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Minority Stress Theory as a Broaching Framework for Clinical Supervision

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Abstract

This article contextualizes cross-racial/ethnic counseling within evolving U.S. demographics (Data USA, 2022). It (a) discusses professional expectations for counselors to address the needs of intersectional communities of color; (b) considers Meyer's (2003) minority stress model as a framework for understanding challenges faced by marginalized groups; (c) presents a case study of a supervisor working with a Counselor-in-Training (CIT) focused on minority stress; and (d) offers practical strategies for supervisors addressing minority stress in clinical supervision.

***Keywords*:** cross-racial counseling, intersectionality, clinical supervision, broaching, minority stress

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A Changing Cultural Landscape

As the United States (U.S.) population continues to grow in the upcoming decades, the United States is projected to become a "more racially and ethnically pluralistic society" (Vespa et al., 2020, p. 6). Although the individual causes of growth vary across race/ethnicity, the racial/ethnic composition of the population is expected to change substantially, and it is predicted that, by 2060, one in three Americans (i.e., 32 percent of the U.S. population) will be a race other than White (U.S. Census Bureau, 2020). In addition to the increasing birth rates of people of color, there has also been an increase in the foreign-born population in the United States (U.S. Census Bureau, 2020) since the 1970s, which includes intersectional communities of color. According to the U.S. Census Bureau (2020), the foreign-born population is defined as individuals who are not U.S. citizens at birth, including individuals who become U.S. citizens by naturalization.

Since the repeal of anti-miscegenation laws in the United States brought about by the Supreme Court's landmark Loving v. Virginia (1967) decision, there has also been a substantial increase in interracial marriages and partnerships. There has consequently been a dramatic increase in the instance of births of children from these partnerships (U.S. Census Bureau, 2020). In a review of the population projections from 2020 to 2060, the U.S. Census Bureau (2020) presented several demographic turning points for the US that documented the projected increase across

communities of people of color. While they stated that, within the next decades, the populations of people of color of one race will increase substantially, they also indicated that, within the next several decades, the population of people who are categorized as two or more races is projected to not only more than double, but also to be the fastest growing (i.e., expected to grow 200 percent by 2060, followed by Asian and Hispanic racial/ethnic groups) racial/ethnic group (U.S. Census Bureau, 2020).

As discussed above, it is well-documented that the United States is becoming increasingly more varied in terms of its ethnic diversity, and it is anticipated that this growth will continue into the next decades (U.S. Census Bureau, 2020). This has led to an increase of the ethnic diversity of clients in counseling as well an increase in the development of cross-cultural and multicultural counseling and social competencies in the counseling profession (American Counseling Association [ACA], 1992; Ratts et al., 2016). According to the U.S. Census Bureau (2020), the White racial group remains the largest nationwide and is projected to remain the single largest racial group throughout the next 40 years. According to recent demographic information (Data USA, 2022), 64.2% of counselors in the United States are White, while 19.2% are African American, 2.99% are Asian, 8.69 % are shared identity, 0.456% are American Indian, 0.19% are Hawaiian, and the remainder (4.16%) are identified as "other." With the quickening pace of population growth among racial/ethnic minorities in the US, cross-racial/ethnic relationships in the therapeutic context are increasingly common.

Cross-Racial/Ethnic Counseling

The majority White counseling force (Data USA, 2022), coupled with predictions estimating that by 2050, ethnic minorities will be a numerical majority (Sue et al., 2022), underscore the necessity of culturally relevant counseling practice inclusive of multicultural competence pertaining to people and communities of color. While all therapeutic alliances are innately complex (Flückiger, 2012), the dimensions of difference can be magnified within dyads that are cross-cultural (Hays, 1996; Heppner, 2006; Sue et al., 2024), and racial/ethnic dynamics in treatment can be challenging to attend to (Meyer & Zane, 2013). As a result, one of the most important modern challenges identified in the counseling profession is effectively meeting the mental health needs of a diverse and multicultural society (Ratts et al., 2016; Sue et al., 2022).

