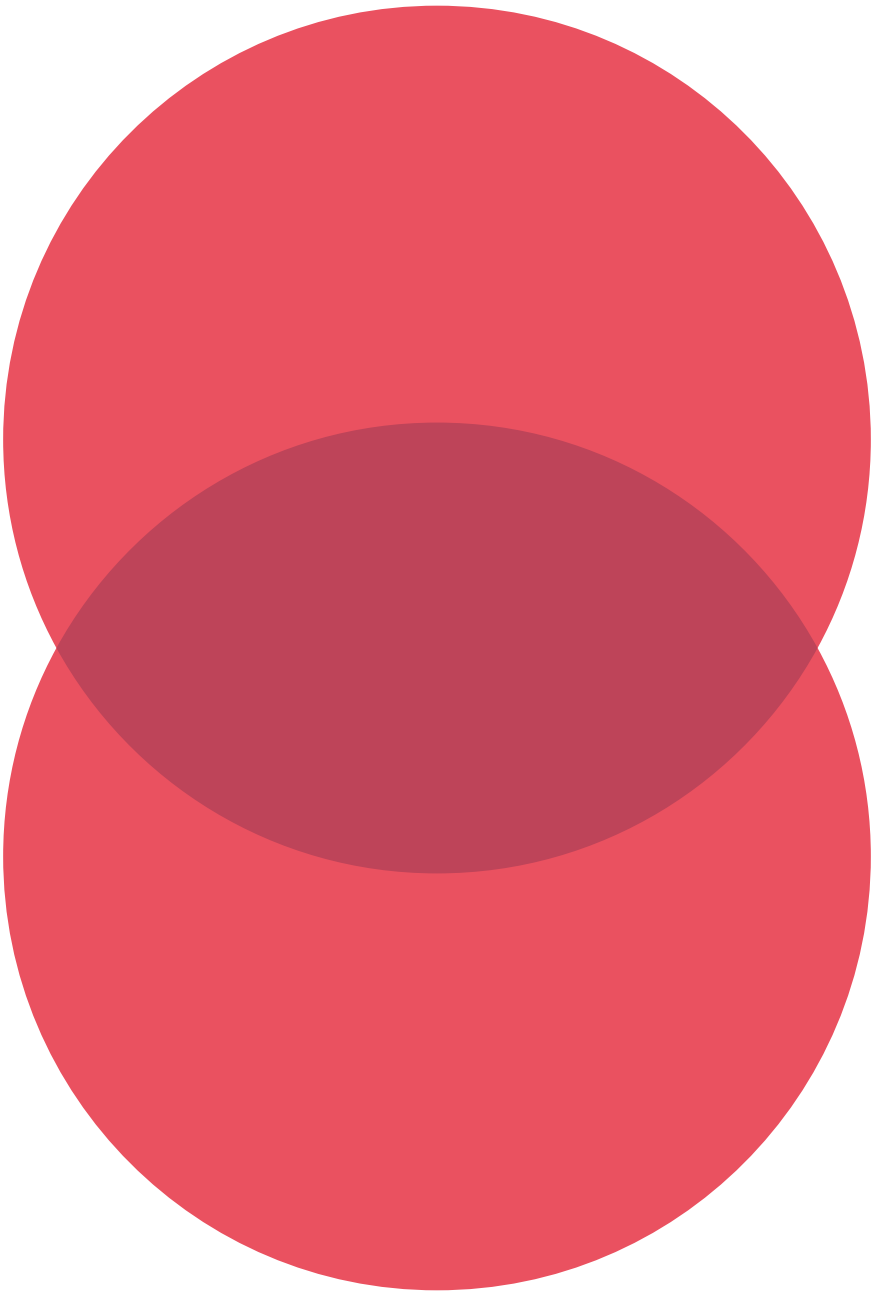
Adaptation Guide

Integrated Model for Supervision

2023



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Integrated Model for **Supervision**

Integrated Model for Supervision
Adaptaion Guide — 2023 - Version 3

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How to use this guide:

The Adaptation Guide is a tool to accompany the Integrated Model for Supervision Handbook (IMS Handbook) in its implementation. Organisations are encouraged to use this guide and adapt the Integrated Model for Supervision (IMS) to fit their context.

