

Mindfulness and Free Association for Multicultural Competence: A Model for Clinical Group Supervision

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Clinical supervision is a critical process used to foster the development of professional competencies among counselors in training (CITs) in the counseling profession. Despite the significance of clinical supervision, CITs often report non-disclosure; that is, an unwillingness to share certain information regarding their work with a client for fear of negative evaluation from their supervisor. To address this barrier, the authors of this article propose a model integrating mindfulness and free association for use in group supervision. The goal is to foster and enhance CITs self-disclosure in supervision, to increase mindful awareness, openness to feedback, and ultimately to foster multicultural competence. Implications for using this model in group supervision with CITs are discussed.

Keywords: group supervision, counselor training, mindfulness, free association, self-disclosure, multicultural competence

Supervision has been underpinning the development of professional competencies for counselors since the inception of the profession. Interest in the sub-specialty of clinical supervision in the counseling profession has witnessed tremendous growth over the past 20 years. The significance of clinical supervision has placed increased emphasis on

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what constitutes effective clinical supervision both in terms of competence (declarative knowledge) and best practices (procedural knowledge) in the field of counseling. This began with *Counseling Supervisors: Standards for Preparation and Practice* (Dye & Borders, 1990), followed by *Best Practices in Clinical Supervision: Another Step in Delineating Effective Supervision Practice* (Borders, 2014) and, most currently, *Best Practices for Clinical Supervision* created by the Association for Counselor Education and Supervision (ACES, 2012). The ACES (2012) document reviews 12 separate phases and processes for conducting effective clinical supervision in addition to characteristics of effective supervisors, supervisor training, and competence behaviors. Borders and Brown (2005) described the overlying themes of effective supervision as proactive, planned, purposeful, goal-oriented, and intentional. Effective supervision is developmentally appropriate, taking into consideration the CIT's stage of learning, and must focus attention on diversity, multicultural awareness, and competence (ACES, 2012; Bernard & Goodyear, 2009).

Similar to the importance of the therapeutic alliance in relation to positive counseling outcomes, the supervisory relationship is arguably the strongest predictor of a successful supervision outcome (Ladany, Mori, & Mehr, 2013). The supervisory relationship focuses on a supervisor's ability to create developmentally appropriate interventions and provide the scaffolding for successful learning experiences (Borders & Brown, 2005). These experiences, and, henceforth, the supervisory alliance are facilitated by providing an environment based on openness and trust (Anderson, Schlossberg, & Rigazio-DiGilio, 2000; Bernard & Goodyear, 2009). The presence of these factors aid in the exploration of parallel processes, transference, countertransference, resistance, CIT anxiety, CIT values, awareness of assumptions and biases, ethics, diversity, power differential dynamics, and CIT training non-disclosure. Of all the aforementioned topics, often the most challenging facing a clinical supervisor is CIT non-disclosure.

Non-Disclosure and Multicultural Competence in Clinical Supervision

Non-disclosure is defined as a CIT's unwillingness to share information that is relevant to clinical work with a client and is a barrier to effective supervision (Mehr, Ladany, & Caskie, 2010). Non-disclosure may take the form of not discussing clinical mistakes, issues related to the supervisory-relationship, personal/countertransference reactions to clients, and personal issues (Spence, Fox, Golding, & Daiches, 2014). The process of clinical supervision becomes impeded by non-disclosure, which negates the objective of supervision in its aim to help CITs develop their skills and meet competencies (Mehr et al., 2010). CITs often report concern about how supervisors will view them, both personally and professionally as a reason for non-disclosure. They have concerns about professional inadequacy, feeling as though they should not be reacting to clients in a less than optimal manner, resulting in hesitancy to discuss experiences with their supervisor (Mehr et al., 2010). Additionally, CITs are keenly aware of the evaluative piece of supervision, which further influences non-disclosure (Mehr et al., 2010). Non-

disclosure in supervision is problematic when it prevents open dialogue and CIT growth.

