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Forging Ahead in Florida: Teaching and Supervision Strategies in the Face of Legislative Restrictions and Medical Bans

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Abstract

The queer community and people of color are experiencing a poignant pendulum swing in our nation's sociopolitical climate. From the national support for same-sex marriage and global movements to center the disproportionate violence carried out against people of color, we have witnessed widespread social justice movements and advocacy to address the ongoing oppression of Black, Indigenous, and People of Color (BIPOC) and queer people from the majority in the United States. In response to efforts to support racial justice and improve life for queer people, sociopolitical movements in Florida and other states have resulted in an increase in restrictive medical bans and legislative bills surrounding how educators and practitioners should address race, sexuality, and gender in medical settings and schools. In this article, we review the legislative and regulatory impacts of race, sex, and gender-based legislation in Florida while providing strategies for navigating these as counselor educators, counselors, and trainees in the areas of teaching and supervision.

Significance to the Public

Several states in the United Stated have implemented educational restrictions and medical bans that impact the public, clients, counselors, trainees, and educators. This article is significant to the public as it offers strategies to alleviate the harmful outcomes of (a) educational restrictions on topics such as racism, sexuality, and gender identity, and (b) medical bans that prevent trans youth from accessing gender-affirming care. Supportive strategies for BIPOC and LGBTQIA+ communities are important for improving overall well-being and experiences in education and healthcare settings.

Keywords: teaching; supervision; restrictions; medical bans; gender-affirming care; racial justice

Throughout the last few years, nearly three dozen states have enacted legislative bills and regulatory bans around race, sexuality, and gender in education and medical treatment (Branigin & Kirkpatrick, 2022). This surge in legislative activity appears to be in response to social justice movements spotlighting awareness and action to the ongoing oppression of Black, Indigenous, and People of Color (BIPOC) and lesbian, gay, bisexual, transgender, queer/questioning, and sex or gender expansive (LGBTQ+/SGE) people in America. The Southern Association for Counselor Education and Supervisors (SACES) reports Florida has been a leader in adopting legislation that regulates instructor-led discourse and teaching around racism, same-sex relationships, and gender expansiveness in various educational settings, and also enacted a medical ban prohibiting gender-affirming care (GAC) for transgender and gender nonconforming

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(TGN) youth and restricting access for adults (Branigin & Kirkpatrick, 2022).

Counselor educators, counselors, and trainees have an ethical responsibility to advocate for their clients by working to eliminate barriers that impede access, equity, or success for clients (ACA, 2014). Advocacy through teaching and supervision is considered a core value in the counseling profession and an essential component of multicultural counseling competence identified in the Multicultural and Social Justice Counseling Competencies (MSJCCs; Ratts et al., 2016). This task is critically important when working with clients who experience systemic oppression, which has historically been heightened for BIPOC and LGBTQ+/SGE communities (Chan et al., 2018). Counselors are professionally and ethically obligated to teach and supervise on these experiences as part of evidence-based and culturally responsive care. An extensive body of literature demonstrates the adverse outcomes of racism, discrimination, income inequality, educational barriers, health inequities, interactions with law enforcement, and the justice system in black and brown communities (Hayes-Greene & Love, 2018; Mental Health America, 2023). When trainees and practitioners are prohibited from actively learning about these implications, we may overtly and covertly harm clients with these identities by lacking critical knowledge, skills, or attitudes vital for clinical competencies (Day-Vines et al., 2020; Ratts et al., 2016). Myriad harms due to lack of competency can be inflicted when practitioners are ill-equipped or vicariously engaging in practices that perpetuate race-based trauma or lacking clinical skills, such as broaching, which allows us to address issues of racism that directly impacts mental health (Carter et al., 2013; Day-Vines et al., 2020).

The legislation and medical bans directly conflict with existing standards of care, specifically within education and healthcare settings for BIPOC and SGE folks (Coleman et al., 2022; National Institutes of Health, 2014) and are widely opposed by most professional organizations, healthcare providers (Hughes et al., 2021) and parents (Abreu et al., 2022). In this article, we (a) review the impacts of race, sexuality, and gender-based legislation in Florida on education and healthcare, and (b) provide strategies for counselor educators, counselors, and trainees as we forge ahead in this climate and learn how to navigate our teaching and supervision responsibilities.

