Integrating Multiculturalism, Social Justice, and Wellness: Supervision Model for

Counselor Center Trainees

Malaika Edwards[1], Helen Lupton-Smith[1], Erik Messinger[2], Bernard Durham[1], Rasha

Mohamed[3], Marc A. Grimmett[4]

[1]Department of Counseling and Higher Education, North Carolina Central University

[2]Department of Psychology and Counseling, Hood College

[3]The Clinical Mental Health Counseling Department, Antioch University

[4]Department of Education Leadership, Policy and Human Development, North Carolina

State University

Abstract

This qualitative case study examined a clinical supervision model integrating multiculturalism, social justice, and wellness frameworks for counseling trainees at a university-sponsored community counseling center. The study analyzed reflections from 15 master's-level counseling trainees who participated in supervision incorporating structured readings and guided reflection questions. Thematic analysis identified seven primary themes across how the model supported: addressing wellness, addressing personal identity, and implications for counseling work. Findings included themes of techniques/interventions, self-care promotion, cultural conversations, trauma-informed care, advocacy, and cultural competence development. Results suggest that intentionally integrating these concepts through structured supervision helped trainees translate theoretical knowledge into clinical practice. This model offers a framework for preparing counselors to work effectively with diverse populations while maintaining focus on both social justice and wellness approaches.

Keywords: counselor supervision, multiculturalism, social justice, wellness, counselor education, clinical training

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Regarding counseling supervision, there are several supervision models that integrate multiculturalism, social justice, or wellness, but none that incorporate all three constructs. Various approaches are taught in counselor education and supervision programs, but no studies were identified that directly connected specific supervision approaches to counselor education program clinics.

The purpose of this qualitative case study was to examine a supervision model grounded in multiculturalism, social justice, and wellness frameworks, and used with trainees in a university-sponsored community counseling center located in the southeastern United States. This supervision model is complementary to, and an extension of, the mission and vision of the community counseling center, which emphasizes the concepts of multiculturalism, social justice, and wellness.

Literature Review

Largely absent from the literature is research generated from supervision delivered in counselor education program training clinics. Specifically lacking are supervision models that mirror the principles guiding the center studied here, in addition to frameworks focused on underserved communities and clients from historically marginalized populations. To address this gap, the authors of this paper share a community counseling center's supervision model and qualitative case study research process, including results and implications for supervisors, counselor educators, and practicing counselors.

Multiculturalism and Social Justice in Supervision

Emphasizing the importance of inclusivity in supervision, the ACA Code of Ethics (2014) states that supervisors need to be aware of and address the role of multiculturalism and diversity in the supervisory relationship. This idea was elaborated upon by Peters (2017), who explained that a multicultural emphasis includes broaching cultural differences among the client, counselor, and supervisor.

In the past, much of the literature related to multicultural and social justice competence in counselor education focused on techniques that could be used by supervisors, rather than introducing frameworks for conducting supervision (Ivers et al., 2017; Warner, 2015). Bernard and Goodyear (2019) described multicultural supervision as a method of conceptualizing multicultural practices for supervisees, addressing cultural factors in supervision, and using racial/cultural identity development models to expand critical thinking.

Other authors over the years developed supervision interventions founded in social justice. Odegard et al. (2007) focused on fusing social justice with the discrimination model. Glosoff and Durham (2010) proposed using supervision as a means of preparing counselors to be social justice advocates. In 2010, Fernando and Herlihy described social justice supervision for group facilitators, while Kahn and Monk (2017) later developed a model using narrative therapy to address social justice in supervision.

More recently, various authors developed supervision frameworks connecting cultural identity and social justice, while specifically drawing from the Multicultural and Social Justice Counseling Competencies (MSJCCs; Ratts et al., 2016). Fickling et al. (2019) applied the MSJCC model to clinical supervision, which intentionally addressed multiculturalism and social justice competence and outlined strategies that included a focus on broaching (Day-Vines et al., 2007). Likewise informed by the MSJCCs (Ratts et al., 2016), Dollarhide et al. (2020)

introduced a comprehensive model for social justice supervision that includes supervisor self-evaluation, supervisees' identities and strengths, an emphasis on clients' social justice needs, and utilization of social justice outcomes for clients as a measure of counseling success. Mitchell and Butler (2021) also created a model of supervision utilizing concepts from the MSJCCs called the Multicultural Integrated Supervision Model (MISM), designed to provide supervisees with a deeper appreciation of multicultural perspectives and intended to impact supervisory and counseling relationships.

The research outlined here demonstrates the trend towards intentionally creating and developing supervision frameworks focused on multiculturalism and social justice, as opposed to positioning these constructs as augments to existing approaches. Additionally, each model emphasizes culture and social justice and/or use the MSJCCs as central to their foundations. Several models also consider the supervisor, supervisee, and client in their application and focus on parallel processes occurring between supervision and counseling. Although the previously discussed models address the significance of multiculturalism and/or social justice, other supervision approaches emphasize wellness.

Wellness in Supervision

Storlie and Smith (2012) indicated that wellness interventions occurring in the context of strong supervisory relationships demonstrated a significant effect. Borders et al. (2014) highlighted the need to discuss the concept of wellness in supervision and to model wellness behaviors and attitudes for supervisees. Qualitative studies have also supported the benefits of addressing wellness in supervision (Lenz et al., 2014; Thompson et al., 2011). Researchers have described wellness promotion as an important goal of supervision and the supervisory relationship, with a growing body of evidence examining how supervisee wellness can be

improved through supervision (Lenz et al., 2014; Lenz et al., 2018; Thompson et al., 2011). One such study by Gleason and Hays (2019) found student participants expressed concern for faculty self-neglect and appreciated when faculty modeled wellness behaviors. Their work also presented strategies for incorporating wellness in counselor education and supervision, such as addressing work boundaries and balance (Gleason & Hays, 2019). Furthermore, Doyle and Welfare (2022) discovered that supervisee's wellness is impacted by perceptions of their supervisor's professional wellness. A supervisor with a high level of personal wellness needs to demonstrate transparency to allow supervisees to learn those healthier practices. Conversely, supervisors with low levels of wellness may be modeling maladaptive approaches for their supervisees. Ultimately, evidence suggests that supervisors can harness the power of their own personal wellness to maximize supervisee wellness (Doyle & Welfare, 2022).

