Supervisee Perspectives on Improving Cultural Responsivity in Clinical Supervision

Dr Bianca Vekaria*[1], Lilly Harrydwar[1], Tessa Thomas[1], and Prof Margo Ononaiye[1]

[1] University of Southampton, Psychology Department, Southampton, United Kingdom

*Corresponding author information: Bianca Vekaria, England, UK, (e-mail: bianca.vekaria@gmail.com).

Conflicts of Interest

All authors declare no conflict of interest.

Word count: 3680

Supervisee perspectives on improving cultural responsivity in clinical supervision

Abstract

Culturally responsive supervision has been shown to improve the supervisory relationship and supervision outcomes. This article considers the perspectives of 131 supervisees (trainee/qualified Clinical Psychologists, Counselling Psychologists and CBT Therapists) to better understand what may be required to improve culturally responsive supervisory practices. Supervisees completed an online survey and opted into responding to five free text questions. A qualitative approach was used to further explore their answers using thematic analysis. Five major themes were found from the data: integrating race/ethnicity into the profession, attending to the supervisory relationship, increasing cultural competence, addressing the power dynamic, and promoting cultural humility. It was proposed that the supervisor needs to initiate and lead cultural conversations safely and sensitively, particularly as supervisees may be at varying stages of their own cultural development. Supervisees also felt that supervisors should take responsibility to develop their personal and professional cultural identity due to the existing power dynamics inherent within the supervisory relationship. The responsibility of training programmes and professional bodies was also highlighted in integrating cultural responsivity into clinical training on a wider level.

Keywords: Clinical supervision, Cultural responsivity, Anti-racist supervisory practices, Culture, Supervisory Relationship

Introduction

Clinical supervision, like other social contexts, is not immune from racism and hierarchies of social power and privilege, which can negatively affect the supervisory relationship and clinical work (Nilsson & Duan, 2007). In the UK, approximately 88% of clinical supervisors are from a White background (BPS, 2015). It has been proposed that some White supervisors may be minimally aware of their own cultural influences, biases and potential role in denigrating REM groups with negative consequences for the supervisory relationship (Wong et al., 2014). Indeed, some White supervisors can often feel uncomfortable and lack confidence in broaching cultural issues in supervision. This may be due to a lack of appropriate training, experience, fear of getting things wrong or a lack of awareness of their own cultural identity and how to explore this further (Gatmon et al, 2001; Constantine & Sue, 2007). Additionally, the consideration of culture in supervision is often lacking, with traditional supervision models often failing to consider such variables (Banks, 2001; Patel, 2011).

Previous research highlights that Racially/Ethnically Minoritised (REM) supervisees can often perceive their supervisor's discomfort and avoidance in addressing racial/cultural concerns as culturally unresponsive and related to their supervisor's inability to admit their lack of knowledge and expertise (Constantine & Sue, 2007; Davis, 2017; Dupiton, 2019; Jang et al., 2019). It can also negatively impact the supervisory relationship if supervisees do not feel safe enough to discuss their cultural identity or feel that their supervisor is not interested in learning more about their cultural identity (Vekaria et al., 2023).

If one considers that culture influences clinicians' perspectives, beliefs and values, which permeate into clinical work (Patel, 2004), then culturally responsive clinical supervision becomes key to both personal and professional development (Burkhard et al., 2006). Furthermore, culturally responsive supervision can have numerous beneficial outcomes, including greater satisfaction for supervisees and higher quality supervisory relationships, regardless of the supervisee's cultural background (Bukhard et al., 2006; Vekaria et al., 2023). Additionally, Hutman and Ellis (2020) found greater supervisor cultural competence predicted a better supervisory working alliance leading to supervisees feeling safe and willing to disclose more during supervision.