A Review of Legislation in Florida

Over the last 4 years, anti-LGBTQ+/SGE legislation in the United States has increased by nearly 715% across more than 30 states, increasing from 19 bills introduced in 2018 to 155 in 2022 (Branigin & Kirkpatrick, 2022). By the time this article is published, the number of bills will likely have increased. Recently, the Florida legislature and governing bodies have proposed and passed an onslaught of similarly restrictive house bills (HB), including the colloquially recognized “Don't Say Gay” bill (i.e., Parental Rights in Education–HB 1557) and the Individual Freedom (HB-7) bill. Their origins aim to protect religious and personal freedoms but also target queer youth and prohibit instruction around gender identity or sexual orientation in educational settings according to age. In addition, Hughes et al. (2021) highlighted the educational consequences of these bans, stating that other states with similar legislation “have included provisions that would require school counselors, teachers, and others to disclose whether a child is experiencing gender dysphoria to their legal guardians regardless of the child’s will” (p. 977). During the development of this article, a new proposal expanding bans on teaching about sexuality and gender identity through middle and high school was approved (Natanson et al., 2023).

In addition to the educational restrictions around sexuality and gender identity in elementary education, Florida has passed the Individual Freedom Bill, colloquially termed the “Stop Woke Act” (HB-7; Russell-Brown, 2022). This legislation prohibits faculty and employees in any state-funded education system from delivering training or instruction that compels others to believe in the following concepts: (a) superiority or inferiority based on race, color, nationality, or sex; (b) unconscious or conscious racism; (c) privilege and

oppression; (d) guilt or shame for past behaviors of members of a race, color, nationality, or sex; and (e) that values such as merit, excellence, objectivity, colorblindness and more were established to oppress members of another race, color, nationality, or sex (HB-7). As we developed this article, other educational restrictions were proposed, including the removal of several topics in the Advanced Placement African American history curriculum. Many believe this has resulted in politicizing these topics in Florida and other states across the United States (Hartocollis & Fawcett, 2023). The implications of these educational restrictions are worth noting, and they are the reason strategies for teaching and supervision are provided in this article.

On November 4, 2022, Florida's Board of Medicine and Board of Osteopathic Medicine banned gender-affirming care (GAC) for youth. GAC includes but is not limited to reversible interventions such as social transition (i.e., self-expression through clothing and hairstyles). It also includes irreversible interventions, such as sex reassignment surgeries or related procedures, that alter primary or secondary sexual characteristics for TGN youth (rules 64B8-9.019 and 64B15-14.014). Medications, such as puberty blockers and hormone therapies, are also included within the ban, exempting youth who were either previously receiving treatment before the ruling or enrolled in a clinical trial (Florida Department of State [FDS], 2022a, 2022b). In effect, these bans are estimated to impact roughly 9,000 TGN youth between the ages of 13 and 17 in Florida alone, increasing to more than 45,000 across 10 states where GAC bills currently exist (Conron et al., 2022). Although specific implications of this legislation are ever unfolding, helping professionals who provide GAC could potentially face disciplinary action, legal issues, or the revocation of one's medical license.

For many TGN youth, access to GAC is associated with improved mental health and well-being (Abreu et al., 2022; Puckett et al., 2018). For example, Green et al. (2022) recently surveyed nearly 35,000 LGBTQ/SGE youth (roughly 12,000 of whom were TGN) between the ages of 13 and 24, examining associations between access to gender-affirming hormone therapy and psychological outcomes. Results from this study revealed that participants who had access to hormone therapy were significantly less likely to experience depression and suicidality when compared to those who desired GAC but could not access it (Green et al., 2022). In addition, scholars have documented the long-term mental health effects of early access to GAC treatment (Achille et al., 2020), notably lower lifetime suicidal ideation (Turban et al., 2020) and enhanced self-identity and peer relations (Van der Miesen et al., 2020) among TGN participants. These findings spotlight the lasting effects of such treatment and the long-term consequences of health-related barriers for those impacted.

Conflicts for Counselors and Counselor Educators

The regulating board for licensed professional counselors is housed within the Department of Health in Florida, which is governed by public health principles. General provisions for all healthcare providers and their patients can be found in Florida Statute, Chapter 381. This statute includes 381.026, the Florida Patient's Bill of Rights and Responsibilities (Online Sunshine, n.d.). Several principles connect to health care professionals' obligation to treat clients with dignity, defined as: "The individual dignity of a patient must be respected at all times and upon all occasions" (4.a.1.). In addition, the statute references another important patient right: "A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment" (7.d.1.). An omission from this list is gender and sexuality.

