Culturally Affirming Clinical Supervision in Graduate Field Education: Enhancing Transformative Dialogue in the Supervisory Dyad

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Abstract

This article is aimed at raising critical consciousness, accountability and empowerment in the supervisory relationship in graduate field education. As more clinicians with intersecting identities navigate rigorous Master's degree programs, there is a growing need for field instructors to utilize cultural humility in their supervision approach and style. In addition, burgeoning clinicians need to be affirmed, empowered and aware of the intra/inter-cultural dynamics inherent in the supervision process, giving specific attention to power and privilege. In order to navigate culturally relevant supervision for new therapists with a level of humility, field instructors and supervisors face a tall order; it is essential they address cultural differences, validate cultural identities and experiences, and explore power, privilege and intersectionality in the supervisory space while concurrently supporting clinical growth. These difficult dialogues require specific skills, self-awareness and vulnerability on the part of the supervisor. As supervisors attempt to initiate this transformative process, it is important to consider similarities and differences in how supervisors and supervisees experience efforts to engage in difficult dialogues. The authors utilized an anonymous online survey to explore the experiences of supervision among supervised clinicians (n=51) and supervisors (n=39). Qualitative data reflect beneficial supervision regarding clinical content, with a consistent lack of discussion and recognition of power and privilege dynamics; lack of affirmations regarding cultural identities; and superficial exploration of cultural nuances in the supervisor dyad. Findings suggest supervisees need authentic, validating, process oriented exchanges in clinical supervision, especially in field internships where they are learning how to manage clients, their own lived experiences and authenticity in supervision. Recommendations for initiating transformative supervisory practices are included.

Keywords: supervision, critical consciousness, intersectionality, field instruction, power and privilege

1. Introduction

As clinicians with intersecting identities navigate rigorous Master's degree programs, there is an ongoing need for field instructors to develop cultural competence in their supervision approach and style. Field placement is an opportune environment for modeling cultural competence to support the internalization of a concept that can feel nebulous to student clinicians. However, cultural competence is limited in its capacity to bridge discrepancies between supervisees and supervisors lived experiences (Abrams & Moio, 2009; Ashley & Paez, 2015; Schiele, 2007). In managing this gap, there is a need for both clinical supervisors and student clinicians to examine the intersectionalities of race, class, gender, sexual orientation, and power and privilege that exist within and outside of supervision (Hair, 2015). Student clinicians need affirmation, empowerment and the safety to explore the intra/inter-cultural dynamics inherent in the supervision process. Special attention must be placed on the clinical supervisor-clinician-client triad, or the *triple process* (Lipscomb & Ashley, 2017), and the level of cultural sensitivity, cultural humility and responsiveness that exists or remains dormant in the supervisory relationship. Using an intersectionality lens, the authors identify the supervisory skills necessary to foster growth with students while enhancing field instructor supervisors' awareness of power and privilege in clinical supervision through improving reflexivity and cultural humility in relation to axes of identity. Utilizing supervision to navigate identity, power and privilege is critical to effective negotiation of clinical dilemmas and dynamic engagement in critically conscious

dialogue (Hair & O'Donoghue, 2009). Further, strategies for developing an intersectional, anti-oppressive lens to deconstruct the clinical processes between the clinical supervisor, student clinician and the client will be provided to both enhance clinical growth and increased effectiveness with clients.