For more information about monitoring and evaluation of the IMS, please see the accompanying Monitoring and Evaluation Guide.

For more information about the Integrated Model for Supervision, additional resources and implementation support, please visit www.supervision-mhpss.org

For the purposes of this guide, adaptation is an all-encompassing term that refers to:

- **Cultural adaptation** - adapting to a specific group of persons (usually defined by ethnicity and inclusive of language translation)
- **Contextual adaptation** - adapting to a specific country or localised area of implementation
- **Organisational adaptation** - adapting according to the organisations own work environment, level of resources and ways of working

The guidance on supervision for Mental Health and Psychosocial Support (MHPSS) contained in the Integrated Model for Supervision is designed for use across diverse settings. Care should be taken to adapt the guidance to the contexts where supervision is being conducted and be in line with the legal frameworks and protocols for supervision as defined by national health authorities, social welfare boards and professional bodies/ associations.

What is adaptation?

Cultural adaptation refers to a structured process of modifying a programme, services, intervention or protocol to improve its appropriateness for the service user populations' culture, language and the context in which the program is being carried out. [1] This means ensuring the program uses terminology that is relatable to the population being served, the content is consistent with their values, that it is understandable and holds relevant meaning.

Similarly, adaptation includes consideration to **contextual** factors that might impact service delivery noting differences that might exist between groups of the same population. For example, persons living in rural locations might require different adaptations compared to their urban counterparts, just as migrant and refugee populations compared to host populations..

Adaptation might also consider **organisational** culture and the context in which the organisation operates to ensure its use is consistent with the values and expectations of the organisation.

Why should the IMS be adapted?

Adaptation ensures the relevance and overall 'fit' of the programme, services, intervention or protocol to service users. This can help to improve effectiveness and to increase service use. In the context of the IMS, adaptation means ensuring that important concepts within supervision are understood and that the guidance outlined in the IMS Handbook and accompanying tools are implemented in an understandable and appropriate manner.

Organisations should aim to adpot the most optimal supervision approaches to fit within their organisation, culture, and context. When not adapted, the effectiveness, appropriateness, applicability, and fidelity to the Integrated Model for Supervision can be compromised.

How should the IMS be adapted?

To adapt the guidance of the IMS for your context, it may be useful to follow these steps.[2]

1. Establish an adaptation committee
2. Gather information about relevant contextual factors
3. Develop adaptation hypotheses
4. Consult with end users
5. External consultation

Each step will be explained in detail in the following pages.

Step 1 2 3 4 5

Establish an adaptation committee

An adaptation committee may be may be a small committee made up of individuals from your organisation, or it may consist of representatives from multiple organisations, including inter-sectoral coordination with other sectors such as with Child Protection or Health, who wish to adapt the IMS in a certain context.

Care should be taken to include as many relevant stakeholders as possible such as management/leadership, supervisors, supervisees and service user agencies.

This committee should make efforts to also include representatives from all genders and from all relevant cultural groups for an equitable and accurate representation of the needs of all involved. Involvement of local MHPSS specialists and researchers with experience in cultural adaptation within the MHPSS sector may also be beneficial.

Step 1 2 3 4 5

Gather information about relevant contextual factors that may influence how supervision is understood, delivered or received

If the adaptation committee is familiar with the context where supervision is being carried out, they may already have much of this information readily available. However, it is useful for the committee to take the time to discuss this as it may lead to the discovery of less obvious contextual factors relevant to implementation.

