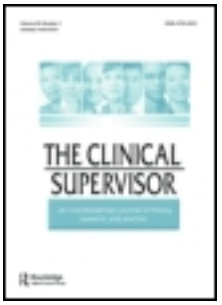

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The Influence of Diversity in Clinical Supervision: A Framework for Reflective Conversations and Questioning

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The Influence of Diversity in Clinical Supervision: A Framework for Reflective Conversations and Questioning

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This article introduces an approach to supervision that enhances the supervisor's cultural responsiveness and attention to the influence of diversity. Organized around postmodern and constructivist perspectives, the conceptual intersections of solution-focused and narrative approaches set the stage for a supervisory process characterized by reflective conversations and questions, or RCQ. This orientation highlights the multiplicity, contextuality, and active co-construction of meaning in the supervisory conversation aimed at helping supervisees to become more critical, intentional, reflexive, and socially just in their work. We describe strategies to identify the supervisee's personal qualities and skills that could be accessed in order to foster competent practice. An actual supervision case is used to illustrate this framework.

KEYWORDS constructivism, diversity, multiculturalism, narrative supervision, reflective conversations, solution-focused supervision, supervision

Imagine for a moment that you are Consuela Costa, the supervisor for Nathalie Sant Jean. Nathalie is a 26-year-old Haitian woman who immigrated to the United States about 15 years ago. She is a recent graduate of a counseling program, a delight to supervise, and clearly enjoys her work counseling children in an agency contracted to provide services to children needing foster care placement. Nathalie seems eager to improve her clinical skills and develop greater professional expertise; an example of this eagerness is that she usually comes to supervision with a list of questions and is open

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to the suggestions and guidance that you, Consuela, provide. She carries a large caseload and her clients seem to enjoy working with her. One of Nathalie's clients is a 16-year-old African–American female named Veneta Jackson, who currently lives with six other girls in a residential group home. One afternoon, Nathalie comes to your office and asks to speak with you immediately, even though the time you usually meet for supervision is later in the week. She is clearly upset, and boldly announces, "Ms. Costa, I simply can't work with Veneta! Yesterday when I went out to her school to meet with her, she told me that she's a lesbian . . . and if that isn't bad enough, she even has a girlfriend that she's seeing and everything! Well, I'm sorry, but that's a sin! I can have no part of such a disgusting lifestyle. There's no way I could possibly be supportive. I don't even think I like her anymore, so I'm letting you know that you need to refer her to some other caseworker."

If you were Consuela, how would you respond?

INTRODUCTION

Supervision, by history and tradition, ensures the provision of quality services to clients as well as training the next generation of practitioners (Kadushin & Harkness, 2002). Observes Overholser (2004), "The two primary goals of supervision involve protecting the welfare of the client while also working to enhance the professional development and growth of the supervisee" (p. 2). This paper proposes a framework for supervision that enables supervisors to fulfill these two goals by engaging supervisees in reflective conversations about their developing clinical skills and by asking the kind of questions that prompt critical examination of deeply held values, beliefs, and attitudes—especially those involving the influences of diversity and difference. Organized around postmodern and constructivist perspectives, this approach, referred to as *reflective conversations and questions* (RCQ), builds on the intersection of the principles and techniques embedded in the two widely accepted practice approaches of solution-focused and narrative therapies.

CONSTRUCTIVISM, POSTMODERNISM, AND SUPERVISION

Constructivism is not a new idea; its roots can be located in the developmental theories of Piaget (1972), Dewey (1997), Bruner (1986), and Vygotsky (1978). As a theory, constructivism holds that individuals actively construct and reconstruct their own realities in attempts to make sense of their experiences. However, new information is always filtered through a person's existing mental structures, or schemata, which incorporate prior knowledge, beliefs, prejudices, fears, preconceptions, and misconceptions. In social constructivism, language shapes one's interactions with others, and these

language-mediated relationships play primary roles in the construction of meaning of one's experience. The social constructionist framework focuses on the narrative, or "story," developed in interpersonal discourse (Gergen, 1985). What people say to each other is considered discourse (Burr, 1995). However, discourses are not merely the exchange of abstract ideas through language. Bruner (1986) suggests that discourse, or the stories people tell about themselves, inform us about what individuals are striving to do, what they want, and how they go about achieving these goals. Social constructionists also insist that the ways in which one "interprets" or understands the world are historically and culturally specific (Bayer & Shotter, 1998) and that meaning is constructed by the individual within a social context and influenced by the cultural/political milieu in which the person is surrounded.

When applied to clinical supervision, if the supervisee encounters new information that is consistent with already existing cognitive structures, the new information will be more easily integrated into the supervisee's belief system; but if new supervisory information is contradictory, it is less likely that it will be learned or incorporated into practice. To be effective, the supervisor needs to establish the kind of discourse that encourages supervisees to co-construct knowledge for themselves and, when necessary, adjust or reject prior beliefs and misconceptions in light of new evidence provided by insights regarding their experiences. Social constructivism, with its focus on discourse, provides opportunities for supervisors and supervisees to engage with a high degree of reflexivity about their own practices. Adapting the conceptual foundations of social constructivism to supervision, the supervisor should offer clinical observations that are based on content and experiences familiar to supervisees so connections can be more easily made to their existing knowledge structures. New material is best presented in the context of real-world applications, and relationships with other areas of knowledge emphasized rather than being taught abstractly and out of context. Material should not be presented in a manner that requires the supervisee to alter his or her cognitive models abruptly and drastically.

Deconstruction refers to the process of exploring the assumptions or subtexts underpinning conversation, especially the influential discourses that may have been taken for granted (Derrida, 1973, 1978; White, 1993). A supervisor utilizing deconstructionist methods listens for those discourses (assumptions) impacting the supervisee's work with his or her clients and engages the supervisee in a process of reflective questioning that examines how the work may be influenced by possible bias, prejudice, or preconception. By inviting the supervisee to engage in a deconstruction process, the supervisor and supervisee begin to discover alternatives in regards to the supervisee/client interaction (White & Epston, 1990).