2. Literature Review

Clinical supervision has multiple definitions, depending on the context, source and intended outcome. Within these definitions, there are several inconsistencies that considerably impact both clinicians and supervisors. One of the primary inconsistencies is in relation to the framework that supervision is built upon. The National Association of Social Workers (NASW, 2013) defines supervision as a *collaborative relationship* between supervisor and supervisee in which responsibility and accountability for the development of competence, professional demeanor and ethical practice take place. The American Association for Marriage and Family Therapy (AAMFT, 2014) states supervision is a *process of evaluating, training, and providing oversight* to trainees to help them attain systematic clinical skills. Counseling supervision is defined as a *developmental process* that promotes competence for counselors (Ober, Granello & Henfield, 2009). Pack (2012) asserts that clinical supervision is *a forum* for ensuring that an ongoing process and structure is available to social workers for professional development. Falender and Shanfranske (2014) describe supervision is *a distinct professional activity* in which education and training aimed at developing science-informed practice are facilitated through a collaborative interpersonal process. Because supervision is a vital factor in the development of competent practitioners, consistent inconsistencies in the definition of supervision pose a substantial threat to the effectiveness and sustainability of supervisory practices. However, various practice informed researchers have coalesced to address these concerns. Several researchers have initiated a movement to push for supervision practice being derived from empirically support models of competency-based clinical supervision (Falender & Shanfranske, 2014). Others contend that the power based relationships created by supervisory structure are inherently problematic, arguing for increased transparency, reflexivity and socially just supervision practices (Burkard, Knox, Clarke, Phelps, & Inman, 2012; Constantine & Sue, 2007; Hair & O' Donoghue, 2009). Unfortunately, the polarities that surface during efforts towards problem resolution are reflective of the dilemmas in defining supervision, representing the ongoing perplexity surrounding the purpose of supervision.

Despite differences in philosophical foundation, a substantial amount of supervision literature advocates for a solid relationship between supervisee and supervisor. Pack (2012) argues that social work supervision's focus on collaborative work structured around relationship building is a noteworthy framework to enhance this partnership. Collaborative relationships developed in supervision provide a foundation for management of difficult client content, interpersonal dilemmas and supervisee intrapsychic challenges. Theoretically, clinical supervision is built on this relationship, with both the supervisee and their clients benefiting from the oversight of an experienced practitioner while the supervisee is concurrently encouraged, develops additional clinical skills and works towards autonomy (Falender & Shafranske, 2014). However, the clinical supervisory relationship is more than relationship building and clinician development; there are substantial barriers inherent in the process. Within supervision, the essential elements of collaboration are often challenged by obscure power dynamics. Hair and O' Donoghue (2009) affirm that clinical supervision has historically existed to assure accountability, so that the supervising clinician with more expertise and skills maintains responsibility for indirectly affecting the quality of service offered to the client through the supervisee. They add that while this perspective is widely accepted, they challenge the inherent monitoring system and hierarchical, power-based relationships that are created by this function (Hair & O' Donoghue, 2009). Thus, awareness and consideration of the triple process (Lipscomb & Ashley, 2017) highlights the power hierarchies initiated by the supervision contract between client-therapist and therapist-supervisor, setting the tone for honest dialogue, transparency and difficult conversations in clinical supervision.

2.1 Cultural Competence in Supervision

Cultural competence in supervision is an essential standard across mental health disciplines (American Association for Marriage and Family Therapy, 2014; American Psychological Association, 2010; National Association of Social Workers, 2014). Falender and Shafranske (2004) define culturally competent supervision as:

Incorporation of self-awareness by both supervisor and supervisee…an interactive encompassing process of the client or family, supervisee-psychotherapist, and supervisor, using all of their (multiple) diversity factors. It entails awareness, knowledge, and appreciation of the interaction among the client's supervisee/psychotherapist's and supervisor's assumptions and values, biases, expectations, and worldviews; integration and practice of appropriate, relevant and sensitive assessment and intervention strategies and skills; and consideration of the larger milieu of history, society, and socio-political variables. (pg. 125)

However, to authentically address culture within supervision, one must not digress groups to white, black, brown, but instead understand and address the vast differences within these subcategories and in an individual's unique experience (Young, 2004). Cultural competence in supervision is not just working with one's race/ethnicity, but also other identity marking variables such as age, gender, sexual orientation and socio-economic-status (Hair, 2015; Ober, Granello & Henfield, 2009). While supervisors retain a sizable responsibility in initiating this exchange, clinicians of color are challenged to identify the type of supervision that is considerate of their lens, best meets their nuanced needs and challenges their own perspectives (Hair & O' Donoghue, 2009; Ober, Granello & Henfield, 2009).