The committee's discussions should include the cultural definitions and perceptions of supervision from the perspective of that country, the target cultural group(s) and/or the organisation(s). An understanding of past and current experience with supervision is also important. If an organisational structure involves engagement of implementing partners, for example, specific organisational issues facing the partners should also be considered.

Step 1 2 3 4 5

Develop adaptation hypotheses

The committee should read the IMS Handbook and Adaptation Guide and note any areas where the IMS Handbook and associated tools may need to be adapted to fit with the cultural context (see 'Important considerations for cultural adaptation of the IMS' below). It may be beneficial for committee members to concentrate on aspects within the IMS that best fit their expertise (i.e. supervisors focus on the section dedicated to supervisors).

Ideas for adaptation should be discussed and refined by the committee. Using the key elements for cultural adaptation proposed by Bernal and Saez-Santiago's (2006) 'Ecological Validity Model' and adapting them to the context of supervision may be a helpful framework for this purpose.[3] Please see Appendix 1 for areas to consider for adaption.

Step 1 2 3 4 5

Consult with end users

The adaptation hypotheses can then be presented to a wider section of key stakeholders such as supervisors, supervisees and service users for their input and ideas for adaptation. Focus group discussions, surveys and key informant interviews (including dyads of supervisor-supervisee) may be a useful way to obtain this feedback.

Another option could be observation of supervision sessions, applying the Bernal Framework[3] to identify key cultural factors and comparing to the proposed adaptation hypotheses. The committee should consider the information obtained and further refine the plans for adaptation as necessary.

Step 1 2 3 4 5

External consultation

The committee may wish to present the adaptation plan for external review if possible. This may involve discussing the adaptation plan with the IMS team, or with another independent expert on MHPSS and/or supervision.

What type of information should be adapted in the IMS?

When considering what type of information is relevant for adapting the IMS to a specific context, adaptation committees may wish to focus on the following key areas.[2]

Language

Some key terms contained in the IMS guidance for supervision may differ across languages or within different organisations, and so may not be readily understandable in some contexts. For example, 'supervision' can sometimes be misunderstood as a 'top down' or punitive process. Likewise, 'confidentiality', a central consideration in supervision, does not have an exact translation in some languages, and so supervisors may need to take particular care to explain the difference between the concepts of 'secrecy' and 'confidentiality' to supervisees.

During adaptation, it may be helpful to create a list of these potentially confusing terms and agree within the committee on the standardised, appropriate translations to be used, using IASC and WHO guidance notes and products as a reference where applicable. When translating IMS materials, it is important also to maintain the original meaning of the concepts within the model, this can be done by consulting with the IMS team should any confusion arise.

Where possible, supervision should be provided in the supervisee's preferred language taking into account regional or subgroup dialects. Where this is not possible, it is important that interpreters are well trained and properly informed about all key terminology. Efforts should also be made to simplify language used, especially technical terms, considering the literacy status of end users.

More information on supervision through interpretation can be found in Section 1.10 of the IMS Handbook.

Shared meanings

Cultures and languages share symbols and sayings that are used to express experiences and feelings. For example, common or accepted ways of discussing or describing feelings of stress may differ across cultures.[4]

These meanings are something that the supervisor must be aware of, particularly where they are from a different culture to the supervisee. This can be done in several ways such as researching cultural concepts of distress, soliciting information, supervision and/or mentorship from the cultural group itself or from someone experienced with the target cultural group.

Relationships

The supervisor should consider the potential impact of gender, racial, ethnic or cultural similarities or differences between themselves and their supervisee(s) as well as any potential power imbalances. It is important for the supervisor to take the time to clarify expectations with the supervisee about the supervisory process, ideally by creating a supervision agreement prior to supervision starting. More information on the supervision agreement can be found in section 1.9 of the IMS Handbook.

