



**PLURALISTIC
PRACTICE**

THEORY ARTICLE

Open to Multiplicities in Supervision: A pluralistic approach

JOSÉ FRANCISCO AVILÉS-ACOSTA

Abstract

In the United States of America (U.S.A.), supervision scaffolds the entry point to mental health professions for students and trainees and can offer an invaluable introduction to contextually applying skills and working through experiences that arise in clinical and supervisory spaces. However, training programs, and the approaches to supervision they adhere to, emphasize the development of competencies that favor the systems in which the supervisor and trainee are located. In this sense, many supervisory models reflect a universal approach to training that is inherently disconnected from the nuances of daily living, that does not prioritize the inclusion of multidimensional identities into the training experience. The present paper outlines an approach to supervision with that draws from various culturally and intersectionally-informed decolonial models of supervision, within a pluralistic practice framework. Through examples from their own practice, the author illustrates how such an approach can be viewed as an act of resistance against the one-size-fits-all supervision and training experience offered by the majority of training programs, centred in the validation and integration of multiple identities combined with a focus on practicality and utility.

CORRESPONDING AUTHOR:

José Francisco Avilés-Acosta

PsyD, Cook Counseling and Consulting, Inc.

Email:

avilesacostajf@gmail.com

KEYWORDS:

decolonial, pluralism, supervision, training, anti-oppressive

TO CITE THIS ARTICLE:

Avilés-Acosta, J. F. (2024) Open to Multiplicities in Supervision: A pluralistic approach. *Pluralistic Practice*. DOI: <https://doi.org/xx>

I am a clinical psychologist who supervises doctoral-level psychology interns at their last stage of training before graduation in the mainland U.S.A. I do so in a language foreign to me (English) and disconnected from my native language (Spanish) in which I trained. I migrated to Ohio (a state in the U.S.A.) from Puerto Rico (where I have lived most of my life) for employment opportunities (a voluntary exile in involuntary circumstance). This migration allowed me to gain a greater awareness of my identities and how they inform my work as a supervisor. In the present paper, I use the term *identities* to refer to a life-long fluid process of constructing 'selves' that result from both participation in, and exclusion from, social groups, and access or absence of power in different environments that can overlap or be differentiated amongst each other (Falicov, 2014a). Given my Whiteness, I am easily perceived as a member of this geographic cultural space (Ohio). However, once I disclose my name (José Francisco Avilés-Acosta), this changes. I experience the frustration of others not being able to pronounce my name, being questioned about my country of origin and being treated as an object of interest. Often, I am told, "Wow, you have such an exotic name." Yet, I feel obliged to laugh it off and pretend it was not said.

Comments on my name are a snapshot of a frequent pattern of microaggressive interactions I encounter in Ohio. When I choose to disclose my origin as being from Puerto Rico, some question my competencies, capabilities, and knowledge in multiple settings. Others ask how I learned to speak English with fluency while doubting my citizenship. At times I am treated condescendingly when I am stuck between languages, translating Spanish words into English words in conversation. I have received feedback that aspects of myself are barriers to professionalism. For example, when in academic settings, if I disclose my professional background (i.e., being a hairstylist for multiple years) I am dismissed, and my knowledge-from-experience labeled as invalid. Some have even encouraged me to keep this professional experience hidden, so I am not perceived as an inferior psychologist. Other times, I am told that I misunderstand social cues in professional settings, and that the way I self-disclose and structure and communicate my thoughts is considered unprofessional. My own identification as a non-binary Boricua rather than Puerto Rican or U.S.A. citizen adds layers of identities in my current context. These complex and interwoven identities are all relevant to the way I balance resistance against containment by carving out spaces that play with language and ways of being in the workplace. As such, I often experience myself as having many multidimensional identities in one container.

I share these experiences here because several authors consider self-disclosure as one way within clinical supervision to model our own processes, defuse power differentials, question the expert stance, and build solidarity (Falicov, 2014a; 2017; Goates et al., 2024; Pesqueira, 2021). I self-disclose these identities because they are lifelong, fluid, and a complex multilayered process in negotiation with the cultural spaces I encounter (Villegas-Torres & Mora-Pablo, 2018). Though I am encouraged to self-disclose, this is often unidimensional (i.e. easy to digest generalizable categories) within my professional role. While other identities of mine (i.e., Latine, Boricua, non-binary, hairstylist, queer, diagnosed with a chronic mental illness, caregiver, migrant, outsider) struggle in the margins.

In response to these experiences, I propose an approach to clinical supervision that centers a multidimensional perspective of identity. Held identities are sources of knowledge that can and should be integrated into supervision and training (Torres Rivera, 2023). These identities may overlap (e.g., sibling/person of color) or run counter (e.g., colleague/layperson) to each other, creating opportunities to be and experience oneself differently in the same encounter. The complex interplay of multidimensional identities within a person can be understood as *multiplicities*.

The aim of this paper is to introduce the Multiplicities Approach to Supervision (MAS), which builds on decolonial and intersectionality perspectives and synthesizes existing models of culturally-informed practice (e.g., pluralistic, the multidimensional ecosystemic comparative approach) to construct a way of working with multiple identities in clinical supervision. I will start with a brief review of some limitations of current theory and practice in clinical supervision. Then I highlight some existing models of supervision and build on their concepts to conceptually position MAS within the theoretical landscape. In closing, I describe MAS in detail, offer practices, and outline implications for clinical supervision.

LIMITATIONS OF CONTEMPORARY THEORY AND PRACTICE IN CLINICAL SUPERVISION

The broad consensus with the current literature agrees that, although, its focus may vary by practitioner and field of study within mental health professions, clinical supervision comprises a distinct role and specialty supported by its own training and research literature (Borders et al., 2023; Corey et al., 2010; Falender et al., 2014; Torres Rivera et al., 2013). Daskal (2008) described key aspects of the supervision process as involving the identification of areas of focus for the trainee, reflexive learning that enhance the formulation of ideas to address client concerns, and collaborative problem-solving around potential clinical decisions. Botero-García et al. (2022) add that the supervisor-supervisee relationship fosters the contextualized application of skills and provides a consistent space for personal and professional development. In addition, supervision offers a space to develop creativity, explore what is useful to the supervisee and their clients, experiment with various roles within supervision and therapy, and reinforce psychotherapy skills (Botero-García, et al. 2022; Daskal, 2008).

