CE

CONTINUING EDUCATION INCREASING SUPERVISOR SAVVY AROUND CULTURE, RACE, AND IDENTITY

BY TORI DEANGELIS

Psychology has a long way to go in making supervision all that it should be, say those who study the science and practice of clinical supervision. That may especially be the case with a topic of keen current interest: responsiveness to issues of equity, diversity, and inclusion (EDI), said APA Chief Education Officer Catherine L. Grus, PhD. "The field in general is looking at education through an EDI lens and applying that lens to all of our work, including to supervision," she said.

CE credits: 1

Learning objectives: After reading this article, CE candidates will be able to:

1. Identify emerging models, theories, and ideas on bringing racial, cultural, and identity factors into supervision and the supervisory relationship.
2. Discuss practical ways that supervisors can bring ideas like critical consciousness and cultural humility into their work with supervisees and their clients.
3. Describe the general state of the field in adopting these newer approaches.

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The topic is complicated for several reasons. For one thing, many psychologists become supervisors armed only with the clinical training they received when they earned their degree. That background tends to favor individual rather than contextual approaches to mental health problems; a neutral, "objective" stance on the part of the psychologists; and a cultural framework ironically referred to as WEIRD—Western, educated, industrialized, rich, and from a democratic society.

However, it is becoming increasingly clear that this focus can be highly problematic for students, supervisors, and psychologists who identify as other than WEIRD—people of color, LGBTQI+, immigrants, people from Indigenous communities, and those from other countries, to name some examples. Qualitative research by Marquette University psychologist Alan Burkard, PhD, and his students supports this point: Supervisees of color and those who are LGBTQI+ note numerous examples where supervisors have treated them with blatantly racist or anti-LGBTQI+ statements or attitudes, or have simply dismissed the importance of race, identity, and culture as meaningful elements of supervision or clinical work. The effects are sobering: "Students talk about just how much they begin to hide" following such experiences, Burkard said. "They're really just trying to get through the experience at that point," he said, "and supervisors often have a limited idea [of] what supervisees are doing with their clients" (*Journal of Counseling Psychology*, Vol. 53, No. 3, 2006).

Psychology needs to expand its awareness and competency on these topics for larger reasons as well, including changing demographics, increased racial and cultural awareness, and the field's charge to work effectively and compassionately with everyone, said Carol Falender, PhD, of Pepperdine University, who has done extensive training in supervision both in the United States and abroad and is coauthor with Edward Shafranske, PhD, of *Clinical Supervision: A Competency-Based Approach* (2nd ed.) (APA, 2021). She and others point to the need to value supervision more highly, to conduct more research on patient and supervisee outcomes, and to provide more systematic and intentional training and practice in supervision—all within a framework of cultural openness and attention to the many intersectional factors that mark relationships within this domain.

"What was done in supervision a generation ago or longer is not state of the art and does not reflect the complexities of clinical supervision as we know it now," Falender said.

NEW UNDERSTANDINGS, NEW FRAMEWORKS

One central way to begin to change the culture of supervision relates to the supervisory relationship itself. By definition, supervision is marked by an unequal power dynamic: The supervisor's job is to guide and oversee the student's performance and ultimately to decide whether the student is sufficiently competent to become a practitioner. Because of this,

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students may be reluctant to bring up issues of race, culture, and identity, Burkard said. "For them, it's high risk—they know that their evaluations and progressing in the program are contingent on getting along with their supervisor, so they're trying to figure out where their supervisor lands on these issues," he said.

Therefore, an overall aim of culturally responsive supervision is to begin to adjust this power imbalance and create relationships that are more transparent, egalitarian, and respectful, including about identity-related issues, he and others said.

Psychologists who do this well point to some guiding influences in their work. Edil Torres Rivera, PhD, a professor at Wichita State University and coeditor with Lillian Comas-Díaz, PhD, of *Liberation Psychology: Theory, Method, Practice, and Social Justice* (APA, 2020), uses ideas espoused by Paulo Freire, a Brazilian educator who viewed education as a way of liberating the underserved and believed that learning is a two-way street between teacher and student.