Three of the five professional values outlined in the American Counseling Association (ACA, 2014) code of ethics immediately speak to counselors' obligations to uphold the value of multicultural diversity and the uniqueness of people, promote social justice, and practice competently and ethically (p. 3). All of these are at the core of how we frame our clinical work, serving as the standards

by which ethical complaints can be filed and processed if these values are violated. Specific ethical codes compel counselors to adhere to the best scientific and medical practices in the field when treating all clients, with the most relevant including avoiding harm and imposing values (A.4) and respecting client rights (B.1).

Bans on gender-affirming medical treatment and discussing racism and its effects in counselor education programs preclude professional counselors from adhering to practice guidelines (e.g., WPATH) and ethical standards set out by professional organizations (e.g., ACA), accreditation bodies (e.g., Council for the Accreditation of Counseling and Related Program [CACREP]), and licensure boards. These conflicts put counseling professionals in precarious and insecure professional positions to practice effectively and ethically. As these geographically based, sociopolitical impacts continue to shift and change over time, it is important that we have resources to help support us in making sound educational and clinical decisions moving forward. In the next section, teaching and supervision strategies are offered to help counselor educators and trainees uphold professional standards in the face of the constraints identified previously.

Strategies

It is important to note that the following strategies require degrees of resistance and risk. We prioritize the ethical obligations established by medical and educational organizations and consensus alongside our professional counseling codes of ethics over Florida's legislative mandates. Forging ahead is our attempt to simultaneously resist these bans and restrictions while ensuring our important clinical and counselor education work can still be carried out.

Teaching

As educators, we focus on three domains of competency when teaching, including delivering critical domains of knowledge, skills, and awareness related to our field. This section focuses on strategies in knowledge, skills, and awareness to teach about the effects of race, sexuality, and gender expansiveness as informed by the MSJCCs (Ratts et al., 2016). Furthermore, the presented curricular focus reminds counselor educators of the importance of integrating cultural responsiveness into all areas of counselor training as emphasized within the social and cultural foundations set forth by accrediting bodies (CACREP, 2015).

Multicultural and social justice competencies form the bedrock of ethical values and instructional guidelines in counselor education. The implementation of these guidelines in counselor training programs has contributed to a growing body of research (Decker et al., 2016; Melamed et al., 2020; Zeleke et al., 2017). Specifically, the counseling scholarship reveals significant progress integrating the MSJCCs and intersectionality in the following teaching and supervision practices. Chan et al. (2018) explored privilege and oppression in counselor education, proposing intersectionality as an approach to enhance multicultural and social justice pedagogy. While Cartwright and colleagues (2021) provided a model for culturally-informed, multi-tiered supervision. Building on this, Ieva et al. (2022) advocated for enhanced preparation of school counselors for social justice group counseling by revealing discrepancies between training and implementation of small groups through the lens of power, privilege, and intersectionality. These advancements, along with innovative assessment tools for understanding intersectional privilege (Neal Keith et al., 2024; Pester et al., 2020) and qualitative research recounting marginalized counselor educators' experiences (Thacker et al., 2021; Thompson & Bridges, 2019), have contributed to the growing body of research supporting the integration of MSJCCs and intersectionality into our profession. Mitchell and Butler (2021) introduced the Multicultural Integrated Supervision Model, which provides targeted methods for explicitly teaching about intersectional identities in supervision relationships. Ultimately, the integration of the MSJCCs and intersectionality proves crucial for

teaching about complex systems that perpetuate oppression in spaces where clients, trainees, counselors, educators, and supervisors learn, live and work.

Table 1 features the CACREP (2015) eight core knowledge areas and identifies different pedagogical approaches for imparting knowledge, increasing awareness, and developing skills for each core area. These are examples of activities, assignments, and content-led tasks that can be integrated to create opportunities for students to honor racial justice and the experiences of sex- and gender-expansive folks using a student-centered approach. Due to faculty-led content restrictions identified in legislation, many of the teaching strategies outlined here offer ways for faculty to empower students to bring in their lived experiences and center intersectional identities of interest and relevance to them into our pedagogical practices.