The specific strategies to help supervisors set the stage for these reflective conversations, and for asking the kinds of questions aimed at helping supervisees to become more critical, intentional, reflexive, and socially just

in their work, can be found in solution-focused and narrative therapeutic approaches. In particular, solution-focused practice provides the practical avenues through which the supervisee's strengths, competence, and solutions can be identified while the narrative approach focuses on recognizing the intersections between the client's story about his or her experience, the supervisee's story about the client, and the discourse jointly engaged in by the supervisor and supervisee. Both approaches have begun to exhibit empirical evidence of their effectiveness in clinical practice. When establishing the solution-focused model as a distinct approach to treatment, de Shazer and his colleagues (de Shazer, 1985, 1988; de Shazer & Molnar, 1984) used empirical data to substantiate the development of specific strategies. Since that time, a number of studies have examined the effectiveness of solution-focused therapy (see, for example, Beyerbach, Morejon, Palenzuela, & Rodriguez-Arias, 1996; Cockburn, Thomas, & Cockburn, 1997; Gingerich & Eisengart, 2000; Lindforss & Magnusson, 1997; Zimmerman, Jacobsen, MacIntyre, & Watson, 1996; Zimmerman, Prest, & Wetzel, 1997). Less empirical research has been done to support the efficacy of the narrative approach to practice. However, a number of ethnographic qualitative studies and transcript analyses have studied the extent of therapeutic change (for example, see Angus & McLeod, 2004; Besa, 1994; Kelley, 1996; Matos, Santos, Gonçalves, & Martins, 2009; Rigazio-DiGilio & Ivey, 1991). White and Epston (1990), key contributors to the development of narrative practice, used the case study method and found clear evidence of symptom relief in clients.

Many of the techniques and questions associated with the solution-focused and narrative practices described in this paper will not be new to the reader. What the authors propose is incorporating the conceptual intersection of these two therapy approaches to set the stage for a framework for supervision that is (1) attentive to the aspects of difference found in the relationship between supervisor and supervisee and (2) distinguished by reflective communication and questions (or RCQ) as a comprehensive dialogic and recursive process.

We now turn to the aspects of solution-focused practice as they relate to the RCQ approach to supervision.

THE SOLUTION-FOCUSED ASPECTS OF SUPERVISION

Assumptions

Focusing on narratives, reflections, the language of conversations, and the interpreting of "texts" through a constructivist lens are all relevant to the solution-focused practice approach; and adapting this orientation to clinical supervision has received some attention (for example, see Knight, 2004; Marek, Sandifer, Beach, & Cloward, 1994; Rudes, Shilts, & Berg, 1997; Thomas, 1996; Wetchler, 1990). Solution-focused practice views language

as contextual; that is, "languaging" takes place in interaction with others. Language is not just the means by which individuals share experiences; it also involves the sharing of what has not yet been said, and of what more can be said. Languaging one's experience involves always becoming, and in that sense it always invites more conversation in a search for richer understanding. The focus is on the evolving meaning, or the "storying," versus the chronological recounting of experience as it currently exists. What is relevant to the solution-focused approach is what happens between the people participating in the conversation, the mutual exploration, and the creation of new meaning. From this perspective, what becomes most important to the supervisory process is the *becoming* of the conversation. A distinctive aspect of the solution-focused approach is its focus on continuing the conversation, the potential hypothetical experience beyond the problem, and its emphasis on those times when some success has been achieved. Less attention is paid to the presented content of the problem-saturated story but rather on the process or exploration of the possibilities of storying new or different outcomes.

Techniques

The specific techniques of the solution-focused treatment model espoused by de Shazer (1988, 1991, 1993, 1994) and Berg and Miller (1992) have been adapted to supervision by notable contributors to the supervision practice literature (see, for example, Geyerhofer & Komori, 2004; Juhnke, 1996; Knight, 2004; Koob, 2002; Nickerson, 1995; Presbury, Echterling, & McKee, 1999; Thomas, 1996). Building on these authors' work, the solution-focused supervisor first operates under the assumption that the supervisee has sufficient access to the clinical resources needed to solve therapeutic dilemmas, and second, the supervisor is likely to use the following techniques aimed at establishing a contextual reality of competence.

- The first step is socializing the supervisee to a solution-focused supervisory format that sets the expectations, tone, and context for an experience where the focus is on strengths, supports, and resources. Traditional approaches to supervision view the supervisor as the technical expert and clinical authority. This view influences the relationship between the supervisor and supervisee, causing it to be one-sided, with the power vested in the status and position of the supervisor. In contrast, the solution-focused approach de-centers the supervisor's authority and places the supervisor in a collaborative relationship with the supervisee.
- In solution-focused therapy, the practitioner focuses on "exceptions," or a time when the problem is not a problem for the client. In solution-focused supervision, the assumption is that every problem brought to supervision has an exception, or that in some aspects of the practice problem the

supervisee has experienced some degree of success. The supervisor attempts to help the supervisee identify those moments or events in which change has been evident but unnoticed.

- In solution-focused therapy, current problems are likely to be recognized in past experiences and in previous efforts at coping. Likewise, the goal in supervision is for the supervisee to try to repeat what has worked in the past and to gain confidence in his or her ability to make improvements for the future. For example, the supervisor may challenge a supervisee's problem-saturated description of practice by asking about those times when the supervisee's client may have gotten better. By delving into these exceptions the supervisor begins to set the stage for future change.
- Coping questions are designed to elicit information about supervisees' resources that have largely gone unnoticed by them. The supervisor assumes that even the most difficult struggle the supervisee is experiencing has within it examples of coping that can be drawn out and capitalized upon. The supervisor might comment, "I can see that things have been really difficult with this client, and yet I am struck by the fact that, even so, you manage to keep this client coming back every week."
- A solution-focused supervisor places an emphasis on helping the supervisee to construct a positive vision of his or her future work with a client. The common method is known as the "miracle question" (de Shazer, 1988, 1991; O'Hanlon, 1993; O'Hanlon & Weiner-Davis, 1989). The supervisor adopts a line of questioning aimed at helping the practitioner to define the type of therapist that they want to be. This also helps the supervisor to better understand the practitioner's professional image of himself or herself. Many versions of the miracle question exist; they can be adapted to different circumstances and situations, and the supervisor is cautioned to continually shape the miracle question so that it is relevant and meaningful for the supervisee's specific experience. Typically, the supervisor might ask, "Imagine for a moment that when you leave work today, go home, and eventually go to sleep, a miracle happens. The miracle is that you are exactly the kind of therapist that you want to be. But because you were asleep, you were not aware that this miracle happened. So, when you see your next client, what will be the first small thing that you will notice that will tell you that something is different? What will your clients notice? What might I, as your supervisor, notice?" Looking to the future without the practice problem shifts the focus of the discussion to a positive vision of when the problem is no longer present and provides opportunities for descriptive examples of difference. The intent of the miracle question is to stimulate the supervisee's own problem-solving capacities and to reinforce competence rather than having the supervisor instruct the supervisee about what to do or how to think. The supervisor begins to explore what the supervisee will be doing to ensure success rather than what he or she will not do.