However current literature highlights that there are several barriers and complexities associated with culturally responsive supervision in practice. Concerningly, supervisees from (REM) backgrounds reported experiencing more instances of harmful culturally unresponsive supervision than White supervisees (Vekaria et al., 2023). A recent study also found that Black supervisees reported experiencing a range of such aggressions within clinical supervision, which led them feeling as if they were merely surviving rather than thriving in supervision (Ebubedike, 2022). REM Supervisees can be reluctant to bring up cultural issues if their supervisor does not openly demonstrate cultural responsivity (Pieterse, 2018). Findings such as these highlight the need for culturally responsive supervision and its important role in beginning to address power imbalances by creating a safe space to discuss identity-related issues with transparency and respect.

Taken together, although research highlights the importance and positive benefits of culturally responsive supervision (Bukhard et al., 2006; Vekaria et al., 2023), its application remains a complex and under-researched concern. The aim of this study therefore is to

explore supervisee perspectives of how culturally responsive supervisory practices could be improved using a qualitative approach.

Methods

Participants

A total of 131 participants were recruited from social media sites, UK NHS sites, professional bodies and training programmes (White supervisees: n = 86; REM supervisees: n = 45). An online survey was used to collect qualitative data from supervisees who met the eligibility criteria and consented to take part in the study (Part B). Part A of this study which collected quantitative data has been published in another paper (Vekaria et al., 2023). Inclusion criteria were as follows: a) trainee or qualified Clinical Psychologists, Counselling Psychologists or CBT Therapists; b) aged over 18 years old; c) working in UK clinical practice and d) receiving regular clinical supervision (minimum of once a month for qualified supervisors) from their current or most recent supervisor for longer than 4 months.

Procedure

Participants were invited to complete an online survey on Qualtrics XM survey software. Initially, participants were directed to an online participant information page and consent statement before proceeding with Part A of the study. After completion, participants were shown an online debriefing statement with an option to end their participation or opt into Part B, which forms the focus of this paper, where they answered free text questions about their perspectives on improving culturally responsive supervision (see Table 1). Once completed, participants were given the option to 'opt-in' to a prize draw of vouchers, thanked and debriefed.

Table 1. *Free-text questions on improving culturally responsive supervisory practices*

1. What could help to make discussions of race and ethnicity more frequent and beneficial in clinical supervision from a personal perspective?

   a) From the perspective of the supervisee?

   b) From the perspective of the supervisor?

2. What could help to make discussions of race and ethnicity more frequent and beneficial in clinical supervision from a client perspective?

   a) From the perspective of the supervisee?

   b) From the perspective of the supervisor?

3. What do you think supervisors need to be more mindful of when responding to issues of race and ethnicity in clinical supervision?

4. What do you think the role of training programmes could be in improving these discussions and promoting culturally responsive supervision?

5. Is there anything else you would like to comment on in regards to culturally responsive supervision?

Ethics

Ethical approval for this study was gained from the University of Southampton's Research Ethics Committee, NHS Health Research Authority (HRA) and Health and Care Research Wales (HCRW) Ethics Committee (proportionate review).

To enhance reflexivity and transparency in the research process (Goodley and Smailes, 2011), it should be noted that all members of the research team identify as

belonging to a REM background. The authors have a personal interest in anti-racist practice and addressing social inequalities within the field.

Analysis

Thematic analysis was used to analyse the qualitative data and the free-text answers were organised and read several times before coding (Braun & Clarke, 2006; 2022). Responses were initially coded using NVIVO. Initial codes were then compiled into themes by identifying similarities and patterns in the words and phrases. Initial themes were reviewed by two members of the research team and refined to form several main themes and sub-themes. A third researcher also corroborated the analysis process and cross-checked themes to ensure credibility.

Results

There were five main themes including 'integrating race/ethnicity into the profession', 'attending to the supervisory relationship', 'increasing cultural competence', 'addressing the power dynamic', and 'cultural humility'. Several sub-themes were also evident which have been outlined in Table 2.