Summary

Although the collective influence of multiculturalism and social justice has been considered in supervision, few authors have directly connected wellness with those constructs to create a more holistic model of supervision. Authors such as Blount and Acquaye (2018), Ivey et al. (2013), and Prilleltensky (2012), proposed exploring the relationship of wellness models with multicultural and social justice counseling practices, but there remains an absence of literature applying these principles to university-affiliated community counseling clinics. To address this lack, the current study integrated multiculturalism, social justice, and wellness concepts into a supervision framework to be utilized in a university-based community counseling center.

Model of Clinical Supervision

The setting of the current study is a counselor education program-based community counseling center that operates from an engagement scholarship model (Author, 2018). To serve marginalized communities, the multicultural, social justice, and wellness foundations of the center's model respond to systemic problems and create an optimal learning environment for counselor education graduate students.

Author et al. (2017) first described the model as a conceptual and applied model for multicultural and social justice counselor education, which Author et al. (2018) later expanded to an "overall emphasis on specific engaged scholarship practices" (p. 205). Principles of the counseling center's model form the basic structure of the supervision process and directly relate to multiculturalism, social justice, and wellness.

A love ethic is foundational to the model, focusing on a commitment and responsibility to team members and clients, grounded in treating all people with respect and dignity (hooks, 2000). There is an awareness that many community members experience marginalization, and in response, team training and counseling services were developed to ensure interactions with peers and clients are affirming, validating, and trauma sensitive. The model also includes a wellness focus in counseling that attends to physical, psychological, social, cultural, emotional, relational, political, and spiritual development needs, rather than focusing solely on mental illness (Myers & Sweeney, 2008; Prilleltensky, 2008). The practices are also trauma-informed and account for trauma experiences in assessment, conceptualization, counseling, and consultation processes (SAMHSA, 2018). The model's trauma-informed approach is grounded in awareness of the disproportionate impact of trauma on people of color, LGBTQ+ communities, and members of other marginalized groups (Goodman, 2015). Multiculturalism is also taught through carefully selected readings, trainings, supervision, and community experiences focused on putting into

practice cultural humility, respect for intersectionality, and intentionally welcoming and affirming people of all identities (Crenshaw, 1991; Mosher et al., 2017; Ratts et al., 2016). In clinical supervision sessions, team meetings, and professional development, counselors in training are asked to develop or enhance their critical consciousness and examine assumptions within the counseling discipline that have been based on an individualistic, ethnocentric approach (Comas-Diaz, 2000; Ratts et al, 2016; Singh et al, 2020). Relatedly, the model's social justice approach is primarily focused on enhancing the accessibility and affordability of counseling services in the community, as well as centering the Multicultural and Social Justice Counseling Competencies in team members' work (Ratts et al., 2016). The centering of the MSJCCs entails an awareness of the impacts of oppression that many clients have experienced and a focus on the intersectionality of privilege and marginalization experienced by clients and members of the counseling center's team alike.

To achieve a focus on multiculturalism, social justice, and wellness, doctoral student clinical supervisors and master's-level counseling trainees are required to: (a) read foundational articles describing the center's model (Author, 2017; Author, 2018); (b) attend orientation meetings and training sessions that expound upon the model and its components; and (c) practice application. Doctoral student supervisors and master's-level trainees were also assigned supplemental readings that corresponded with specific components of the center's model (Table 1). Only master's-level trainees were assigned guided written reflections each week (Table 2) to explore how they implemented specific concepts from the readings and training. Doctoral and faculty supervisors then employed an intentional structure for individual and group supervision with master's-level student trainees that integrated strategies for processing the application of relevant concepts in their work with clients. The clinic director chose the assigned readings

(Table 1) as foundational content to be understood for counseling clients and for implementing the [CENTER] Supervision Model. The [CENTER] Supervision Model is intentionally adaptable regarding the number of readings assigned and which ones are specifically integrated into supervision. Table 1 reflects the supplemental articles assigned during this study. The readings serve as ongoing professional development and are integrated into the supervision session structure.

Table 1

Supplemental Articles Assigned to Doctoral Student Supervisors and Master's-Level Trainees

Article Name	Author(s)	Week Assigned
A community counseling center model for multicultural and social justice counselor education	Author, 2017	1
Author Affiliation: Addressing community mental health needs through engaged scholarship	Author, 2018	2
All about love: New visions	hooks, 2000, Chapter 6	3
Wellness counseling: The evidence base for practice	Myers & Sweeney, 2008	4
Social justice and multicultural issues: Implications for the practice and training of counselors and counseling psychologists	Constantine, et al., 2007	5
The role of power in wellness, oppression, and liberation: The promise of psychopolitical validity	Prilleltensky, 2008	6
Multicultural counseling competencies and standards: A call to the profession	Sue, et al., 1992	7
Relational-cultural theory: A framework for bridging relational, multicultural, and social justice Competencies	Comstock, et al., 2008	8
Multicultural and Social Justice Counseling Competencies: Guidelines for the counseling Profession	Ratts, et al., 2016	9
White fragility	DiAngelo, 2011	10
Why intersectionality can't wait.	Crenshaw, 2015	11
Counseling strategies for empowering people living in poverty: The I-CARE model	Foss-Kelly, 2017	12
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach	SAMHSA, 2014	13
A liberatory approach to trauma counseling: Decolonizing our trauma-informed practices	Goodman, 2015	14