While it is understandable why CITs are hesitant to self-disclose in supervision, revealing one's struggles, professional missteps, and interpersonal issues may be beneficial in establishing professional competence (Smith, Riva, & Erickson Cornish, 2012). If trust is established and lines of communication are opened, consultation on ethical decision-making may occur (Smith et al., 2012). Given how supervisory relationships are established in other professional arenas where supervisees may have a "need to know" communication with their supervisors, CITs may have difficulty knowing how to approach supervision. Disclosing seemingly unflattering thoughts, feelings, and beliefs may seem counterintuitive to CITs (Smith et al., 2012). When CITs do disclose to supervisors, maximum growth and the development of best practices can occur.

Mehr and colleagues (2010) identified several contributors to CITs willingness to disclose in supervision. The first is that the CIT have a low state anxiety. Of course, the supervisor may help to contribute to or alleviate CIT anxiety. The strength of the supervisory working alliance will determine a CIT's openness to self-disclosure. In addition to a strong supervisory working alliance, counselor self-efficacy is a contributor to a CIT's willingness to self-disclose. A CIT's willingness to self-disclose is essential to successful supervision, and supervisors should work to remove barriers to self-disclosure.

In 2015, the American Counseling Association endorsed *The Multicultural and Social Justice Counseling Competencies* (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015). These competencies focus on counselor self-awareness, client worldview, the counseling relationship, and counseling and advocacy interventions. The authors called for counselors to be culturally alert in their practice (Ratts et al., 2015). In addition, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016), outlined social and cultural diversity as a main domain under the curricular experience of counselors-in-training. Multicultural competencies challenge CITs to become aware of their attitudes and beliefs as well as being mindful of their own worldview and the worldview of clients, in order to provide competent counseling services (Ivey, Ivey, & Zalaquett, 2014; Ratts et al., 2015; Sue, Arredondo, & McDavis, 1992).

Multicultural competence is a continuous process of learning and self-discovery and as such, an aspirational goal for CITs (Ratts et al., 2015). Programs that incorporate multiculturalism throughout the training have increased multicultural competence outcomes (Dickson & Jepsen, 2007). As CITs delve into the professional realm during practicum and internship experiences, supervisors work with them to help establish attitudes, beliefs and skills that will guide them through not only the beginning stages of their practice, but throughout their careers (CACREP, 2016; Ratts et al., 2015). Because attitudes and experiences affect views and beliefs about self and others, CITs' awareness should be a core focus of training, specifically clinical supervision. CITs should learn

“strategies for identifying and eliminating barriers, prejudices, and process of intentional and unintentional oppression and discrimination” (CACREP, 2016, Standard F.2.h.). It is the CIT’s role to self-disclose in supervision and to process their reactions, values, biases, beliefs, and views on their work with clients. Likewise, it is the supervisor’s role to provide space for, and to employ, techniques that foster CITs self-disclosure to promote multicultural competence.

In order to become multiculturally competent, CITs must learn a process for evaluating their own values and beliefs as well as how they influence their practice. This type of self-awareness is a critical component in culturally sensitive and effective counseling relationships. Most novice counselors are not aware of the automatic thoughts, views, and implicit biases they have regarding their clients. Additionally, they do not realize how these factors influence the counseling relationship and outcomes with different clients. This type of self-awareness and evaluation is a lifelong competence for counselors. Therefore, it is critical for Counselor Education training programs to focus on implementing strategies and models in supervision that foster self-awareness and multicultural competence.

Clinical Group Supervision Processes and Self-Disclosure

As per current standards of clinical training programs, clinical group supervision (CGS) is utilized during a CIT’s practicum and internship semesters (CACREP, 2016). While CGS is a widely utilized modality for supervision of CITs, there is a paucity of literature that addresses CGS best practices. CGS assumes many different forms, from very structured activities to unstructured and free form supervision. In the absence of a singular approach or a clear definition of effective CGS, varying supervisory practices are commonplace. In a general sense, “there are probably as many approaches to supervision as there are supervisors” (Falender & Shafranske, 2004, p. 7). Similarly, time utilized during group supervision also varies from focus on specific interventions to focus on process orientation. For many training sites, CGS serves as a time to address capstone projects and administrative recordkeeping.