Broaching

A significant aspect of cultural responsivity is broaching, as it supports White counselors in initiating race-related dialogues with clients of color (Day-Vines et al., 2007). According to Day-Vines and colleagues (2020), broaching refers to "the counselor's deliberate and intentional efforts to discuss those racial, ethnic, and cultural (REC) concerns that may impact the client's presenting concerns" (p. 107). With respect to issues of race, ethnicity, and culture during the counseling process, broaching has also been described as the "counselor's ability to consider how sociopolitical factors such as race influence the client's counseling concerns" (Day-Vines et al., 2007, p. 401). In regard to counseling and psychotherapy, the broaching literature primarily focuses on broaching differences of race/ethnicity (Day-Vines et al., 2007), and despite the importance of attending to other identities in counseling (Ratts et al., 2016) as well, the broaching of other identities (e.g., gender, sexual/affectional orientation, age, nationality, dis/ability, first-generation, socioeconomic status, religion, and nationality) is scantily addressed. Given the known salience of racial/ethnic identity of people of color (Helms, 1990), broaching is important for White

counselors to engage in when working with communities of color. In discussing broaching the subjects of race, ethnicity, and culture during counseling, Day-Vines and colleagues (2007) outlined behaviors used by counselors during broaching, particularly the counselor learning to recognize the cultural meaning clients attach to phenomena and translating that cultural knowledge into meaningful action in session that strengthens therapeutic alliance and ultimately enhances counseling outcomes.

Given the history and current state of racism and oppression in the United States (Southern Poverty Law Center [SPLC], 2023), initiating conversations surrounding racial differences can be challenging for both White people and people of color in the roles of either client or counselor (Pettyjohn et al., 2020; Samuels et al., 2025). In addition to differences of race/ethnicity, differences across other identities such as age, gender, sexual orientation, and immigration status can also be challenging to broach in the therapy room (Pettyjohn et al., 2020), particularly when attending to alliance with clients of people of color with multiple intersecting oppressed identities. Cross-racial conversations regarding race can be emotional, difficult, and involve miscommunications because of differing cultural and communication codes (Samuels et al., 2025). A growing body of research, however, suggests that acknowledging and attending to cultural factors throughout the therapeutic process strengthens counseling outcomes (Benuto et al, 2018; O'Hara et al., 2021; Ridley et al., 2021), underscoring the value of frameworks (e.g., Minority Stress Theory) that support White counselors in attending to the multiplicity of identity in intersectional communities of color during clinical supervision.

Broaching and White Fragility

The use of self-disclosure within the therapeutic alliance has been identified as one of the most complicated variables in the relationship (Kadur et al., 2020), and cross-racial/ethnic dynamics can be challenging for clinicians to attend to (Meyer & Zane 2013; Pettyjohn et al., 2020), suggesting that disclosures involving race/ethnicity may be addedly challenging for clinicians. In her influential discussion of White fragility, DiAngelo (2011) argued that White people are uniquely challenged in discussing race, particularly when engaging with people of color. In presenting reasons for this, she speculated that it may be attributable to the way White professionals are trained. In her critique of the multicultural education White professionals often receive, DiAngelo (2011) asserted that "it is far more the norm for these courses and programs to use racially coded language such as 'urban,' ''inner city,' and 'disadvantaged' but to rarely use 'white' or 'over advantaged' or 'privileged" and argues that this racially coded language reproduces "racist images and perspectives while it simultaneously reproduces the comfortable illusion that race and its problems are what 'they' have, not us" (p. 55), underscoring a possible source of the discomfort White people experience when discussing race with people of color.

With the quickening pace of population growth among racial/ethnic minorities in the US (U.S. Census Bureau, 2020), cross-racial/ethnic relationships in the therapeutic context are increasingly common, but little is known about the processes therapists engage in to have dialogues about their differences in therapy (Day-Vines et al., 2007; Day-Vines et al., 2020). Since coining the term *broaching* and calling for the operationalization of it in 2007, Day-Vines and colleagues (2020) developed the Multidimensional Model of Broaching Behavior (MMBB), which was introduced as a framework that supports multicultural and social justice competence. In their presentation of the MMBB, the authors (2020) indicated that the model includes skills that allow counselors to broach

clients' racial, ethnic, and cultural (REC) concerns in order to develop strong therapeutic alliances with them and to help alleviate their distress. Day-Vines and colleagues (2020, 2007), however, continue to call for empirical research to operationalize the process of broaching.