Table 2

Weekly Reflection Questions Administered to Student Participants via Qualtrics

	Prompt and Questions Guiding Weekly Reflections
Initial Prompt	Weekly reflections are discussed in individual supervision and staff meetings, when possible, to better understand how to integrate wellness, multiculturalism, and social justice in your counseling. Application of these concepts is fundamental to this counseling center's model and foster the development of your counselor identity. Your experiences of the readings and reflections also help to further develop our model of counselor training and counseling services.
Question 1	Please describe how you addressed wellness (physical, psychological, social, cultural, emotional, relational, and spiritual needs) in your counseling with clients this week. Give examples (i.e., what you said; strategies used).
Question 2	Please describe how you *did or did not* communicate understanding of client personal identity (racial, ethnic, gender, sexual, socioeconomic, religious, spiritual, or any important part of their identity) in your counseling this week. Give examples (i.e., what you said; strategies used).
Question 3	This question will vary dependent on assigned readings related to reflecting on multicultural, social justice, and/or wellness counseling: 1. Please provide the name of the reading assigned for this reflection. 2. Please describe how the reading affected you.

> 3. Please describe counseling implications for your work as a counselor at this counseling center, based on the reading. Please share examples.

Individual and Group Supervision Structure
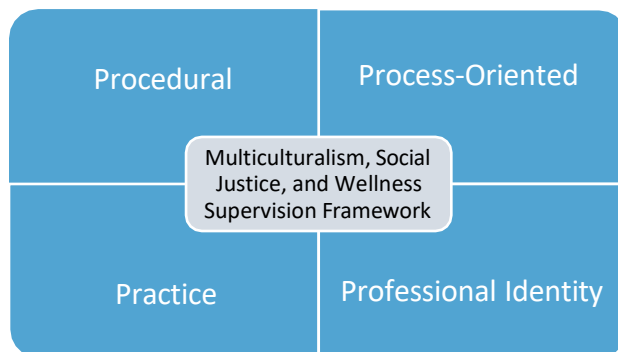
Figure 1

The [CENTER] Supervision Model

Figure 1 illustrates how multiculturalism, social justice, and wellness are at the core of

the [CENTER] Supervision Model. The four "Ps," or components of the [CENTER] Supervision

Model, demonstrate how supervision is conducted and the ways in which the readings and

reflections are incorporated into supervision. The four components are defined as: (a) procedural,

which includes typical supervision coordination (i.e., hours, scheduling, and other

administration); (b) process-oriented, which includes what is actually happening in the

supervisor/supervisee relationship from a framework of multiculturalism, social justice, and

wellness (e.g., Is the supervisor modeling wellness? Is the supervisor broaching with the

supervisee? Is the supervisor demonstrating congruence with social justice practices and acting

in a way that promotes equity and access?); (c) practice, which includes the aspect of supervision

dedicated to the counseling work the supervisee is engaging in with clients. This is where the

discussion on skill development, clinical issues, counseling techniques, and technical feedback

occurs. The practice component is also represented by Reflection Questions 1 and 2 (Table 2)

and is associated with the ways in which concepts from the readings and discussions of the

[CENTER] Supervision Model are put into practice; (d) professional identity, which relates

directly to Reflection Question 3 (Table 2), regarding how the readings affect the supervisees

and what implications they have for them as counselors. Doctoral student supervisors provided

this type of weekly supervision framework to master's-level students completing internship. The

use of supplemental literature, coupled with supervisory support, offered a formal mechanism for

conceptualizing relevant constructs, such as multiculturalism, social justice, and wellness, while

providing a foundation for moving from theory to practical application across clinical

environments.

For master's-level students completing their practicum experiences, a doctoral student

and faculty supervisor provided group supervision each week. The group supervision framework

commenced with mindfulness activities to promote personal wellness and offer opportunities for

trainees to practice techniques that could be introduced in client sessions. Group supervision also

concentrated on discussing the center's supplemental articles assigned each week (Table 1) and

applying at least one facet of what they learned to a client encounter. Subsequent to wellness

activities and reflections on assigned articles were more customary aspects of supervision,

including opportunities for feedback on clinical matters and skills development, counseling

interventions, and procedural concerns unique to the site.

Method

Research Team

The research group consisted of two counselor education faculty co-directors, three

doctoral student center coordinators, and one doctoral student research assistant. All members

identify as heterosexual and cisgender. One co-director is a 48-year old, African American man,

professor, and licensed psychologist. The other co-director is a 57-year old, White American woman, teaching assistant professor, and clinical coordinator. The doctoral student coordinators are a 42-year old, African American woman; a 28-year old, White American man; and a 42-year old, North African American woman. The doctoral student research assistant is a 27-year old, African American man. All four doctoral students served as supervisors for the master's-level trainees, with one doctoral student also holding a license as a clinical mental health counselor associate and another possessing licensure as a clinical mental health counselor.

Reflexivity Statement

To support trustworthiness in qualitative research, applying strategies that reflect reflexivity is necessary on the part of the researchers. Reflexivity involves an evaluation of identities, experiences, and assumptions, as well as questioning biases and developing consistent strategies to address those factors that may influence the research process (Rae & Greene, 2016).

In the context of this study, two researchers identified as counselor education faculty in the affiliated Counselor Education program, one of whom also served as a practicum instructor. Both faculty members served as co-directors for the community counseling center. The other four members of the research team were doctoral students in the affiliated Counselor Education program and served as practicum and internship supervisors. The research team discussed the impacts of power differentials at the beginning of the study and throughout. To address this, research processes were not discussed in counseling courses and student consent forms were delivered electronically, along with providing reminders about the voluntary nature of participation. Because all members of the research team have backgrounds in psychology and/or counseling and work at the counseling center, we recognized our roles as "insiders" and utilized existing theory to inform data analysis (Rae & Greene, 2016). To further practice reflexivity, we

independently documented thoughts and decisions, but discussed findings collectively, to ensure we considered areas of potential bias and external influence. Consistent with the counseling center model itself, the researchers also discussed and evaluated the ways in which personal identity, particularly those of a sociopolitical nature, such as race and gender identity, might impact or influence the research process (Creswell & Poth, 2018).