To this end, Torres Rivera talks with students about aspects of their identity and background and uses that knowledge to help guide their clinical work. This approach empowers students to become competent providers and acknowledges that the supervisor has as much to learn from the student as the other way around.

Germán Cadenas, PhD, an assistant professor at Lehigh University who studies the psychology of undocumented immigrants, added to this point, noting that when supervisors act with greater vulnerability, students benefit. "Bringing your full self into the relationship and into the learning experience . . . goes a long way toward opening the door for students to know that it's OK to talk about who they are" as well, he said.

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Another key ingredient of supervisory change and improvement is adopting a social justice perspective, Cadenas said. In this regard, he and others use another aspect of Freire's theories called critical consciousness, which means "gaining the ability to reflect and analyze social conditions that are impacting you negatively," Cadenas explained. Often, these are systemic and political factors such as the disproportionate targeting of Black men in the criminal justice system, immigration policies that do not provide pathways to citizenship, and laws that forbid women from having control over their own bodies.

Encouraging students to open up about their identity and background in supervision empowers them to become competent providers.

"It's about understanding your health, education, and well-being in relation to those systems," he said, "and having the space to talk about them and really analyze them, to reflect about how these systems impact you." Also part of the theory is gaining the tools and resources, whether political or otherwise, to act, he said. (Cadenas knows about this process on a personal level: He was an undocumented immigrant in his youth, an experience that motivated him to pursue the knowledge and tools to advocate for humane immigration policies.)

Cadenas regularly uses the notion of critical consciousness

with students and trainees, as well as in research. In several studies, he has found that mental health graduate students who have developed higher critical consciousness have greater political self-efficacy, more persistence toward gaining a degree, and better academic performance than students with lower critical consciousness. That is especially the case among students from underserved communities and who are underrepresented in undergraduate and graduate education, including undocumented immigrants, he said.

His research also shows that greater critical consciousness is linked to greater psychological well-being and more psychological protection from discrimination. "It helps folks protect their mental health and feel less anxious when they do experience ongoing discrimination," he said. (See, for example, *Journal of Diversity in Higher Education*, Vol. 15, No. 1, 2022; *Journal of Career Assessment,* Vol. 30, No. 3, 2022; and *Cultural Diversity and Ethnic Minority Psychology*, Vol. 24, No. 4, 2018.)

Other psychologists are considering the notion of decolonization and what that might mean in supervision and clinical practice. This viewpoint encourages supervisors to become educated on the social, economic, and power differences between people who are privileged and those who are undervalued, and to include training material on the harmful effects of colonialism, including the destruction and loss of social patterns, traditions, language, culture, autonomy, and self-determination. This approach also asks supervisors to teach students about alternative models, including Indigenous perspectives that highlight the importance of love, relationships, Indigenous knowledge, local approaches to wellness, responsibility, and the role of nature in fostering community wellness. In terms of the supervisee experience, Falender also views the high debt load of many psychology students as a form of colonialism or oppression. For instance, many people of color and Indigenous people simply do not enter the field or cannot complete their studies because of economic barriers. "A decolonized system would place greater value on mental health and mental health training and take a stance of greater humility toward those who make sacrifices to serve diverse people," she said.

University of Toronto associate professor Jeffrey Ansloos, PhD, who is the Canada research chair in critical studies in Indigenous health there, uses decolonization principles in his supervisory work with a wide diversity of students, including those who are Indigenous and who work with Indigenous peoples. He has students learn about the personal impact of colonialism and racism on Indigenious patients; dive into scholarship on Indigenous health, mental health, wellness, trauma, pain, illness, and injury; consider how Indigenous feminist and queer scholars envision processes of change, healing, and liberation; and ensure that their therapeutic work is informed by findings from current Indigenous-led research.

"I see supervision as a process that invites deep appreciation for the super complexity of culture by asking explicitly about how issues of cultural difference, power, and oppression play out in the lives of our clients and in the therapeutic work in which we're engaging," he said.