Table 2. *Main Themes, sub-themes and illustrative quotes generated from thematic analysis*

Main Theme	Sub-theme	Illustrative quote
Integrating Race/Ethnicity into the Profession	**Normalisation**	*"By having specific spaces to talk about race and diversity and regularly incorporate it in to teaching sessions so that it becomes easier to build skills in having such conversations." (P124)*

	Formal Recognition of Race/Ethnicity in supervision	*"As a trainee a discussion of race and ethnicity (in terms of client work and supervisory relationship) would be helpful at the beginning, mid point review and ending review of each placement."(P114)*
Attending to the Supervisory Relationship	**Creating Safety in the Supervisory Relationship**	*"bringing up race and ethnicity in clinical supervision is difficult for a lot of people particularly those who have had to deal with racism and discrimination."* (P131) Supervisors need to be *"mindful of not generalising"* (P13) *"'safety' was created by the supervisor in her openness about her own ethnicity and her curiosity about my own"* (P1)
	Emphasis on the Supervisor's Responsibility	*"this is a two way process and the onus is not entirely on the trainee."* (P104) Supervisees *"may not yet be in a place of adequate understanding of issues surrounding race/ ethnicity and how this influences therapy."(P80)* *"supervisors should be prepared for this i.e. having worked on embedding conversations about race and ethnicity in their own clinical work, so that they can help guide supervisees in their own development of*

		cultural competences."(P71)
	Openness in the Supervisory Relationship	*"Acknowledging discomfort is important so we can move forward with beneficial conversations." (P50)*
		"Being willing to be uncomfortable as a White person raising these issues, not always being sure about the right words to use, how to separate out my own prejudices/assumptions from useful hypotheses about the client's experiences" (P117)
		"was just as open as [the supervisee] about race" and *"had an understanding of issues related to race or at the very least had an interest in understanding."(P9)*
Increasing cultural competence	**Use of Resources and Training**	*"Discussions on race and ethnicity need to be a part of supervisor training. I often find that trainees have more knowledge than supervisors and are more attuned to these issues." (P79)*
	Cultural Exposure in and out of Supervision	*"I personally would like to understand the ways in which my supervisor has met/ challenged themselves in such areas as they have years more experience working with clients. I would be interested to know the lessons they have learned in working therapeutically with*

		clients of varying races/ ethnicities/ cultures."(P80)
Addressing the Power Dynamic	**REM: Culturally Responsive Supervisors**	*"For the supervisor to bring it up first and be willing to talk about their race and ethnicity from a White perspective so it doesn't just fall to me as a Non White person to talk about it, which continues to other me" (P16)* *"I don't want to feel put on the spot when talking about my own racial identity - be good to be mindful of how strong the relationship is."(P69)* *"Open conversation with supervisee that it's important, that they won't get it right all the time but they are self reflecting and working towards being better at recognising race and ethnicity and resulting positionality and resulting power dynamics in their work and in the relationship" (P16)*
	W: Acknowledging the supervisory hierarchy	*"I think they should also be mindful that trainees are now (hopefully) more assertive in bringing these discussions, and so supervisors should be prepared for this" (P71)*
Cultural Humility	**REM: Emphasis on the Supervisor's Responsibility**	*"Supervisors should think about their own development and learning and how they can learn from the trainee." (P50)*

		"They should be fostering communication and challenging their own selves to be able to deliver this and be competent to work with ALL people, which includes accounting for race."(P50)
		"Supervisors need to be mindful of their reactions to race and ethnicity, their own biases and prejudices. Also, they need to think about the power dynamics that exist within the supervisory relationship and how this may also affect the discussions around race and ethnicity particularly if their supervisee's is from a minority ethnic background." (P25)
	W: Diversity within the Profession	*"I think my experience has been limited due to being White British and having only White British supervisors, this coupled with training in the South West and being exposed to a less diverse client base..." (P55)*

Integrating Race/Ethnicity into the Profession

Supervisees noted the importance of normalising cultural discussions in supervision and training with the help of specific and dedicated spaces to increase the frequency of conversations. Some supervisees suggested decolonising the curriculum, embedding a space onto supervision agendas and clinical formulations to prompt reflection and discussions. It was felt that greater exposure to cultural discussions may help to prioritise learning and aid

skill development. Supervisees also highlighted the role training programmes and professional bodies have in ensuring that cultural responsivity is deemed a priority.

