



Beyond Black and White: A Trainee Perspective on Addressing Cultural Complexities in Clinical Supervision

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Abstract

Existing literature on clinical supervision and mentorship tells us that clinical supervision is one of the most critical steps in developing competent Clinical and Counseling Psychologists. Given the various contextual/identity factors that can shape supervision relationships, it is essential to have a solid understanding of how to thrive in supervision relationships as trainees and supervisors when inevitable differences exist. Some examples of these contextual/identity factors that can shape supervision are gender identity, race, ethnicity, socioeconomic status, sexual orientation, political affiliation, body size/appearance, values, ability level, and many others. De-identified examples from experiences in supervision by this author are discussed to illustrate situations that can arise within supervision and to illuminate response strategies for supervisees and trainees. Strategies to promote culturally responsive clinical supervision and implications for training programs, supervisors, and supervisees are discussed.

Keywords: Clinical Supervision; Cross-Cultural Supervision; Ethnic Minority; Training; Cultural Complexities

Abbreviations: SES: Socioeconomic Status; POC: Person of Color.

Introduction

For most people in professional psychology, the hope of quality clinical supervision is that it becomes the place where theory meets practice, professional identities evolve, skills are developed, refined, and enhanced, and personal growth is promoted. In many cases, the success of a trainee at any given training site rests on the quality of the supervision they receive [1]. Existing literature on clinical supervision and mentorship tells us that clinical supervision is one of the most critical steps in developing competent Clinical and Counseling Psychologists. Training sites have a variety of ways to match supervisee-supervisor pairs, and once those

matches have been made, the hope is that trainees and supervisors alike will learn many lessons.

Given the various contextual/identity factors that can shape supervision relationships, it is vital to have a solid understanding of how to thrive in supervision relationships as trainees and supervisors when inevitable differences exist. Some examples of these contextual/identity factors that can shape supervision are gender identity, race, ethnicity, Socioeconomic Status (SES), sexual orientation, political affiliation, body size/appearance, values, ability level, and many others. Providing culturally responsive supervision regardless of the various identities held by supervisees and supervisors is crucial. The importance of this culturally responsive supervision increases as differences in identity/contexts are introduced into supervision relationships.

Clinical supervision has been fantastic for me for so many reasons. As an African American woman and first-generation college student, I have encountered many barriers during my doctoral training. In supervision, I have learned how to apply my knowledge in school to work with people and provide quality care to my clients. In supervision, I have learned how to embrace my strengths, improve my growth areas, and exude confidence as a clinician. In supervision, I learned to challenge myself and remain brave in the face of the unknown. In supervision, I truly understood what it meant to embody social justice and ally-ship for the betterment of marginalized communities.

Some of the richest lessons I have learned in life have come from my time as a doctoral student. The clinical supervision relationships I have experienced are unlike any relationships I have had in my life, and they are each distinctively different from one another. I attribute the most formative lessons I have learned during this journey to my supervisors. Though many stories can be told about the lessons learned during this time, three exchanges in particular stand out as some of the most influential.

Vignettes

Dr. Cross

Race: Black
Gender: Cis-gender Male
Career Standing: Early Career

Working with Dr. Cross was a rich experience for me. Early on, I learned that I was Dr. Cross's first supervisee post-licensure, and I was both excited and worried about what that might mean for our work together. Dr. Cross described his approach to supervision as Holistic and Interpersonal Process Oriented. During my year with Dr. Cross, he challenged me in many ways and provided many opportunities for self-reflection. Sometimes, I felt overwhelmed by his feedback and wondered if the volume and type of feedback were related to his hope to be an effective supervisor. During our work together, I encountered some challenges with my health and needed to leave work/be absent several times during the year. That frustrated me because I was dedicated to working hard and learning a lot during that training year. I shared my frustrations with Dr. Cross during one of our supervision meetings, and he empathized with me and then challenged me to see that I was learning one of the essential lessons a trainee could learn. He encouraged me to realize how these issues challenged me to prioritize myself even when it was difficult. He provided me with the opportunity to see the importance of self-preservation. During that supervision meeting with Dr. Cross, I felt he abandoned any worries about

being an effective supervisor or saying the "right" thing. I felt cared for and supported. The message about prioritizing myself was compelling coming from Dr. Cross as a person of color (POC) because I had been so used to the narrative that I needed to work twice as hard as my non-POC counterparts in all situations. Dr. Cross's ability to pause from our typical conversations about documentation and interventions to be present for me at that moment encouraged me to do the same for myself amid a challenging and demanding year.