The process of creating a supervision agreement can help bring to light any cultural differences in understandings or expectations about the supervisory process and its limits and boundaries. If the supervisee if comfortable to do so, it may also be useful to openly address these similarities and/or differences and discuss how they might impact the supervisory relationship. [5] [6]

Customs and traditions

Supervision may also need to be adapted in light of certain cultural values, customs and traditions. For example, in some cultures, it may not be comfortable or appropriate to pair female supervisees with male supervisors, or with a supervisor who is younger than the supervisee, though these considerations might not be avoidable in all contexts. Identifying inappropriate behaviours relating to supervision in that specific context and modifying supervisory interactions and/or formats to match cultural norms may also be necessary.

Important considerations for adaptation of the IMS

The following highlights some core components of the IMS Handbook that might require adaptation. It is important to note this list is not exhaustive and that each organisation should determine what is most appropriate given the population they work with and the context in which they operate. Additional information can be found in Appendix 1.

Common terms within the IMS Handbook

The IMS Handbook outlines common terms that are important to understand in supervision. These terms may not always be understood by each population worked with and direct translation of terms may not always be feasible e.g. compassion fatigue. Similarly, some terms may not fit with the organisations understanding or preferred terminologies e.g. lay provider, beneficiary.

Adaptation includes careful consideration of the use of language, ensuring that translated terms still hold the relevant meaning (see section above on 'What type of information should be adapted in the IMS?'). When working with translators and interpreters it is important to ensure they understand the appropriate terms to use and that the meaning of the content is not unintentionally altered.

Definition of supervision

Like all concepts within the IMS Handbook, the definition of supervision has been developed based on consensus with leading experts and practitioners. Therefore, the meaning of the definition itself should not change. However how the definition is phrased might differ to ensure it is well understood by all relevant persons.

Expectations and delivery of supervision

Expectations should always be openly discussed between supervisor and supervisee. However, organisational factors might influence what is possible within supervision sessions. For example, job descriptions might determine the logistical considerations around supervision (how often, where and when supervision takes place). Similarly, culture might influence how supervision is viewed by supervisees (e.g. there

might be a tendency to perceive a hierarchical relationship and confusion might exist around the distinction with line management). This could pose challenges to the concept of supervision as a shared responsibility, with supervisees perhaps assuming the supervisor will be directive and authoritative during the process (in contradiction with the supportive supervision framework).

For more information on setting expectations in supervision, see section 3.4 in the IMS Handbook.

Resource allocation

Organisational culture might influence how resources are allocated to supervision and associated activities. It is important that adaptation considers barriers and facilitators that exist to supervision within organisations and that action is taken to ensure that organisations are empowered to ensure high quality supervision in line with best practice as outlined in the IMS Handbook.

Selection of supervisors and interpreters

Selection of supervisors and interpreters should also be carefully considered to ensure they too are familiar with the culture of the service user, and that their behaviour and phrases used are in line with cultural norms and expectations. Similarly, a conflict-sensitive approach should be adopted when selecting supervisors and interpreters meaning consideration should be given to potential challenges that may arise given unique contextual factors such as political or religious conflicts etc.

For more information on wotking with interpreters, see section 1.10 in the IMS Handbook.

Boundaries

While true for many concepts introduced in the IMS Handbook, the topic of boundaries is often interpreted differently across cultures. Boundaries might be understood differently according to culture, setting and workplace. Some cultures might resist the concept of boundaries. It is important to explore and understand this resistance and work towards finding a shared understanding of what is acceptable.

For more information on boundaries in supervision, see section 3.4 in the IMS Handbook.

Self-care and wellbeing

The concept of self-care might be difficult for some cultures and adaptation might require working with the targeted cultural group to find a mutually agreeable term. Similarly, when discussing strategies to support wellbeing it is important to consider that there is no 'one size fits all' approach and that coping strategies can be heavily dependent on the individual and their surrounding community.

Organisational culture may also over-emphasise self-care, rather than offering organisational supports to protect the wellbeing of staff. It should be clear during IMS training and implementation that while staff self-care is essential to foster, it must be done so within a culture of organisational support.