The concept of diversity as a requisite element of clinical practice is conventional knowledge within most disciplines. While many supervisors attempt to explore diversity through the most visible identities of the supervisee, supervision practices which address privilege, oppression, historical trauma and multiple diversity factors frequently do not occur (Falender & Shafranske, 2014). Hair and O' Donoghue (2009) criticize supervision literature for excluding inclusion of culturally nuanced race-ethnicity-gender conversations within supervision. They argue that the exclusion of dialogue regarding racial, ethnic and gender oppression is socially unjust and works to support the dominant Eurocentric, heteronormative, patriarchal privilege. An additional concern emphasizes the imbalance of cultural competence and diversity with critiques of marginalizing Euro-Western ideas in supervision literature, resulting in unintended complicit marginalization (Hair & O' Donoghue, 2009; Young, 2004). The unintended result is shallow, often cursory supervision that fails to consider the intersectional nuances of the supervisor, supervisee or client.

Privilege and power add depth to both dialogue and the relationship. Power is unavoidably assigned to the supervisor within the supervisory relationship based on expertise, roles and responsibilities, but also emerges in the context of differing racial-ethnic backgrounds between supervisor and supervisee. Young (2004) emphasizes the necessity of understanding that three cultures that always exist within the room in supervision, the culture of the supervisor, the supervisee, and the client. This triad, defined as the *triple process* (Lipscomb & Ashley, 2017) compels consideration of the lived experiences of all three identities (client-supervisee-supervisor) during supervision. To develop a foundation of trust and authenticity, discussion of differing identities, general expectations about the process of supervision, and examination of power and privilege within the triple process should occur early on within the supervisory relationship (Lipscomb & Ashley, 2017; Young, 2004).

Differing practitioners recognize and emphasize the necessity of cultural competence within the supervision process, but it can difficult to move beyond this recognition stage. Researchers Ober, Granello and Henfield (2009) identified that although practitioners generally agree about the need for multicultural supervision, stating "few existing models…offer clear instructions for application of the concepts, beyond simply introducing multiculturalism as a topic in supervision." (pg. 206). These researchers go on to highlight that because few models give supervisors the tools to engage in multicultural supervision, they created a model to meet this need. They conceptualize cultural competence within supervision as the use of their developed model with "explicit intention…to help move the supervisee to higher levels of multicultural functioning" (pg. 211) by focusing on one of three domains: knowledge, skills or awareness. Their model recognizes the necessity of the supervisee to continually challenge and evaluate their own point of view.

Navigating the differing identities of supervisors, supervisees and clients creates complexities that directly impact the supervisory relationship (Burkard, Knox, Clarke, Phelps & Inman, 2012; Ober, Granello & Henfield, 2009). Engaging in dialogue around identity, power and privilege disrupts the typical teacher-learner supervisory hierarchy, creating awkwardness and discomfort for many supervisors (Burkard, Knox, Clarke, Phelps & Inman, 2012; Hair & O' Donoghue, 2009; Pack, 2012). When the supervisee is a student intern, it becomes even more challenging for supervisors to dismantle the academic dynamic. Burkard, Knox, Clarke, Phelps and Inman (2012) compared the process of giving difficult feedback to supervisees of color regarding ethnicity/race from European American supervisors (EASR) and supervisors of color (SRC). They found that EASR's provided feedback addressing specific counseling skills, while SRC's addressed supervisees' cultural sensitivity, concluding that providing difficult feedback to clinicians of color is facilitated in a markedly different manner based on the ethnicity of the supervisor. Discrepancies such as this invoke mindfulness regarding the lens, lived experiences and differing needs of clinicians of color in clinical supervision.