Dr. Rose

Race: White
Gender: Cis-gender Female
Career Standing: Early-Career

While working with Dr. Rose, I felt supported in many ways. From our first supervision meeting, she truly set the table for what developed into an empowering, transparent, and positive supervision relationship. She integrated conversations about our identities throughout our first few meetings. We took turns choosing the questions we would use to address the many layers of our identities in our meetings and took turns going first to answer questions. I was often misnamed or confused for other people of color at my training site throughout the year. I regularly shared about these experiences with Dr. Rose, who was compassionate and offered to find a creative way to address these issues with the staff. At an event, Dr. Rose once confused a Black female Psychologist with a different Black female Psychologist. I was standing next to Dr. Rose when this happened and watched her apologize and own her mistake as a microaggression to the other Psychologist. During our next supervision meeting, Dr. Rose brought up the incident, further acknowledged her actions, and began to discuss her concerns about the impact that she had on the other Psychologist and me. Dr. Rose then allowed me to discuss my experience of the incident and the effect that I felt it had on me. I told Dr. Rose that I recognized the microaggression and was refreshed by her ability to name it immediately and lean into the discomfort she was feeling at that moment and in the one she experienced during our subsequent supervision meeting. I told her that because of our interactions, I believed her apology was sincere. I told her that she was much more than this exchange and that, if anything, it shows that even well-intentioned individuals can commit microaggressions. Dr. Rose continued to leave space for my feelings and encouraged me not to feel responsible for making her feel better because she wanted to attend to my needs. Dr. Rose and I decided it was vital for us to develop ideas of how the agency could address the climate that encourages these types of exchanges. That supervision meeting was easily one of the most empowering supervision meetings I have ever had.

Dr. Mac

Race: White

Gender: Cis-gender Male

Career Standing: Mid-Career

I encountered Dr. Mac during a practicum placement. During our first supervision session, he told me that he understood that we had apparent cultural differences and that if I ever wanted to explore how those were impacting our supervision, I could feel free to bring them up in supervision. I learned a lot from him throughout our first few months as a supervision pair. I appreciated his ability to inspire me to explore various theoretical orientations and research new interventions to provide my clients with the best possible care. One of the challenges in our relationship came from the extreme hesitation that I perceived Dr. Mac to have whenever he needed to give me constructive feedback. At the time, I talked with my training director seeking advice, and they suggested that I have a direct and honest conversation with Dr. Mac about my experiences. I tried to engage in those conversations a few times. However, I was met with hostility and was told that I needed to learn how to take constructive feedback since he would not “walk on eggshells around [me].” After denying the hesitance and anxiety, he asked me to engage in self-reflection in supervision about how I could be contributing to the experiences. He asked if he reminded me of someone else from my past, possibly leading to my difficulty working with him. Feeling shut down, I refused to engage in self-reflection with him. In my opinion, he had missed the point, which left me feeling closed off and left us in an uncomfortable transition from process-oriented supervision to a task-oriented one. Due to many factors (e.g., the socio-political context at the time, my experience of the imposter phenomenon, and my positionality in the agency as a trainee), I blamed myself for the rupture in my supervision with Dr. Mac.

Discussion

Despite their differences, each of these supervision experiences represents formative lessons learned in clinical supervision. These experiences, like many others in my training, have helped to facilitate my growth. Some themes arise from each of them that could benefit trainees, supervisors, training directors, and others invested in training for counseling/clinical psychologists.

In my experience, supervisory styles can significantly impact the experience of a supervisory relationship from a trainee’s perspective. I believe that working with Dr. Cross was such a rich experience because he was transparent about his developmental level as a supervisor and was genuinely holistic in his approach to supervision. His ability to validate

my feeling of pressure to perform while challenging me to care for myself and prioritize my well-being was one of the most formative lessons I learned during my clinician training. Given our cultural overlap, I felt that he understood a part of my worldview, and therefore, I was able to feel more connected to him and further connected to the lessons that I learned from him. Mentorship in supervision is not seen as a category but rather as a relationship quality [1]. It can be built by moving the supervisory relationship from transactional to transformational. This is something that I believe did occur with Dr. Cross as our relationship evolved throughout my time at that site. Even in the most ideal/supportive relationships, ruptures are inevitable; sometimes, those can be related to cultural complexities.