For more information on self-care and wellbeing in supervsion, please see section 3.2 of the IMS Handbook.

Monitoring and evaluation

The selection of tools to be implemented as part of monitoring and evaluation activities should be considered in light of cultural and contextual appropriateness. Where possible tools should be selected that have already been validated for use within the context of operation.

Please see the accompanying Monitoring & Evaluation Guide for the IMS for more information.

Case studies

Case study A

Last year, a large volunteer-based organisation working across an entire country supporting communities who have been impacted by past conflict and adversity participated in the Integrated Model for Supervision (IMS) Training. The organisation has a designated Mental Health and Psychosocial Support (MHPSS) Unit, as well as MHPSS activities integrated on a small scale through their health and education programming.

Representatives from leadership and management, supervisors, and supervisees attended the IMS training. While participants spoke and understood English, the majority of the staff and volunteers that they work with often spoke local dialects and were not familiar with English. Throughout the training, which was conducted in English, the participants started to think about how they might start adapting the IMS to fit their context. They considered how they might first make small steps and then work towards a larger adaptation process.

During the training, they began to form smaller working groups to translate key documents, such as the supervision agreement (see IMS Handbook Appendix A). During their translation activities, they started to look at certain terms, such as 'supervisor', 'supervisee', and 'confidentiality', which were often not well understood in their context. They considered ways in which the IMS would need to be adapted to help shift the lack of trust that was within their culture. They also started to look at their organisation's organogram, which was a bit overwhelming because they worked with hundreds of volunteers.

On the last day of the training, they began to develop a roadmap. Within this document, they included the following goals: establish an internal IMS adaptation committee within organisation to support adaptation and

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Case study A
(continued)

rollout; begin fundraising to include the IMS into their core activities; and amend organisational frameworks to include the Apprenticeship Model approach (see IMS Handbook 1.4) to all trainings, and activities. They considered the barriers and facilitators to integrating the IMS, including some of the ways that it would need to be culturally adapted to increase the trust of those receiving supervision.

After the training, they were invited to take part in implementation consultation sessions, as well as post-training supervision. The implementation consultation sessions with the IMS trainers were focused on helping them to contextualise the IMS to fit their setting, and to consult about challenges. During their implementation consultation session, it was apparent that they had already made significant progress in their roadmap.

They had established the IMS committee in their organisation, who would be responsible for leading / developing this work internally, and they had started to adjust their organisational frameworks. In addition, they began to write supervision into job descriptions for staff, and the terms of reference for their volunteers. They had decided that they would focus in on one unit within their organisation to see the impact before cascading further.

Shortly after their meeting, conflict broke out in their country, and those who were involved in the training were displaced and some around the globe. Many had been deployed to other parts of the country to support emergency humanitarian activities. Regular services and activities were severely disrupted, and they were forced to press pause on their integration of the IMS.

After six months of ongoing conflict, the organisation had grown substantially, as had the apparent need and desire for MHPSS with supervision to be fully integrated. Staff and volunteers needed not only the emotional support that is facilitated by supervision, but also ongoing opportunities to build their skills, and for the supervisors to support the monitoring of the services being provided.

With so many new volunteers, it was especially critical for post-training supervision to take place to ensure that services were being done safely, and that service providers were getting the support they needed. The conflict had not ended, but they had learned to adapt and work within the ongoing crisis. Other organisations in their country had also started to use the Integrated Model for Supervision.

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Case study A *(continued)*

The organisation began to proceed as follows, using the IMS Adaptation Guide to support them:

1. Re-activated their Internal **adaptation committee**. This included adding in members from Health, Protection, and other sectors as the MHPSS portfolio had expanded significantly within their organisation.

2. Started to gather information about other actors in the country who were using the IMS as well as collecting information about the current state of supervision within their organisation – they recognised that they could learn a lot from how others were adaptating and implementing the IMS and the challenges they might be experiencing.