Jones and Welfare (2017) conducted a qualitative study examining broaching behaviors of licensed professional counselors during intakes. Specifically, they employed a phenomenological design in which they conducted individual interviews to capture participants' perceptions. They utilized a constant comparative method of data analysis, based on Corbin and Strauss (1998), which revealed the following 5 themes: (1) to broach or not to broach; (2) following the client's lead; (3) right timing; (4) counselor willingness; and (5) which cultural characteristics are considered. Although exploratory, the study's results provide preliminary empirical evidence for the conceptual framework and continuum of broaching styles developed by Day-Vines and colleagues (2007), as the themes yielded from the study (e.g., to broach or not to broach) are consistent with Day-Vines and colleagues (2007) proposed original framework. The variety of broaching experiences shared by the study's participants is also notable, as it speaks to the lack of operationalization regarding counselor broaching practices (Jones & Welfare, 2017). Regarding dyads of White counselors and clients of color with other marginalized identities in which differences between counselor and client are amplified, engagement in successful broaching practices is arguably more critical. Ultimately, further empirical investigation into the process of broaching will not only expand the body of evidence for broaching, but also help counselors practice in ways that are both multiculturally competent and socially just.

The literature also suggests that whether counselors broach differences depends on a number of factors. This is exemplified by Maxie and colleagues (2006) who examined one aspect of these conversations, as they conducted a survey to examine whether therapists address ethnic and racial differences in cross-cultural psychotherapy. An analysis of survey data from 689 APA-licensed psychologists about their experience conducting cross-cultural therapy revealed that most psychologists reported having dialogues about their differences in therapy, but they reported having these conversations with less than half of their clients in cross-ethnic/racial alliances. While they found that therapists and clients were equally likely to initiate these discussions, they found that therapists consistently described themselves as comfortable with and skilled at having these discussions and reported having conversations about differences facilitated the therapeutic process. Maxie and colleagues (2006) also found that therapists who were female, older, non-minority, less experienced with diverse clients, and viewed training as an important aspect of therapy were more likely to have discussions about differences. Notably, the researchers (2006) cited that their findings highlight the need to better understand not only if any racial/ethnic differences are addressed in therapy, but also how.

Minority Stress Theory

To help clinicians understand the unique needs of historically marginalized individuals, Meyer (2003) developed the minority stress model [i.e., minority stress theory (MST)], which allows clinicians and researchers to contextualize the needs of minority populations, particularly within the context of multiple minority identities**.** Originally conceptualized by Brooks (1981) in her work with lesbian women and later formalized by Meyer (2003) through research with gay men, MST explains how stigma,

prejudice, and discrimination create a hostile social environment that causes stress and negative mental health outcomes among minority populations. The theory posits that people from marginalized groups experience chronic stress that arises from their stigmatized status in society. This stress manifests through both (a) distal stressors, which are objective, external events and conditions (i.e., discrimination, prejudice, and rejection) and (b) proximal stressors, which are subjective, internal processes (i.e., identity concealment, vigilance about prejudice, and internalized stigma).

In counseling practice, MST provides a theoretical foundation for understanding clients' experiences within their sociopolitical context (Meyer, 2003), as the theory supports clinicians in recognizing how systemic oppression and marginalization contribute to presenting concerns (Hendricks & Testa, 2012), while also informing interventions that address both external stressors and internalized negative beliefs (Tebbe & Moradi, 2016). This framework has proven particularly valuable in the context of multicultural counseling, where understanding the impact of minority stress helps counselors provide more culturally responsive care (Hoy-Ellis, 2023; Samuels et al., 2025). Thus, by using MST in supervision, supervisors can perhaps support White counselors' ability to recognize both distal stressors (e.g., discrimination, microaggressions) and proximal stressors (e.g., hypervigilance, internalized racism) affecting their clients of color. This theoretical lens helps supervisors facilitate discussions about race, power, and privilege while supporting counselors in developing culturally responsive interventions that address both external and internal manifestations of minority stress (Day-Vines et al., 2020; Peters, 2017).