2.2 Student Supervision

Issues of diversity, oppression, power and privilege are often overlooked in student field supervision (Hair, 2015; Hair & O' Donoghue, 2009; Maidment & Cooper, 2002). Promoting social justice is essential to practice, in particular with student clinicians with nuanced intersectional identities. Although supervisors understand the significance of acknowledging intersectionality in practice, moving the dialogue beyond conceptual or theoretical

understanding to critical consciousness (both in the supervisory dyad and with clients) appears to be a formidable task. Maidment and Cooper (2002) found that the primary challenge for field educators is to bridge the gap between anti-oppressive rhetoric and student supervision in the field. Because socially just teaching is both theory and implementation (Chubbuck, 2010, p. 208), effectively preparing therapists for micro, mezzo or macro practice requires that field faculty learn to integrate knowledge regarding intersectionality, power and privilege concepts with anti-oppressive practices, methods to become an ally, acknowledgement of microaggressions and culturally relevant interventions. In addition, field educators must challenge their own discomfort in initiating these discussions. Engaging in difficult discourse within the safety of supervision provides student clinicians with models of fundamental skills they need to be powerful agents of change.

3. Methods

This research aimed to take an exploratory approach to clinicians' experiences regarding the extent and manner in which an intersectional lens is utilized and cultural affirmations are included within the supervisory process. This study exists as a foundation of exploration and basic understanding for the field to advance to more specific research around enhancing supervision for clinicians in field education.

This study explored the following three primary questions: 1) Do supervisors identify cultural differences and validate cultural identities and/or experiences in supervision? 2) Do supervisors and supervisees address power differentials, privilege and intersectionality in the supervisory space? and 3) Do supervisors and supervisees see this experience similarly? The data will assist in evaluating what pedagogical approaches, if any, supervisors are currently utilizing to provide elements of cultural competence and humility within their supervisory process and explore how such attempts are interpreted by supervisees with varying intersectional identities.

3.1 Sample Size and Recruitment

A total of 90 supervisors and supervisees participated in the study. The study sample included supervisors (n= 39) and supervisees (n= 51) with varying years of experience in the field ranging from 1 to 20 plus years. Of the 90 participants, the breakdown of their degree/license were as follows. MSW/ASW: 18 (20%), MA/MFTi 3 (3.33%), MSW Student 30 (33.33%), LCSW 24 (26.67%), LMFT 8 (8.89%), Psy.D./PHD 7 (7.78%). The ethnicity distribution was as follows: Black/African American 23 (25.56%), White/Caucasian 29 (32.22%), Latino 25 (27.78%), Asian/Pacific Islander 3 (3.33%), Native American/First Natives 2 (2.22%), Middle Eastern Descent 2 (2.22%), Other 6 (6.67%). The majority (89%) of the participants were female identified and 11% were male identified. Less than 5% of the participants identified as gender queer/gender nonconforming. Participants were recruited with an anonymous online survey to multiple community based mental health agencies in Los Angeles County. Open-ended exploratory questions were utilized to understand the participants' experiences in relation to the research questions.

3.2 Data Analysis

The researchers utilized thematic analysis to interpret the qualitative data. According to McLeod (2011), a thematic analysis is used concisely as a method seeking approach "to uncover patterns of meaning in informant [sic] accounts of experience" (p. 145-147). Raw data from the participants were collected via a survey formulated using Qualtrics. The open-ended question responses were first coded, then categorized by each researcher separately. Following initial analysis thematic coding was utilized to identify emerging themes among the participants' responses (Charmaz, 2011).