Examples

Real-world teaching opportunities emerge when laws and professional ethics conflict. For example, in the curricular area of professional counseling orientation and ethical practice, legislation in Florida restricts access to gender-affirming care for transgender minors and adults. Restricting access to these often life-saving treatments can be seen as a breach of the foundational ethical principles of nonmaleficence, autonomy, and justice. In fact, through lawsuits, laws such as this have been ruled unconstitutional since they have sparked fear, uncertainty, and concern for many trans folks and their practitioners (Spencer, 2024). Creating discussion prompts in class, designing a literature review assignment, or encouraging students to engage in service work around the impacts of healthcare restrictions for youth can be one way to weave this into our teaching approach.

With the goal of building awareness and knowledge, students can read related pieces of legislation and updates on any legal challenges, the ACA (2014) code of ethics, and the news regarding how a bill has impacted people and communities. For example, the news has featured stories about trans adults having difficulty continuing stable hormone replacement therapy (HRT) because medical providers are unsure of the legal or professional ramifications they could face (Gliadkovskaya, 2023). Having students read and discuss bills in the context of legal challenges and impacts on people and communities is a practical way to invite them to build awareness and knowledge about how to navigate laws and ethics when they conflict. For example, cases of how people and communities are impacted by controversial laws can be pulled from the news or students' lives to give students an opportunity to practice ethical decision-making. ACA's ethical decision-making model may be used as a framework for discussing and writing up ethical decision-making processes (Forester-Miller & Davis, 2016).

To build knowledge in the domain of social and cultural diversity, the cultural formulation interview (Lewis-Fernández et al., 2016) can be introduced and discussed. This can lead to discussion about how to use this tool to build rapport and effectively conceptualize and treat clients from historically marginalized groups by incorporating anti-racist practices into assessment and diagnostic practices (Ault et al., 2023). Lastly, to build skills, students can practice conducting cultural formulation interviews with each other or use cases provided by the media, instructor, and/or counseling videos with clients from historically marginalized groups, such as queer women and gender-nonconforming people of color.

Regarding the counseling and helping relationship knowledge standard, students can use cases to explore their values, beliefs, biases, and worldviews. Identifying associated thoughts and feelings about working with clients whose identities are different from their own is a useful pedagogical strategy (Collins et al., 2015). Cases may also be provided for discussion utilizing counseling dyads with clients and counselors holding disparate identities. For example, students may be asked to discuss challenges that may be encountered when a

Table 1

Teaching Strategies by Curricular Area and Counseling Competency

Curricular Area	Awareness	Knowledge	Skills
Professional Counseling Orientation and Ethical Practice	Reflect upon professional counseling ethical standards as they relate to working with culturally-diverse clients and communities. How do they relate to your personal and professional ethics? Encourage students to select themselves or someone in their lives for an identity to draw from.	Review laws (i.e., HB 7; HB 1557) and legislation, discussing relevant professional ethical standards. Ask students to bring in current events and impacts from these laws in the news in a reflection paper or discussion.	Use cases to teach how to utilize an ethical decision-making model. How would a trainee broach these conversations with clients? Behavior rehearsal in dyads or small groups to work through requests for gender-affirming care or client advocacy around racial injustice.
Assessment and Testing	Discuss awareness of cultural bias in assessment techniques. Explore and discuss any personal experiences with this.	Identify and discuss cultural bias in assessment, as well as culture-centered and affirming assessment strategies. Prompts for cultural focus can be selected by students based on interest areas.	Role-play culture-centered affirming assessment strategies, as well as strategies for modifying assessment instruments for identities trainees are working with.
Social and Cultural Diversity	Explore personal beliefs about laws and medical bans. Consider how it may impact others who they know to explore potential benefits and harms (e.g., parents, students, school counselors, and teachers).	Review MSJCCs in the context of working with clients impacted by the laws and bans. Identify the impacts on privileged and marginalized clients and counselors.	Engage in case discussions and role-plays with potential clients impacted by these laws. Use cultural formulation practice to create a treatment plan that is culturally sensitive around race, sex, and gender-expansive clients.
Human Growth and Development	Explore personal values, beliefs, and worldviews regarding race, ethnicity, gender, and affectual identity. Ask students to identify their belief system about how overall growth and development are impacted by identity development in the current socio-political climate.	Review and discuss the expansiveness of minority identity development models. Include all models ranging from racial to ethnic to gender identity and sexuality identity development models.	Apply knowledge of identity development models and processes to client cases through supervision, case presentations, and role-play.
Career Development	Identify a person (i.e., family member, partner, friend, mentor, well-known figure) and reflect on how you believe their identity has influenced their career development. For example, focus on a person whose race, ethnicity, sexuality, or gender has played a significant role in their career.	Review the main models of career development and assess their cultural-responsiveness. Which career development model best addresses inequity issues? How does identity play a role in career trajectories?	Conduct a culturally-responsive career interview with a peer or client (when relevant). Practice asking questions about how identity has played a role in their career development.