Participants

Participants included a purposive sample of 15 clinical mental health master's-level counselors-in-training who were completing their practicum and internship experiences at this community counseling center. Prior to selection for practicum and internship roles, students interviewed with the co-directors of the center and the doctoral student supervisors. Sixty percent of the student sample were White American women; 26% were Asian, Black, or South Asian women; and 14% were White or Black men. While the demographic data of the student sample were known at the outset, individual demographic data were not collected with participant responses in the study. The researchers intentionally used this approach for the purposes of the study to support student participant anonymity and to ensure the anonymity of responses given the small number of trainees and the research team's familiarity with the group as well as their identifiers prior to the start of the study.

As an expectation for completing practicum and internship at the community counseling center, students were asked to complete assigned readings and submit written reflections; however, participation in a study of their responses was voluntary. The assigned readings represent principles of the center and were requirements prior to, and apart from, research study development and launch. Researchers expressed the voluntary nature of student participation using an electronic consent process and by the use of talking points.

Data Collection

The University Institutional Review Board for the Use of Human Subjects in Research (IRB) approved the study. Researchers followed the ACA Code of Ethics along with ACES Best Practices of research while conducting this study. Informed consent and weekly reflections were completed through Qualtrics survey software, which outlined that study involvement was voluntary and would not affect practicum and internship eligibility or trainee outcomes at the site. It was communicated that anonymous responses would not be viewed, nor any of the data analysis conducted, until final grades were submitted and the semester was completed. No additional or external incentives were offered for the students to participate in the study. Responses to open-ended reflection questions (Table 2) served as a framework for clinical supervision and corresponded with the study's research questions:

1. How does the supervision model support addressing wellness in counseling?

2. How does the supervision model support addressing personal identity in counseling?

3. How does the supervision model address implications for your work as a counselor based on assigned readings?

The research questions align with the previously noted [CENTER] Supervision Model. The wellness component of the supervision model (Myers & Sweeney, 2008; Prilleltensky, 2008) was reflected in the initial research question. The next research question, addressing personal identity, was not only an extension of the love ethic but represented the valuing, embracing, and welcoming of identities espoused in multicultural counseling and social justice work in connection with the MSJCCs (Ratts et al., 2016). The final research question related directly to the assigned readings, which encompass all aspects of the supervision model's conceptual framework: love ethic, wellness, trauma-informed care, multiculturalism, and social justice.

Data Analysis

For this qualitative case study, four members of the research group independently read all responses to the open-ended reflection questions multiple times. Qualitative survey data were analyzed and interpreted using thematic analysis (Braun and Clarke, 2006; Guest et al., 2012). Thematic analysis is a research method commonly utilized to identify and report themes when using collected data for qualitative inquiry (Braun & Clark, 2006). Initial codes were generated using the process of clustering reoccurring responses among participants that shared similar thematic content (Miles et al., 2019). Data were analyzed and interpreted using deductive thematic analysis, as Braun and Clarke (2006) indicated that researchers using this process could appropriately limit their coding to data related to the research question (Creswell & Poth, 2018). Based on analytic objectives focusing on multiculturalism, social justice, and wellness, these codes were converted to central themes and subthemes—a process replicated for all three research questions. Coders utilized a combination of in vivo, descriptive, and process coding, and to address discrepancies across the four coders, the last author served as auditor (Syed & Nelson, 2015). These analytic strategies were collectively employed to increase the trustworthiness of the findings.

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Findings

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The themes that emerged from the analysis of student participant responses are organized by research question (Table 3).

Table 3
Research Questions and Associated Findings

Research Questions	Themes and Subthemes
How does the supervision model support addressing wellness in counseling?	1. Using Techniques/Interventions 2. Promoting Self-Care 3. Supporting Interpersonal Connections

How does the supervision model support addressing personal identity in counseling?	4.	Engaging in Cultural Conversations
		a. Use of Broaching
		b. Validating and Affirming the Client
		c. Addressing Discrimination and Oppression
		d. Building Trust
How does the supervision model address implications for your work as a counselor based on assigned readings?	5.	Providing Trauma-Informed Care
	6.	Advocacy in Action
	7.	Building Cultural Competence

Note. Primary themes are listed numerically under the Themes and Subthemes column, next to the corresponding research question. Subthemes, where applicable, are listed under the associated primary theme, designated by lowercase letters of the alphabet.

How does the supervision model support addressing wellness in counseling?

In relation to the incorporation and exploration of wellness in supervision, three themes appeared across participant responses, including: (a) *Using Techniques/Interventions*, (b) *Promoting Self-Care*, and (c) *Supporting Interpersonal Connections* (Table 3).

Using Techniques and Interventions

Discussing and practicing appropriate counseling techniques and interventions is a significant component of individual and group supervision, and their use includes basic or advanced counseling strategies and tools to support the growth, development, and overall wellness of the clients. Regarding a client who was "overwhelmed emotionally and physically," one participant wrote, "I took her through a series of progressive muscle relaxation and deep belly breathing [techniques]. I also… gave her a handout on mindful communication and "I" statements to help her communicate her needs..." Consistent with this center's model of supervision, the student participant identified and elaborated on specific techniques used in their counseling sessions to focus on the wellness of their clients.

Promoting Self-care

Self-care, for both the counselor and the client, is another important concept routinely discussed using this model of supervision. To encourage self-care as an element of wellness, one

participant simply reflected, "I also used a CBT coloring and activity book addressing how to take care of oneself from a holistic perspective, mind, body, and spirit." Referencing an international client unfamiliar with wellness and self-care, another student participant wrote, "[The client] has little time for friends, free time, or sleep. We discussed how self-care looked so different for everyone, but it is important that people learn how to incorporate self-care [what] works for them." Both student participants shared the ways in which their approaches to client concerns aligned with a supervision model that integrates the various aspects of self-care.