Borders (1991) presented the Structured Peer Group Model, and a case presentation approach. With this approach, CITs take turns sharing videotapes from recent therapy sessions. The presenting CIT will also present consultation questions or observations. Other CITs are assigned specific skills to watch, such as non-verbal behaviors, or a specific job to do while viewing the recording, such as noting diagnostic criteria. The supervisor’s role is to mediate the discussion, be a process observer, and summarize feedback and discussion. This structure aids in development of counseling skills that allows CITs to be better able to conceptualize clients, including the ability to incorporate diverse worldviews and incorporate greater empathic understanding of clients (Borders, 1991). While the Borders’ Structured Peer Group Model is one framework, certainly other models exist; however, few are written about and no others are as widely accepted. The risks of not using a model in CGS may mean that limited time for

supervision gets wasted in administrative tasks such as recordkeeping and review of hour logs. CGS without the use of a structured model may result in supervision that lacks direction and focus, and may limit CIT's learning. Additionally, when working with CITs for whom performance anxiety and uncertainty about giving feedback is developmentally appropriate, a lack of structure may exacerbate a CIT's negative appraisal of supervision. Using a structured model for CGS also helps to foster cohesiveness, or a sense of belonging, among group members, which is a critical component in group learning and development.

While group supervision practices vary greatly, group cohesion has a significant impact on a CIT's experience, development, and outcomes, regardless of theoretical approach (Fleming, Glass, Fujisaki, & Toner, 2010). Yalom and Leszcz (2005) noted the critical significance that cohesiveness plays in group work, stating that "cohesiveness is the group therapy analogue to relationship in individual therapy" (p. 53). Members of a successful cohesive group feel included, welcome, warmth, comfort, and support from the group. More importantly, they feel enabled to share and have a sense of belonging.

Effective supervisors, similar to group leaders, promote a positive and beneficial learning experience that serves as a safe forum in which to share. "Group cohesiveness is a precondition for other therapeutic factors to function optimally" (Yalom & Leszcz, 2005, p. 55). Therefore, group cohesiveness in CGS needs to be fostered among CITs in order to facilitate maximum student growth. The ability to foster group cohesiveness in CGS is a required skill for effective supervisors. For CITs to begin to develop cohesiveness within a supervision group, effective supervisors must facilitate a group feedback loop. This process can be fostered through an implementation of Yalom and Leszcz's (2005) model developed for group psychotherapy. The model posits a number of activities to foster trust among members including increasing self-disclosure, providing empathy and acceptance of peers. Inclusiveness and non-judgmental acceptance of values, beliefs, biases, thoughts, and viewpoints must be modeled by the supervisor and are key components for developing cultural competence (Yalom & Leszcz, 2005).

An effective supervisor recognizes the importance that positive peer relationships have on a CIT's development and thus foster increased shared experiences and understanding. Acknowledging that group members are all novices may provide comfort and reduce anxiety during group supervision (Teyber & Teyber, 2016). Discussing diverse perspectives among the group further enhances group supervision participation. Effective supervisors should commend and thank CITs for taking risks in their sharing of uncomfortable thoughts and feelings. By creating an environment of safety and acceptance, clinical group supervisors are modeling for their students the importance of cohesiveness and inclusion. Fostering group cohesiveness is of paramount importance in creating the foundation for student self-disclosure in group supervision.