However, despite its value in relation to the areas outline above, supervision is often criticized for fostering specific worldviews, values, and approaches based on a universalist empirical stance throughout training programs and dismissing realities that are not served by Western worldviews (Ashan, 2020; Lekkeh et al., 2023). Some have argued that dominant Western knowledge contributes to a restrictive worldview that renders other cultural identities inferior, or invisible and that Western psychology creates and disseminates knowledge for the privileged and powerful identities (i.e., White, cisgender male, financial privilege; Torres Rivera et al., 2013; Torres Rivera & Torres Fernández, 2015). For example, Capella Palacios and Jadhav (2020) found ethnographic evidence of an overabundance and overvaluation of Western perspectives in an Ecuadorian psychology training program (e.g., exclusive teaching of U.S. authors and knowledge, regarding Latin American knowledge as unscientific and secondary, teaching interventions that do not respond to Latin American realities, disseminating individualistic values and

worldviews, among others). Studies in the U.S.A have reported significant dissatisfaction with supervision in trainees bearing marginalised or racialised identities (Diaz et al., 2024; Jadaszewski et al., 2024). Approaching clinical supervision from a restrictive Eurocentric framework limits, if not outright discourages, a comprehensive understanding of multiplicities while promoting the embodiment of an expert stance which risks dismissing other identities and sociocultural contexts that show up within supervision spaces (Capella Palacios & Jadhav, 2020; Lekkeh et al., 2023).

Models of clinical supervision taught in graduate courses (i.e., developmental, competency-based, discrimination models) do not consider sociocultural elements, and instead assume a position of objectivity and expertise (APA, 2014; Botero-García et al., 2022). Moreover, in many training programs, clinical supervision training and multicultural training are often restricted to a single course, rather than infusing the curriculum as a whole (Falender et al., 2014). Falicov (2014a) described how diversity and multicultural training in the U.S.A. promotes stereotyping and categorization from a Western lens while remaining disconnected from other parts of training. Falender et al. (2014a) highlighted that most multicultural approaches to supervision assume a universal stance by subscribing to a developmental model and neglecting cultural dynamics. Such approaches may foster an attitude of expertise of the othered, reducing the ability of both trainee and supervisor to be curious towards people's lived experience of their sociopolitical context (Falicov, 2014a). Lekkeh et al. (2023) comments that training in clinical supervision does not attend to the context of cultural realities and is of little utility when working with people who are underrepresented in the research. Botero-García et al. (2022) and Pesqueira (2021) criticize the clinical supervision literature, the majority of which is available in English and generated in the U.S.A. or in Western Europe, for its limited applicability in other settings and geographical spaces. Of note, in my geographical space of origin (Puerto Rico), there has been no published conceptual/theoretical articles or research on clinical supervision within that sociopolitical and cultural context in the available journals pertaining to the practice of psychology in the island (*Revista Ciencias de la Conducta*, *Revista Puertorriqueña de Psicología* [Puerto Rican Journal of Psychology], and *Revista Griot*). In my experience within my training program at Albizu University (an institution with APA accredited doctoral programs in Psychology), we were taught and trained in Integrative Developmental Model and Competency based supervision without consideration or exploration of whether they were useful in our sociopolitical and cultural training context.

I argue that many training programs unintentionally or unconsciously fall into an anti-pluralist stance in their curricula, that pathologizes, minimizes, dismisses, or denies opportunities for co-construction of dialogues with cultures that differ from those in power (Navarini, 2010). It has been argued that the field of psychology trains professionals to perpetuate the values of middle to upper white classes of the Global North and disseminate these as universal to other parts of the world (Capella Palacios & Jadhav, 2020; Malherbe, 2021). Psychology is a science rooted in colonialism that elevates European and individualistic approaches (i.e., empirically validated manuals and protocols) to suffering, and fails to make the process of holding space for sociopolitical and cultural elements mandatory for training (Ahsan, 2020; Torres Rivera & Torres Fernández, 2015).

In response to these issues, leading figures in this field have suggested that it is essential to consider supervision as space in which it is possible to engage in inquiry around the therapeutic relevance of intersecting differences and the impact of sociopolitical contexts (Tarshis & Baird, 2021; Watkins et al., 2019). A range of strategies have been pursued in relation to the goal of creating more explicitly multiculturally responsive forms of supervision practice. Guidelines and competency frameworks to support the integration of diversity into clinical supervision have been developed. The supervision guidelines published by the American Psychological Association (APA, 2014) explicitly make mention of a competence in diversity which is to be embedded in all dimensions of practice and relationships. Similar criteria can be found in the Psychology Trainee Competency Assessment Form developed by the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC, n.d.), and more recently by Sahu et al. (2024). However, although these guidelines require that diversity needs to be addressed in all aspects of training and supervision, they fail to acknowledge the impact of language and the intercultural encounter in clinical or supervisory spaces (e.g., the reliance on information heavily transmitted through language, which can have multiple interpretations depending on who is listening or reading; Torres Rivera et al., 2013), or the existence of bilingual supervisors or supervisors who have trained in another language (such as myself), and the implications this might have within the context of supervision (López & Torres Fernández, 2019).

Further strategies from supporting the development of approaches to supervision that more effectively take account of diversity and cultural difference, include research that identifies the key skills and therapist qualities associated with practitioner effectiveness in these domains (e.g., cultural humility: Spowart and Robertson, 2024; Watkins et al., 2019), and the development and utilisation of training resources (Watkins et al. 2022).

Although these strategies represent constructive and potentially highly valuable means of enhancing the capacity of supervisors to work with multiplicities, they are limited in two important ways. First, guidelines and knowledge about supervisor qualities do not describe *what to do*, in the sense of actionable or procedural steps to teach or evaluate the development of diversity competence (Legha, 2023). Second, they remain grounded in an expert-driven perspective that assumes that what is required to make supervision more sensitive to multiplicities and intersectionality, is knowledge from outside the supervision room (see, for example, Watkins et al., 2022). By contrast, my own work in this area has centred on assembling practical activities that can be integrated into actual supervision meetings, that might enable clinical supervision to provide a space for creativity, engagement, and curiosity, where supervisors and supervisees alike can deepen their contextualized understanding of themselves, their clients, and each other. My personal position is that Western ideologies have narrowed the already thin margins where oppressed identities reside. I believe that, by perpetuating frameworks centred on Western values and expertise, training programmes are teaching their students, albeit implicitly, that those deemed “multicultural” can be boiled down to a small number of stereotypic categories. As a consequence, I have been motivated to look elsewhere – primarily within Latin American sources - for theory and evidence that would help me to move forward in relation to this area of my practice.

THE MULTIPLICITIES APPROACH TO SUPERVISION (MAS): SOURCES OF INFLUENCE AND INSPIRATION

Over the last few years, my search for ideas and practices that might contribute to the development of an approach to supervision that might enable me to engage more fully with multiplicity, has led me to four key sources:

- the pluralistic framework for practice constructed by Mick Cooper and John McLeod (2011) in the United Kingdom (U.K.), augmented by similar themes within the Latin American literature;
- clinical supervision principles and practices emerging from the work of the *Centro de Entrenamiento en Psicoterapia y Coaching* (Centro MIP model) in Chile (Pesqueira, 2021);
- the Multidimensional Ecosystemic Comparative Approach (MECA) created by first generation Argentinian immigrant to the U.S.A., Celia Jaes Falicov (2014; 2017);
- decolonial approaches to supervision as conceptualized by Puerto Rican migrants Edil Torres Rivera & Ivelisse Torres Fernández (Torres Rivera et al., 2013; Torres Rivera & Torres Fernández, 2015).

These sources, which comprise the foundation on which the MAS model has been built, are briefly introduced below.