Minority Stress Theory and Intersectionality of Persons and Communities of Color

Minority stress experiences are inherently shaped by the intersecting identities that people of color hold (Hendricks & Testa, 2012; Tebbe & Moradi, 2016), making it essential for supervisors to help White counselors understand these multiple, overlapping dimensions of identity. Manifestations of and approaches to examining intersectionality have varied across time, disciplines, and perspectives on the process of research. The three main scholarly perspectives on multiple minority identities include *additive*, *multiplicative* or *interactionist,* and *intersectionality* (Parent et al., 2013). The term *additive* has been used to refer to perspectives that "reflect the notion that minority identity statuses (e.g., race and gender) act independently and combine additively to shape people's experiences" (2013, p. 640), whereas the term *multiplicative* refers to the shaping of one's experience through the interaction of minority statuses and experiences that exacerbate the effects of one another (Buchanan & Wiklund, 2021; Collins & Bilge, 2020; Seng et al., 2012). *Intersectionality*, however, can be understood as the interactivity of social identities in shaping life experiences, especially experiences of privilege and oppression (Collins & Bilge, 2020). While intersectional perspectives on multiple minority identities have been lauded (Sarno et al., 2015), other perspectives of multiple minority identities have been subjected to considerable criticism (Parent et al., 2013). In recent years, additive and multiplicative perspectives on multiple minority identities, in particular, have been vigorously challenged by several scholars (Eagly & Riger, 2014; Else-Quest & Hyde, 2016; Grzanka et al., 2017). Recent critiques against additive and multiplicative perspectives have been summarized by Parent and colleagues (2013), who argue that additive and multiplicative perspectives "reflect an assumption that the

various identity statuses and experiences can be conceptualized and operationalized as separate dimensions" (p. 640) that have the capacity to function additively or multiplicatively. This understanding of intersectionality, rather than additive or multiplicative approaches, guides counselors to broach identity-related topics in ways that honor the complex, interconnected nature of clients' lived experiences, thereby facilitating therapeutic connection and more meaningful conversations about identity. Further, these perspectives on multiple minority identities align with how MST (2003) conceptualizes the compounded stressors experienced by people with intersecting marginalized identities.

The term intersectionality was first coined by Crenshaw (1989) to support a court case related to discrimination Black women were facing and was later applied to challenge single-axis criticisms of discrimination and to reconceptualize marginalization as multiplicative and compounded (Collins & Bilge, 2020). This view of intersectionality is supported by other scholars (Mock, 2008; Ratts et al., 2016; Peters, 2017) who suggest that multiple identities (i.e., systems of marginalization) intersect to create an individual's social location, which dictates the power and privilege an individual is granted based on their position in society and history. Together, these perspectives of intersectionality converge to highlight the contextualizing role of intersectionality as a framework for understanding people and communities of color. Crenshaw (1991) points out that intersectionality was developed in response to advocacy models that addressed the needs of privileged groups within marginalized communities (e.g., "Black" men, "White" gay men), as prior advocacy models did not consider the nuance and complexity of intersecting relationships, preventing researchers, policymakers, and social services from understanding of these groups (Collins, 2002). This intersectional framework aligns with MST's emphasis on how multiple marginalized identities can compound experiences of stress and discrimination. This intersectional understanding is important for counselors and supervisors alike, as it allows for broaching of identity-related topics comprehensively, acknowledging the interplay among identities rather than addressing each identity in isolation.

The topic of intersectionality of people and communities of color has received considerable attention and is an area of interest in several fields, including counseling, counseling psychology, and public health (Parent et al., 2013). Counselors, in particular, are urged to attend to the intersecting social locations and contexts that contribute to the diverse identities of clients (Chan et al., 2018; Ratts et al., 2016), as the intersectional identities of clients of color can impact and shape how they view their presenting issues, the therapeutic alliance, and their perceptions and experiences of therapy. Through an MST lens, these intersecting identities create unique configurations of both distal stressors (e.g., discrimination) and proximal stressors (e.g., internalized stigma) that shape clients' experiences (2003). A well-known example of the importance of intersectionality in counseling is exemplified in the work undertaken by Ratts and colleagues (2016). In their discussion of the Multicultural Counseling and Social Justice Competencies (MSJCCs), Ratts and colleagues (2016) indicate that the quadrants (i.e., privileged counselor, marginalized counselor, privileged client, marginalized client) are designed to "highlight the intersection of identities and the dynamics of power, privilege, and oppression that influence the counseling relationship" (p. 3), underscoring the importance for counselors to actively attend to the intersections of identities throughout their work with clients. While MSJCCs do not explicitly address the intersectionality of identity among people of

color, the MSJCCs can be appropriately utilized by White counselors to facilitate an understanding of the intersectional identities, experiences, and issues of people of color.