- Scaling questions are used to identify useful "differences" for the supervisee and may help to delineate a progressive goal from a dichotomy of either success or failure. In addition, such questions may lead to identifying a broader range of options that allow for the distinguishing of small changes and the recognition of progress before finally achieving the goal. Scaling questions emphasize that change is a continuous process. Typically, the range is offered from 1 to 10, where a score of 1 is "the worst the problem has ever been" and a score of 10 is "the best that things could ever possibly be." The supervisee is asked to rate his or her current practice dilemma on the scale. Scaling questions are versatile, and supervisees can be asked about resources (for example, "What's keeping this problem from getting worse?"), exceptions (for example, "On a day when you see yourself one point higher on the scale, what would be happening that would tell you that this was a 'one point higher' day?"), or to describe a preferred future (for example, "Where on the scale would be good enough and what would that look like for you?").
- When appropriate, complimenting a supervisee for having tried to solve a problem or simply "hanging in there" when it would be easier just to give up is helpful. Statements like "Wow! I'm impressed with your perseverance" convey the supervisor's awareness that the supervisee is motivated to solve his or her problem. Compliments acknowledge and give credence to supervisees' struggles, appreciate their perspectives on the situation, and ease the frustration at having to admit failure.
- The supervisor's choice of what to pay attention to as well as what to ignore plays a part in the focus of supervisory sessions as well as in the outcome. As the supervisee begins the work of change, the question "What's better?" provides the supervisee with opportunities to talk about his or her successes. Talking about positive changes makes the problem seem less overwhelming and discouraging.

The solution-focused approach to supervision is in many ways similar to supervision with a narrative focus. Thus, they can be comparable and complementary to each other. Both share interest in language as a primary focus of supervision, although each uses slightly different terminology. We now turn to an overview of the key features of narrative therapy and its applications to supervision.

NARRATIVE THERAPY AND SUPERVISION

Assumptions

From a narrative therapy orientation, supervision becomes a reflective space where complex dialogic and recursive processes occur between supervisor

and supervisee. As with other constructivist and postmodern approaches, narrative-oriented supervision challenges hierarchical distinctions (Fox, Tench, & Marie, 2002; Speedy, 2001). Like solution-focused supervision, narrative supervision emphasizes close collaboration between the supervisor and supervisee, is less directive or prescriptive than more traditional models of supervision, and continually attends to the inclusion of multiple supervisees in asking critical questions about practice in general as well as about their own practice experiences (Bayer & Shotter, 1998).

Narrative supervision primarily involves attending to the storying and re-storying of the clinical process about which the supervisee is seeking consultation. The process of storying and re-storying the clinical episode begins with the supervisee, who has first listened carefully to the client's story. The supervisee selects those aspects of the client's story that he or she considers most important to share with the supervisor. This re-storying of the client's story by the supervisee is influenced by many things: for example, the actual content of the client's story, the impact the client's story may have had on the supervisee, the supervisee's own theoretical understandings, the supervisee's personal values, perspectives, and background, and his or her anticipatory speculations about what the supervisor's responses might be. Like all transactions, this retelling of the story is acknowledged as occurring within a context influenced not only by personal differences, but also by factors related to ideas about gender, religion, culture, and power. The supervisor then listens attentively to the supervisee's take on the client's situation, and after careful consideration develops his or her own interpretation of the supervisee's story of the client's story. At this point in the dialogic process, the supervisor's task is to find ways to engage the supervisee in a reflective conversation aimed at helping him or her become a more skillful clinician. It is essential that both supervisor and supervisee recognize that each are simultaneously engaged in collaborating with each other in the development of their respective professional identities. The supervisory dialogue attends not only to the multiple dimensions that may affect interactions between client and clinician, but also between supervisee and supervisor; for example, the intersections and differences that exist between the supervisee's and supervisor's personal perspectives, life experiences, values, and beliefs. By joining together with another clinician (or with fellow clinicians, as in group supervision) the supervisee develops a sense of membership with a larger professional practice community (Smith, 1995). Finding membership in such communities of practice provides important "audience" for the supervisee's developing story of professional helping, provides support and encouragement for novice practitioners, and promotes positive professional norms and ethical standards (Fox et al.,2002; Smith, 1995). By verbally having his or her story of the clinical experience with the client witnessed, the supervisee's experiences can become the building blocks for the development of a professional identity.

Techniques

The specific techniques of narrative-based supervision are derived from therapeutic techniques described by Angus and McLeod (2004), Epston (1993), Friedman and Combs (1996), Kelley (1996),White and Epston (1990), and White (1995, 2002, 2007), and adapted for clinical supervision by Fox, Tench, and Marie (2002), Gilbert and Evans (2001), Johns (2006), Smith (1995), Speedy (2001), and Winslade (2002).