THE PLURALISTIC FRAMEWORK FOR PRACTICE

The concept of pluralism reflects a philosophical stance or worldview that accepts and celebrates the co-existence of multiple truths and realities. Pluralism decentres the primacy of one perspective over others, and reinforces the moral and ethical necessity to engage in open dialogue. In a supervision context, this means that a supervisee's learning needs or goals maybe accomplished in different ways, rather than necessarily being determined by a single monolithic theoretical approach. In addition, the supervisory relationship is built on a collaborative culture of shared decision-making and feedback (Cooper & McLeod, 2011; Smith & de la Prida, 2021). This pluralistic framework asserts that there are multiple valid ways to learn, help, and being helped, that are informed not only by theory and research, but also through the integration of our own specific life experience and cultural knowledge (McLeod, 2015). This framework does not imply that it is more valuable than others; it coexists with the available knowledge, and it suggests a more open engagement with people's multiple perspectives (and unique knowledge) towards their circumstances (Cooper & McLeod, 2011; Smith & de la Prida, 2021). Some essential components of this framework applied to supervision are: flexibility - every supervisory group or relationship has the potential to enable its members participate in a unique experience; consistent pragmatic focus on what is relevant and helpful; nurturing and building the supervisee's strengths; and, avoiding exclusivity and privileging of particular models and practices through openness to different sources of knowledge (Creaner & Timulak, 2016).

Pluralism as a framework assumes from the start that each person has a multiplicity of cultural identities. The framework is grounded in the development of

collaborative capabilities to work with different identities, that are tailored to the needs of the othered and oppressed in society.

A complementary and more overtly socio-political conceptualization of pluralism has emerged in Latin America, often described as *pluriversality* (Escobar, 2016). This perspective promotes the radical acceptance of different cultures, worldviews, and sociopolitical realities and aspires for a mutual and egalitarian interaction for all cultures in society (Navarini, 2010). It guides decision making towards social justice to address the power dynamics that impose Western knowledge over others (Flores Vega et al., 2008; Hernández, 2008). Its emphasis in social justice is consistent with the pluralistic framework's disruption of oppressive dynamics through allyship (Navarini, 2008; Smith & de la Prida, 2021).

Though Latin American pluralism was conceptualized as a philosophical approach towards public policy and educational systems (Flores Vega et al., 2008; Navarini, 2008), its guiding principles are consistent with the pluralistic framework for counselling, psychotherapy and supervision practice described above. Both traditions of pluralism engage in allyship and creative/innovative ways of being to disrupt societal oppression towards othered and dismissed identities (Ahmed, 2023; Albó, 2020; Smith & de la Prida, 2021).

CENTRO MIP MODEL

Centro MIP is a centre for psychotherapy and supervision training established in Santiago, Chile in 1992 (<https://www.centromip.cl>), that has evolved a practice-based approach to supervision. (Pesqueira et al., 2021). The key values that underpin the *Centro MIP* model of supervision are:

- the utility and usefulness of supervision towards the supervisee;
- care for the supervisee in a collaborative, open way that fosters trial-and-error approach to learning;
- trust in the resources and strengths of the supervisee and conceptualizing them as a person with knowledge, resources, and perspectives that equal those available to the supervisor;
- fostering a life-long development attitude towards learning that is grounded in enjoyment

These values are accomplished through by adhering to a set of principles of supervisory practice: *Liderazgo Irrenunciable* (Unwavering Leadership): the responsibility of the supervisor towards the well-being and development of the supervisee. This also involves the re-examination and critical exploration of their role within supervision and continuous application of flexibility to meet the needs of the supervisee. *Excelencia* (Pursuing Excellence) is elaborated through the active practice of self-development and improvement through self-evaluation and feedback towards the supervisee and the supervisor. *Intervisión* (pluralistic worldview): the stance that there is no perspective that is more privileged than the other. As a result, the process of supervision requires a continued mutual dialogue between the perspectives of participants with different roles.

The *Centro MIP* practice-based model of supervision is consistent with the pluralistic framework for practice described above and can be viewed as offering a comprehensive account of what pluralistic supervision looks like, and how supervisors and supervisees might be trained to implement it.

MULTIDIMENSIONAL ECOLOGICAL COMPARATIVE APPROACH (MECA)

MECA offers supervision tools and practices that make it possible to focus more closely on the nature and experience of multiplicity. The MECA framework maintains that people live within a multiplicity of cultural values and identities—a stance designed to prevent the restrictive categorization or stereotyping of individuals, families and communities (Falicov, 2018). It proposes that most people possess a capacity to flexibly alternate their language, cultural values, and enacted identity as an adaptive response (and means of resistance) to their immediate environment (Falicov, 2012). In the MECA framework, both supervision and therapy are understood as cultural encounters (Falicov, 2014a; 2017).

To understand a person's relationship and experience in a sociopolitical and cultural context, MECA proposes that there are four dimensions that shape identities in a person - *migration*, *ecological context*, *family organization*, and *family life cycle* (Falicov, 2014b, 2018):

Migration refers to the timing, contextual factors, and how a person or family migrates or moves to a different geolocation, and encourages the practitioner to see their client or supervisee (and themselves) as being in transition, and how that person changes and/or is affected by this experience.

Ecological context describes how a person interacts with their immediate living environment and adjacent communities. This also compares how a person's visible identities (e.g. race, etc.) and invisible identities (e.g. social class, educational achievement, etc.) influence employment conditions, sense of safety, discrimination, powerlessness, among other experiences in their day-to-day lives. The ecological context may require a person to adopt or exhibit alternate identities as an adaptive response,

Family organization: how differential values and cultural traditions and practices within a family constellation, shape and influence a person's needs for connection and separation, their communication and interpersonal patterns, and patterns of conflict management.

Family life cycle. Highlights cultural transitions in the family constellation over time. This includes developmental milestones, oral history transmission, celebratory rituals, among other experiences. This domain is closely interconnected to all other dimensions because it represents a crucial mechanism through which identity is influenced by broader social forces.

These dimensions can be used by a therapist to reflect on their work with a client and develop potential therapy tasks that they can explore with that individual or family. Applied to supervision, MECA offers that a framework for a supervisor and supervisee to recognize that each of them have multiple identities that interact and shape the relational patterns of the supervisory relationship (Falicov, 2014b).

An important aspect of how MECA works in practice, is through the visual display of these dimensions in the form of maps or diagrams. A *personal map* refers to the person's trajectory and current experience throughout the four universal dimensions (e.g. migration, ecological context, family organization, and family life cycle) and the held identities associated with these experiences. *Theoretical maps* depict the developmental trajectory and history of a practitioner's theoretical orientation. It will examine the underlying values and worldviews of this orientation and how it manifests in training and clinical work. It is especially relevant to examine the interpretations it facilitates towards trainees and client presenting concerns. *Clinical maps* portray the interventions a practitioner utilizes in supervision and clinical work, and the cultural values and ideologies embedded in these interventions. The purpose of these maps is to allow a client, family, therapist or supervisor to build a visual representation of the socio-cultural *niche* within which they live, including the dynamic ways in which that niche has changed, might change in the future, and is influenced by social and economic conditions. Constructing a visual representation makes it easier to grasp patterns and possibilities.