(continued next page)

Table 1 *(continued)*

Curricular Area	Awareness	Knowledge	Skills
Counseling and Helping Relationships	Explore personal values, beliefs, biases, and worldviews regarding experiences with clients whose identities are different from yours. Identify feelings and thoughts about serving them as clients.	Review and discuss the cultural formulation interview and identify specific strategies for building rapport historically and presently oppressed identities or groups.	Role-play broaching and other strategies for building rapport with historically and presently oppressed identities or groups.
Group Counseling and Group Work	Explore personal values, beliefs, biases, and worldviews regarding facilitating groups with clients whose identity vary distinctly from your own. Acknowledge and process feelings that arise.	Discuss the rationale and considerations for creating and facilitating homogenous and heterogenous groups for clients from different identities.	Plan and role-play the facilitation of groups created to address the impact of current events that impact clients from a variety of groups, such as incidents of racial violence and limitations on gender affirming care and rights.
Research and Program Evaluation	Reflect upon feelings and thoughts regarding cultural bias in research, program evaluation, and delivery. Ask students to identify examples of research or evaluation that bring up discomfort for them.	Explore and discuss professional literature and research on intergenerational and identity-based trauma in youth and adults. Focus one section on including culture-centered strategies and mental health disparities across demographic groups.	Create a research design or program evaluation that focuses on applying affirming practices in either domain. Write a proposal based on participatory action research aimed at grassroots, community-based efforts for research and program evaluation.

counselor who identifies as older, White, and religious works with a young, BIPOC bisexual client who is exploring their affectual orientation and religious affiliation. To further build awareness, students can reflect upon their identities and the identities of hypothetical clients and counselors using identity models such as RESPECTFUL (D'Andrea & Daniels, 2001) or ADDRESSING (Hays, 2008).

Lastly, to build skills connected to curricular areas, students may role-play engaging in discussions with clients about accessing gender-affirming care. The ACA advocacy competencies (Toporek & Daniels, 2018) and the MSJCCs (Ratts et al., 2016) provide frameworks for identifying advocacy actions to mitigate the harm of discriminatory legislation on individuals and communities. Students can practice applying these competencies in small groups by identifying and engaging in advocacy actions within each of the advocacy competency domains. Ultimately, students who engage in some or all these learning activities will be better equipped to demonstrate the necessary awareness, knowledge, and skills to best support BIPOC and LGBTQIA+ clients and communities as they enter their clinical supervision experience.

Supervision

Supervision requires us to walk alongside our counselor trainees to prioritize client welfare above all other supervisory responsibilities (ACA, 2014; ACES, 2011). Secondarily, we help support our trainees' professional growth and development while monitoring the application of skills, knowledge, and awareness across the training experience (ACES, 2011; Bernard & Goodyear, 2019). When trainees encounter clients for whom race, sexuality, and gender are impacted by educational restrictions and medical bans, we are obligated to (a) ensure trainees provide ethical and

effective care, and (b) assess, support, and gatekeep trainees' abilities to adequately provide culturally responsive care (Ault et al., 2023; Miller & Luke, 2018).

If trainees are not able to serve clients from any racial, sexual, or gender identity or background, we are then obligated to either support the trainee in acquiring competencies or, if that is not possible, to recommend other treatment providers who can best serve the client (ACA, 2014). And yet, referring out based on novice or inadequate training and preparation is quite distinct from referring out based on values conflicts. Although values impositions are often propped up by legislative restrictions and educational bans, we are still ethically obligated to confront and challenge these through self-reflective, supervisory, and consultative processes.