- First, the supervisor listens carefully to what the supervisee has chosen to relate in the supervision session. The supervisor hears these selections of clinical work that comprise the story of the supervisee's clinical effort, attempts to linguistically weave them together in a way that makes sense, and speaks truthfully about what the supervisor has heard regarding the supervisee's perceptions of the client's life, relationships, and unique situation.
- The supervisor asks thought-provoking questions about "disabling or stuck stories" or "rumors of client helplessness" (Winslade, 2002) that the supervisee may have bought into. This helps the supervisee "externalize" the clinical problem so that it becomes more available and accessible to initiate actions to counter the problem's influence. The supervisor tries to expand the supervisee's stories with questions such as "What is the diagnostic rumor that is being spread about this client's situation?" The supervisor pays particular attention to incidences when the supervisee may reach premature conclusions about the client and helps the supervisee avoid resorting to "quick diagnosis mentality" (Madigan, 1991). The supervisor models a stance of remaining tentative and seeking a richer understanding rather than resorting to an oversimplified story of the client's experience.
- The narrative supervisor may utilize a strategy known as "unique outcome questions." For example, the supervisor asks about what a supervisee might have done in previous clinical work that would predict future efforts with a particular client situation.
- The narrative supervisor engages the supervisee in picturing himself or herself in a preferred or ideal way. This strategy encourages the supervisee to think about what future clients might say about the kind of clinician the supervisee will have become. The supervisor might ask, "If I were to ask any one of your clients, what do you think they would say today about the clinician you are becoming?"
- "Engaging outsider witnesses" involves asking the supervisee to speculate about what significant influences or "valued voices" may have been a positive role in the development of clinical expertise. The supervisor might ask, "I wonder how this work with your client is a reflection of things you learned from your own therapist or from the teachers you may have had?" If the supervision is conducted in a group format, members could be asked

to comment on the supervisee's evolving professional identity, thus becoming a reflecting team or community of practice.

- The supervisor may utilize a metaphor that represents the supervisee's developing professional identity. For example, in the case illustration that follows, listen for the "Cinder-maid" metaphor that emerges.

The examples provided in Table 1 illustrate the techniques listed and are drawn from the supervision case that follows.

TABLE 1 Examples of Solution-Focused and Narrative Supervision Techniques Illustrating RCQ Supervision

Solution-focused supervision techniques	Narrative supervision techniques
Socialize the supervisee. *Example*: "Can you tell me what happened with your client today that made you so upset?"	Listen to the supervisee's "story". *Example*: "Can you refresh my memory about your client's situation and the original focus of your work together with her?"
Look for "exceptions". *Example*: "I just wonder how it is that you seem to have the courage to deal with this issue with me now." Ask the "miracle question". *Example*: "Imagine for a moment that in your next session with your client all of the current problems and conflicts you're having had disappeared. You know, the session of your dreams. Tell me, what would that look like?"	Dismantle stuck "stories". *Example*: "Which cultural and religious values were insulted . . . and how did that happen?" Deconstruct limiting narratives. *Example*: "I am interested in how your wish to be a good therapist has been undermined by your feelings about the client being a lesbian? How have these beliefs you carry with you about homosexuality managed to get in the way of you being the sort of therapist you that you aspire to be?"
Explore coping. *Example*: "Would you be willing to explore how to cope with this struggle you are having with your client by talking with me about it?"	Ask unique outcome questions. *Example*: "Can you talk about those professional values and ethical codes that you feel so strongly about?"
Scaling *Example*: "How big has your problem with your client become? Try to put a number on it with a ten being no problem at all and a score of one being the worst problem you ever had with a client."	Engage a preferred reality. *Example*: "I'd like you to 'interview' an imaginary future client about the professional and personal values they know you to embody."
Compliments *Example*: "I'm impressed by your willingness to confront this problem you are having of dealing with differences between yourself and your client."	Engage outsider witnesses. *Example*: "Was there anybody who encouraged you to go ahead and be whatever you wanted to be?"
What's better? *Example*: "Now that you've put things right out on the table with your client, can you tell me what's better in your work together?"	Utilize metaphors. *Example*: "What wisdom do you think your 'fairy godmother' could offer if she could be here right now?"

SETTING THE STAGE FOR RCQ

Organized around the importance of "language" and anchored in solution-focused and narrative techniques, RCQ serves as a framework for integrating these two complementary yet distinct approaches. As with solution-focused and narrative approaches, RCQ begins with the establishment of a supportive relationship, takes a non-pathology stance, is client- (and supervisee-) focused, works to create new realities, and establishes the centrality of present interactions with others and their "stories" (de Shazer, 1993, 1994; Friedman & Combs, 1996; Speedy, 2001; Weakland, 1993; White & Epston, 1990).

The use of structured questioning methods associated with solution-focused and narrative approaches complement each other regarding their perspectives of how "problems" are viewed as a means to a "solution." While the solution-focused orientation looks more closely at the behavior of the people involved in their problematic interactions, the deconstruction and reconstruction questions that typify the narrative approach tend toward a language-based, cognitive perspective of the problem. The behavior-oriented questions and interventions embedded in the solution-focused approach (such as exception finding, coping questions, scaling questions, offering compliments, asking "What's better?," or posing the "miracle question") complement the cognitive techniques found in narrative approach (such as reframing, externalizing of problems, deconstructing disabling self-messages, engaging outsider witness practices, storying professional identity, and gaining membership in supportive communities of practice).

Expanding the Supervisory Dialogue

Rather than limit the supervisor to only one or the other of these practice orientations that have already been successfully adapted to supervision, the RCQ approach draws together these two postmodern constructivist clinical approaches. In this way the supervisor has the leeway to choose among a variety of techniques that show a "goodness of fit" with the supervisee's unique predicament. This encourages the supervisor to be more creative, improvisational, and better able to elaborate those "arresting moments" or unexpected events that occur in supervision as shown in the following illustration. The supervisor pays careful attention to those moments that are clearly a struggle for the supervisee. When this becomes apparent, the RCQ supervisor does not follow a formulaic agenda of developing "exceptions," exploring "unique outcomes," or "storying" the moment. Instead, the supervisor slows the conversation and asks a range of questions drawn from both solution-focused and narrative practices that invite exploration and elaboration.

The aim is to shift the attention from product to process or to a moment-by-moment "elaboration" (Shotter, 2003). In other words, the arresting moment becomes a resting moment for the supervisee that allows for

reflection and elaboration of the uniqueness of his or her life experience and its interplay with professional attitudes and values (Gilbert & Evans, 2001; Johns, 2006). The use of RCQ is not intended to reduce these two approaches of supervision into one but to create avenues for the supervisor to further explore multiple possibilities. The following case example utilizes elements of an actual supervisory experience and illustrates how the RCQ approach can be used in supervision.

