

triadic system of client, therapist, and supervisor, relationships are multi-layered and complex. The clinical supervisor is responsible for creating a safe, secure holding environment that provides emotional nurturing and facilitates space for creative, interactional dialogue.

Enhancing skills in the methods and modalities of supervision

Supervision literature describes the postmodern supervisor as one who fulfills a variety of roles and functions: trainer, teacher, supporter, coach, advocate, consultant, mentor, administrator, and supervisor. From within these multiple and intersecting roles, supervisors and supervisees assess the presenting needs and thoughtfully draw from specific methods and modalities of supervision. In mutual and collaborative conversations, new ideas, possibilities, and interventions emerge.

Monitoring ethical and legal responsibilities

The ethical use of power is a key responsibility of supervisors. In addition

to attending to ethical issues that surface during client-therapist interactions, the supervisor has the fiduciary trust to maintain an ethical relationship with their supervisees.

Increasing awareness of culture, diversity, and social justice

In the presence of increasing global influences and diverse world views, effective supervisors develop cultural awareness, sensitivity, and competency. They learn to facilitate respectful conversations where multiple voices and perspectives are welcomed.

Constructing a personal philosophy and practice of supervision

For many untrained supervisors, their supervision practice has been informed by their previous personal and professional experiences. Intuitively, you may have decided what is good supervision and what is not. As supervision theory and practice has developed into a professional entity of its own, we now have access to formulate new ideas and ways of being as supervisors.

After years of providing clinical supervision and teaching clinical supervision courses to professional counsellors, I conclude that experience alone is not sufficient to guarantee effective supervisory outcomes. Let us consider together how the future of our therapeutic practice and professional organization will benefit from the emerging generation of trained supervisors who are carrying the torch as leaders, mentors, and gatekeepers of our profession.

Vange Willms Thiessen, MAMFT, DMIN, AAMFT-approved supervisor, RCC, and an MFT therapist, has provided individual and group supervision for the past 26 years to student interns and graduate therapists. Contexts for supervision have included educational/training settings, community agencies, and private practice in both Canada and Kenya. Vange teaches a 30-hour, professional-development clinical-supervision course once a year for MA-level psychotherapists.

STRENGTH IN UNITY

Supporting Asian men to become mental health ambassadors and to seek mental health care BY RODRICK LAL

Research suggests the mental health needs for ethnic minority communities are seldom met, especially for men. In particular, men from Asian communities, such as Chinese, Filipino, Korean, South Asian, and Vietnamese, to mention a few, are among the least likely groups to seek help for mental health problems in Canada. The hesitation to seek help is frequently attributed to stigma, shame, blame, and saving face.

While mental health stigma cuts across all cultures and backgrounds, research suggests stigma takes different forms in different communities and is compounded by masculinity and experiences of racism and discrimination — what is sometimes referred to as “double stigma.”

Fortunately, the Strength in Unity (SIU) project (2013-2017), funded by the Movember Foundation, has become the largest intervention study in Canada aimed at developing individual and community capacity to reduce the stigma of mental illness among Asian men and youth.

For many Asian families, especially for men, a diagnosis of a mental health problem such as depression can bring shame to the family, often leading to denial and a breakdown in communication. The control of personal feelings is considered very important, and men are taught not to express their emotions. As a result, seeking help is sometimes seen as bringing shame on the family honour. Within some Asian religious or spiritual traditions, it is the case that families are taught to surrender to divine will, to



The central focus of the SIU study was to examine the effectiveness of two intervention workshops in addressing internalized and social stigma: Acceptance Commitment Training (ACT) and Contact-based Empowerment Education (CEE).



For many Asian families, especially for men, a diagnosis of a mental health problem such as depression can bring shame to the family, often leading to denial and a breakdown in communication.

accept their lot in life, be thankful for what they have, and not feel downhearted about difficulties in their lives.

For many Asian men, religion is a central part of family life. For immigrants, worship can take on an additional role of maintaining identity and sustaining a social network within their community. As such, religious leaders are often the first point of contact for men experiencing mental health difficulties.

THE PRESENT STUDY

The SIU study involved numerous community partnerships with key settlement, mental health, and immigrant-serving organizations. Through a community-engaged process, the SIU study was privileged to engage 1,600 men and youth from Asian communities in Toronto, Calgary, and Vancouver with the aim of encouraging and supporting them to become ambassadors for mental health in their communities.

In Vancouver, the study involved participants from a wide age range (16-80) and from diverse ethno-cultural backgrounds. Ninety per cent of the participants were born outside Canada and, of those, 30 per cent were newcomers to Canada. Twenty per cent of study participants were people living with mental illness, and 25 per cent of study participants were family members of

people living with mental illness.

The central focus of the SIU study was to examine the effectiveness of two intervention workshops in addressing internalized and social stigma: Acceptance Commitment Training (ACT) and Contact-based Empowerment Education (CEE). ACT is an empirically tested, intrapersonal intervention that promotes psychological flexibility to seek help. It nurtures self-awareness, mindfulness, value-guided living, and compassion for self. CEE is a distinctive and innovative intervention that deepens the readiness of people to engage in anti-stigma mental health advocacy. It aids people to understand mental health and mental illness, motivates people to speak out against stigma and discrimination, and develops skills that aid community engagement and mobilization to seek care and treatment.

FINDINGS OF THE STUDY

Preliminary findings from the Vancouver site indicate that a combination of ACT and CEE interventions is the most effective in reducing internalized stigma among Asian men living with mental illness and their family members. The ACT intervention helped Asian men to improve their psychological flexibility, in order to face current and future mental health challenges. Further, ACT was most effective in helping participants address

internalized stigma through mindfulness, acceptance, commitment, and behaviour change processes. CEE is showing effectiveness at helping people better understand mental health through direct contact with people with lived experience of mental health problems. It is important to note, all participants, regardless of whether they were in the ACT, CEE, or the combined intervention group, reported improved attitudes, intentions, norms, and behaviours in relation to social justice and anti-stigma activism.

Changing stigma and becoming empowered to make a social impact is a gradual process that requires ongoing support. Together, ACT and CEE provided participants with the individual and collective support to achieve these goals. Currently, men are applying their new knowledge, skills, and networks to encourage their families, friends, and communities to engage in dialogue concerning issues of stigma, mental health-seeking behaviour and illness. Through this process, men may become more receptive to seeking mental health support from clinical counsellors in British Columbia.

Rodrick Lal is an RCC and educator. Currently, he is a co-investigator for the Strength in Unity project and completing his PhD in the Faculty of Health Science at SFU.

► For more information about the SIU project, go to www.strength-in-unity.ca or email rodrickl@sfu.ca.