sexual orientation. Having a supervisee be public with extremely negative beliefs and biases about sexual orientation in the presence of the LGB client would most likely be detrimental to the therapeutic relationship.

Doing so could lead to further feelings of rejection and shame on the part of the LGB client.

Supervisees in quadrant D are nearly fully accepting of LGBs and present little to no heterosexual bias (Long & Lindsey, 2004), although this is not possible according to Halpert et al. (2007). In this case, it is possible that the supervisor may learn from their supervisee who is more knowledgeable about LGB relationships. Collaborative-affirmative supervision could then be adapted where the supervisor is public in the presence of the supervisee and client, which still allows the client to benefit from the process of transparency and self-disclosure.

To further ensure LGB clients are protected from intentional harm, supervisors must assess for client suitability prior to inviting the client to participate in collaborative-affirmative supervision. Rarely are issues directly related to sexual orientation and/or coming out the primary reason for an LGB client to seek therapy. This is instead more likely to be a contextual factor that may be influencing the presenting problem. While the intent of proposed supervisory approach is not to focus directly on the LGB client's presenting problem, the presenting problem as well as the client's mental health determines the suitability of the client to participate. Supervisors must determine if the client's presenting problem or state of mental health may preclude their participation in supervision by way of interfering with treatment. The demands of this supervision approach could elevate the LGB client's mental distress leading to harm and undue distress for the client. Therefore this supervisory approach would be counter-productive for LGB clients in severe states of mental distress, such as psychosis and posttraumatic stress. The supervisor's first responsibility is to always to protect the client. Thus, the appropriateness of this supervisory approach for LGB clients must be made a priority.

Collaborative-Affirmative Supervision

The purpose of this paper is to provide and elaborate on a particular approach aimed at supervisors creating a safe environment for supervisees to converse about LGB related issues in supervision while strengthening the working alliance with LGB clients. This collaborative-affirmative supervision aims to validate and expand upon the local, personal, interpersonal, and consumer situated realities present in supervision (Fine & Turner, 2002). The approach incorporates portions of the five different approaches to affirmative supervision that have been identified by Bruss et al. (1997), Buhrke (1989), Halpert et al. (2007), House and Holloway (1992), and Pett (2000) with collaborative supervision (Anderson & Swim, 1995).

Collaborative-affirmative supervision is one of inviting the supervisee's LGB client into supervision for the purpose of having the heterosexual supervisee openly share their personal values, beliefs, and possible biases regarding sexual orientation in the presence of their LGB client. Being "public" (Anderson, 1997) by openly reflecting on such private information regarding sexual orientation is synonymous to the supervisee "coming out" with their own sexual identity development and deeply held beliefs about sexual orientation. During supervision the supervisee may choose to self-disclose her/his own sexual identity development as it has changed over time, openly reflecting on past beliefs about LGBs and how these beliefs have influenced current thinking about sexual orientation, times when the supervisee may have been heterosexist, homophobic, or generally negative toward sexually marginalized populations and/or times when the supervisee has been understanding and welcoming of LGBs. Exploring the times when the supervisee may have been the benefit of heterosexual privilege, held negative stereotypes of LGB persons, and/or their experiences being raised in a family that was or was not accepting of LGB may be appropriate and/or necessary. The role of the collaborative supervisor

thus becomes one of facilitating the emerging conversation regarding the supervisee being public. For a list of questions that can be asked during supervision to help guide the supervisee through the coming out process, see McGeorge and Carlson (2011).

The process of the supervisee being public by making private beliefs about sexual orientation open for public access is that in some ways it parallels the LGB client's own coming out experience (see Figure 2). Bepko and Johnson (2000) refer to coming out as a "watershed event in the life of most lesbian and gay persons" (p. 411) and the authors note that coming out creates a need for a new social identity. This social identity might have multiple functions depending on the system in which the LGB person is relating to such as, family-of-origin, social network and work environment. Having the supervisee be public with their own sexual identity development or convictions regarding sexual orientation involves taking a risk and making oneself vulnerable to their client, supervisor, and possibly other colleagues. The supervisee may have kept their personal convictions about sexual orientation private, thus paralleling the LGB client's experience of living with the secret of being LGB. The supervisee and their LGB client have an opportunity to share and grow together through the parallel process of having both self-disclosed personal convictions about sexual orientation. The heterosexual supervisee is also given an opportunity to experience (albeit small) a form of "coming out." From the LGB client's perspective, seeing the therapist willingly make her/himself vulnerable for public scrutiny can be a reflective process in which both persons form a unique connection. The experience of self-disclosure can be liberating for both the client and the supervisee where the client does not need to guess and wonder what the supervisee's stance on LGB is or had been and the supervisee can "voice" their limited experience and level of ignorance. The opportunity for the supervisee to be transparent could further facilitate the trust building process and allow the client to feel more