Attending to the Supervisory Relationship

Supervisees reported that supervisors must remain self-aware, mindful of their own assumptions, biases and blind spots. They also shared that by being forthcoming about their stance, acknowledging discomfort and sharing information about their own cultural identity, supervisors could also create safety for supervisees. Supervisees emphasised that supervisors had a responsibility in broaching and modelling cultural responsive discussions in order to strengthen the supervisory relationship.

Increasing Cultural Competence

Supervisees shared the importance of developing current, evidence-based resources and training materials. They also highlighted that supervisors needed to continue their professional development in building cultural responsivity and increase their knowledge in these evolving areas and wider issues instead of relying on outdated frameworks. Supervisees suggested that this work needed to continue outside of the supervision space, across services and training programmes. Some supervisees shared that in their current services, cultural discussions were often *"overlooked", "considered not relevant"* or *"seen as less important."*

Addressing the Power Dynamic

Supervisees discussed the inherent power dynamics within supervision and the importance of addressing these. Many REM supervisees highlighted the need for supervisors to create safety and address power dynamics by speaking openly about their

own cultural identity and initiating cultural conversations, whilst considering the potential emotional impact of such discussions. Whereas White supervisees acknowledged the importance of wanting to discuss cultural issues and supervisors being prepared and able to facilitate these discussions. White supervisees reported that there was sometimes hesitancy in bringing cultural issues to supervision due to the inherent power imbalance in supervision and a fear of concerns being dismissed.

Cultural Humility

Supervisees emphasised the need for supervisors to reflect on their own cultural identity development, biases and willingness to model this in supervision. REM supervisees in particular, expressed the need for supervisors to take responsibility for their own personal and professional development and to be open about this in supervision as it may help them to feel safer in engaging in difficult conversations. Whilst White supervises highlighted the importance of increasing diversity within the profession and increasing contact with REM supervisors and clients.

Discussion

The study aimed to explore supervisee perspectives on improving culturally responsive supervisory practice. The thematic analysis revealed five main themes, namely integrating race/ethnicity into the profession, attending to the supervisory relationship, increasing cultural competence, addressing the power dynamic, and supervisor cultural humility. All supervisees highlighted the need for embedding cultural responsivity training into all aspects of clinical work with particular emphasis on creating dedicated opportunities

within supervision. They also highlighted the responsibility of training programmes and professional bodies in preparing supervisors to prioritise and normalise these discussions. With a focus on increasing their cultural competence and enabling clinicians to continue their development in this area by providing up-to-date, evidence-based resources. In support, Thrower et al. (2020) argued that institutions have the systemic power to prioritise culturally responsive practices and better support supervisors to do the same.

Furthermore, supervisees also reported that safety was paramount to aiding reflexive discussions to allow for concerns to be discussed and difficult conversations to be navigated without the fear of negative consequences (Lee et al., 2022). Supervisees emphasised the responsibility of the supervisor in taking a lead in broaching such discussions and taking an interest in their own and supervisee cultural identity, whilst remaining mindful of the emotive impact on supervisees. This finding is supported by previous research which highlighted that due to power imbalance inherent in supervision, it must be the supervisor who models and prioritises cultural responsivity in supervision (Pieterse, 2018). However, it has also been suggested that the responsibility must be shared between the supervisor and supervisee (Rocha & Kemer, 2022), whilst ensuring cultural discussions are a collaborative process. The need for cultural humility was also expressed, which refers to approaching cultural discussions with openness, respect and a lack of superiority towards an individual's cultural experience (Hook et al., 2013). Cultural humility also relies upon accurate and critical self-assessment and recognising one's own biases and cultural identity development. Including the ability to receive feedback and appropriate sharing (Jones & Branco, 2020).