It is of ethical importance for White counselors working with people of color to recognize and attend to intersectionality, particularly when working with people of color with multiple marginalized identities, because of the nuanced difference in experiences across people of color holding multiple intersecting social locations. In the field of counseling, counselors are called to attend to the intersectional identities of clients to practice ethically (American Counseling Association, 2014). This is exemplified in the ACA Code of Ethics (2014), which provides a definition of diversity that is inclusive of clients' intersectional identities, defining diversity as "the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities" (p. 20). Unlike unidimensional models of identity, intersectionality is a "way of understanding and explaining the complexity in the world, in people, and in human experiences" (Collins & Bilge, 2020, p. 4) that takes multiplicity into account. This view is supported by the American Psychological Association's (2017) multicultural guidelines addressing intersectionality, as it calls for the utilization of intersectionality by contrasting it with a linear, discrete, or single axis way of viewing identity that suggests all members of a structural category have the same experience (Grzanka, 2014).

Intersectionality theory contends that focusing exclusively on one or two group identities (e.g., the interaction of race/ethnicity and gender) and social structures fails to take into account the multiplicity of sociocultural identities and structures that intersect within an individual's life (Bowleg, 2012; Davis, 2008; Meyer, 2012). The theory of intersectionality ultimately provides a useful account of how clients simultaneously hold a number of identities and social locations that do not exist singularly or independently of one another, but rather, all dynamically intersect. These traits of intersectionality as a theory situate it as a useful framework to understand and attend to the multiple identities held by people of color. Regarding the counseling profession, specifically, intersectionality's focus on multiple historically oppressed populations (Bowleg, 2012; Davis, 2008; Meyer, 2013), combined with the counseling profession's commitment to multiculturalism and social justice, position intersectionality as a useful framework for White counselors working with clients of color. This view is exemplified by Bowleg (2012), who, in a comprehensive review of intersectionality, argued that "acknowledging the existence of multiple intersecting identities is an initial step in understanding the complexities of health disparities for populations from multiple historically oppressed groups," (p. 1267) underscoring the importance of taking intersectionality into account when working with people of color holding other marginalized identities.

Although intersectionality has gained increased attention in the profession of counseling, counseling research related to people of color who face multiple forms of marginalization is still emerging (Fine, 2010). Critics have also argued that some scholarship presented as intersectionality research does not provide a measure of intersectionality, but rather the presence of multiple identities (Grzanka et al., 2017). In a critique of the body of scholarship examining groups belonging to multiple marginalized groups, Cole (2009) argued that such research often fails to address how the groups interrelate and claimed that the interests of those who experienced multiple forms of marginalization were often poorly served through research. Shin (2015) is also critical of the

tendency to compartmentalize identities and view them singularly, arguing that utilizing a linear approach to a person's identities maintains the invisible forces of patriarchy, heteronormativity, cisgenderism, class oppression, ableism, and other forms of institutionalized oppression. By contrast, strong intersectional research examines the intertwining relationships that exist between multiple structural forms of inequality (e.g., ableism, racism, homophobia, cisphobia, sexism, ageism; Grzanka et al., 2017; Peters, 2017). Hence, counselors are called to attend to the intersections among these categories in their research and practice.

Implications for Counseling Practice

White counselors, entrusted with the well-being of individuals from intersectional communities of color, bear a distinct responsibility to transcend the limitations of categorical thinking. As outlined in the ACA Code of Ethics (2014), counselors are called to respect the dignity and worth of all individuals by embracing the complexity and interconnectedness of their identities. This commitment extends to promoting social justice and advocating for equitable mental health support (Peters & Luke, 2020). Further, the Counsel for Accreditation of Counseling and Related Educational Programs (CACREP) calls on counselor educators and supervisors to integrate social justice principles and practices into their work with supervisees (i.e., counselors-in-training) (2024). As discussed above, research on intersectionality has been extensive in the past several years, including research addressing the experiences of people and communities of color. Counseling research examining marginalized groups, however, has only more recently given the topic of intersectionality more attention, as it has tended to adopt a focus on singular, individual identities (Moradi, 2016). This increased attention is vital, given that research indicates that people with minority identities experience higher levels and instances of stress compared to their privileged counterparts (Meyer, 2003).