comfortable sharing their coming out process if they chose to do so. A main potential valuable outcome of this process is the leveling of the hierarchy between the supervisee and client. The client could perhaps feel more assured that the magnitude of their existence as an LGB in a heterosexist world is somewhat understood and appreciated. Seeing that the supervisee struggled with LGB-related issues can help normalize the client's struggles as well. It can affirm the client that s/he is not alone in the struggle and that as a LGB person, s/he can have a role in educating non-LGB persons.

Several components to this approach help to merge collaborative and affirmative supervisory practices. The three voices present in supervision facilitate the process of constructing new meaning through language, which is congruent with collaborative supervision (Anderson & Swim, 1995). To further facilitate this process, the supervisor may consider sharing relevant personal beliefs, values, and experiences if appropriate, or openly address any comparisons or contrasts between the supervisee's experience and the LGB client's coming out. The supervisor may also choose to continue the dialogue with the supervisee in future supervision meetings to process the supervisee's experience. Depending on the situation, the client could be present for this follow-up session. It is recommended that an open invitation to the client to join future supervision sessions is extended as well as permission to decline similar collaborations. It would be important that the supervisor monitors the client's safety throughout this process to ensure that the client's needs are not compromised in any way and that the client has the space and opportunity to decline participation in this collaborative-affirmative approach to treatment.

Advantages of Collaborative-Affirmative Supervision

Consistent with the finding that therapist self-disclosure has been significantly more helpful to clients than when therapists did not disclose personal information (Hanson, 2005), we propose collaborative-affirmative supervision can be advantageous. Therapists' self-disclosures improve the therapeutic relationship by creating a sense of connection, increased levels of trust, a deeper understanding, and greater identification with the therapist (Hanson, 2005). Thus, there are potential advantages for the client-therapist relationship when the supervisee is public with personal thoughts, feelings, attitudes, experiences, knowledge, and wonderings about sexual orientation in the presence of the LGB client in supervision. There can be difficulties forming a therapeutic relationship when therapist and client differ in sexual orientation (Bernstein, 2000), thus having the client witness the struggles of the therapist as s/he expresses personal comfort level with sexual orientation could help to strengthen their relationship. Furthermore, testing the relationship for safety is important for the LGB client (Bernstein, 2000) and hearing the supervisee's position on sexual orientation would provide the LGB client with an opportunity to do assess safety. Inviting the client into supervision to dialogue with the supervisor and supervisee regarding the supervisee's knowledge of and comfort level with sexual orientation can help to level the power in the therapeutic relationship and make private knowledge open to public question (Anderson, 1997). This provides the LGB client an opportunity to question or enquire and to openly reflect on the supervisee's internal feelings and thoughts regarding LGB related issues.

Collaborative-affirmative supervision validates and respects the situated realities present in the supervisory triad. Through the triad's conversations, that would be unique to the participating member, new realities are constructed that can potentially transform members, and

their reality and knowledge of sexual orientation (Fine & Turner, 2002). The process of collaborative-affirmative supervision that gives voice to the LGB client's personal and private experience in the supervisory process is congruent with collaborative language systems therapy (Anderson, 1997). Here the usual roles in therapy are reversed as the client becomes the teacher and the therapist becomes the student.

Implications for Supervisory Practices

Since supervisees working toward licensure are mandated to declare in their statement of practice they are receiving supervision, having the client actively participate in this context helps to "demystify" what takes place in clinical supervision. Inviting the client to supervision also gives the supervisor an opportunity to meet with the therapist and client "live," but the focus remains on case consultation as opposed to the intricacies of the therapist-client interaction in therapy. Case consultation has been noted as an exceptional opportunity to explore the greater contextual variables that encompass the therapy process (McCollum & Wetchler, 1995). By having a mutually inclusive supervision session, this intervention makes for a more enriching case consultation experience where the contextual variable of sexual orientation can be examined in greater depth with the presence of the LGB client.