Due to the power differentials within supervisory relationships (given the supervisor’s evaluative capacities and other contextual/cultural factors at play), the onus to initiate and facilitate discussions about the impact of cultural differences on a supervision relationship is on the supervisor. This may be difficult for some supervisors, given that many supervisees have received more formal training in/experience addressing diversity issues within supervision than their supervisors [2]. As expressed in the guidelines for supervision provided by the American Psychological Association [3], supervisors have an ethical obligation to attend to diversity concerns in supervision. They are encouraged to infuse diversity into all aspects of supervision. Not only is it an expectation of the APA for supervisors to attend to diversity concerns, but it is essential to the supervision relationship for supervisors to attend to and bring such concerns to light and to model thoughtful exploration for their supervisees [4].

From a trainee’s perspective, I felt that Dr. Rose did a great job in recognizing that she needed to create a space to discuss the microaggression that she made. As a result of her modeling that openness for me, I felt comfortable engaging in the dialogue with her, which helped strengthen our relationship in supervision. I also believe that our relationship could tolerate the rupture because she and I worked on the front end of our time together to discuss issues related to culture/context and spent time building rapport. This can be essential to supervision relationships and requires openness from the supervisee and supervisor. Felder, et al. [5], suggest that two of the essential components of clinical supervision are to (a) form a supervisory alliance and (b) identify strains on the supervisory relationship and work to repair them. In addition to the difficulty of discussing the rupture that occurred during my supervision with Dr. Mac, I also identified other potential culture-related dynamics that were playing out in our relationship.

In cross-racial supervision with White supervisors and Black trainees, some barriers to reaching favorable outcomes

in these relationships can include feelings of anxiety related to conversations about race and cultural issues or a lack of awareness of their own held biases and prejudices [6]. Some of the themes that were yielded from this study included: “reluctance to give performance feedback for fear of being viewed as a racist” and “making stereotypic assumptions about Black supervisees” [6]. In my relationship with Dr. Mac, power differentials existed on many levels (e.g., based on his supervisory role and our various cultural/contextual identities). The literature suggests that one of the primary components of the development of supervisors is learning how to understand and manage power. In situations like the one that Dr. Mac and I found ourselves in, the literature suggests that the supervisor first becomes fully aware of their power at various levels and attends to how their supervisee is responding to it. The hope is that this awareness will help inform how the supervisor will respond to the situation. In addition to understanding strategies for supervisors to use during the supervision relationship, it is vital to discuss how trainees can participate in healthy/thriving supervision relationships and how they can manage themselves during difficult supervision experiences.

There is a gap in the literature on research that addresses how trainees can find support and avoid burnout while participating in supervision, especially while managing complex dynamics. One study interviewed trainees from different academic levels about difficult experiences in supervision [7]. Their semi-structured interviews with participants yielded several themes. One of the themes yielded from their research was related to trainee coping strategies. Some strategies the trainees in their study acknowledged were utilizing personal therapy for processing, leaning on peers/partners/friends for support, advocating for themselves with their supervisors by confronting them directly, and seeking support from training directors/site directors during difficult times. In addition to these coping strategies, from my own experience, I would add seeking support from faith communities and informal supervision from other professionals to ensure that their needs are met and, in an effort, to have corrective supervision experiences. While supervisees must be able to take care of themselves in the face of complicated supervision relationships, the hope is that training programs can rally to meet the needs of their trainees and supervisors.

Since supervision skills are obtained and strengthened developmentally, supervisors must be supported by their training programs in their development as supervisors. Training programs are recommended to offer regular training and supervision for all their supervisors, regardless of their developmental level. Additionally, these trainings or similar ones should be provided to trainees so that they can understand the supervision standards and expectations of supervisors. Additionally, this training can help them become effective, ethically responsible, and culturally responsive supervisors. It is recommended that a multi-tiered approach (consisting of training programs, supervisors, and supervisees) is employed to ensure the successful development of trainees and supervisors and to promote transformational supervision relationships.

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