When initially exploring MECA, the model outlined above can seem complex and overwhelming. Readers are recommended to consult the introductory overview available in Falicov (2014a), a source that is accessible for download through Google Scholar.

DECOLONIAL APPROACH

A decolonial perspective makes it possible to consider the ways in which multiple identities reflect not only dimensions of difference and contrasting cultural traditions, but also the historical origins and present-day operation of structures of power, control and inequality.

The practice of a decolonial approach within psychotherapy and supervision is multifaceted and requires an understanding of both colonialism and meta-colonialism. A thorough overview of these topics is beyond the scope of the present paper. Instead, a brief and simplified review is offered below, focusing on some of the main aspects of a decolonial approach to supervision.

Colonialism can be described as an ongoing process, over the past 500 years, in which dominant identities and groups are defined as more valuable and disseminators of truth (e.g. Western Euro American societies). By contrast, othered identities (e.g., those who are Black, Indigenous and people of colour) are made invisible, dominated and exploited, and their efforts to achieve visibility and justice are consistently interrupted by the efforts of those in dominant and privileged social groups (in relation to Latin American societies, see McDowell et al., 2023; Torres Rivera, 2023). Colonialism also reduces othered identities to categorical constructs and stereotypes with no depth (Tai, 2019). This process is embedded throughout all the structures of society (Torres Rivera, 2023).

Colonialism within mental health training programs determines how we define wellbeing, what knowledge is valid, the necessary competencies to become a practitioner, and expertise within the practice of psychotherapy (Hernández, 2008; Torres Rivera & Torres Fernández, 2015). It also supplies the values behind the guiding ethical principles for mental health professionals (Hernández, 2008; Malherbe, 2021, Torres-Fernández & Torres Rivera, 2015). Examples of how these

processes operate within counselling and psychotherapy training include control of curricula (e.g. who decides what is to be taught, who is taught, teaching methodology, accreditation), decontextualized and manualized training of psychotherapy techniques, and supervision models, interventions and knowledge implemented and taught in non-Western cultures, among others (Torres Rivera, 2023).

Decolonization is also a continuous process that acknowledges and centers different forms of knowledge. This creates the necessary conditions for change and transforming reality. In tandem with a pluralistic approach, there are multiple valid ways to engage in decolonization as it involves recovering and accessing multiple ways of knowing and being (Torres Rivera, 2023). Regarding clinical supervision and training, decolonization incorporates different forms of knowing that shape new narratives and create new possibilities within the supervisory relationship (e.g. de-centering client symptoms from case discussion, exploring non-Western indigenous interventions; Torres Rivera, 2023; Torres Rivera & Torres-Fernández, 2015).

A possible step towards a decolonial self involves critical consciousness towards the prevailing narrative that describes othered identities (Sandoval, 2000). Western dominant identity groups reduce others through restrictive narratives that prohibit alternative understandings of self (Torres Rivera, 2023). These narratives also serve to control, exploit, and install hopelessness in the subjugated (Sandoval, 2000; Lugones, 2003). To resist oppression and move towards transformation, the subjugated people must re-discover and remember themselves historically and how they came to be (Lugones, 2003; Torres Rivera, 2023). Challenging these oppressive linear narratives with depth and historical context leads to the recognition of complex multiple selves (Ortega, 2016). In being more complex and multilayered, people can claim different voices that legitimize existence and redirect attention towards other methods of resistance and flourishing (Flores Carmona et al., 2023; Ortega, 2016). As short, examination of current circumstances through different identities illuminates alternative narratives of resistance (Ahmed, 2023; Tai, 2019).

A decolonized supervision requires great attention to language and the identities of those involved in the supervisory relationship (e.g. individual supervisor and/or group supervision). Critical awareness of identities is essential to unveil power differentials in the supervisory relationship (Torres Rivera et al., 2013). When trainees hold oppressed identities, they are often subjected to exoticism, tokenism, exclusion, stereotyping, and invisibility. This is further complicated as they become able to construct and reconstruct their identities as a survival method in response to oppressive environment (e.g. rigidity between an “academic self”, “sibling self”, “romantic partner self” with little overlap; Flores Carmona et al., 2023). Despite this, oppressed people have demonstrated greater fluidity in their identities that has translated into creativity, adaptability, and being able to access different forms of knowledge somatically (e.g. body, experiential) and contextually (e.g. child self, caregiver self, employed self; Flores Carmona et al., 2023; Sandoval, 2000; Torres Rivera, 2023). Introducing and embracing these sources of knowledge within the supervisory relationship creates opportunities to both disrupt traditional supervisory roles and to nurture a pluralistic worldview (Torres Rivera, 2023; Torres Rivera et al., 2013).

A decolonial approach to supervision is highly personally challenging, because it involves resisting established ideas and practices in order to allow a social justice orientation to emerge. Such efforts disrupt the meaning of ‘expertise’ and ‘competencies’ that are dominant in the mental health field, and in turn transform our understanding of what supervision can be and understood as (Torres Rivera & Torres-Fernández, 2015).

THE MULTIPLICITIES APPROACH TO SUPERVISION MODEL (MAS)

The influences and inspirations discussed above have been brought together over several years, within my own practice in the form of a model that I am tentatively describing as a *Multiplicities Approach to Supervision (MAS)*. At the time of this writing, I supervised in a College Counseling Center APA-accredited doctoral internship training site in Cincinnati, Ohio. The practices and conceptualized processes in this section have not been explored in other training environments, resulting in a need for creative exploration when integrating this model within supervisory practices.

Building upon the work of existing approaches (e.g., MECA, pluralism, Centro MIP model, decolonial approach), the proposed MAS model is meant to be held as an alternative approach to supervision that can be integrated with other approaches—in other words, MAS model seeks to add additional perspectives and depth, rather than replace and exclude other supervision approaches.

The MAS model can be conceptualized as an interactive four-step cyclical process (see Figure 1) that involves the self-in-context of the supervisee (and supervisor) developing greater awareness, tolerating ambiguity, and engaging in ways of being that disrupt processes of oppression. The process interweaves reflection and dialogue around the supervisee’s work with clients, with reflection and dialogue around the multiple/intersecting identities of the supervisor, the supervisee (and members of a supervision group).