Limitations of Collaborative-Affirmative Supervision

We note two limitations of collaborative-affirmative supervision. First, the coming out process is an intense, emotional experience for a person who identifies as LGB, and in no way can the process ever be truly replicated by a heterosexual supervisee openly disclosing personal convictions regarding sexual orientation in the presence of the supervisor and client. We are reminded that the coming out of a LGB person may lead to rejection, physical assault, or loss of a job (Gonsiorek, 1985) and the authors do not intend to minimize the impact of the coming out

process, nor necessarily wish such a potentially harmful experience on others. The approach described serves as one of many means for supervisees to further their sexual identity development and in the process strengthen the relationship with LGB clients. Second, collaborative-affirmative supervision is also limited in that it is feasible only with supervisees who are at the appropriate sexual identity development levels and only a small number of supervisory triads.

Conclusion

Collaborative-affirmative supervision is designed to provide clinical supervisors with a more collaborative and less hierarchical approach to attending to sexual orientation in supervision. The approach described has potential to impact the supervisee's sexual identity development, strengthen the supervisory and therapeutic working alliances, and lead to successful therapeutic outcomes for the LGB client. Bridging affirmative and collaborative supervision is achieved by creating a supervision environment that is accepting of LGB clients and mutually inclusive of all voices in the supervisory triad, with emphasis on all members contributing to the meaning-making process of the experience.

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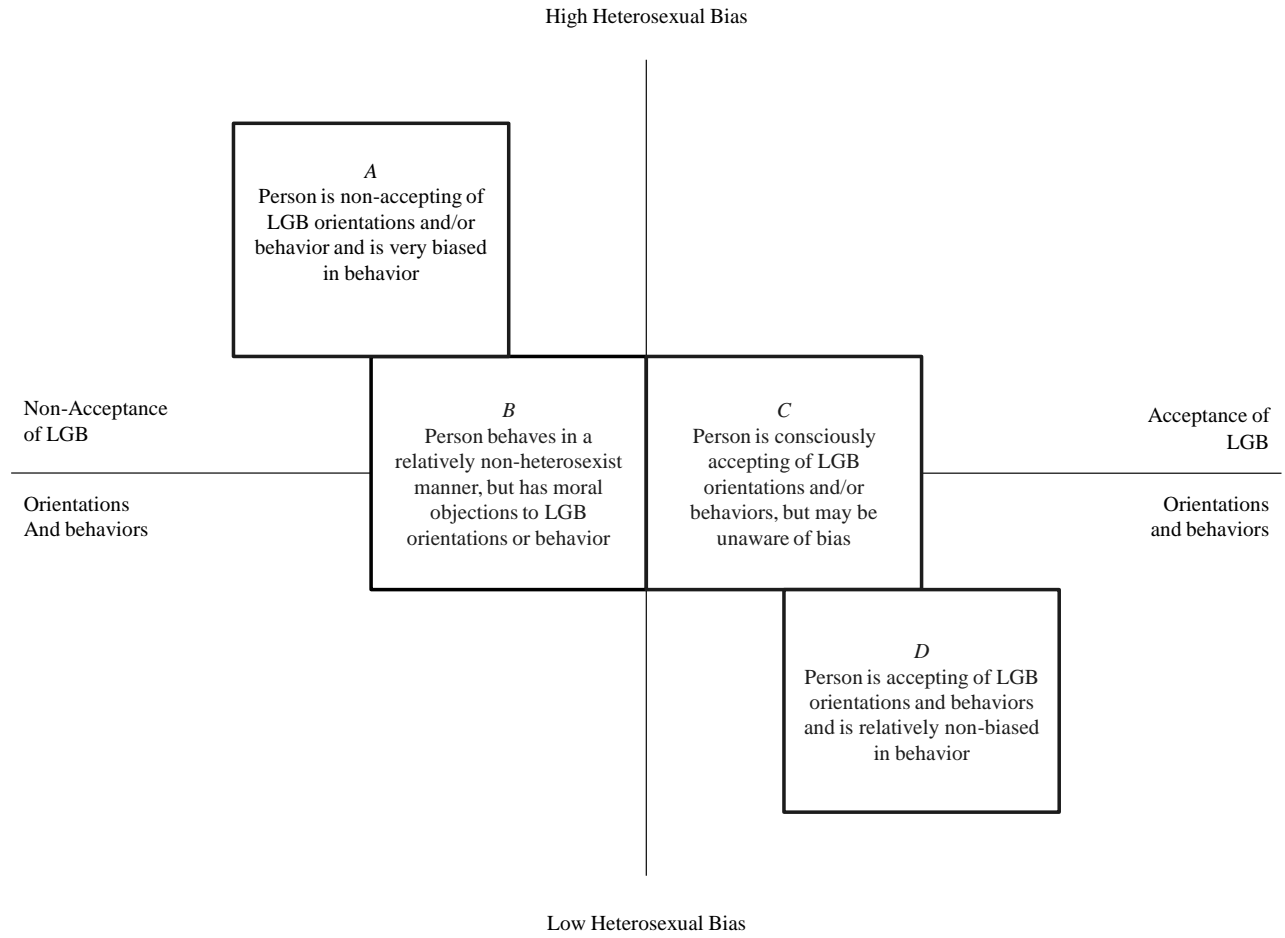