Social justice practices in supervision are available to help us navigate these complicated scenarios. Dollarhide and colleagues (2021) developed a seminal model for social justice supervision, which may be particularly useful in states where educational restrictions and medical bans exist. It is imperative for counselor educators and supervisors to be aware of and implement cutting-edge models for infusing advocacy and social justice into our teaching and supervision practices (Bevly et al., 2017; Fickling et al., 2019; Kahn & Monk, 2017). Table 2 applies the stages of the social justice supervision model (Dollarhide et al., 2021) in steps and across multiple systems using Bronfenbrenner's (1979) ecological model, highlighting micro- and macro-systemic supervision examples and prompts.

Examples

In places where legislative restrictions and medical bans are in place, documentation is an area of supervision we can support to protect clients and trainees (Lambie et al., 2015). For example, in an official statement by Florida's Department of Health to all licensed medical professionals, "social gender transition should not be a treatment option for children or adolescents" may be cause for concern in progress notes where reporting to the state is required (Florida Department of Health, 2022). If a counselor trainee is supporting a trans youth who has already begun social transition measures or is actively seeking those out, documentation of these goals in treatment needs to be carefully considered to protect (a) the child and family from potential investigation from the Department of Children and Families (Florida Senate, Health Policy, 2023), and (b) the clinician from being monitored and risking future licensure status (Florida Department of Health, 2022). We also will need to equip our trainees with how to find support if licensure status is questioned through referrals to legal and ethical resources available via professional liability insurance providers and professional organizations.

In the realm of professional behaviors and dispositions, our ethical and professional standards indicate that openness to feedback, interpersonal flexibility, and multicultural responsiveness are vital in the application of clinical skills (ACA, 2014; CACREP, 2015; Lambie et al., 2015). Therefore, if a trainee is not open to a client's experiences with structural racism or issues in school with pronoun usage, this is an opportunity for a supervisor to engage the trainee in self-reflective and supervisory processing around their reluctance and to learn about and address these concerns in treatment. Reflection questions to encourage this for the trainee could include group supervision pair-shares, individual journal assignments, or conversations with supervisors that integrate some of the prompts identified in Table 2.

A central aspect of supervisee growth involves the development of a counselor identity, which should include social justice praxis (Cartwright et al., 2021; Glosoff & Durham, 2010). This often involves utilizing the supervisory relationship to promote self-reflection, especially when professional philosophies conflict with previously tacit biases or perspectives. Supervisors fundamentally work to support trainees' integration of personal self through the identification of strengths, developmental history, and intersectional identities (Dollarhide et al., 2021). To accomplish this, supervisors can integrate a weekly journal and

Table 2

Supervision Strategies Using Social Justice Supervision Model Steps and Ecological Systems

Steps	Microsystemic Strategies and Prompts	Mesosystemic Strategies and Prompts	Macrosystemic Strategies and Prompts
Supervisor Self-Reflection	Engage in learning about and applying identity models, (i.e., RESPECTFUL, ADDRESSING) to reflect on areas of your own identity where you are either advantaged or marginalized. *"How does the intersection of your identities contribute to your positionality as a supervisor and safety in navigating racial and SGE justice with clients and supervisees?"*	Use journaling exercises to identify how you experience oppression in relationships and organizations you relate with. *"In what ways can you leverage your agency and assets as a supervisor to challenge restrictions or bans safely in your mesosystems?"*	Explore and identify areas of your own capital in the dominant culture and larger systems (i.e., government, school districts, healthcare institutions). *"How can you cultivate aspirational, linguistic, familial, social, resistant and navigational capital in your work as a supervisor to help improve conditions in your state or geographic location?"*
Supervisee Self- Identity Exploration	Encourage supervisees to tune into their own reactions and responses to recent legislative restrictions and medical bans. *"How are you or your loved ones impacted and how can this be integrated into your clinical practice? How will they apply their own healing methods when these issues inevitably weigh heavily on us?"*	Self-disclose about of one or more of your own supervisory self-reflective practices (above) to contribute to the supervisory relationship in a group or individual context. *"How will your identity explorations as supervisor and supervisee contribute positively to your ability to navigate challenges posed in our relationship together?"*	Identify examples in the supervisees' familial or cultural systems of community that contribute to building capital. *"In what areas do you or we carry capital and how might you have leverage to help enact protections or changes in communities, systems of care, or government?"*
Supervisor Models and Teaches Social Justice Systems Work With Supervisee	Provide guidance for the development of social justice counseling skills in supervisee's counseling practice. *"How will SGE-affirming and empowerment practices be integrated? Can the supervisee identify pre-existing resources within their clients that emerge during counseling that are connected to nativistic healing practices?"*	Dedicate time during supervision to identify accessible resources in the community that can support supervisee learning and practice for infusing social justice work in their clinical practice. *"What local agencies provide SGE-affirming care? Where would BIPOC clients be likely to connect with each other for mental health support and healing?"*	Engage in a process of identifying how systemic resources could positively impact the supervisees' clients' individual and collective treatment outcomes. "*What government and NGO resources are available to the client to help them gain access to affirmative healthcare? If facing racial discrimination, is the client interested in connecting with the NAACP or ACLU for legal support to navigate mistreatment and discrimination?"*
Supervisor and Supervisee Process Social Justice Work	Incorporate self-reflective practices into supervision that help supervisor and supervisee identify how social justice practices are serving them (i.e., self-care and resilience building). *"How is the supervisee channeling their resources and assets towards productive social justice goals? Is the supervisor able to support the supervisee in their goals for incorporating empowerment for their SGE or racially oppressed clients?"*	Share information and resources with one another to determine how impactful they are to clients navigating immediate and extended relationships. *"What best approaches and models have worked for them to support their clients who are impacted by restrictions and bans? Which are the most effective interventions for individuals and families to build capital in their communities?"*	Identify collective movements to engage in that are fruitful and energizing to supervisor, supervisee, and clients. *"How can we each get involved in institutional or systemic efforts to support access to care for SGE clients? What new bills are being proposed that we could share with others to help mitigate the negative impacts of restrictions?"*