While models and techniques for group supervision vary greatly, research findings suggest that CIT self-disclosure, and further, CIT perceptions and experiences of group

supervision may be enhanced by particular practices (Mastoras & Andrews, 2011). Strategies such as accepting mistakes and divergent perspectives, encouraging experimentation, promoting strengths rather than shortcomings, and providing clear and direct feedback have been found to foster self-disclosure in group supervision (Anderson, et al., 2000). Additionally, when conflict arises, supervisors should be prepared to deal openly and respectfully with conflict within the group, whether it is between supervisees or with the supervisor (Anderson et al., 2000). A supervisor has the role of recognizing potential challenges and barriers to self-disclosure. Making efforts to address these barriers is a vital aspect of fostering active participation by CITs (Bernard & Goodyear, 2009).

Bernard and Goodyear (2009) postulated that CIT anxiety within groups led to reduced participation and self-disclosure. Working with a CIT's anxiety, particularly in the beginning stages of supervision, acknowledging when it could be channeled to increase determination, learning, (Christenson & Kline, 2000, 2001) and simply normalizing its existence (Fleming et al., 2010) can foster increased participation, self-disclosure, and group cohesiveness.

A salient finding in research indicates that the role and perceptions of positive group dynamics are essential for self-disclosure to occur. The establishment and maintenance of a positive, safe, and respectful environment is essential to group cohesion (Andersson, King, & Lalande, 2010). This can be achieved through the introduction and practice of mindfulness based techniques that are grounded in openness, awareness, acceptance, and non-judgment.

The Role of Mindfulness in Promoting Self-Disclosure in Clinical Supervision

Mindfulness is often defined as the psychological capacity to remain willfully present with one's experiences, harboring a non-judgmental or accepting attitude, engendering a warm and friendly openness and curiosity (Kabat-Zinn, 2005). According to Hoffman (2010), "The basic premise underlying mindfulness practice is that experiencing the present moment, nonjudgmentally and openly, can effectively counter the effects of stressors" (p. 45). Three primary elements of mindfulness are attitude, attention, and intention (Shapiro, Carlson, Astin, & Freedman, 2006). Further, mindfulness practice is grounded in particular attitudinal foundations. These foundations of mindfulness include non-judgment, acceptance, trust, patience, non-striving, curiosity, and kindness (Bishop et al., 2004; Kabat-Zinn, 1990; Shapiro et al., 2006). Mindfulness requires focus and sustained attention, and skills in switching conscious thought from one stimulus to another. It is the ability to recognize when your mind shifts into auto-pilot and the ability to bring yourself back to focus on the here and now. The element of conscious intention extends from an intention to practice, to the intentionality one brings to directing, sustaining, or switching attention (Bishop et al., 2004). These elements, attitudes and intentions are constant and happen simultaneously. The interconnectedness of these processes is mindfulness (Baer, 2003; Segal, Williams, & Teasdale, 2002;

Shapiro et al., 2006).

Mindfulness practices can be useful in supervision of CITs. CITs who have utilized mindfulness in supervision report increased empathy for clients' emotional and physical experiences (Andersson, King, & Lalande, 2010; Daniel, Borders, & Willse, 2015). They noted enhanced awareness of their functions as therapists, which leads to more efficacious practice. Additionally, they reported gaining ideas about how to therapeutically proceed with a client; a primary goal of supervision for many CITs (Andersson et al., 2010).

Mindfulness can be an effective tool in clinical supervision for working with CITs, as they are often anxious, worried about receiving feedback and exhibit lack of confidence in their work with clients (Borders & Brown, 2005). Shapiro, Brown, and Biegel (2007) found that higher levels of mindfulness led to a reduction in CIT stress and anxiety and an increase in self-reported compassion. Further expanding on the work of Shapiro et al. (2007), Campbell and Christopher (2012) found mindfulness practices increase CITs abilities to cope with stress, leading to decreased anxiety. For CITs, "mindfulness training is valuable in managing the stress and anxiety of their counseling programs, developing greater empathy and compassion enhancing their therapeutic presence with clients, and increasing their counselor self-efficacy" (Daniel et al., 2015, p. 229).