Hence, it is crucial for counselors to attend to the intersectionality of people of color so they can account for the various experiences and contexts they bring into counseling. Fostering an open dialogue about race and intersectionality within the therapeutic space, in line with the advocacy competencies, can empower clients to express their unique experiences while nurturing trust and understanding (Toporek & Daniels, 2018). Moreover, White counselors supporting intersectional communities of color have a unique professional obligation to engage in continuous self-reflection to identify and address personal biases, ensuring that their practice remains unbiased and culturally competent. Collaboration with colleagues and a commitment to ongoing education are also instrumental in staying abreast of best practices and ethical standards (American Counseling Association, 2014, Sections C.2.d., C.2.f.). By adhering to these principles, White counselors can perhaps best fulfill their professional expectations and become better equipped to serve the diverse needs of communities of color with multiple marginalized identities. This approach ultimately enhances the therapeutic alliance and contributes to improved counseling outcomes, promoting a socially just and inclusive society (American Counseling Association, 2014; Toporek & Daniels, 2018).

Minority Stress Theory as a Lens for Conceptualization and Intervention

Case Formulation

The following fictional case formulation illustrates the application of Meyer's (2003) minority stress model during clinical supervision. Counselor educators supervising White counselors-in-training (CITs) should consider the previously outlined information while attending

to the features of the Meyer's (2003) minority stress model (i.e., experiences of prejudice and discrimination, expectations of prejudice and discrimination, concealment of minoritized identities, internalization of societal stigma) presented in the case. Drawing on the minority stress theory (Meyer, 2003), interventions that supervisors can use to attend to and ameliorate minority stress in supervision are presented and discussed. Supervisor collaboration with practicum instructors to facilitate the attending to minority stress in clients is also discussed. Thus, the following case formulation highlights the important role supervision plays in facilitating White CITs developing not only a sensitivity to the multiplicity of identity, but also a responsivity to the intersectionality of clients belonging to communities of color.

The Case of Sarah

Sarah, a 24-year-old European American, heterosexual, cisgender woman, is a counseling graduate student who is in her first semester of practicum. She is excited and eager to begin her work as a counselor-in-training. She is paired with a clinical supervisor, Dr. Dilworth, a counselor educator who is committed to supporting Sarah's journey to becoming a culturally responsive and socially just counselor and safeguarding the welfare of her clients. During their weekly supervision sessions, Sarah shares her successes and challenges in working with her clients. Sarah reports that lately she is left thinking frequently about a client named Alex, a 29-year-old African American bisexual, transgender man. Sarah shares with her supervisor that Alex originally sought counseling services to navigate career issues but that she needs support attending to the complex intersections of his racial identity, gender identity, and sexual orientation. Dr. Dilworth asks her questions to support her attention to these areas (see Table 1).

Experiences of Prejudice and Discrimination. Experiences of prejudice and discrimination, in the context of the minority stress model, refer to the direct and indirect encounters an individual from a marginalized group faces due to their social identities (Meyer, 2003). These experiences encompass overt acts of discrimination, microaggressions, stereotyping, and systemic inequalities, all of which contribute to stress, anxiety, and emotional distress. In the case of Sarah, a counselor trainee providing counseling services to Alex, a client of color with multiple marginalized identities, Dr. Dilworth, a counselor educator and supervisor, recognizes the importance of attending to experiences of prejudice and discrimination. To support Sarah in attending to this aspect with her client, Dr. Dilworth can promote cultural competency by offering resources, training, or literature for Sarah to enhance her cultural competence and understanding of the specific challenges her client faces. This might include, for example, information on systemic racism, LGBTGEQIAP+ issues, or other pertinent subjects related to Alex's identities.

Concealment of Minoritized Identities. Concealment of minoritized identities within Meyer's (2003) minority stress model refers to the phenomenon where individuals from marginalized groups choose to hide or downplay aspects of their identity in response to real or perceived discrimination or stigmatization. In the case of Sarah, a counselor-in-training (i.e., CIT) working with Alex, a client with multiple marginalized identities, Dr. Dilworth can help Sarah attend to this aspect in the following ways. Dr. Dilworth can emphasize the significance of accepting and validating clients' choices to disclose or conceal aspects of their identity. This approach encourages Sarah to respect Alex's autonomy in deciding *when* and *how* to reveal his identities. Dr. Dilworth can also introduce the