ILLUSTRATION OF THE RCQ FRAMEWORK IN SUPERVISION

To return to the supervisory case introduced earlier, Consuela Costa was on the phone when her supervisee, Nathalie Sant Jean, stepped into her office and handed her a note saying she needed to speak with her right away. When she ended her phone call, Consuela called Nathalie into her office and immediately saw that she had been crying. Before Consuela could ask what had happened, Nathalie declared, "Ms. Costa, I'm so sorry to bother you, but we have to talk. It's about my client, Veneta Jackson. I simply can't work with her! Yesterday when I went out to her school to meet with her, she told me that she's a lesbian . . . and if that isn't bad enough she even has a girlfriend that she's seeing and everything! Well, I'm sorry, but that's a sin! I can have no part of such a disgusting lifestyle. There's no way I could possibly be supportive . . . so I'm letting you know right now that you need to refer her to some other caseworker."

Socializing the Supervisee and Setting the Stage for Reflective Conversation

Consuela and Nathalie both worked at "Help for Families and Children," an agency developed in response to the state's push toward privatization of social services. The agency had gained the regional contract to provide support for families with dependent children in foster care placements. Both Consuela and Nathalie worked in one of several programs instituted by the agency that served older children in foster care and group homes. Nathalie had a caseload of 25 adolescents who were preparing to "age out" of their foster care settings. She provided counseling, independent living education, and case management. The agency was committed to offering regular clinical supervision for new graduates of master's-level clinical programs (social work, counseling, psychology) under a contract that allowed them to hire unlicensed workers as long as they were receiving regular supervision and were preparing for licensure. The agency's mission articulated a commitment to providing "quality services" for families with "sensitivity to the region's racial, ethnic, cultural, religious, sexual, political, and economic diversity." The agency's approach to helping clients, and the values guiding its approach to supervision, were largely reflections of its clinical director and

founder, a former social work educator who enjoyed a regional reputation for "progressive, contemporary practice."

During the time that Consuela had known Nathalie (about four months), she had always been somewhat timid, so Consuela was surprised by her outburst. As she invited Nathalie to come in and sit down, Consuela notice a soggy tissue clenched in her supervisee's hand. Nathalie entered, closed the door to Consuela's office, and slumped into the chair next to the desk. As Consuela quickly looked through Nathalie's supervisory folder, her eye caught a comment scribbled in the margin about the client, Veneta Jackson: she was one of the clients with whom Nathalie had discussed having trouble "connecting."

Consuela began by asking Nathalie to describe what had happened today with Veneta to make her so upset. Nathalie stated, "Like I said, it all started when Veneta told me that she's a lesbian. She just went on and on about this girlfriend she's been seeing, how they make out and, well, everything. Ms. Costa, that's just not normal. It's a sin! We pray for people like that in my church. And to top it all off, she had the nerve to tell me she was a Christian!"

Listening Carefully to Supervisee's Selection of the "story"

Consuela asked Nathalie to refresh her memory about Veneta's situation and the focus of their clinical work together. Nathalie took a deep breath and described Veneta as a 16-year-old African–American female whose mother had a long history of substance dependence and eventual incarceration for drug trafficking. When Veneta was three, her mother lost custody of her child. Following placements in several foster homes, Veneta at age five was adopted by a maternal aunt who became terminally ill. Another maternal aunt assumed custody for the then seven-year-old youngster. When Veneta turned 13, this aunt abandoned her on the steps of the county child welfare department building, claiming the teenager had become "unmanageable." Since then, Veneta had been in five different foster homes and currently was living in a residential group home preparing for independent living. Her high school principal had referred Veneta for counseling due to poor classroom performance, frequent truancy and unexcused absences, increasing incidents of fighting, and reports of being bullied by classmates. After Nathalie's summary of Veneta's story, Consuela nodded her head and said, "Nathalie, I think I get it. What I'm hearing in all this is how hard you have tried to understand Veneta." Nathalie nodded and said, "That's true, Ms. Costa. I really have tried."

Dismantling Stuck "Stories"

Consuela then asked Nathalie if she thought she had been of any help to Veneta. Nathalie said, "As a matter of fact, things between us have been

going steadily downhill," adding that she had received another negative report from Veneta's school. "I've given it a lot of thought, Ms. Costa, and know that I've done terrible work with Veneta. Whenever I start to think that I might be getting somewhere in a session, Veneta just gets up and walks away without saying anything. In the beginning, I really thought I could help this girl because we had so much in common. See, I also went through a period of skipping school and getting poor grades after my mom died. But after what Veneta said about being a lesbian, well, it's impossible now. What she needs is another therapist . . . someone who can really help her."

Consuela realized that she needed to help Nathalie move away from her negative self-appraisal. "You feel she needs someone who can really help her," Consuela repeated. "Well, I think that it's pretty significant that Veneta would even tell you her story about being a lesbian in the first place, don't you? Actually, Nathalie, I'd be interested in hearing you describe how Veneta came around to telling you about being a lesbian and if you had some inkling of this before today."

Nathalie admitted that she had heard about Veneta's sexual orientation the first time they met, "but I told myself that there was no way that such an attractive young girl could really know what being a lesbian meant, and that probably she was just saying this to see if she could shock me, you know?" Consuela reminded Nathalie that in a previous supervisory session she had mentioned difficulty connecting and developing trust and rapport with Veneta. Consuela asked Nathalie to speculate about how much of an influence she thought Veneta's sexual orientation had had in the development of her concerns about trust and rapport. "I'm sure that's the reason why we haven't connected," Nathalie admitted. She explained how at first she was excited about being assigned to Veneta because she had read in the intake information that the client's biological parents were identified as Haitian–American. Nathalie figured that since she and Veneta were both Haitian they would have a lot in common. "Well, I was really wrong on that one. How am I supposed to help her when she insults my Haitian culture and my religious values?" Consuela looked puzzled and inquired, "I'm curious about how your culture and religious values were insulted by Veneta?" Nathalie replied, "Well, I guess I was reaching for straws when I commented that we were both Haitian–American females. You should have seen the look in that girl's eyes! She said that she knew absolutely nothing about Haiti and that, anyway, she was 'African–American, Christian, and a lesbian . . . in that order. And I sure hope you don't have a problem with that' she told me, 'but I can clearly see that you do!' Then she had the nerve to tell me, 'see, lady, that's exactly why I would never consider myself Haitian. You people are the most homophobic people I know!' Then she just walked away. Ms. Costa, I didn't know what to do, but halfway down the hall I saw her turn around and come back." At this point in telling the story about Veneta, Nathalie began to cry more profusely.