Supporting Interpersonal Connections

While discussions of relationships are a common focus of counseling sessions, there is a particular emphasis on interpersonal connections when this counseling center's model incorporates "a love ethic" (hooks, 2000), thereby encouraging a focus on this in supervision. Student participants repeatedly described the ways they supported their clients with establishing and maintaining interpersonal connections. Regarding a client who reported difficulty standing up for herself, the student participant wrote, "We continued to explore this from several angles, including how this shows up in the counseling relationship, as well as socio-cultural contexts, [and the] impact on school/work/social/family life." This statement demonstrated one type of personal connection relevant to trainees and clients that is deliberately discussed in supervision. Simultaneously, this student participant's reflection established a broader linkage to the significance of interpersonal connections across social contexts and identities.

How does the supervision model support addressing personal identity in counseling?

The primary theme that emerged in relation to exploring personal identity in supervision was: *Engaging in Cultural Conversations*, with four subthemes that included *Use of Broaching*,

Validating and Affirming the Client, *Addressing Discrimination and Oppression*, and *Building Trust* (Table 3).

Engaging in Cultural Conversations

Connecting with clients through multiple forms of discussion is foundational to counseling practice, but the introduction of cultural conversations is a specific mechanism for addressing aspects of clients' identities, such as race, ethnicity, gender identity, sexual identity, socioeconomic status, age, neurological diversity, ability status, language, and religious/spiritual affiliation. Engaging in cultural conversations, as applied in this supervision model, also includes exploring how clients are uniquely situated and impacted across sociocultural contexts. As such, the coders identified *Engaging in Cultural Conversations* as the broad category encompassing subthemes, thereby illustrating their connection to clinical dialogue on these topics.

Use of Broaching. Broaching involves consistently inviting clients to explore areas of diversity while maintaining an attitude of openness and genuineness (Day-Vines et al., 2007). In multiple instances, student participants described their use of broaching, which was promoted by the mission and vision of the center and expanded upon through individual and group supervision experiences. In one interaction with a client, the student participant reflected:

> I wanted to check in with him to see how he felt about me, [a woman practicing a religious tradition minoritized in the US], being his counselor. I also asked whether or not he found it necessary to filter what he was saying in front of me so that he does not offend me.

Validating and Affirming the Client. Ensuring that clients are heard and acknowledging their experiences through validating and affirming can help foster an environment of safety. Both were prominent subthemes among participants, including the

student who noted, "My client got emotional during the session. I said take the time you need and that it's ok to show emotions. I also affirmed that the counseling space is for you to be yourself." While exploring sexual identity, another student participant reflected that their client "… didn't feel supported in exploring her sexuality… I validated her and said, 'it has to be hard to be so close to your Mom while not feeling supporting in this aspect of your identity.'" The quotes by participants indicated their intentional use of counseling techniques, reinforced through supervision, to create an environment of security and wellbeing. Aligned with having an attitude of openness, as described when broaching, validating and affirming also encourages clients to explore their perspectives, experiences, and feelings related to identity, particularly those that have been minoritized and/or marginalized.

      Addressing Discrimination and Oppression. Regarding the ways in which trainees approached the topic of identity, the third subtheme addressed discrimination and oppression, both of which were incorporated into supervision discussions with the use of supplemental articles (Table 1). When a client session focused on sexual identity, one student participant expressed:

> With my male client who is gay, we continue to talk about discrimination and how it's affected and continues to affect his mental health. Soon after, he went into divulging all of his traumatic events in his life. He mentioned that he's 'never opened up to any therapist like this before.' My hope is that acknowledging his sexual orientation and how he's been discriminated against, allows him to feel safe to open up.

This example highlights the importance of supervision models that acknowledge experiences of oppression, in addition to supporting trainees with relating that to trauma, overall wellness, and the development of trust during the clinical encounter.

Building Trust. The final subtheme captured under the primary theme of *engaging in cultural conversations* involved building trust and strengthening the relationship with clients by centering culture in the session. This was demonstrated when a counselor described a conversation on gender identity by reporting that they "Met with [the] parent of adult child who has recently come out as transgender. [I] created a space to share [a] range of feelings, answered questions about transgender issues, space to practice using the child's pronouns and name, and provided resources..." Similarly, while working with a client from a different racial background, another student participant wrote:

> … I realized that he was struggling to fully open up in session because he was not sure if I understand his struggle given that I am white and his challenges at work stem from the white leadership not understanding the needs of the people they serve… I also expressed that I can see how these issues at his place of work, stem from white privilege.

Through the trainees' reflections on their work with clients, the value of a supervision model that systematically integrates multiculturalism and social justice approaches with strategies for supportive clinical care is evident. The final research question further explores this, with an emphasis on the assigned supplemental articles (Table 1) used in this supervision model to enhance knowledge and understanding of multiculturalism, social justice, and wellness.

How does supervision address implications for your work as a counselor based on assigned readings?

The emergent themes from this question included: (a) *Providing Trauma-Informed Care*, (b) *Advocacy in Action*, and (c) *Building Cultural Competence* (Table 3).

Providing Trauma-Informed Care

Operating from a trauma-informed perspective is a significant component of this counseling center's model and therefore incorporated in supervision. Supplemental articles (Table 1) familiarize trainees with this concept, which is then elaborated upon during individual and group supervision sessions. One student participant articulated their perspective on this when they wrote, "Working with clients who have been affected by trauma(s) is my continued goal within counseling, for I truly enjoy working within a population where strengths are found where experiences have been socially considered to 'destroy' someone's ability to succeed." Likewise, another student participant reflected on systemic trauma and its impacts on clients when they wrote, "It's important that I as a counselor, look not only at the trauma of a client, but at the potential systemic oppression that is part of, or even the cause of the trauma." Utilizing specific supplemental articles helped introduce these ideas, their relationship to clients, and the need for movement from theory to practice.