Taken together, it seems fair to propose that both supervisees and supervisors must take personal responsibility for self-examination, cultural humility, keeping cultural issues on supervision agendas and continued learning with supervisors taking the lead. This means that cultural responsivity supervision training needs to be embedded and integrated into professional training, continued professional development and an expectation of accreditation for professional bodies. In addition, formalising cultural responsivity training and providing formal routes if concerns arise in supervision could be beneficial, this may include external mediation and support for supervisees who experience harmful culturally unresponsive supervision.

A strength of this study included incorporating the perspectives of 113 supervisees, with 34% of the sample belonging to a REM background. It was noted that REM supervisees had different needs to White supervisees when addressing power dynamics in supervision and perspectives on cultural humility which suggests that improvements to culturally responsive practices are nuanced and shaped by cultural experiences. In consideration of limitations, due to the free-text design of the study supervisees typed their answers and these were interpreted by the research team. This meant that answers could have been interpreted differently to what supervisee's were suggesting and supervisees were unable to expand on points, which other methodologies such as semi-structured interviews may have allowed for. In addition, although some supervisees also worked as supervisors, this study focuses purely on the perspectives of supervisees. Supervisor perspectives may help to complement findings and help us to further understand how to overcome barriers to promoting cultural responsivity in supervision which future studies may wish to consider.

In summary, this study found that integrating race/ethnicity into the profession, attending to the supervisory relationship, increasing cultural competence, addressing the

power dynamic, and demonstrating cultural humility are all factors that will enable cultural

responsivity in supervision. The findings suggest that supervisees are often aware of the

supervisory hierarchy and power dynamics inherent in supervision. Therefore, it becomes

important for supervisors, who tend to hold the power in supervisory relationships to lead

in promoting and modelling cultural responsivity, thus increasing safety and forming higher

quality supervisory relationships. It is important to ensure the development of cultural

responsivity with targeted training and a requirement of accreditation with professional

bodies. The overall aim being to ensure that the supervisee, no matter their cultural

background, is aware of the importance of their culture and feels safe to explore this further

in supervision to improve their well-being and client-care.

References

Banks, A. (2001). Tweaking the Euro-American perspective: Infusing cultural awareness and sensitivity into the supervision of family therapy. *The Family Journal*, 9(4), 420-423. https://doi.org/10.1177/1066480701094009

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Braun, V., & Clarke, V. (2022). Toward good practice in thematic analysis: Avoiding common problems and be(com)ing a knowing researcher. *International Journal of Transgender Health*, DOI: 10.1080/26895269.2022.2129597

The British Psychological Society. (2015). Clinical Psychology Workforce Project. Division of Clinical Psychology UK. https://www.bps.org.uk/sites/www.bps.org.uk/files/Page%20-%20Files/Clinical%20Psychology%20Workforce%20Report%20%282015%29.pdf.

Burkard, A. W., Johnson, A. J., Madson, M. B., Pruitt, N. T., Contreras-Tadych, D. A., Knzlowski, J. M., Knox, S., & Hess, S. A. (2006). Supervisor cultural responsiveness and unresponsiveness in cross-cultural supervision. *Journal of Counseling Psychology*, 53(3), 288-301.

Constantine, M. G., & Sue, D. W. (2007). Perceptions of racial microaggressions among Black supervisees in cross-racial dyads. Journal of Counseling Psychology, 54(2), 142-153. https://doi.org/10.1037/0022-0167.54.2.142

Davis, T. C. (2017). Exploring racial bias within clinical supervisory relationships: The experiences of supervisees of color. (Doctoral dissertation, Northern Illinois University). Retrieved from: https://commons.lib.niu.edu/handle/10843/21316

Dupiton, L. M. (2019). Wearing a Mask to Supervision: A Phenomenological Exploration of Black Female Therapists and Covering in Cross- Racial Clinical Supervision. (Doctoral dissertation, Eastern University). Retrieved from ProQuest Dissertations & Theses Global. (13859390)

Ebubedike, N. (2022). *Racial microaggressions in cross-cultural supervision.* DClinPsych Thesis. Canterbury Christ Church University Salomons Institute for Applied Psychology

Goodley, D. and Smailes, S. (2011). Positionalities in Banister, P. et al Qualitative Methods in Psychology, Open University Press, Berkshire.