Consuela asked Nathalie to help her understand what she thought Veneta meant when she said she hoped Nathalie "wouldn't have a problem with that" and then commented, "but, I can see that you do." Between sobs Nathalie acknowledged that her client being a lesbian was a problem for her, adding that it was most likely "written all over my face." Consuela wondered, "So, Veneta's guess about your discomfort was accurate?" Nathalie nodded. Consuela continued, "So, what do you think was her reason for coming back when she could see you were so uncomfortable with her being a lesbian?" Nathalie looked up and in a hurt voice said, "So she could taunt me. She started telling me all about her girlfriend. What her body felt like, how they kissed in a 'special way', and then she had the nerve to ask me explicit sexual questions, like how I 'do it' with my partners. You should have seen the way she was grinning when she said, 'See, I knew you were homophobic, just like all the rest' and then marched off to her class."

Consuela commented that she was guessing from what was "written" on Nathalie's face right now and from her tears that this situation had been very difficult for her, that Nathalie was unhappy about being labeled by Veneta as "homophobic and Haitian and just like all the rest." "Yes," sniffled Nathalie, "I felt terrible. I felt like I was a complete failure. I felt like I had really let Veneta down, like so many other people in her life have. I felt like I didn't deserve to call myself a real therapist."

Deconstructing Limiting Narratives

Consuela said that she was very interested to know more about several things. She said she wondered what guesses Nathalie might have for what a "real therapist" would have done differently in that situation. Also, she said she wondered how Nathalie's wish to be a good therapist had been so undermined by her feelings about Veneta's homosexuality and how that had managed to get in the way of Nathalie being the sort of therapist that she aspired to be. "Nathalie, if you were the kind of therapist that you wanted to be . . . the kind of 'real therapist' that you think could really be helpful to Veneta, what would that look like?" Nathalie looked down at her hands and carefully chose her words. "Well, I don't think it would be me. See, Ms. Costa, I'm a Christian who views homosexuality as a way of immorality. The only way I could be the kind of therapist Veneta probably needs would be if I put my own beliefs aside. But I just don't think that's possible. I know you don't understand Haitian culture, because you're Spanish and all. I mean, don't get me wrong here. You are nice enough but . . . . See, we Haitians are very religious, and very Christian. Well, most of us anyway. Among black people, well at least within the black Haitian community that I know, family life is everything. It would be considered an extreme dishonor to the family to reveal that that you are gay or lesbian, because many Haitians, especially the older ones, view homosexuality as a sign that this world is coming to an

end. The shame and dishonor it would cause a family is just inconceivable." Consuela nodded her head thoughtfully and said, "I see . . . but I'm really curious about something you said. How is it, Nathalie, that some people who consider themselves Haitian also manage to have more tolerant attitudes about things like homosexuality than others?" "Well," said Nathalie, "they are mostly the younger people, the ones with better educations, and the ones who have been in this country the longest. You know how it is . . . . It's the older people who have the most old-fashioned ideas."

Explore Coping

Consuela's first step was to see if she could find a way to help Nathalie acknowledge and work through the conflicts that existed between her own identifications as a Haitian woman of color and her deeply held values about sexuality, lesbianism, and religious ideology that were in such contrast to those of her client. Consuela decided to share about herself and reflect on her own Hispanic background. "You might find this hard to believe, Nathalie, but being from a different culture is something that I have had to struggle with in my own practice." She related how she still feels self-conscious about her accent despite being in the United States for almost 25 years. Consuela added, "I continue to be very interested in the struggles people have finding their place here when they are from different cultures. Would you be willing to explore with me some of the ways you have coped with this struggle around differences, especially differences between you and Veneta?"

Complimenting and Asking the Scaling Question

When Nathalie agreed, Consuela expressed how impressed she was that Nathalie would agree to join with her in confronting this big problem of dealing with differences between therapists and clients. She asked Nathalie to identify just how big she thought this conflict with Veneta's sexuality had become. "Try to put a number on it," Consuela said, "with ten being that this difference posed no problem at all in your work and a score of one being this is the worst problem you have ever had with a client." Nathalie hardly hesitated and said, "probably a one out of ten. Heck! I could even go into the minus range. In fact, this has made me seriously question whether or not I should even be a social worker in the first place."

Engaging Outsider Witness Practices

Consuela nodded and said, "This issue of dealing with difference is a real concern of every serious clinician, Nathalie. What I'm curious about, though, is how it is that you've come to feel so strongly about our professional values that you would even consider abandoning your wish to be a therapist if you couldn't live up to them?" Nathalie looked puzzled for a minute and then

talked about how she had always been drawn to the core values of her profession, particularly the ideas that all persons deserved to be treated with dignity and worth, and that workers should strive to eliminate social injustice and discrimination. Consuela wondered if Nathalie could tell her more about how it was she came to appreciate these values. "Do you think you can you name the influences in your life from whom you learned these values?" she asked. Nathalie described her grandfather, who had spent time in prison in Haiti for political activism and fighting for the rights of others. She also identified a school social worker, Beth, who had been an inspiration to her when she was struggling with the death of her mother at age 12.

Identifying Exceptions and Unique Outcomes

Consuela observed that in her experience it was those people who have had to question their beliefs and values whose integrity she really trusted. "What impresses me about you, Nathalie, is that you have the courage to come in here willing to talk about an issue as important as this. You know, I think many people here at the agency probably see you as shy, because you really don't speak up very much. I'm just wondering, how is it that you seem to have the courage to deal with this big issue with me, now?" Nathalie replied that "on the outside where people see me, I am shy and I'm usually too self-conscious to speak up. But on the inside I'm not that way at all. Inside, Ms. Costa, I have strong opinions and beliefs." Consuela smiled and said she had already come to that conclusion about her, and that she guessed that her strong opinions and beliefs probably came from the same place as her strong values. She asked, "Do you have an opinion about the best way you and I might have a helpful conversation about your struggles with Veneta around difference? I mean, how can we make sure the inside Nathalie with strong opinions and values is allowed to speak up and tell her story?" Nathalie laughed and said that she guessed it was already happening. She said that she had worried herself sick about asking to have Veneta reassigned to another therapist. She said she was afraid that Consuela would see her as being unethical for having homophobic beliefs, or that she might be "written up" or fired or told she would never be a good therapist. Consuela smiled, nodded her head affirmatively, and said, "I think what these fears speak of is what you really value; being known as a competent, ethical therapist. Even though I am your boss and your supervisor, Nathalie, what I'm really interested in is helping you develop into the talented, skillful, ethical therapist I know you are capable of becoming. Are you willing to try something with me that may sound funny?" Nathalie responded affirmatively.