Table 1

Minority Stress Model Application to Case Example

Application	Supporting Literature	Prompts for Broaching Minority Stress in Supervision
Experiences of prejudice and discrimination	Crenshaw et al., 1995; Giordano et al., 2021; Hoy-Ellis, 2023; Meyers et al., 2020	What types of prejudice and discrimination have your clients experienced? How have these experiences impacted your client's life? How can you create a safe and supportive environment for your clients to discuss their experiences with prejudice and discrimination?
Expectations of prejudice and discrimination	Ponterotto, 1991; Senger & Vazquez, 2024; Summers-Gabr et al., 2024	How do your clients' expectations of prejudice and discrimination impact their thoughts, feelings, and behaviors? Have you considered how historical events or systemic injustices might influence his current experiences? What steps are you taking to ensure that your own biases or assumptions do not interfere with your ability to provide culturally competent care?
Concealment of minoritized identities	Chan & Howard, 2020; Craig et al. 2024; Doyle & Barreto, 2023	How do Alex's decisions about whether or not to conceal his minority identities impact his life? What are the benefits and risks of concealment for your client? What support can you provide to your clients who are struggling with the decision of whether or not to conceal their minority identities?

Internalization of societal stigma	James, 2022; Lee et al., 2022; Vogal et al., 2013	What beliefs does Alex hold about himself that could be influenced by societal stereotypes or prejudices? What coping mechanisms can you teach your client to help him manage the shame and guilt associated with internalized stigma? What strategies have you used to help Alex challenge or reframe negative self-perceptions rooted in societal stigmas?
Coping resources	Bowleg, 2012; Doyle & Barreto, 2023; Summers-Gabr et al., 2024	What are some of Alex's personal strengths that have helped him to persevere through adversity? Are you providing the client with specific coping skills training that is focused on addressing the challenges of discrimination (e.g., mindfulness, assertiveness training, advocacy skills)? How can you Alex develop new coping mechanisms (or strengthen his existing coping mechanisms)?

Note. Table 1 demonstrates applications of Meyer's (2003) Minority Stress Model principles supplemented by conceptual and empirical literature. The principles are directly linked to potential avenues in the case example.

this article and communicate that individuals have multiple identities that interact in complex ways. This can help Sarah consider how Alex's concealed (and visible) identities may intersect and influence his experiences. By addressing concealment of minoritized identities through these steps, Dr. Dilworth supports Sarah in creating a culturally sensitive and affirming counseling environment. This, in turn, helps Sarah better serve clients like Alex, who may choose to conceal aspects of their identities due to safety as well as the stress of discrimination and stigma.

Internalization of Societal Stigma. Internalization of societal stigma in the context of the minority stress model pertains to the process by which individuals from marginalized groups may internalize the negative stereotypes and biases prevalent in society (Meyer, 2003), impacting their self-esteem, self-concept, and overall mental health. In the case of Sarah, a CIT working with Alex, a client with concealed marginalized identities, Dr. Dilworth can support Sarah in attending to this aspect by encouraging Sarah to adopt a strengths-based approach to counseling, as focusing on clients' resilience, coping strategies, and personal strengths helps counteract the negative impact of internalized stigma. By acknowledging the societal challenges faced by individuals with concealed identities, Sarah can create a safe and affirming space in which clients like Alex can begin to challenge his internalized stigmas. Dr. Dilworth can encourage

Sarah to engage in self-reflection to recognize any biases or stereotypes she might hold, even unintentionally. Addressing these within herself can help her better assist clients like Alex who may be struggling with internalized societal stigma.

Coping Resources. Coping resources in the context of the minority stress model refer to the strategies and support systems individuals draw upon to navigate the stressors associated with their marginalized identities (Meyer, 2003). In Sarah's position as a CIT working with Alex, Dr. Dilworth can assist her in addressing this aspect by engaging in the following practices. Dr. Dilworth can guide Sarah in assessing Alex's coping resources by discussing with Alex the strategies and support systems he uses to manage the stressors related to his concealed identities. Dr. Dilworth can encourage Sarah to adopt an asset-oriented approach when working with Alex. This could involve, for example, identifying and highlighting the coping resources that have been effective for him in the past. Dr. Dilworth can also guide Sarah in collaborating with Alex to establish goals related to coping resources. Together, they can work on enhancing and utilizing these resources effectively to manage stress and improve his overall safety and wellbeing. Dr. Dilworth can also encourage Sarah to empower her client, Alex, by helping him explore coping strategies and resilience-building techniques when dealing with experiences of discrimination. This may involve interventions like assertiveness training, self-advocacy skills, or connecting him with appropriate support networks.