For supervisors, mindfulness in supervision has been reported to form stronger supervisory relationships (Daniel, et al., 2015). Furthermore, from the supervision perspective, mindfulness often allows for reaching greater depth in the supervision session. Consequently, the use of mindfulness in supervision seems to correlate with an increase in counselor efficacy and a deconstruction of boundaries.

The supervisory working alliance, much like the therapeutic alliance, takes time to develop through continuous interactions. It is one of the most decisive factors contributing to the process and outcome of supervision (Watkins, 2014). It affects the supervisee's sense of safety to disclose potential errors out of fear of being shamed (Gold, 2006). Objectives in supervision are to openly discuss the counselor's feelings about the client as well as to process the dynamics occurring in supervision. However, comparable to a new client being hesitant to make personal revelations in counseling until the client feels safe and supported in a nonjudgmental atmosphere, a novice counselor in supervision may be hesitant to disclose feelings of inadequacy or areas of incompetence in absence of a strong supervisory working alliance. Therefore, it is the supervisor's responsibility to be aware of, and reduce barriers to, the working alliance. The practice of mindfulness is one way to promote a stronger working alliance (Gold, 2006).

Mindfulness is intended to undo the effects of stress, tension, and anxiety (Kabat-Zinn, 1990). In supervision, supervisee performance anxiety and the fear of being exposed contributes to nondisclosure, an impediment to successful supervision (Gold, 2006). One approach to temper supervisee anxiety is to employ mindfulness in supervision as a way to reduce stress and promote openness (Kabat-Zinn, 2003; Martin,

1997). Cohen and Miller (2009) reported that mindfulness facilitated decreased stress and anxiety among CITs. Supervisee use of mindfulness has been shown to decrease stress and anxiety among CITs (Cohen & Miller, 2009; Shapiro, et al., 2007). Andersson et al. (2010) explored the effects of a single mindfulness-based supervision session on supervisees' experiences. Supervisees reported feeling safe and less judgment, enhanced self-awareness as counselors, and having greater empathy and compassion for their clients.

Counselor mindfulness helps cultivate empathy with clients as well (Greason & Cashwell, 2009). First, mindfulness involves being focused in the present moment and nonjudgmental self-awareness (Kabat-Zinn, 2005). Second, as counselors become more aware of their own mental processes, they can more readily identify with the client's processes and tune into them in session (Morgan & Morgan, 2005). CITs who have practiced mindfulness have a greater capacity for empathy (Fulton & Cashwell, 2015), and therefore more capacity to connect interpersonally with others, including clients and supervisors (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007). The authors suggest readers investigate Davis and Hayes' (2011) review of empirical research that summarizes evidence-based benefits of mindfulness in counselor trainees including counseling self-efficacy, counseling skills, empathy, compassion, and decreased stress and anxiety.

The Role of Free Association in Promoting Self-Disclosure in Supervision

The practice of mindfulness meditation shares many similarities with the practice of free association. Free association is known as the cornerstone of Freudian psychoanalysis (Gentile, 2016). The goal of free association is to instigate a journey of co-discovery, which can enhance a person's thought, feeling, agency, and selfhood. Both free association and mindfulness meditation focus on present awareness, and the immediate thoughts and feelings of an individual. In the interest of effective free-association, Freud was known to ask his patients to promise to be absolutely honest and not eliminate any details, even if it is unpleasant (Seulin & Saragnano, 2012).

In clinical practice, the use of free association is often utilized as a way to increase candor from clients. Free association as an explicit starting point with the intent of keeping a client in close contact with a symptom or topic is widely used in current therapy practice. Contrary to popular belief, free association is not merely talking about just anything. Rather, this technique is intended to prime implicit memory, tapping into a client's values, beliefs, customs and their exposure to culture, such as advertising, media, or politics, and permitting the exploration of currently held beliefs (Szalay & Deese, 1978). This method allows for the suspension of critical attitudes, increasing therapeutic working alliance (MacMillon, 2001).