4. Results

Survey questions which provided the most significant variance of response and the most detailed were qualitative data by both supervisors and supervisees. The emerging themes (see Figure 1) were as follows: a) *Process as a vehicle for affirmation and validation; b) supervision experience(s) that were unhelpful, offensive or intrusive; c) lack of clarity and desire for more training; d) depth in supervision only as it relates to client presentation; and e) polarized responses about the meaning of the role of a learner.* Despite the differences between supervisor and supervisee perspectives, each theme relates to the overarching topics of cultural humility and intersectionality which are often absent in supervision literature. This information is useful to build upon the one-size-fits-all theoretical and practice based supervision models currently in existence and move toward a culturally relevant and competent approach to clinical supervision.
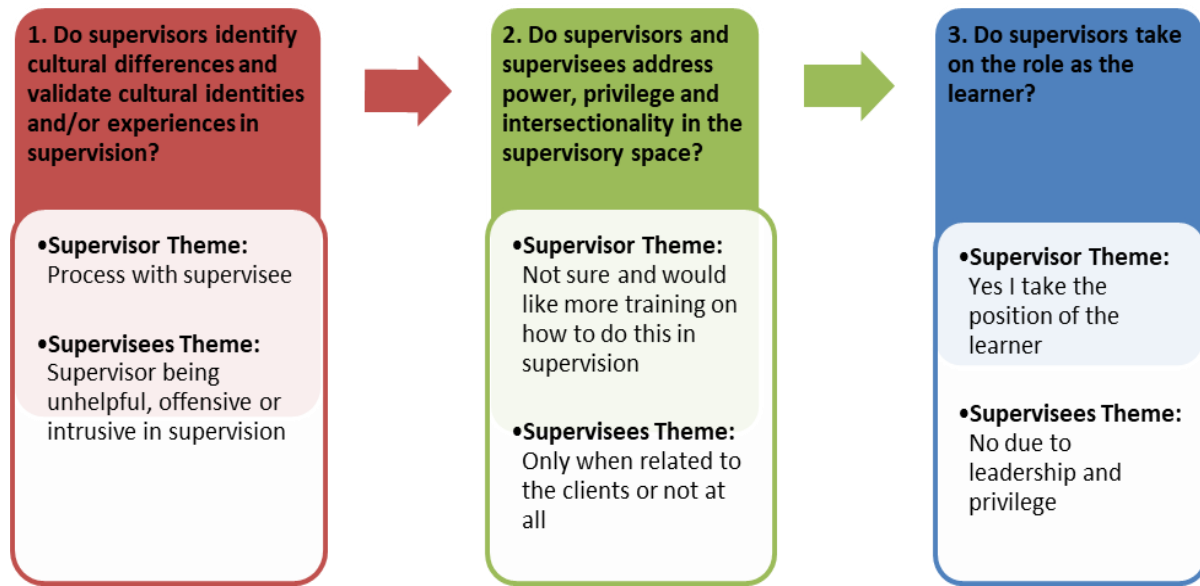
Figure 1. Survey questions paired with themes

The subsequent findings include the three questions that provided the largest variance of data followed by the themes identified through coding analysis. Each theme reflects both supervisor and supervisee data.

1) Do supervisors identify cultural differences and validate cultural identities and/or experiences in supervision?

1.1 Supervisor Theme: Identification and validation occur through process with supervisees. Across all ethnicities, 96% of the responses from both supervisors and supervisees agreed that affirmation, support, validation and acknowledgement is a necessary component of supervision. Approximately half of all supervisor respondents (47%) clarified their responses with a theme of *process* as the vehicle by which they accomplish this task. Process, defined as materials, methods and interactions supporting content within supervision (Constantine & Sue, 2007) is a critical foundation for the development of rapport, trust, affirmation and validation. However, specific themes regarding how process is enacted were largely correlated with the ethnicity of the supervisors. Participants that identified themselves as White/Caucasian responded with the most variance to this question; they were the only ethnic group to respond with strongly contrasting themes ranging from *"I learn from them [supervisees]"* and *"[Affirmation and valuation] makes them grow"* to *"I need to work on this"* and *"I am not sure how helpful it is."* 44% of Latino supervisors emphatically responded that affirmations and validations were necessary elements of supervision, consistently indicating that *process* was the primary vehicle for this responsibility. Supervisors indicated:

Supervisor #30: "I usually address the difference between myself and the supervisee as soon as there is a smooth opening or decent rapport is built."

Supervisor #21: "I generally address cultural differences when I can see that it is impacting the supervisees work with their client. I also address cultural differences from the beginning when I feel that there is a clear difference in culture between the supervisee and client."

1.2 Supervisee Theme: Supervisor as unhelpful, offensive or intrusive. A majority of supervisee participants (59%) indicated they were comfortable discussing and exploring cultural differences, despite their experience of the supervisor's discomfort and avoidance of topics regarding culture, diversity or difference. 59% of unlicensed social workers (ASW's) and 74% of marriage and family therapists (MFTi's) indicated that their supervisors did not approach discussion of cultural differences in supervision at all. Social work supervisees were the only participants who reported their supervisor's approach to be unhelpful, offensive or intrusive. Specific comments include:

Supervisee #22: "My supervisor's approach is to make connections between her culture (White, Jewish) and mine (Latino) but it feels superficial, and we do not discuss cultural differences in any meaningful way, or very often."