3. Adaptation committee connected with other organisations who were using the IMS. Through this, they learned that an unofficial translation of the IMS Handbook and accompanying materials had been done in their local language. They deducted that this was a good start, but much of the language would need to be adapted to fit the context while also maintaining the original meaning.

4. After gathering information (**contextual factors**), the adaptation committee determined that they would help co-chair a country-level external adaptation committee that would include representatives from different organisations, across sectors, professional bodies, and relevant health authorities. In this group, they would begin with the translation that had been done, and work to ensure that the language, terms, idioms, examples and other contextual factors were appropriate. They determined that once this was done, they would work together to adapt other materials. They used the IMS Adaptation Guide to support them.

5. During the process, they reached out to the IMS Team (info@supervision-mhpss.org) to sense-check certain terms and meanings (**external consultation**).

6. After completing the translation, they shared the document with a small sample of **end-users** to get feedback and further refine the translation.

7. After they finished, the internal adaptation committee revised their original roadmap to consider the next steps they wanted to take to adapt the IMS to fit their context, and to integrate it in a sustainable way, that way it would already be in place should further conflict or political instability break out in the country.

Case study B

A thematic hub of a large global humanitarian organisation has recently included supervision to be one of the key-pillars within their organisation's MHPSS activities, across sectors. The hub's mandate is to provide technical guidance, training, and support throughout the organisation's country-offices. Despite this, supervision had never been factored into their mandate in a meaningful way.

Several months ago, they sent one of their staff to a training of trainers for the IMS that took place in the region. The staff member came back from the training with several IMS materials, including the IMS Handbook, IMS Training Curriculum, Adaptation Guide, and Monitoring and Evaluation Guide. During the next staff meeting, they presented the materials to the group, along with implementation proposal that was created during the training.

The excitement and enthusiasm for supervision that the staff member felt was easy to see. They said that the IMS could be adapted to fit organisational, cultural, and contextual settings, and that there is something in it for everyone, including their organisation. They talked about how supervision can help promote wellbeing and increase skill building opportunities, as well as help ensure that the activities and interventions they trained others on were being done safely and properly, so that they had the tools needed to feel confident when providing MHPSS. During the meeting, the staff member observed that leadership looked uncomfortable while the technical staff members were excitedly asking questions about the model and when they would be able to organise a training in their hub.

After the meeting, leadership pulled the staff member into their office. They said that while the information that was provided was very interesting, it was unlikely that there would be time or resources to conduct an IMS training with the staff. Furthermore, since none of the staff members provided clinical MHPSS, it would not be important for them to be trained in the IMS.

The staff member felt very frustrated after this meeting and was confused as to why she had been sent to the training of trainers in the first place. If there was not buy-in from senior management, then there was no

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Case study B
(continued)

chance of the IMS going anywhere. The staff member assumed that the IMS was no longer of importance, but other staff members continued to approach them in the weeks to come asking for more information about the IMS. The staff member pointed them towards the IMS website (www.supervision-mhpss.org). In the next staff meeting, which was held only with technical staff, an agenda item had been raised by another staff member, asking about how to start integrating the IMS into their work in the hub and also in their work supporting country offices. The technical staff felt that supervision would be an important way to ensure that the trainings they were conducting weren't just about training and then leaving participants with no further support, thus increasing the quality of their work.

The staff member who attended the training shared the IMS Adaptation Guide in the meeting, and said that she felt that the IMS was appropriate for their branch as is, but it would seem that some organisational adaptions would be necessary in order to get leadership buy-in. She mentioned leadership's concerns about time and resources. The technical team said they would still like to learn about the IMS and how it could be adapted, so that they could make a case to senior management that they felt it was important that supervision be meaningfully integrated into their work, and not just on paper.

The staff member who attended the training spent the rest of the staff meeting explaining the five steps of how the IMS adaptation and how they could apply to them in their context.