Advocacy in Action

The next theme related to the use of supplemental readings in supervision, and the conceptual associations to clinical practice, was advocacy in action. Coders defined this as student participants clarifying their views on advocacy and sharing their understanding of how this is relevant individually and collectively. In response to the article on intersectionality (Crenshaw, 2015), one student wrote:

> There are a lot of different implications that someone can take out of this article... The first and foremost goes back to our role as a counselor and our duty to be social justice advocates for our clients and humans in general. This article lays a heavy emphasis on "words aren't enough" [and] that we have to provide action in order for real change to occur.

Following the reading on the love ethic (hooks, 2000), a student participant explained, "As counselors, we have the awesome responsibility of choosing love over and fear, and hence, choosing to move against fear and the status quo." Relatedly, after a reading on power, wellness, and liberation (Prilleltensky, 2008), another student participant elaborated on advocacy in counseling:

> As a counselor we can be an oppressor without being aware of it. When we sit in our position of power as a counselor and do not acknowledge the systems of oppression that are affecting our clients, we are acting as a part of those systems. This is why it is imperative that I work to try to level power inequalities in session.

Through the use of readings in supervision, the selected quotes not only illustrated the trainees' individual understandings of advocacy and its relationship to counseling, but they also expressed their expanding awareness of the impacts of building cultural competence, the final theme.

Building Cultural Competence

As previously explained, the Multicultural and Social Justice Competencies (MSJCC) explain the significance of counselor and client cultures and the ways identities impact the counseling relationship (Ratts et al., 2016). Regarding the supplemental readings and their inclusion in the structure of supervision, student participants frequently expressed the profound impacts of building cultural competence, including the participant who responded:

> Through my social justice and multicultural counseling work, I've realized just how important love ethic is. I've shown my clients that I see them for who they are and where they came from. I've shown my clients that I recognize the systems of oppression and how they've been affected. When my clients know that I have their back and that I "see" them, I feel as though so much growth happens.

Consistently, a different student participant offered:

> I now feel more confident in counseling individuals of varying cultural backgrounds
> because I do possess a genuine curiosity of understanding their authentic world view. I
> understand, too, how I can grow in this area by maintaining my curiosity rather than
> assuming someone has had experiences simply because of their gender, race, ethnicity, or
> sexual identity.

Discussion

The goals of this university-sponsored community counseling center are to provide affordable, accessible counseling services to underserved individuals from marginalized communities and to provide optimal training for graduate students in counseling. Through the incorporation of supplemental articles (Table 1) with guided reflection throughout the individual and group supervision processes, theoretical concepts were translated into counseling practice. The findings of this qualitative case study indicate that counselors-in-training at this community counseling center utilized approaches to multiculturalism, social justice, and wellness that not only represent consistency with the center's mission and identity, but also mirror components of the [CENTER] Supervision Model and supplemental literature incorporated throughout supervision sessions.

Not surprisingly, there were themes and subthemes of all three research questions that referenced formal counseling techniques (i.e., using techniques/interventions, use of broaching, validating and affirming, and building trust) (Table 3). This demonstrates that the trainees relied on foundational counseling skills that would typically be addressed in supervision, but those techniques were also intentionally utilized to focus on aspects of multiculturalism, social justice, and wellness in client sessions.

Additionally, there were patterns throughout the findings that suggested linkages to the individual and group supervision structures, specifically the practice and professional identity components of the four "Ps" of the [CENTER] Supervision Model. With regard to addressing wellness in counseling, the three themes involved specific areas addressed with regularity in supervision, including the use of techniques, as previously noted, as well as promoting self-care and supporting interpersonal connections. Individual supervision includes the practice, process, and professional identity components of the four "Ps," which directly attends to trainees' and clients' self-care and wellness. In addition, group supervision includes mindfulness practices and explorations of holistic wellness, which involves interpersonal relationships and personal connections, thereby relating to the findings.

When considering how supervision supports addressing personal identity in the counseling relationship, there are consistencies between this counseling center's emphasis on multiculturalism and social justice and the [CENTER] Supervision Model that synthesizes the principles with supplemental literature. In their responses, student participants referenced a range of clients they engaged with in sessions, including individuals who represented racial, ethnic, gender, sexual, socioeconomic, religious, and neurological diversity. Because this array of clients reflects the changing demographics of the country, counselors-in-training were offered opportunities to consistently utilize their skills and training in multiculturalism and social justice. In parallel fashion, the student participants were able to connect the assigned literature with implications for the development of their professional identity and own future practices. Their reflections on the significance of providing trauma-informed care, advocacy in action, and building cultural competence directly connected to articles on topics incorporated into supervision, such as trauma, community engagement, multiculturalism, and social justice (Table

1). Furthermore, the structure of the [CENTER] Supervision Model allowed trainees to exercise intentional affirmation of diverse identities, in addition to increasing their ability to articulate the significance of advocacy or any externally focused action that supports the needs of clients and the community.

The themes generated from the participant dataset were a recognizable collection of perspectives and practices implemented by the counselors-in-training, although the community counseling center had not documented this prior to this study. Moreover, existing literature has yet to emphasize supervision models applied in counseling centers affiliated with counselor education programs, which was done here. This is coupled with the scarcity of research on supervision approaches that reflect a specific mission of a center and combine the constructs of multiculturalism, social justice, and wellness, although this paper begins to fill that gap.