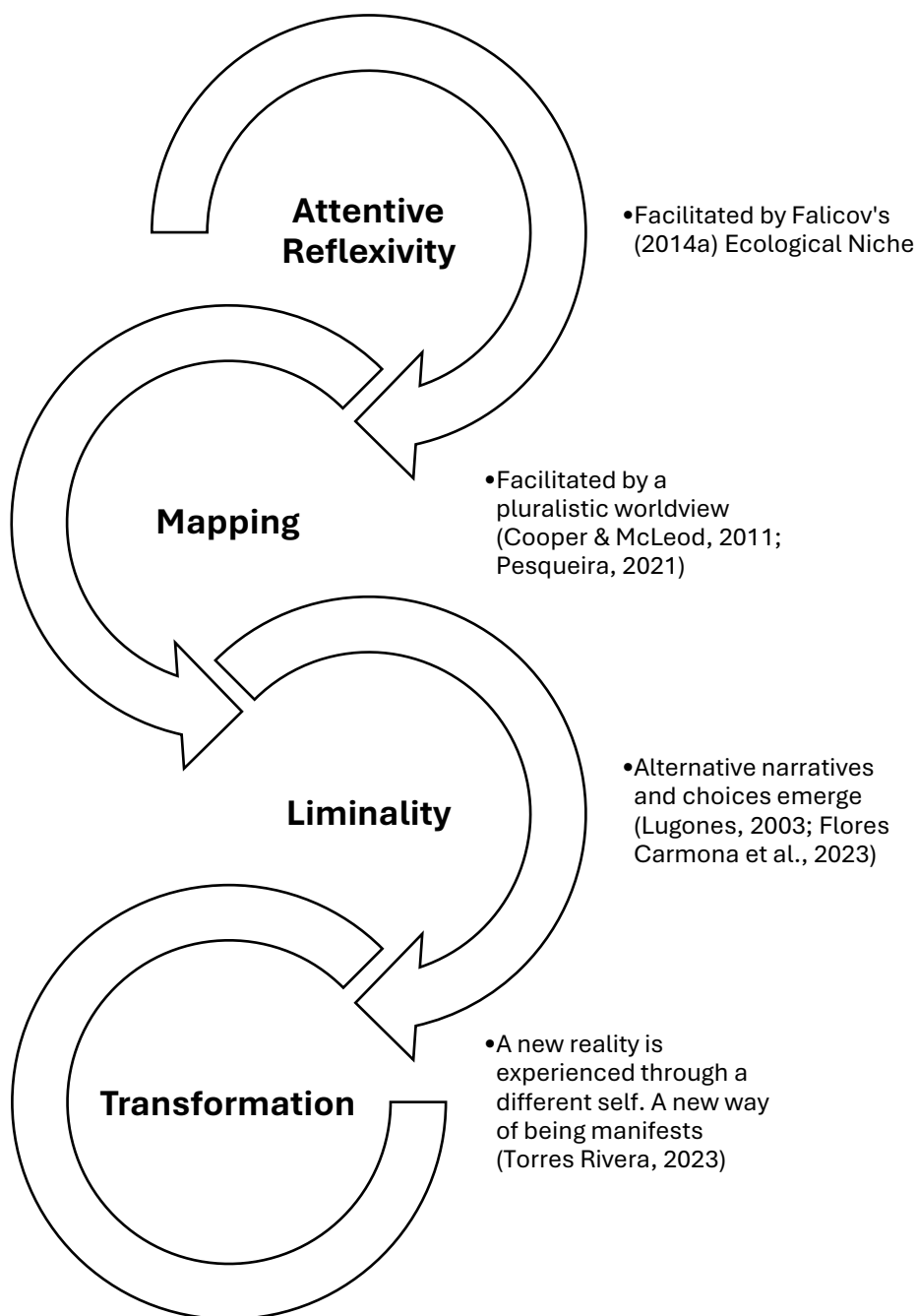


Figure 1. Multiplicities Approach to Supervision (MAS) model

This process involves shifting back and forward, as appropriate, between different modes of relating:

Attentive Reflexivity: naming and positioning held identities in their ecological contexts to understand how they inform how we approach the supervisory relationship. This can expand into different roles and positions across the lifespan. For example, in addition to knowing that I am a psychologist, my supervisees know how my identities as a caregiver, patient, partner, migrant, etc., manifest in my relational processes within supervisory spaces.

Mapping: recognizing, describing and visually representing the privileged/oppressed identities that are salient in the given context or interaction, using MECA maps or other similar formats. In supervision, my

identities as mentor, hairstylist, peer, advocate, professor, child, migrant, patient, and caregiver may be more likely to inform my decisions and how I show up in the supervisory relationship, compared to my identity as supervisor. Each identity position has the potential to offer a distinct, alternative perspective in relation to supervision issues such as a supervisee's dilemmas around how best to respond to a particular client.

Liminality: the acceptance of multiplicities of selves/identities and the ways of knowing that they bring into the conversation opens up moments of creative ambiguity that unveil new possibilities (e.g., when listening to a student as a supervisor I might focus on competency requirements and monitor performance; as a second-class U.S.A. citizen I would focus on cultivating resistance against harmful authority within training spaces).

Transformation involves allowing oneself to be informed and guided by our other/silenced identities and act upon their possibilities to effect change, redefine supervisory roles and dynamics, or to expose knowledge and ways of being that have been restricted in the current circumstances (e.g., I supervise sitting in the floor even when this is not treated as acceptable for a supervisor to do).

Having outlined the process of the MAS model, the following section illustrates how it can operate in practice.

IMPLICATIONS OF MAS IN PRACTICE

When implementing the MAS model in practice, it is essential that the supervisor is aware of how language is embedded within their specific context. This requires a thorough examination of how we interpret what is shared with us. Given that supervision is mostly facilitated through verbal speech, illuminating language dynamics is also a way to address power differentials (Torres Rivera et al., 2013). For example, as a bilingual supervisor, who thinks primarily in Spanish, I am frequently engaging in clarification and note taking within supervision to minimize the risk of conflict due to language differences. In addition to this, one of my self-disclosure strategies involves a shared document for the supervision notes—here my supervisee learns how I transcribe, process, and translate information while also giving them the opportunity to 'fill in the gaps'.

Within supervision, the way goals and needs are described merit exploration and shared decision-making. Are the supervisee's goals genuinely connected to their authentic sense of self, or are they reproduced by what is expected of them in their training program? For example, when I began a supervisory relationship with a supervisee who held many oppressed identities, their goal for the training year was to 'fully develop a professional self'. When utilizing a pluralistic approach to goal setting (Cooper & McLeod, 2011) to identify how we could get there, what we needed to do, and what needed to happen in supervision, this supervisee realized that focusing on that goal would have been to stay stagnant in their growth. This allowed them to center their goal on how to integrate their personal self with their clinical interventions. Table 1 offers an example of how contextually-grounded authenticity can be explored using the MECA framework. Though the example in Table 1 below can only offer a simplified version of what we talked about, it

underscores the importance of critical self-awareness of oneself and one's identities and sense of how awareness of multiplicities can be facilitated through the practice of Falicov's (2014a) clinical and theoretical maps paired with the overarching concept of the ecological niche.