The practice of free association is similar to the awareness tenet of mindfulness based work. Free association and mindfulness practice share the common principle in the recognition of present thoughts and immediate feelings. The constructs differ in

that free association involves the processing of these thoughts whereas awareness in mindfulness meditation focuses on the acknowledgement and the practice of letting go.

A lack of literature exists on the use of free association in clinical supervision. Given the natural alliance required between supervisor and supervisee, it is surprising that not much has been documented regarding ways to increase supervisee candor using this technique. It is possible that the element of ultimate evaluation of the supervisee on the part of a supervisor has some impact on the reluctance of both the supervisee to disclose and the supervisor to encourage such disclosure.

Encouraging CITs to free associate, or to voice their initial, automatic thoughts about a topic or case, may help increase disclosure, leading to increased multicultural competence. The task of supervisors is to ask CITs to disclose not only what initially comes to mind but also thoughts and feelings that are knowingly unacceptable. While reluctance is understandable, exploration of what may be considered unacceptable provides successful orientation to one's own censorship, blocks, or orientation towards work with clients.

A Model for Implementing Mindfulness and Free-Association for Multicultural Competence in Group Supervision

Given the literature reviewed in areas of clinical group supervision, multicultural competence, mindfulness and free-association, the authors offer a model for CGS. The objectives are (a) to enhance CIT's mindfulness in the present, their moment-to-moment awareness; (b) to increase the CIT's disclosure of automatic thoughts; (c) to foster multicultural competence by examining assumptions, values, and biases; (d) to increase group cohesiveness among CITs in the group supervision. These objectives are met by the CITs participating in a guided mindfulness meditation exercise at the beginning of CGS.

Noteworthy are four underlying assumptions for this CGS model. First, it assumes that the CITs are in the capstone experience of their training and have been oriented to the counseling profession through coursework in multicultural counseling, ethics, and group counseling. The knowledge and skills acquired in these courses are fundamental in the practice of professional counseling.

Second, it assumes that the supervisor is competent in clinical supervision and group leadership. Therefore, at the beginning and throughout the course of group supervision, the instructor facilitates the CITs application of course content and meaning-making with their experiences as group members and novice practitioners and demonstrates the leadership skills to foster group cohesion and self-disclosure (Yalom & Lesczc, 2005). In the forming stage of the group, the leader will have established the purpose of the group, facilitated the creation and reinforcement of group rules, and discussed expectations for group supervision (Gladding, 2016). The leader will also assess the groups' development and readiness, progressing toward the working phase, as evidenced by self-disclosure and working in the here-and-now (Gladding, 2016). At the

conclusion of the group supervision exercise, the leader will process the experience, promoting reflection, meaning-making, and facilitating feedback about the process in the here-and-now (Gladding, 2016).

Third, this CGS model operates from an educational framework of task analysis. In other words, the instructor breaks down the end result, the use of mindfulness and free association in group supervision, into individual skills (i.e., mindfulness and free association) before incorporating them together (Cummings, 1992).

Fourth, it is critical for the clinical supervisor to have an understanding of the practice of mindfulness. In practice, supervisors must combine their knowledge and expertise of mindfulness with their understanding of their students to select an exercise appropriate for classroom use. Therefore, the case illustration below does not detail a specific mindfulness exercise as it allows for that to be chosen at the discretion of the supervisor and their competence in the practice of mindfulness. Suggested resources detailed in the reference section include Forsyth and Eifert (2007), Kabat-Zinn (2003, 2005), mindful.org (“How to Practice Mindfulness”, 2017), and Stahl and Goldstein (2010). The authors strongly urge counselor educators and supervisors, to refer to Section F of the American Counseling Association (ACA, 2014) *Code of Ethics* prior to engaging in an innovative practice. All of the assumptions of the model, which function like pre-requisites for the sample supervision session detailed next, must be met for the leader and the group to be ready for the advanced, cumulative experience in a session several weeks into a semester.