Introducing the "Miracle Question" into the Conversation

Consuela asked Nathalie a version of the miracle question by encouraging her to imagine that at her next session with Veneta all the current problems

and conflicts had disappeared. She asked Nathalie to describe what might happen if she had "the session of your dreams" with Veneta. "You know, the most perfect counseling session ever." Nathalie thought for a moment and then described an imaginary session during which Veneta would be eager to see her, where she would report progress in her academic performance, and talk about the plans she had to go to college. Looking for small differences, Consuela asked, "What would be the smallest sign that the work with Veneta was moving in that direction?" Nathalie thought it might be when Veneta would not have to be virtually dragged from the classroom to meet with her, but come willingly.

Engaging in Preferred Realities: Inviting a Future Vision as a Competent Practitioner

Next, Consuela asked Nathalie if she was willing to "visit the future." Nathalie grinned and said "Sure . . . okay." Consuela asked for her help in developing a "preferred reality," a description of who she might be in five years. When Nathalie looked puzzled, Consuela suggested that they "interview" an imaginary future client or a student intern she might be supervising about the clinical skills she was known for and the professional values and beliefs people knew her to embody. At first, the fantasy description of a preferred outcome was difficult for Nathalie, and she suggested that maybe by then she would have been fired or kicked out of the profession. Consuela helped Nathalie identify these thoughts of failure as part of a pattern of "injurious and disabling speech habits" (Madigan, 2003) that had negatively impacted her at different times in her life. In an effort to "externalize" this habit, Consuela asked Nathalie to give it a name. After a moment's thought, Nathalie replied, "I guess this is my 'cinder-maid' message." Consuela looked puzzled and asked if the word "cinder-maid" was like the fairy-tale story of Cinderella. Nathalie nodded and added, "Yes, the same! All my life people told me that I just wasn't smart enough to amount to much. They thought that I was crazy to even think that I could go to college, let alone get a graduate degree. Well, I guess I proved them wrong. I'm the first person in my family to actually go to graduate school, and I got almost all As on top of that!"

Engaging Metaphors and "Outsider Witnesses"

Tapping into Nathalie's metaphor of being a "cinder-maid," Consuela asked Nathalie if she could identify someone in her life that might have been like a "fairy godmother" to her. "Was there anybody who encouraged you to go ahead and be whatever you wanted to be? Was there someone who saw beyond the cinder-maid?" Nathalie was smiling widely and immediately said she thought it might be Beth, the school social worker, who inspired her to want to be a social worker in the first place. Consuela asked Nathalie to

imagine what wisdom her "fairy godmother, Beth, the social worker" might offer her right now if she could be here. "And what advice do you think she might have for you regarding your work with a 16-year-old client like Veneta Jackson?" Nathalie thought for a moment and said that Beth would probably advise her to be respectful of Veneta's story and just listen. Consuela commented that she thought that was very good advice, but pushed Nathalie to think about whether Beth might say anything else that could help her provide her client Veneta with the sort of experience Nathalie had with Beth.

Re-Storying Successes and Asking "What's Better?"

Nathalie smiled and said she remembered one thing Beth had done that had made a big difference to her that might make a difference with Veneta. "She admitted to me that she didn't know much about the Haitian culture but that she was very interested in learning about it from me." Nathalie remembered that Beth was curious about what it had been like for Nathalie to move to this country at such a young age and then to lose her mother but still manage to keep believing that good things were possible. Nathalie realized how important it was to have someone who was simply willing to listen. "You know, someone who believes in you, and who thinks you have something of value to share." Consuela then wondered if Nathalie could think of anything she might learn from her client, Veneta, which would be similar to what her social worker, Beth, had learned from her. Laughing, Nathalie said, "Well, I guess what Beth would say is that I could certainly learn a little about what it's like to be a 16-year-old, African–American, Christian, lesbian living in south Florida!" With a hint of challenge in her voice Consuela asked, "And what would happen for Veneta if she had the opportunity to experience her therapist . . . you, Nathalie . . . as being as receptive, interested, respectful, and curious about her and her unique experiences as Beth was with you?"

SUMMARY

This article began by asking the reader to speculate about his or her response to Nathalie's dilemma. Hopefully, the reader has been able to follow along with the authors' presentation of a new framework for providing clinical supervision when issues of diversity and difference arise. Since this supervisee's struggle is drawn from an actual supervisory experience, a number of techniques associated with solution-focused and narrative approaches are not mentioned. The RCQ framework is not intended to be used as a "cookbook," but to set the stage for supervisors to decide on those strategies that best fit with a supervisee's struggle. Each supervisory session is expected to be unique, and whatever strategies and techniques are utilized should be specific to the persons and situations involved. Like many new practitioners who have a tendency to be overly critical and self-deprecating (Briggs &

Miller, 2005), Nathalie started the conversation with remarks about the impossibility of working with a client she questioned having the ability to effectively help. Seeing herself as a "terrible clinician," she was convinced that she was unable to work with Veneta. Consuela did not pass judgment and instead asked to hear the story of what had happened to upset Nathalie so much. By listening carefully to Nathalie's selection of the story of her clinical practice, Consuela could review the stance Nathalie had taken in response to her problem with the client. Specifically, Consuela listened carefully to the words and phrases Nathalie used to describe her client, herself, and the problem she had had working with her. Consuela paid particular attention to indications or evidence of disabling "rumors" Nathalie told of her own sense of powerlessness in her practice as well as the story of helplessness she told of her client's situation. These disabling themes and negative self-narratives became the areas targeted for deconstructing.