MAS model processes	Supervisee	Supervisor
Attentive Reflexivity	Doctoral level intern, unlicensed clinician, financial difficulties, latine migrant, English as second language, female-bodied, social support does not live nearby, tokenized by training site	Licensed, trained in Puerto Rico, working class, English as second language, migrant, family and friends located in Puerto Rico, male-bodied, non-binary, chronic mental illness, no leadership role, able to influence training director, caregiver, hairstylist, scapegoat, latine
Mapping	In supervisory relationship: voracious reader, supervisee, latine, asexual, migrant	In supervisory relationship: mentor, non-binary, latine, migrant, poet, hairstylist
Liminality	Integrating latine, asexual, and migrant self with the 'clinical self'	Required less 'supervisor' self and more of a 'witnessing self' and 'non-clinical self'
Transformation	Utilize non-directive therapy methods Utilize lived-experience and metaphors as interventions. Self-examination in supervision to explore the experience of being different Disrupt traditional supervisee role in supervision (e.g. requesting that supervisor engages in reading literature)	Review audiovisual material to explore differences in interpersonal style within supervision as markers of personal self Cultivate an environment that promotes risk taking Focus conversation on the experience of self Create supervision rituals (e.g. read a tarot card at the start of supervision)

Table 1. Example of MAS model when exploring integrating personal self in clinical interventions

From a pluralistic practice perspective (Cooper and McLeod, 2011), externalising multiplicities operates as a form of metacommunication (communicating about communication) that allows the supervisee to thoroughly understand decisions a supervisor might choose throughout the supervisory relationship. An example

involved one of my students describing my approach to supervision as ‘chaotic’. They were overwhelmed that I began supervision by orienting them to the training site’s policies, ethical guidelines, laws that regulate practice, and what was important for me to see in their clinical work. With this supervisee, I clarified the purpose of my disclosure (i.e., metacommunicated) a month into our supervisory relationship, by sharing with them my experiences as a migrant and as a non-binary Boricua in the training site and how I was subject to greater scrutiny along with my previous supervisees. As such, it was important for me that my supervisees know the system’s language thoroughly.

I am cognizant of the level of vulnerability that the MAS model requires from both supervisor and supervisee. Handling these sensitivities requires additional methods to address power differentials that do not involve language. As a supervisor I cannot guarantee absolute safety in the supervisory relationship (Reynolds, 2010). However, I seek to observe the impact of power in the supervisory relationship, particularly if there is accountability present. If our supervisees are engaging in interpersonal risk taking, vulnerability and processing their struggles or non-successes with us; then the environment we have co-constructed needs to be sufficiently safe (Zheng, 2024). Additional methods I utilize to foster conditions for risk taking include orienting the supervisee to the evaluative process, supervising sitting on the floor, engaging in shared activities (e.g. reading a paper and discussing, listening to a conference together and discussing, card games, board games), following-through agreements, shared supervision notes, supervisee centered goal setting, and approaching supervision from a different role (e.g. mentor), among others.

MAS MODEL IN PRACTICE

As described above, the MAS model involves showing up with vulnerability to the supervisory space. It actively disrupts the clinical nature of the relationship by introducing and learning from multiple identities in the process. To the extent possible, I attempt to scaffold this process during the first month of supervision. In my current setting, I meet weekly with my supervisees for two hours of supervision. These are dedicated to knowing each other in the way of their preference (some have played card games, board games; others have asked thorough questions of who I am outside of work) and share my ecological niche. This is also the time to solicit goals once they know what I can offer.

Personally, I find it valuable for my supervisees to review administrative elements (i.e., policies, ethics, laws, training requirements), and for us to map out personal guidelines to manage disagreements, conflict, and formal evaluative feedback (i.e., I address all these outside of the regularly scheduled supervision). Lastly, my supervisees have described their first month with me as a supervisor as intense and disorienting due to my focus and theoretical orientation centering on liberation psychology and decolonial approaches (Torres Rivera & Torres Fernández, 2015). Given that my supervisees have had little to no exposure in these, they are assigned readings and videos to discuss in depth before they achieve a full clinical caseload. This is important for the MAS model implementation as one of its foundations is decolonial approaches.

MAS model processes	Client	Supervisee	Supervisor
Attentive Reflexivity	<ul style="list-style-type: none"> *What is their Sociopolitical + Cultural Context? *What language are they using to describe themselves + presenting concern 	<ul style="list-style-type: none"> *Awareness of similarities and differences between client and self *Reflect on experience of self in session + supervision when discussing this client *Take note of assumptions made 	<ul style="list-style-type: none"> *Inquire how sociopolitical + cultural context explains presenting concern. *Explores supervisee's decision making in session. *Ask what is not asked because of assumptions made?
Mapping	<ul style="list-style-type: none"> *What identities manifest in session vs when they are describing concerns. *What are the strengths of their identities as identified so far 	<ul style="list-style-type: none"> *Which self shows up in session with the client? *What draws other selves into the clinical work with this person? What can they bring? 	<ul style="list-style-type: none"> *Explore alternative theoretical orientations for the identities that show up *Encourage conceptualization of client through supervisee's non-clinical selves
Liminality	<ul style="list-style-type: none"> *How does the client respond to change? *Can they see themselves in different ways? *Can they envision different outcomes? *What are the strengths accessible to them? 	<ul style="list-style-type: none"> *Attend as a witness to the experience of 'knowing' client through a non-clinical self. *Name the contributions of the non-clinical self *Model to client imagining different possible outcomes with non-clinical selves 	<ul style="list-style-type: none"> *Conceptualize disrupting roles within session *Envision what would sessions look like through the integration of a non-clinical self. *Invite and model non-clinical self exploring alternatives and paths.
Transformation	<ul style="list-style-type: none"> *How do they arrive at a choice? How will they enact it? *How do they know they are changing? 	<ul style="list-style-type: none"> *Which non-clinical self is integrated and how does this change the therapy process? *How are they mutually influenced 	<ul style="list-style-type: none"> *Foster reflection and attention towards "non-clinical" interventions

	*What language are they utilizing?	in moving towards change?	*Explore why supervisee chose a particular route—what led to it, and what was their experience within it?
--	------------------------------------	---------------------------	---

Table 2. Possible questions to facilitate discussion of the supervisee’s work with a client

Table 2 above offers some examples of the types of multiplicity-oriented considerations or reflective questions that I might use to guide the supervisory process when a supervisee wishes to explore an aspect of their work with a client. Any of these questions might lead to further discussion and greater depth when exploring clinical work. Supervisees have told me that becoming familiar with these exploratory prompts and questions is difficult at first due to their previous training experiences centering symptoms and diagnosis along with discouragement towards self-disclosure and vulnerability in supervision. In contrast, my clinical training in Puerto Rico had many decolonial influences that emphasized the use of self-disclosure and vulnerability as interventions – experiences that continue to inform how I approach my clinical work and supervisory relationships.

It is important to note that my current work setting does not require the utilisation of specialized, manualized, and/or standardized evidence informed approaches. Furthermore, in my current setting, the work environment is not concerned about diagnosing or achieving performance quotas. This allows for greater experimentation and creativity within the training process for both supervisor and supervisee.

CONCLUSIONS

In my view, supervision is a space where our own multiplicities join the room and interact with both the supervisor and supervisee in constant negotiation between salience and ambivalence. For example, how much of my non-binary identity do I allow to interact in guiding a supervisee working with a client with identity concerns? How much do I share with a supervisee who is challenging the worldviews of a Caribbean immigrant without having addressed or acknowledged the experience of migration to the U.S.A., when I am still struggling with my own sense of who I am because of it?