In another model that suggests ways the profession can become more culturally responsive, Celia Jaes Falicov, PhD, an associate clinical professor of psychiatry at the University of California, San Diego, has developed an overarching approach to supervision and therapy work called MECA, the multidimensional ecological comparative approach. In this framework, culture is seen not as static or fixed but as multidimensional, fluid, and shaped by disproportionate access to resources. This approach allows supervisors and supervisees to understand themselves and patients in four common human domains: migration and acculturation, ecological context, family organization, and family life cycle. Falicov has also designed a "MECAmap" incorporating these elements, which can be used to guide assessment, practice, training, and research, and to compare the cultural features of all of those involved in therapy work, including supervisors, supervisees, patients, and patients' families.

MAXIMIZING MULTICULTURAL RESPONSIVENESS

Besides encouraging larger theoretical changes to supervision, psychologists working in the area have specific suggestions on how supervisors can bring greater cultural, racial, and identity awareness into their work with trainees.

KEY POINTS

1. **Psychology is still in the early stages of understanding how to best bring racial, cultural, and identity factors into supervision and the supervisory relationship.**
2. **Many supervisors practice supervision the same way they experienced it, so getting training on new approaches is vital.**
3. **Culturally responsive supervision includes learning about social justice perspectives such as critical consciousness and decolonization.**
4. **The work is important because society, students, and clients require it for self-awareness, mental and physical health, and psychological empowerment.**

These ideas apply equally well to those who train supervisors and to the trainees themselves, since their aim is to take this same approach with patients, said Rodney K. Goodyear, PhD, an emeritus professor at the University of Southern California and the University of Redlands and coauthor with Janine M. Bernard, PhD, of *Fundamentals of Clinical Supervision* (6th ed.) (Pearson, 2019).

He and others suggest the following:

■ **Increase your own racial and cultural self-awareness.** Most training programs highlight clinician self-awareness as a key ingredient in facilitating successful therapy. Learning more about your own race, culture, and other forms of identity can further amplify your ability to impart useful knowledge to your trainees about patient care, said Boston College associate professor Alex L. Pieterse, PhD, who studies the psychological and health impacts of racism. The more transparent supervisors and supervisees are with each other in talking about these factors, the more likely patients will feel comfortable talking about them, too.

Supervisors should take the lead in discussing these issues with students so the onus is not on students to bring them up, he added. Saying something like, "I'm wondering how my racial identity and your racial identity can inform the work we are doing," opens the door for discussion, he said.

■ **Develop cultural humility.** Self-awareness is connected to another important concept in culturally responsive supervision and therapy: cultural humility. "It is a stance of openness about what you don't know and what you need to know regarding another's race, culture, and other aspects of identity," Pieterse said. "It's also a buffer against imposing a perspective on the supervisee that they may or may not be able to relate to."

These ideas are important in the international context as well, noted Goodyear, who together with Falender has conducted extensive training to promote supervision as a core competency in China, Argentina, Guatemala, and other countries.

Over several years of training more than 600 Chinese supervisors, the two are continuing to learn about and act on cultural differences and nuances, Goodyear said. The aim is not just to help these supervisors learn new practices, but to make sure they are comfortable that those practices are aligned with their own culture and values, he added.

For instance, Chinese culture is influenced by Confucianism, which values interpersonal harmony and the importance of relational hierarchies. To this end, Goodyear discovered that something he often does reflexively with groups of American trainees—kneeling by the group to better hear the conversation—was uncomfortable for the Chinese supervisor trainees because kneeling is a way of saluting a person of higher rank. Compared with U.S. supervisors, Chinese supervisors were also highly concerned that their supervisees might walk a particularly delicate line between providing them with negative feedback and hewing to ethical standards to protect clients.

Goodyear and Falender have worked to acknowledge such differences and bring them into class discussions about implications for practice and have written extensively about this topic vis-à-vis a range of international settings. In an article in the *Journal of Contemporary Psychotherapy* (Vol. 51, No. 3, 2021), they and colleagues compared supervision practices in the United States and six other countries—China, Guatemala, Mexico, South Korea, Turkey, and the United Arab Emirates. They found cultural differences in several key areas, including communication styles, the supervision hierarchy, and the relevance of regulation,

Supervisors can teach supervisees ways to be culturally proactive, such as by learning about what culture a patient identifies with before meeting them.

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gatekeeping, evaluation, and feedback. The article also proposes an approach to clinical supervision that can be used in any country.