Note. Adapted from Dollarhide et al. (2021).

deliberate practice plans at the start of the semester and reflection papers at the end to assess their progress in connecting social justice to their counselor identity. Self-care planning is also a vital tool for the supervisor and supervisee to explore the integration of personal and professional as part of their holistic counseling identity (Corey et al., 2023). For BIPOC and LGBTQIA+ trainees whose identities are directly impacted by restrictions, this will be increasingly important so they can care for themselves while treating their clients (Cisneros et al., 2022).

In the absence of legal and policy support, trainees may find themselves at a practical disadvantage in providing effective therapy to vulnerable or marginalized clients. Supervisors can address this new dynamic by (a) utilizing current research and best practices for gender-affirming care, (b) engaging in process-oriented self-reflection that is sensitive to potential sex or gender bias, and (c) building or enhancing personal and professional conflict processing skills (Dollarhide et al., 2021). As the counseling profession is an ever-evolving representation of the larger cultures, it should not come as a surprise that corresponding tensions and rigidities of communication are also emerging within our clinical spaces (Freund et al., 2019). Providing tools for navigating difficult conversations or talking points around sex and gender in systems provided by professional associations, such as the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities' (SAIGE) position statements (SAIGE, 2023), can be vital tools for supervision when supporting our students, their clients, and our colleagues in states such as Florida.

As we supervise and mentor novice or junior counselor educators and supervisors, especially BIPOC and LGBTQIA+ faculty, it is important that we provide guidance on how to avoid threats to funding, job security, promotion, and tenure within higher education (Cisneros et al., 2022; Espino & Zambrana, 2019; Oller et al., 2021). Examples of how we might best support one another through administrative supervision and mentorship would be to have faculty well-versed in the latest educational policies to provide guidance or exemplars for syllabus language. Additionally, we can offer brainstorming sessions on how to create student-led assignments that may not be flagged by monitoring systems and by checking in formally and informally during peer or supervisor evaluation sessions. Across our experiences supervising counselor trainees and supporting or mentoring one another, these examples illuminate how to integrate social justice praxis into our work.

Conclusion

It is our hope that as we forge ahead during a time when many of our most vulnerable communities are stripped of educational opportunities and medical care, these teaching and supervision strategies may serve as a deterrent to a sense of helplessness in being able to carry out our ethical and professional duties as counselors. As educators and mental health professionals with well-founded standards of practice and codes of ethics, there is rationale for innovating around legislative restrictions and medical bans in a way that we hope leads to upholding our professionalism while mitigating risks to clients, individual professional careers, and our collective identity. May this serve as one potential guide, resource, or tool for professional counselors in how to effectively carry out our roles as educators and clinicians in places where this has become more difficult.

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