Implications

The current study identified key themes that emerged for clinical mental health practicum and internship students when onsite supervisors incorporated readings on multiculturalism, social justice, and wellness into supervision sessions. The [CENTER] Supervision Model, with its four "Ps," including procedural, process-oriented, practice, and professional identity, informed by the reflection of the framework's foundational readings, equips counselor supervisors with a structure for applying these principles in sessions with students and supports counseling trainees in their work with clients. Counseling supervisors, counselor educators, and practicing counselors are expected to operate with an awareness of multiculturalism, social justice, and wellness approaches. The current supervision approach presents an intentional and systematic mechanism for augmenting counselor education program content and reinforcing these concepts throughout the counselor trainee field experience in preparation for professional practice.

Limitations and Future Research

Although this paper presents the research findings on a cohesive model for supervising counseling trainees, there were limitations, including the relationship between the research team members and the student participants, who simultaneously worked onsite. While the student participants were not required to engage in the study, and voluntary participation was explicitly communicated, it is not possible to determine the influence of personal relationships and power dynamics when supervisory positions are considered. Furthermore, aside from expansion of knowledge and contribution to the counseling literature, there were no direct benefits for students participating in the study. As such, it is possible that study engagement felt required by the student counselors despite researchers' best efforts to prevent this. Relatedly, the research team members were "insiders" and had first-hand knowledge of the counseling center, supervision model, and expectations for student trainees. While recognizing the privilege of being an insider, the research team members were required to remain open to participant experiences and reports, in addition to consistently minimizing the possibility of imposing judgments on them. Additional limitations included the challenges of time and team member transitions, which interrupted portions of the data analysis process. Despite several adjustments, the primary research team remained intact and developed a structure for regular virtual meetings, but the impacts of changing circumstances over time cannot be overstated.

An additional thought for future implementation of the model is the number of readings chosen to incorporate into supervision. As practicum and internship are time intensive for both supervisors and supervisees, it is helpful to consider the frequency and number of readings to assign for students to get maximum learning and integration of the material. Future research may include another case study examining individual and group supervision sessions to specify what

occurs in those meetings. The reflection questions from this study may change from a focus on what occurred in counseling sessions to what occurred in supervision. As such, Reflection Question 1, "Please describe how you addressed wellness in your counseling with clients this week," would change to "Please describe how you addressed your wellness in supervision this week," with other reflection questions similarly revised. Future research could also include a document analysis, or a document analysis may be conducted independently, to more specifically understand how students conceptualize supplemental literature. If this supervision approach were more widely adopted, future research may involve quantitative or mixed method analyses presenting statistical correlations between what occurs in supervision meetings and what happens in client sessions, in addition to exploring the experiences of supervisors who utilize this model.

Another fruitful contribution may compare the clinical skill responses and outcomes of counselor trainees working under this supervision model with those who are not exposed to this approach in supervision. Based on the results of this case study, the authors believe that as more intentional supervision time is spent exploring and reflecting on focal areas such as multiculturalism, social justice, and wellness using structured content, the more translation of the supervision model to counseling occurs. Therefore, measuring the impacts of this supervision model on the student counselor's work as compared with other supervision models that do not intentionally integrate these principles while processing supplemental readings on such topics, may be beneficial. These types of comparison studies would assist with further assessing the impacts of the model.

Conclusion

The findings of this qualitative case study offer supervisors, counselor educators, and practitioners a real-world example of how multiculturalism, social justice, and wellness

approaches can be incorporated and applied in supervision sessions in community counseling

centers affiliated with counselor education programs. Employing supervision approaches that

emphasize these constructs is an essential and intentional effort, as supervisors and educators

prepare future counselors. This is an element of counseling ethics, and it is particularly

significant for practicing counselors who work in community counseling environments. The

findings of this case study, while unique to this site, are relevant for understanding how

supervision contributes to moving trainees from theory to action. Moreover, the ability to

appropriately counsel individuals of all backgrounds, particularly historically marginalized and

disenfranchised identities, is paramount. This knowledge begins in coursework, but it is

amplified in field experiences through supervision, and university-sponsored counseling centers

serving as training programs are in a unique position to contribute.

References

American Counseling Association (2014). *Code of ethics*. Alexandria, VA: Author.

Author. (2017). A community counseling center model for multicultural and social justice

counselor education. *Journal for Counselor Leadership and Advocacy*, *4*(2), 161-171.

DOI: 10.1080/2326716X.2017.1347390

Author. (2018). Author affiliation: Addressing community mental health needs through

engagement scholarship. *Journal of Higher Education Outreach and Engagement*, *22*(3),

201-230.

Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision* (6th ed.).

Pearson.

Blount, A. J., & Acquaye, H. E. (2018). Promoting wellness in refugee populations. *Journal of*

Counseling & Development, *96*(4), 461–472. https://doi.org/10.1002/jcad.12227

Borders, L. D., Glosoff, H. L., Welfare, L. E., Hays, D. G., DeKruyf, L., Fernando, D. M., &

Page, B. (2014). Best practices in clinical supervision: Evolution of a counseling

specialty. *The Clinical Supervisor*, *33*(1), 26-44. doi:10.1080/07325223.2014.905225

Braun, V. & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in*

Psychology, *3*, 77-101.

Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & Salazar, G. II.

(2008). Relational-cultural theory: A framework for bridging relational, multicultural,

and social justice competencies. *Journal of Counseling & Development, 86*(3), 279–

287. https://doi.org/10.1002/j.1556-6678.2008.tb00510.x

Constantine, M. G., Hage, S. M., Kindaichi, M. M. & Bryant, R. M. (2007). Social justice and

multicultural issues: Implications for the practice and training of counselors and counseling psychologists. *Journal of Counseling & Development*, *85*, 24-29.

Crenshaw, K. (2015, September 24). Why intersectionality can't wait. *The Washington Post.*

Creswell, J. W. & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches*. Sage.

Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling & Development, 85*(4), 401-409. https://doi.org/10.1002/j.1556-6678.2007.tb00608.x

DiAngelo, R. (2011). White fragility. *International Journal of Critical Pedagogy*, *3*(3), 54-70.