When implementing the model, a supervisor first will have the CITs participate in a guided mindfulness meditation exercise designed to bring the students to a present-centered, moment-to-moment state of awareness. Second, CITs will then be asked to close their eyes and listen to an audio clip from a peer’s session with a client. Third, the methodology implements free association, based on Freud’s original methodology of fostering relaxation and focus on the immediate free thoughts that come to mind. The verbalized thoughts are in the moment and unregulated by the instructor. CITs are encouraged to give up censorship of their thoughts, feelings, beliefs, values, and attitudes, and to verbalize any thought, no matter how uncomfortable or controversial. CITs free associate and voice their automatic thoughts, beliefs, and feelings regarding the session, their peer’s skills, or thoughts and beliefs about the client. This exercise allows the CITs to gain insight and awareness into their automatic thoughts, beliefs, values and biases; an essential aspect of becoming multiculturally competent. Fourth, CITs are asked to open their eyes and process their free association disclosures with the group. The supervisor then reflects various themes and facilitates a discussion on topics such as culture, gender identity, ethnicity, and race. Group discussion should surround and address cultural awareness and assumptions generated from the free association activity.

Step-by-Step Case Illustration

Step 1: Preparation. The CIT who is presenting a case cues up the pre-selected segment and then joins their seated peers. The instructor reminds CITs to silence personal devices, place academic materials (e.g., pens, notebooks) away, and sit in their chairs in an upright position with their feet on the floor. The instructor directs students to place their hands on their legs. Instructors should modify these instructions based on the ableness of their students and the classroom facilities.

Step 2: Guided mindfulness meditation practice.

Instructor: Let's begin with a guided mindfulness meditation practice for several minutes. The purpose is to bring your mind to a more present state of awareness. Recall our previous mindfulness exercises. The purpose is not to stop thinking or to engage in spiritual meditation. It is to begin to release the mental habit of placing values on thoughts. Do this by letting your thoughts pass without judgment, and draw your attention to the present moment by noticing your breath. Prepare your body in a stable, comfortable position that you can maintain for several minutes, such as sitting in a chair with your feet on the floor or cross-legged on the floor. Begin to turn your attention to your breath, sensing it going in and out....

This instructor leads the class in a mindfulness exercise for 5-10 minutes. CITs remain settled and in their relaxed positions at the conclusion of the exercise.

Step 3: Client recording.

Instructor: Now, I'd like you to close your eyes and keep them closed, and listen to a segment of a recorded client session. You will hear your classmate as the counselor.

The instructor plays the pre-selected segment of a recorded session conducted by a CIT in the group. In this example, the counselor and client discussed the client's struggle to not purge despite a voice in her head telling her to "get everything out". The client reported being in a constant daily battle and doubting her recent decision to open up and seek help. The client discussed her cravings for certain foods and her overwhelming desire to binge and purge despite the terrible consequences to her health. In detail, she described various health problems associated with frequent, violent purging and the extensive measures she has taken to keep her binges and purges secret.

Instructor: Now, with your eyes still closed, freely share your automatic thoughts about the client, the counselor, or anything else regarding the session.

CIT 1: The client is a rich white girl.

CIT 2: The client is skinny.

CIT 3: The client has controlling parents.

CIT 4: The client doesn't really want help stopping.

CITs continue to free associate with their eyes closed. When the flow comes to a natural close, the instructor summarizes the free associations and guides CITs into processing the automatic thoughts and the actual client details.

Step 4: Client presentation.

Instructor: Would the class please open your eyes and turn your attention to your classmate? Would the counselor now please share the case history of the client?

Presenting CIT: The client is a 25-year-old, first-generation Indian-American female. She admitted herself to an intensive out-patient eating disorder treatment program last week. This was her first session. She was recently hospitalized for a suicide attempt. She is a medical student who is in an arrangement to be married after medical school.

Step 5: Process. The instructor then facilitates the discussion focused on the accuracy of the automatic thoughts. The purpose is to gain self-awareness about assumptions, stereotypes, biases, and judgments that are often made about clients as well as their inaccuracies. The instructor fosters a supportive environment for self-disclosure by modeling supportive statements and making here-and-now comments about the self-disclosures. Some examples are below:

Instructor: I applaud you, [CIT name], for saying what you just said. I imagine you haven't said that aloud very often.