Hook, J., Davis, D., Owen J., Worthington, E., Utsey, S. (2013). Cultural humility: measuring openness to culturally diverse clients. *J Couns Psychol.* 60(3):353-366. doi: 10.1037/a0032595.

Hutman, H., & Ellis, M. V. (2020). Supervisee nondisclosure in clinical supervision: Cultural and relational considerations. *Training and Education in Professional Psychology, 14*(4), 308.

Jang, H., Bang, N. M., Byrd, J. A. & Smith, C. K. (2019). Cross-Cultural Supervision: Racial/Ethnic Minority Supervisees' Perspectives. Journal of Counseling Research and Practice, 5(2). Retrieved from: https://egrove.olemiss.edu/jcrp/vol5/iss2/2

Jones, C. T., & Branco, S. F. (2020). The interconnectedness between cultural humility and broaching in clinical supervision: Working from the multicultural orientation framework. *The Clinical Supervisor, 39*(2), 178-189. https://doi.org/10.1080/07325223.2020.1830327

Lee, E. H., Pitts, S., Pignataro, S., Newman, L. R., & D'Angelo, E. J. (2022). Establishing psychological safety in clinical supervision: Multi-professional perspectives. *The Clinical Teacher, 19*(2), 71–78. https://doi.org/10.1111/tct.13451

Nilsson, J. E., & Duan, C. (2007). Experiences of prejudice, role difficulties, and counseling self-efficacy among us racial and ethnic minority supervisees working with White supervisors. Journal of Multicultural Counseling and Development, 35(4), 219-229. doi :10.1002/j.2161-1912.2007.tb00062.x

Patel, N. (2004). Power and difference in clinical psychology supervision: The case of 'race' and culture. In I. Fleming & L. Steen (Eds.), *Supervision and clinical psychology: Theory, practice and perspectives*. (1st ed., pp. 108 - 135). Brunner-Routledge.

Patel, N. (2011). Power and difference in clinical psychology supervision: The case of 'race' and culture. In I. Fleming & L. Steen (Eds.) Supervision and clinical psychology: Theory, practice and perspectives. Second edition. London: Brunner- Routledge.

Pieterse, A. L. (2018). Attending to racial trauma in clinical supervision: Enhancing client and supervisee outcomes. *The Clinical Supervisor, 37*(1), 204-220.

Rocha, J. & Kemer, G. (2022) What must supervisees do to promote supervision? An exploratory sequential mixed methods approach, The Clinical Supervisor, 41:1, 70-87, DOI: 10.1080/07325223.2022.2045526

Thrower, S. J., Helms, J. E., & Manosalvas, K. (2020). Exploring the role of context on racially responsive supervision: the racial identity social interaction model. Training and Education in Professional Psychology, 14, 116.

Vandament, M. L., Duan, C., & Li, S. (2022). Relationships among supervisee perceived supervisor cultural humility, Working Alliance, and Supervisee self-efficacy among White Supervisor and supervisee of color dyads. *Training and Education in Professional Psychology*, *16*(3), 244–252. https://doi.org/10.1037/tep0000370

Vekaria, B., Thomas, T., Phiri, P., & Ononaiye, M. (2023). Exploring the supervisory relationship in the context of culturally responsive supervision: A supervisee's perspective. *The Cognitive Behaviour Therapist*, 16, E22. Doi:10.1017/S1754470X23000168

Wong, G., Derthick, A. O., David, E. J. R., Saw, A., & Okazaki, S. (2014). The what, the why, and the how: A review of racial microaggressions research in psychology. Race and social problems, 6(2), 181-200. doi: 10.1007/s12552-013-9107-9