Dollarhide, C. T., Rogols, J. T., Garcia, G. L., Ismail, B. I., Langenfeld, M., Walker, T. L., & Aras, Y. (2020). Professional development in social justice: Analysis of American Counseling Association conference programming. *Journal of Counseling & Development*, *98*(1), 41-52.

Doyle, K. A., & Welfare, L. (2022). Modeled wellness: How perceived supervisor wellness explains supervisee personal wellness. *Journal of Counselor Preparation and Supervision*, *15*(1), 8.

Fernando, D. M., & Herlihy, B. R. (2010). Supervision of group work: Infusing the spirit of social justice. *Journal for Specialists in Group Work, 35*(3), 281–289. https://doi.org/10.1080/01933922.2010.492905

Fickling, M. J., Tangen, J. L., Graden, M. W., & Grays, D. (2019). Multicultural and social justice competence in clinical supervision. *Counselor Education and Supervision*, *58*(4), 309-316.

Foss-Kelly, L. L., Generali, M. M., & Kress, V. E. (2017). Counseling strategies for empowering

    people living in poverty: The I-CARE model. *Journal of Multicultural Counseling and*

    Development, *45*, 201-213.

Gleason, B. K. & Hays, D. G. (2019). A phenomenological investigation of wellness within

    counselor education programs. *Counselor Education & Supervision*, *58*, 311-316.

Glosoff, H. L., & Durham, J. C. (2010). Using supervision to prepare social justice counseling

    advocates. *Counselor Education and Supervision*, *50*(2), 116-129.

Goodman, R. D. (2015). A liberatory approach to trauma counseling: Decolonizing our trauma-

    informed practices. In R. D. Goodman & P. C. Gorski (Eds.), *Decolonizing*

    "multicultural" counseling through social justice: International and cultural psychology

    (pp. 55-72). Springer. https://doi.org/10.1007/978-1-4939-1283-4_5

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. SAGE

    Publications, Inc.

hooks, b. (2000). All about love: New visions. HarperCollins.

Ivers, N. N., Rogers, J. L., Borders, L. D., & Turner, A. (2017). Using interpersonal process

    recall in clinical supervision to enhance supervisees' multicultural awareness. *The*

    Clinical Supervisor, *36*(2), 282-303. doi:10.1080/07325223.2017.1320253

Ivey, A. E., Ivey, M. B., & Zalaquett, C. P. (2013). *Intentional interviewing and counseling:*

    Facilitating client development in a multicultural society (8th ed.). Cengage Learning.

Kahn, S. Z., & Monk, G. (2017). Narrative supervision as a social justice practice. *Journal of*

    Systemic Therapies, 36(1), 7–25. https://doi.org/10.1521/jsyt.2017.36.1.7

Lenz, A. S., Oliver, M., & Sangganjanavanich, V. F. (2014). Perceptions of the wellness model

    of supervision among counseling interns. *The Clinical Supervisor*, *33*(1), 45-62.

Lenz, A. S., Sangganjanavanich, V. F., Balkin, R. S., Oliver, M., & Smith, R. L. (2012).

    Wellness model of supervision: A comparative analysis. *Counselor Education and*

    Supervision, *51*(3), 207-221. doi:10.1002/j.1556-6978.2012.00015.x

Lenz, A. S., & Smith, R. L. (2010). Integrating wellness concepts within a clinical supervision

    model. *The Clinical Supervisor*, *29*, 228–245. doi:10.1080/07325223.2010.518511

Miles, M. B., Huberman, A. M., & Saldaña, J. (2019). *Qualitative data analysis: A methods*

    sourcebook (4th ed.). SAGE Publications.

Mitchell, M. D., & Butler, S. K. (2021). Acknowledging intersectional identity in supervision:

    The multicultural integrated supervision model**.** *Journal of Multicultural Counseling and*

    Development, 49(2), 101-115.

Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice.

    Journal of Counseling & Development, *86*(4), 482–493.

Odegard, M., Vereen, L. G., & Hill, N. R. (2007, October). Situating supervision in the context

    of a social justice paradigm: A convergence of Bernard's Discrimination Model and

    social justice. Paper based on a program presented at the Association for Counselor

    Education and Supervision Conference, Columbus, OH.

Peters, H. C. (2017). Multicultural complexity: An intersectional lens for clinical

    supervision. *International Journal for the Advancement of Counselling, 39*(2), 176–

    187. https://doi.org/10.1007/s10447-017-9290-2

Prilleltensky, I. (2008). The role of power in wellness, oppression, and liberation: The promise of

    psychopolitical validity. *Journal of Community Psychology*, *36*(2), 116–136.

Prilleltensky, I. (2012). Wellness as fairness. *American Journal of Community Psychology*,

    49(1-2), 1-21. doi:10.1007/s10464-011-9448-8

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*(1), 28–48. https://doi.org/10.1002/jmcd.12035

Rae J. & Green B. (2016). Portraying reflexivity in health services research. *Qualitative Health Research*, 26(11), 1543–1549.

Storlie, C. A., & Smith, C. K. (2012). The effects of a wellness intervention in supervision. *The Clinical Supervisor*, *31*(2), 228-239.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20*(2), 64–88. https://doi.org/10.1002/j.2161-1912.1992.tb00563.x

Syed, M., & Nelson, S. C. (2015). Guidelines for establishing reliability when coding narrative data. *Emerging Adulthood*, *3*(6), 375-387. https://doi.org/10.1177/2167696815587648

Thompson, E. H., Frick, M. H., & Trice-Black, S. (2011). Counselor-in-training perceptions of supervision practices related to self-care and burnout. *Professional Counselor*, *1*(3), 152-162.

Warner, C. B. (2015). The role of clinical supervision in moving cultural awareness to cultural competence through case conceptualization. *World Journal of Psychotherapy*, *1*(8), 33-39.