■ **Take action.** There is nothing like putting theories into action to demonstrate to students that you are committed to these ideas, Burkard added. He described coleading a group for LGBT patients with a supervisee who was a lesbian. While many of their views were aligned—Burkard identifies as a straight White male and LGBT ally—they did not always agree with what they saw happening in the group.

He used their differences as a catalyst for dialogue, where both perspectives received equal weight. "Sometimes we shifted our focus as a result of that and tried to engage with the group in a different way," he said. "But a lot of it came down to just spending time talking through what was happening culturally, how our backgrounds might be influencing the work we were doing together, and as much as possible, trying to be open to those perspectives."

Another way Burkard supports action is to encourage his supervisees—many of them White students from rural Wisconsin—to be culturally proactive, for example, by learning about a patient's culture before meeting with them and by getting involved in organizations where the students will build relationships with people of other cultures.

"You can't stay with your same cultural group and expect that you're going to learn about different cultural groups," he tells them.

■ **Discuss race.** "Because it's so evocative, students, and often supervisors, have a kind of fragility around [race]," Pieterse noted. White students in particular may be concerned about saying the wrong thing, showing their ignorance, or being perceived as racist.

He addresses this common fear "by bringing it right in to our discussions," he said. He tells supervisees they already have effective clinical tools to deal with difficult topics, including core listening skills such as asking open-ended questions and using reflective statements. Framing it through a clinical lens "opens the opportunity to talk about what is blocking them from having conversations about race with their client, about what's getting in the way."

It is not always White students who have difficulty with these topics, added Torres Rivera. He works with many Latinx students who enter the program "wanting to be as invisible as possible—they don't want to be seen as minority students," he said. But as he works with them, the students "start to affirm their identity," he said. "That's part of their process."

■ **Cultivate patience.** It can be challenging to work with supervisees who are different from you, whether because you are more sensitized to cultural and racial issues than they are or the other way around—or for any number of other interpersonal reasons.

Persevere and do the work in a sensitive and respectful manner, advised Maria del Pilar Grazioso, PhD, former director of the doctoral program in applied psychology at the Universidad del Valle de Guatemala and co-coordinator of the Proyecto Aiglé Guatemala, a nongovernmental organization devoted to promoting mental health through training, clinical and community interventions, research, and supervision. Grazioso, who is Guatemalan and has been trained both internationally and in Guatemala, described a relationship with a supervisee who is Mayan, one of the Indigenous ethnic groups in Guatemala.

"There was an extensive period of time where there was a power struggle between us, where it seemed as if she were testing whether she could trust me or not," Grazioso said. "She later acknowledged that it took her a while to decide that I wasn't trying to dominate her and perpetuate the oppression." Grazioso remembers assessing the situation through a lens of cultural responsiveness and committing to not giving up, working diligently to establish a supervisory alliance and all that it entails. Today, more than a decade later, they are close friends.

The experience speaks to another important aspect of cultural responsiveness: It cannot just come from the head, Grazioso added.

"It has to be an integration of your cognition, your values and emotions, your attitudes and behavior, and your conduct, all within the context you're working in," she said. "That integration is what allows the cultural competency and cultural orientation models to work. Otherwise, it just doesn't happen." ■

FURTHER READING

Critical consciousness in vocational psychology: A vision for the next decade and beyond
Cadenas, G. A., & McWhirter, E. H. *Journal of Career Assessment*, 2022

Lens on international clinical supervision: Lessons learned from a cross-national comparison of supervision
Falender, C., et al. *Journal of Contemporary Psychotherapy*, 2021

Indigenous peoples and professional training in psychology in Canada
Ansloos, J., et al. *Canadian Psychology*, 2019

Liberation psychology: Theory, method, practice, and social justice
Comas-Díaz, L., & Torres Rivera, E. (Eds.) APA, 2020

Attending to racial trauma in clinical supervision: Enhancing client and supervisee outcomes
Pieterse, A. L. *The Clinical Supervisor*, 2018

Multidimensional ecosystemic comparative approach (MECA)
Falicov, C. J., In Lebow, J., et al. (Eds.) *Encyclopedia of Couple and Family Therapy*, 2017

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