The MAS model emerged in response to my experiences navigating my own multiplicities in a space that does not fully welcome me. As highlighted above, our relationship with our identities will be a life-long, fluid, and sometimes ambivalent experience given our inclusion/exclusion in various sociopolitical and cultural contexts (Tummala-Narra, 2014; Villegas-Torres, & Mora-Pablo, 2018). It is my wish to foster discussions around the experience of multiplicities and to encourage the

acceptance, development, and embracement of their presence in clinical and supervisory spaces.

As the world becomes increasingly diverse and intercultural, I believe that we must step away from the notions of expertise and lean into curiosity and a thorough understanding of ourselves, others, and the society in which we are embedded (Falicov, 2014a; 2017). I believe it is necessary to expand the scope of clinical supervision. Perhaps it is time to conceptualize guidelines or standards that are responsive to those of us whose identities are not represented or considered in the available guidelines for supervision (e.g., intercultural, bilingual/multilingual, bicultural/multicultural). The MAS model explicitly responds to the lack of practical steps for evaluating the diversity competency in training programs by outlining interactional steps within the supervisory space that focus on the sociopolitical and cultural context of where the clinical work is happening and who is participating (APA, 2014; APPIC, n.d.). More so than awareness and knowledge acquisition, there is a great need for critical awareness of how we are impacted by our upbringing and, in turn, how we impact others. Without this awareness, it is impossible to create tangible steps that are attuned to different realities and perspectives.

The MAS model has the potential to spark curiosity in supervisors and future clinicians and bring them into greater alignment with the guiding tenets of a pluralism approach to practice. It is my wish with this framework, that supervisors and supervisees who feel that they are required to submerge key dimensions of their identities in our accredited training programs have access to an approach that is relevant and applicable to their sociopolitical and cultural context, validates their lived experiences, and acknowledges the value in their multiplicities – all of which have been largely ignored and dismissed in the mainstream literature. To acknowledge the multiple identities within us is an act of socio-political resistance and solidarity that is an embodiment of pluralism and allows us to transcend the restrictive narratives that contain who we can be. To be with pluralism is to decolonize ourselves while centering ourselves as storytellers of our history and who we are (Torres Rivera, 2023).


ACKNOWLEDGEMENTS

Special thanks to Drs. John McLeod, Javier Robledo Rivera, Edil Torres Rivera, and Ivelisse Torres Fernández for their in-depth discussion, questions, and recommendations that helped nurture the development of this model. To my supervisees (Gillian, Morgan, Dorcas, and Emily) and colleagues (Betsy, Shane, Monica, Keysha, Whitney, Alondra, Jeffrey, Akanksha, Katrushka, Yaneza, and Vianca) who have been pivotal in my development (and creative experiments) as a clinical supervisor.

There is no known conflict of interest to disclose. The development and writing of this article did not benefit from any funds.

AUTHOR AFFILIATIONS

José Francisco Avilés-Acosta

Cook Counseling and Consulting, Inc., Ohio, USA  [0009-0003-0782-5064](https://orcid.org/0009-0003-0782-5064)

REFERENCES

Ahmed, S. (2023). *The Feminist Killjoy Handbook: The Radical Potential of Getting in the Way*. Seal Press.

Ahsan, S. (2020). Holding up the mirror: Deconstructing whiteness in clinical psychology. *Journal of Critical Psychology, Counselling and Psychotherapy*, 20(3), 45-55.

Albó, X. (2020). Nuestro Gran Desafío: Ser Iguales y Solidarios en la Diversidad. In S. Comboni Salinas, & J.M. Juárez Núñez (Eds), *Interculturalidad y Diversidad en la Educación: Concepciones, Políticas, y Prácticas*. Universidad Autónoma Metropolitana.

American Psychological Association. (2014). *Guidelines for clinical supervision in health service psychology*. <https://www.apa.org/about/policy/guidelines-supervision.pdf>

Association of Psychology Postdoctoral and Internship Centers - APPIC (n.d.). *Psychology Trainee Competency Assessment Form*. Appic.org.

Borders, L. D., Dianna, J. A., & McKibben, W. B. (2023). Clinical supervisor training: A ten-year scoping review across counseling, psychology, and social work. *The Clinical Supervisor*, 42(1), 164-212.

Botero-García, C., Giovanni, I., Morales Arias, C. (2022). Supervisión en psicología clínica: Una revisión sobre estudios empíricos 2012-2021. *Universitas Psychologica*. <https://doi.org/10.11144/Javeriana.upsy21.spcr>

Capella Palacios, M., & Jadhav, S. (2020). How coloniality shapes the making of Latin American psychologists: Ethnographic evidence from Ecuador. *International Review of Psychiatry*, 32(4), 348-358.

Cooper, M., & McLeod, J. (2011). *Pluralistic counselling and psychotherapy*. Sage Publications.

Corey, G., Haynes, R., Moulton, P., & Muratori, M. (2010). *Clinical supervision in the helping professions: A practical guide* (2nd Edition). American Counseling Association.

Creaner, M., & Timulak, L. (2016). Supervision in pluralistic counselling and psychotherapy. In M. Cooper, & W. Dryden (Eds.), *The handbook of pluralistic counselling and psychotherapy*. (pp. 314-325). Sage Publications.

Daskal, A. M. (2008). Poniendo la lupa en la supervisión clínica. *Revista Argentina de clínica psicológica*. 17(3), 215-224.

Diaz, E. B., Goldbach, C., Hardy, C., Watson, T., Chambers-Baltz, S., Knutson, D., & Dykema, S. (2024). Resistance in supervision: a qualitative study of training experiences among multiethnic women. *The Counseling Psychologist*, 52(2), 267-297.

Escobar, A. (2016). Thinking-feeling with the Earth: Territorial struggles and the ontological dimension of the epistemologies of the south. *Revista de Antropología Iberoamericana*, 11(1), 11-32.

Falender, C. A., Shafranske, E. P., & Falicov, C. J. (2014). Diversity and multiculturalism in supervision. In C. A. Falender, , E. P. Shafranske,, & C. J. Falicov (Eds.), *Multiculturalism and diversity in clinical supervision: A competency-based approach* (pp. 3-28). American Psychological Association.

Falicov, J. C. (2014a). Psychotherapy and supervision as cultural encounters: The multidimensional ecological comparative approach framework. In C.A. Falender, E. P. Shafranske, & C. J. Falicov (Eds.), *Multiculturalism and diversity in clinical supervision: A competency-based approach* (pp. 29-58). American Psychological Association.

Falicov, J. C. (2017). Multidimensional ecosystemic comparative approach (MECA). In J. L. Lebow, A. Chambers, & D. Breunlin. (Eds.), *Encyclopedia of Couple and Family Therapy*. (pp. 1-5). Springer International Publishing.

Falicov, J.C. (2014b). Immigrant Clients, Supervisees, and Supervisors. In C.A. Falender, E.P. Shafranske, & C.J. Falicov (Eds.), *Multiculturalism and diversity in clinical supervision: A competency-based approach* (pp. 111-144). American Psychological Association.