Limitations and Future Directions

As illustrated above (see Table 1), the application of the minority stress model (Meyer, 2003) offers a valuable framework for clinical supervisors working with White supervisees and clients of color with other marginalized identities. It is crucial, however, to acknowledge the model's limitations in order to ensure an ethical (i.e., culturally responsive and socially just) approach to supervision. While helpful in enhancing counselors and supervisors' sensitivity to the impact of discrimination, the minority stress model's emphasis on the negative consequences of discrimination can inadvertently position clients of color within a victimized framework, thus, potentially overlooking the inherent resilience, coping mechanisms, and agency among communities of color (Sue & Sue, 2013). Effective supervision requires attention to the multiplicity of identity that acknowledges both the challenges and strengths within both the clients' and supervisee's experiences.

The minority stress model also primarily focuses on identifying stressors and their psychological impact and offers less guidance on dismantling the systems that perpetuate them (Paradies et al., 2015). Therefore, supervisors using the minority stress model to guide their work should concurrently ensure they are engaging in counseling practices supported by the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2016) in order to work toward empowering supervisees to explore strategies for client advocacy and challenging discriminatory structures while understanding the impact of minority stress. This can involve role-playing interventions aimed at navigating microaggressions or discussing advocacy-based resources for clients. The minority stress model also tends to categorize clients based on broad racial/ethnic identities, presenting a potential limitation. Intersectionality theory posits that various marginalized identities (e.g., race, gender, sexual orientation) interweave, creating unique experiences for each client (Crenshaw, 1989). Supervisors of White counselors supporting intersectional communities of color, therefore must be mindful of these complexities

and how they shape each client's encounter with discrimination. In addition, while the minority stress model has strong theoretical underpinnings, further research is needed to empirically validate its effectiveness in supervision. Studies examining the impact of minority stress model-informed supervision on client outcomes and supervisees' cultural competency development are crucial. This following section explores areas for future exploration to refine the model's application within the supervisory context, building upon the insights offered in this article.

As presented throughout this article, the minority stress model (Meyer, 2003) has potential to serve as a valuable framework for supporting White counselors in attending to the experiences of minority of clients of color in clinical supervision. Research and adaptation can further enhance its utility in supporting white supervisees in providing culturally competent care. One crucial direction involves integrating the minority stress model with intersectionality theory (Crenshaw, 1989). Intersectionality posits that various marginalized identities (e.g., race, gender, sexual orientation) interweave and create unique experiences of discrimination. Future research can explore how supervisors can perhaps leverage the minority stress model alongside intersectionality to support supervisees in developing a more nuanced understanding of how clients with multiple marginalized identities experience and navigate minority stress.

Conclusion

The demographic landscape of the counseling profession is rapidly shifting, with the majority of the counseling workforce currently identifying as White (Data USA, 2022). The United States is projected to continue diversifying racially and ethnically, which will likely lead to an increase in cross-racial counseling dyads (Sue & Sue, 2013). Therefore, it is essential for supervisors to equip White trainees with the skills and knowledge to provide culturally competent care to clients of color with multiple marginalized identities. Modern practice standards emphasize the importance of supervisors supporting trainees in addressing experiences of identity-based trauma. This is particularly crucial when working with clients of color from marginalized communities, as these experiences often intersect and compound the challenges they face. Furthermore, research suggests that white trainees may experience the most trepidation around navigating racial issues in therapy (Hook et al., 2017).

Thus, this article presented the minority stress model (Meyer, 2003) as a framework for clinical supervisors to utilize in supporting White CITs. In order to practice in congruence with modern practice standards, counselors must engage in culturally responsive and socially just counseling practices and attend to minority stress. The minority stress model offers a lens for understanding the chronic stressors faced by clients of color and the negative psychological consequences these stressors can produce. By integrating the minority stress model into supervision, supervisors can perhaps create a space for supervisees to explore their own biases and develop culturally sensitive interventions that promote client advocacy and resilience. In conclusion, attending to minority stress is fundamental to ethical and culturally competent counseling practice. While the

minority stress model offers valuable framework for attending to minority stress within supervision, this article also highlights the need for ongoing research and adaptation to fully optimize its utility. By equipping supervisors with these tools, the counseling profession can strive to deliver culturally responsive and socially just mental health care to increasingly diverse communities.

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