The group agreed that starting with an **IMS adaptation committee** would be their first step, so that they could consider organisational adaptation. They agreed that those who were interested would set a meeting in a weeks' time. The also agreed that before meeting, they would talk to senior management about their plan to continue discussing the IMS, and invite them to be a part of the discussions.

During the IMS adaptation committee meeting, the group decided to keep the committeeinternal to their hub until they had determined how best to move the IMS forward within their organisation. They invited leadership and management into the meeting and discussed their concerns about the IMS, which were namely about resources, and whether it fitted within their mandate. This allowed them to **gather the relevant contextual factors** needed to move forward. Leadership agreed that they would be willing to entertain implementing the IMS if it were adapted to fit their organisational culture, and if it did not take too many resources. The adaptation committee now had a place to begin- their **adaptation**

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Case study B
(continued)

hypothesis,which was that if they could show the benefit of the IMS in their organisation without taking too many resources, they could use this as their first step towards integrating the IMS. They knew that they would have to be ok with starting small. They then met twice monthly to begin to look at how to conduct a training in way that would not take more than one day per week from staff over the period of two months, how to use peer-supervision as a primary modality internally, with support from their colleague who had taken the IMS training of trainers, and how to advocate that post-training supervision be written into all future proposals and training requests so that trainers could support their trainees by providing group supervision.

They **consulted** with the rest of the organisation (**end-users**) to ensure that this was an appropriate way to begin organisational adaptation, and also asked country offices that would be receiving future trainings if they were comfortable with supervision being budgeted into training costs (they were). The staff member who was trained in the IMS still took part in implementation consultation and post training supervision sessions with their external IMS trainer. They used this time to consult on implementation, and they agreed that it sounded like a good plan. They also suggested they engage with the IMS Community of Practice to see if others had suggestions for how to adapt to fit similar organisational settings (**external consultation**).

The staff member was surprised by how easy it was to use the adaptation steps in the IMS. They had expected to only use it if they wanted to change things with the language or culture, but they were glad to see that it also applied within their organisational context as well. The goal was to then try to apply the adaptation steps to bring the IMS to the broader organisation.

Case study C

A country office of a mid-sized global organisation that provides specialized MHPSS services requested to take part in an IMS training. The organisation had been providing support in-country to a population who had experienced forced-displacement, armed conflict, and several natural disasters.

The organisation's working language was English among the staff, but the services they provided were not. The areas in which they provided services were regularly unstable and inaccessible. Phone connections often did not work, and satellite phone communication was often the only way to reach staff.

The organisation had heard about the IMS, and after reading the IMS Handbook, they subsequently felt that the IMS could be a very good fit for them. They already had supervision structures in place, but their hope was that an IMS Training would help them to enhance these structures and make supervision more accessible to a larger number of staff. The biggest concern for the organisation was how best to get the IMS to fit within their context, given all of the instability within the country.

Since they wanted to ensure that it could be adapted to fit their context, they first used the IMS Adaptation Guide to help them develop a plan. They then reached out to request that an external IMS trainer come to their country office to do the training. They decided to send representatives from all states within the country where they had operations to the training. They also determined in advance who from those being trained would be a part of an IMS adaptation committee moving forward. They invited other organisations who had expressed interest in the IMS to send a representative to the adaptation committee, as well as a member of the university's social work and psychology departments.

There were no formal laws governing supervision in their country and there was not a lot of trust in the government, so no representatives from the ministry of health or social affairs were invited at that time, but larger advocacy efforts for MHPSS were taking place though the countries technical working group, so the topic of supervision would be raised there.

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Case study C
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The IMS training was conducted the training in English, and included interpreters to help ensure that the meanings were maintained and that it was possible for everyone to be able to engage equally. During the training, they started to observe ways in which the IMS would not be suitable for all of their context, and identified that they would need to consider significant adaptations to ensure that they could cascade the model more widely. They also decided that a part of their implementation roadmap would be to do an IMS training of trainers so that the IMS could be brought to those areas in which access was impossible for anyone who was not local.