Opening up a space where the supervisee is permitted to safely examine, explore, and deconstruct unhelpful narratives involves skillfully contextualizing the conversation. Locating the source of the disabling narratives in Nathalie's social and cultural landscape, rather than lodging them inside of her, allowed for externalization of the problem narrative (Epston, 1993). Consuela phrased her questions so that Nathalie was led to externalize and "de-privatize" the religious and culturally based beliefs she carried with her about homosexuality, which had managed to get in the way of being the sort of therapist that she aspired to be. In helping Nathalie deconstruct her self-limiting narrative about herself, Consuela gently helped Nathalie to "unpack" and challenge such automatic assumptions about herself. This led to Nathalie being able to identify multiple definitions of being a Haitian woman. Further, Nathalie came to realize that she had choices about how she could see herself. Nathalie was not just learning from her supervisor, Consuela, but also from her client, Veneta, who had already engaged in creatively assembling a sense of self from various valued components; for example, African American, Christian, and lesbian (Geyerhofer & Komori, 2004).

Supervisory efforts with Nathalie focused on highlighting strengths and capacities that were temporarily masked by the problem. Nathalie's tears spoke of her obvious disappointment in herself as a clinician and her sense of failure when Veneta walked away after seeing expressions of judgment and disapproval on Nathalie's face. Consuela reframed this disappointment in herself and sense of failure as a strength, noting that it actually was an indication of Nathalie's desire to be a good clinician (Weakland, 1993; Winslade, 2005). In keeping with the emphasis on establishing nonhierarchical supervisory relationships, Consuela then offered a personal story that spoke to similar struggles with difference. This helped open the supervisory process and transform it into a more interactive, discursive conversation between colleagues (Johns, 2006).

Consuela introduced a scaling question by asking Nathalie to identify how big of a problem she felt her conflict with Veneta's sexual orientation had become. This helped to shift the conversation away from her position of feeling like a failure by opening up a wider range of options. Consuela asked questions about possible sources of Nathalie's commitment to social justice, her ability to maintain belief in herself despite negative messages, and her attribution of inspiration with her former social worker, Beth. All served to help Nathalie identify and engage "outsider witnesses" (Fox et al., 2002; White, 1995). These outsider witness practices and her membership with new "communities of practice" helped reinforce Nathalie's re-storying of her professional self in a way that mobilized her higher aspirations and goals (Smith, 1995).

Consuela listened carefully for "exceptions" and attempted to identify those moments or events in which change had been evident but unnoticed by Nathalie. For example, she remarked that Nathalie showed courage and determination to confront her problems with her client in supervision despite being generally shy and self-conscious. Consuela then asked Nathalie to construct a positive vision of her future as a competent practitioner through the "miracle question" (de Shazer, 1988, 1991; O'Hanlon & Weiner-Davis, 1989). This line of questioning helped Nathalie to begin to think about the type of attitudinal and behavioral differences that she would like to see in herself at some point in the future. Inviting a preferred story of herself as a competent practitioner helped further encourage Nathalie's own problem-solving capacities and reinforce her sense of competence. In this way, Consuela opened the conversation to what Nathalie could be doing to better help Veneta and expand the scope of possibilities.

Finally, Consuela skillfully made use of a metaphor supplied by Nathalie as a means of focusing the supervision on preferred outcomes and future intentions (Friedman & Combs, 1996; Speedy, 2001; White, 2002). Nathalie's "cinder-maid" phrase provided Consuela with a means for establishing the relationship with Beth as a "fairy godmother," which allowed Nathalie to gain access to untapped inner resources and realizations.

In summary, the RCQ approach to supervision involves engaging in a reflective and discursive conversation between supervisor and supervisee. Instead of focusing on Nathalie's deficit-oriented judgment of her client's sexual orientation or her own inadequacies as a clinician, Consuela encouraged Nathalie to identify personal qualities and skills that could be tapped into in order to foster a more helpful relationship with her client, Veneta. The RCQ framework helped Consuela structure her assessment of Nathalie's strengths and paved the way to collaborate with her around what might work. Consuela believed that Nathalie was sincerely motivated to help her client and had the talent and ability to have a positive effect in her work with Veneta. Rather than engage in a hierarchal relationship typical of more traditional approaches to supervision, Consuela saw Nathalie as a partner whose thinking and perspectives were valued contributions to the supervisory

process. This orientation shifted their dialogue to exceptions to the "problem" and what has worked. The foundation was provided for disabling Nathalie's stuck "story" of the problem and of herself and elaborating a preferred outcome. What emerged from this reflective conversation was a practitioner who was much more capable than what was originally presented. However, no story is complete without knowing its ending. For Nathalie, this was not "the end" but a new beginning of her work with Veneta.

EPILOGUE

At their next supervision session, Nathalie happily reported to Consuela that she had met with Veneta and immediately "put it right out on the table," that she realized how judgmental she had been and that it was no wonder that Veneta had not trusted her. Nathalie shared how she had admitted to Veneta that she actually was upset and shocked when Veneta announced she was a lesbian, "and because I didn't know what to say or do when you first told me, I tried to ignore it." And finally she admitted her "mistake" of assuming that because Veneta was a young African–American female who had lost her mother like Nathalie had, their experiences were the same. Consuela nodded and pointed out that just as she had tried to encourage Nathalie to be the expert in her own supervisory process, Nathalie had now positioned Veneta to assume the status of being the expert in her own work. Nathalie agreed and described how she had then asked Veneta to give her another chance. She said she was hoping Veneta could help her understand what it was like being young, African American, Christian, and lesbian. She reported that Veneta had smiled broadly and responded, "Hey, no problem, Ms. Sant Jean .... This sort of thing happens to me all the time. But what's different is that no one has ever come back to me to apologize for not listening or not understanding, so that's very cool." She and Veneta agreed to re-contract for the work they wanted to do together, and that this entailed developing a "preferred story" for Veneta that involved creating a "road map" for getting to the person she someday wanted to become. In return for Nathalie's help with this, Veneta would help Nathalie learn about what it was like to be a young, African–American, Christian lesbian. Veneta promised to take her on a virtual "welcome to my queer world guided tour" so that Nathalie would be better able to help LGBT kids like her in the future.

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