Figure 1. The Sexual Orientation Matrix for Supervision (SOMS; Long & Lindsey, 2004).

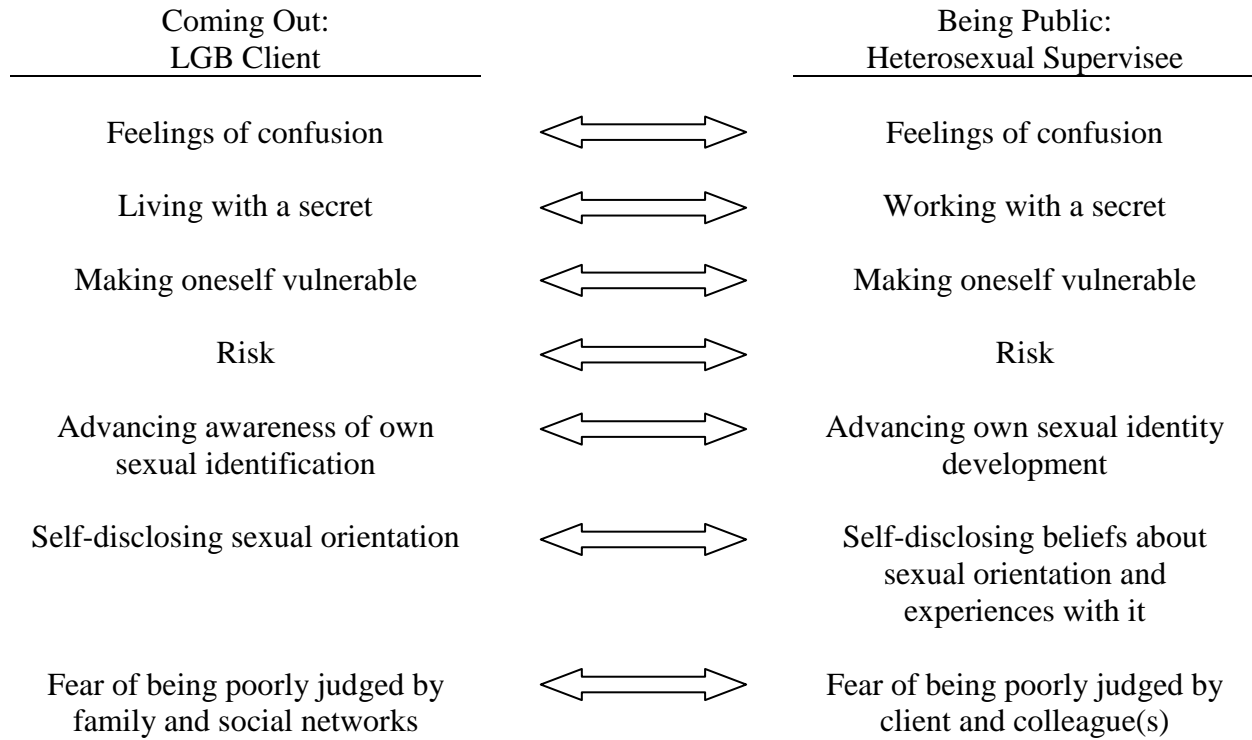


Figure 2. The parallel process between the coming out of an LGB person and the supervisee being public during collaborative-affirmative supervision.