Flores Carmona, J., Torres-Fernández, I., & Torres Rivera, E. (2023). Mexicana and Boricua First-Generation Scholars. In T. Lachica Buenavista, D. Jain, & M. C. Ledesma (Eds.), *First Generation Faculty of Color: Reflections on Research, Teaching, and Service*. Rutgers University Press.

Flores Vega, M., Espejel Mena, J., Hernández Díaz, A. M. (2008). Conciliar el pluralismo y el multiculturalismo mediante la tolerancia. *Espacios Públicos*. 11(22), 367-379.

Goates, J. D., Szymanski, D. M., Pulice-Farrow, L., & Gonzalez, K. A. (2024). “Me being myself isn’t a barrier”: identity and praxis of nonbinary psychotherapists. *Journal of Counseling Psychology*, 71(1), 48–62.

Hernández, P. (2008). The cultural context model in clinical supervision. *Training and Education in Professional Psychology*. 2(1), 10-17.

Jadaszewski, S., Speight, S. L., Alshabani, N., Singletary, K., Opara, B., Michael, C., & Lewis, A. (2024). “It felt like such a closed door”: supervisory cultural rupture and humility. *The Counseling Psychologist*, 52(2), 298-338.

Legha, R. K. (2023). Getting off the racist sidelines: an antiracist approach to mental health supervision and training. *The Clinical Supervisor*, 8(3), 1-24.

- Lekkeh, S. A., Faruk, MD. O., Jahan, S., Beetar, A., Kurt, G., Wells, R., & Wong, S. (2023). Clinical supervision across Australia, Turkiye, Syria, and Bangladesh: From WEIRD to WONDERFUL. *Social Sciences*. <https://doi.org/10.3390/socsci12030170>
- López, A., & Torres Fernández, I. (2019). Exploring the experiences of supervisors and supervisees who engaged in bilingual supervision. *The Journal of Counselor Preparation and Supervision*. <https://repository.wcsu.edu/jcps/vol12/iss1/10>
- Lugones, M. (2003). *Pilgrimages/Peregrinajes: Theorizing Coalition Against Multiple Oppressions*. Rowman & Littlefield.
- Malherbe, N. (2021). De-ideologization, liberation psychology, and the place of contradiction. *Journal of Theory of Social Behavior*, 52(2), 298-314.
- McDowell, T., Knudson-Martin, C., & Bermudez, J.M. (2023). *Socioculturally Attuned Family Therapy: Guidelines for Equitable Theory and Practice*. Routledge.
- McLeod, J. (2015). A pluralistic framework for counselling and psychotherapy practice: Implications for therapist training and development. *Rezonanzen. E-Journal für biopsychosoziale Dialoge in Psychotherapie, Supervision und Beratung*, 3(1), 5-15.
- Navarini, E. A. (2010). ¿Estamos preparados para la pluralidad cultural? *Invenio*, 13(24), 63-69.
- Ortega, M. (2016). *In-Between: Latina Feminist Phenomenology, Multiplicity, and the Self*. SUNY Press.
- Pesqueira, M. I. (2021). Practicing clinical supervision in Chile: Lessons from 28 years of training. *Journal of Contemporary Psychotherapy*. 51(201), 201-210.
- Reynolds, V. (2010). A supervision of solidarity. *Canadian Journal of Counselling*, 44(3), 246-257.
- Rovira, L. C. (2008). The relationship between language and identity. The use of the home language as a human right of the immigrant. *Revista Interdisciplinar da Mobilidade Humana*. 16(31), 63-81.
- Sahu, A., Bell, A. S., Ridley, C. R., & Tran, V. (2024). Multicultural Counseling Skills Evaluation Form: A tool for clinical supervision. *The Counseling Psychologist*. Advance on-line publication.
- Sandoval, C. (2000). *Methodology of the Oppressed*. University of Minnesota Press.
- Smith, K., & de la Prida, A. (2021). *The pluralistic therapy primer: A concise introduction*. PCCS Books.
- Spowart, J. K., & Robertson, S. E. (2024). Becoming a culturally responsive and socially just clinical supervisor. *Canadian Psychology/Psychologie canadienne*. Advance on-line publication.
- Tai, YC., (2019). The Ripple Imagery as a Decolonial Self: Exploring Multiplicity in Theresa Hak Kyung Cha's *Dictée*. In P.J., DiPietro, J., McWeeny, & S. Roshanravan (Eds.), *Speaking Face to Face: The Visionary Philosophy of María Lugones*. SUNY Press.
- Tarshis, S., & Baird, S. L. (2021). Applying intersectionality in clinical supervision: A scoping review. *The Clinical Supervisor*, 40(2), 218-240.

Torres Rivera, E. (2020). Concepts of liberation psychology. In L. Comas-Díaz, & E. Torres Rivera (Eds.). *Liberation psychology: Theory, method, practice, and social justice* (pp. 41-51). American Psychological Association.

Torres Rivera, E. (2023). *Latine Psychology Beyond Colonialism*. Springer.

Torres Rivera, E., & Torres Fernández, I. (2015). Tools of oppression and control in counseling: Making the invisible, visible. *Revista Griot*. 8(1), 119-127.

Torres Rivera, E., Maldonado, J., & Alarcon, L. (2013). From Vygotsky to Martín Baró: Dealing with language and liberation during the supervision process. *Universal Journal of Psychology* 1(2). 32-40.

Tummala-Narra, P. (2014). Cultural identity in the context of trauma and immigration from a psychoanalytic perspective. *Psychoanalytic Psychology*. 31(3), 396-409.

Villegas-Torres, P., & Mora-Pablo, I. (2018). The role of language in the identity formation of transnational EFL teachers. *HOW*, 25(2), 11-27.

Watkins Jr, C. E., Hook, J. N., Owen, J., DeBlaere, C., Davis, D. E., & Van Tongeren, D. R. (2019). Multicultural orientation in psychotherapy supervision: Cultural humility, cultural comfort, and cultural opportunities. *American Journal of Psychotherapy*, 72(2), 38-46.

Watkins Jr, C. E., Toyama, S., Briones, M., Gaskin-Cole, G., Zuniga, S., Yoon, J., ... & Wilcox, M. M. (2022). Multicultural streaming in group psychotherapy supervision: Orientation to and preparation for culturally humble practice. *American Journal of Psychotherapy*, 75(3), 129-133.

Zheng, L. (2024). *Reconstructing DEI: A Practitioner's Workbook*. Berrett-Koehler Publishers.

TO CITE THIS ARTICLE:

Avilés-Acosta, J. F. (2024). Open to Multiplicities in Supervision: A pluralistic approach. *Pluralistic Practice*. DOI: <https://doi.org/xx>

Submitted: 05/03/2023

Accepted: 15/10/2023

Published: 24/11/2024

COPYRIGHT:

© 2024 The Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC-BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See <http://creativecommons.org/licenses/by/4.0/>.

Pluralistic Practice is a peer-reviewed open access journal.