As part of this, they began to think of ways to make satellite phone calls more effective, if there were ways to do check-ins and sessions without regular access to phones, and how to promote peer supervision groups (this had not been used in the organisation previously as it had relied solely on group, individual, and live supervision).

There were things that could be done to start implementing the IMS, especially in the capital where the country office was located. Ultimately, however, they realised they needed more people in the hard to reach areas to be trained up. They brought this to the IMS adaptation committee, and members from the other organisations decided to work together and pool funds to invite the IMS trainers back in six months' time to do a multi-agency training of trainers.

During the six -month period they agreed to focus on implementing the cultural adaptations that would be needed for those trained as trainers to begin conducting IMS trainings in their own language.

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Appendix 1

Adaptation framework: adaptation principles and operationalization

The below table was adapted from Table 9 in the STREGNTHS D3.1 Report on Cultural Adaptation: Cultural, contextual and eHealth adaptations (November 2017) whose adaptation work was based on the existing eight Bernal principles framework of Bernal et al.[1] Specifically, the cultural and contextual adaptation work in STRENGTHS applied a framework containing the eight Bernal principles developed by Chiumento et al (unpublished)[2] based on Chowdhary et al.[3]

Adaptation principle	Operationalisation	
Language	Emotional expression, mannerisms, verbal style	• Translation into local language • Use of local idioms • Technical terms replaced by colloquialisms
People	Supervisor and supervisee relationship	• Supervisor- supervisee matching • Cultural competency of supervisor / supervisee • Supervisor-supervisee relationships (directive/ non-directive, hierarchical-non-hierarchical, basic helping skills e.g. empathy, non-judgement)

Continued...

[1] *Bernal, G., & S.ez- Santiago, E.(2006). Culturally centered psychosocial interventions. Journal of CommunityPsychology, 34(2), 121-132.*

[2] *Chiumento, A., Harper, M., Akhtur, P., Nazir, H., Masood, A., Dawson, K. (unpublished / working paper) "Adapting mental health interventions to socio-cultural context: lessons learned from a multi-site project" (available upon request from Anna.Chiumento@liverpool.ac.uk)*

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Adaptation principle	Operationalisation	
Metaphors	Symbols, concepts. Sayings and idioms	• Use of materials with cultural relevance (e.g pictures and illustrations) • Stories and local examples • Use of idioms and symbols
Content	Knowledge about values, customs, and traditions	• Incorporation of local practices into supervision practices (e.g meditation or prayer) • Awareness of approaches and interventions to address cultural factors in service delivery
Concepts	Constructs of theoretical model- how supervisees problem is conceptualized and communicated including availability of linguistic terms for theoretical constructs	• Addressing stressors (i.e. social isolation, dysfunctionctional behaviors, and stigma) • Somatic concepts (bio-psycho-spiritual-social model) • Social concepts (e.g. status of women) • Religious concepts (e.g. suffering punishment from God)
Goals	Reflecting knowledge of values, customs, and traditions	• Supervisee derived goals and management of goal setting • Clarifying foals (e,g, function, mental wellbeing, material) • Extending goals
Methods	Procedures to allow achievement of goals congruent with culture to increase treatment accessibility	• Adaptation of training and supervision methods (e.g. to match non-specialist or volunteers) • Supervisee engagement adaptations (e.g. when stigma or resistance towards receiving supervision, how to ensure buy-in) • Structural adaptations (e.g. remote delivery, phone or sat-phone delivery, use of text, through interpretation, type -individual, group, peer, live), use of images, • Adaptations to techniques used to deliver supervision (e.g. case presentation format, role play reflection activities)
Context	Social /economic/political context which supervision is embedded	• Increase accessibility (facilities, community based, remote) • Ensure feasibility • Ensure acceptability • Ensure fidelity to the model