OR

Instructor: How did it sound to your own ears when you said that?

OR

Instructor: How do you believe that others perceive you now that you said what you were really thinking?

The instructor should also promote exploration of CITs biases, assumptions, and judgments as well as how those came to be. For example, the instructor may ask the CITs what they believe about the occurrence of certain disorders and ethnic groups or about their views of parental authority, client autonomy, and cultural identity. This can open up a discussion regarding cultural views, assumptions, values and biases. CITs may probe each other, asking where an assumption came from. The exercise should result in therapeutic learning milieu in which CITs share freely and openly discuss initial reactions to clients. CITs can come away with greater awareness of the power of automatic thoughts, their impact on clients, and hopefully, greater competence in multicultural awareness.

Ultimately, implementation of this model seeks to foster cultural competence. Counselors are not automatically culturally competent. As counselors, we become culturally competent through a continuous learning process that examines our own values, biases, beliefs and assumptions (Ratts et al., 2015). In addition to the awareness of these thoughts, counselors become more adept in their cultural competence when they are able to challenge these automatic assumptions through group conversations that regularly engage in dialogues about diversity and cultural competence. The model seeks to foster in CITs openness to adapt to the cultural and diverse needs of those with whom they work and the awareness of their own automatic thoughts and beliefs with regard to their clients.

Consideration for Implementation and Future Research

This model needs to be tested and revised in practice. When considering implementing the model, it is important for supervisors to take into account student development based on where they are in their program of study. For example, implementing this model with students in a practicum course might look very different from students in an internship class. Given that practicum is the first formal experience in the practice of clinical skills, there may be a greater level of anxiety surrounding basic counseling techniques and fundamental skills. Using this model in practicum might serve as a method to foster group cohesiveness in addition to breaking down barriers to giving and receiving feedback regarding skill development. In contrast, using this model in an internship course where students are more developmentally confident in their clinical abilities may foster more dialogue surrounding multicultural competence. This type of competence can be achieved by challenging assumptions, worldviews and biases, thus fostering more cultural awareness and sensitivity. Therefore, it is important for supervisors to consider the developmental stage of their CITs before implementing the model.

Future research will focus on implementing this model as a formalized research methodology and will assess the efficacy of the intervention, examining if similar themes emerge. It will be critical to be able to evaluate whether mindfulness is in fact related to increases in CITs' levels of disclosure in supervision or if it is related to other potential factors listed above. Second, the research supporting the relationship between mindfulness meditation practice followed by free association on a CIT's self-disclosure and multicultural competence is incomplete. Future research will explore these dimensions, but will also examine the connection between variables over time and will take into account a CITs level of development and their level of competence, mastery and group cohesiveness. Third, it would be interesting to examine whether mindfulness practice is related to CIT's recognition and awareness of their thoughts, feelings, biases and beliefs, both positive and negative, and their ability to self-disclose by letting them pass and not holding on to such perceptions. Lastly, it would also be useful to measure the relationship over time between mindfulness practice and a CIT's self-reported empathy for a clients' subjective reality.

Conclusion

Clinical supervisors, similar to therapists, require many tools in their proverbial tool-kits. They must apply these tools with counselors-in-training to provide scaffolding, thus fostering their skill development and competence, all the while, providing feedback. Supervisors should be flexible and adaptive in their approaches and use of interventions to foster growth and multicultural competence in their CITs. The use of the mindfulness and free-association during group supervision could be incorporated as learning techniques in counselor training programs. These concepts aim to foster and enhance self-disclosure in supervision, increase CIT mindful awareness, openness to feedback, and greater multicultural competence. Through coupling the pedagogy of mindfulness and free association with a goal of multicultural competence, this theoretical model is relevant to the evolution of contemporary best practices in counselor education.

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