Supervisee #7: "I don't feel like supervisor really hears what the issue is during supervision. If I want to process a particular situation, she usually tends to start talking about her experience with specific clients without addressing my needs or answering my question."

2) Do supervisors and supervisees address power, privilege and intersectionality in the supervisory space?

2.1 Supervisor Themes: Not sure on how to address power, privilege and intersectionality, and would like more training on how to do this in supervision. While nearly 25% of supervisors reported that they discuss power, privilege and intersectionality, 75% report that they need far more training on how to have these discussions in supervision with their supervisees. Supervisors stated:

Supervisor #11: "I haven't really and I probably could more. Working with our client population the students' background tends to be the majority and they have more resources than the perceived dominant culture."

Supervisor #28: "Actually, I don't address power, privilege or intersectionality that often. I don't think of it on a regular basis, but would certainly address it, if I felt the issue was prevalent."

Supervisor # 5: "In some ways I do and in some ways I don't. I think it comes up on a case by case basis. I do believe it is important to address and discuss."

Supervisor #19: "I do talk about it in regards to working with clients but I should probably address it in supervision."

2.2 Supervisees Themes: Power and privilege is discussed only when related to the clients, or not at all. Power and privilege discussions are frequently polarized between acknowledgements only as they relate to client issues or entirely absent from supervision. Less than 1% of MFT educated supervisees reported that their supervisors address power and privilege in supervision. 32% of MSW educated supervisee respondents indicated their supervisor addresses power and privilege in supervision; however, a majority of them (56%) responded that they do not. 12% of MSW supervisees responded that power and privilege discussions occur infrequently, often partially or indirectly. Supervisees report that when power and privilege are explored, they originate from the lens of the supervisor without taking their experiences or perspective into account. Comments from supervisees include:

Supervisee #13: "I have experienced supervisors who because they're a "supervisor" feel as though their knowledge is superior. Including in terms of cultural differences. I have experienced supervisors who are extremely biased in their roles."

Supervisee # 4: "All I wanted was an apology and some validation for my experience. What I got instead was to be hijacked by her own feelings and experiences."

3) Do supervisors take on the role as the learner?

3.1 Supervisor Themes: Yes, I take the position of the learner. 98% of supervisors asserted that they take on the role of the learner; however, supervisors indicate that various job responsibilities, client needs and supervisee issues impact their ability to consistently maintain a learning position. Of the supervisor participants that responded, those with Doctoral degrees tend to take on the role of what they define as an extreme learner (60%) while those with degrees in Social Work and Marriage and Family Therapy degrees view themselves as maintaining the role of a moderate learner (73%).

Supervisor #30: "I take on the role as an extreme learner because I do not have all the answers and my role is to learn from what they bring to supervision."

Supervisor # 11: "I like to think of myself as a learner even with all my years of experience in this field I am still learning new things about myself and the profession."

3.2. Supervisees Themes: No, due to leadership and privilege. Approximately half (49%) of supervisees reported that they did not see or experience their supervisors taking on a learner role. Supervisees indicated that supervisors appeared to be experts, biased and easily distracted by agency constraints, political issues and reimbursement standards. Supervisees stated:

Supervisee #29: "I am often chastised for not being an "independent learner" and have learned to just keep my mouth shut for fear of being retaliated against. I've learned to document everything and seek advice from a more experienced intern."

Supervisee #10: "I don't feel like supervisor really hears what the issue is during supervision. If I want to process a particular situation, she usually tends to start talking about her experience with specific clients without addressing my needs or answering my question."

5. Discussion

The key findings in this study focus on the differences between supervisor and supervisee responses to how supervisors position themselves; explore cultural differences; address power and privilege; and provide cultural affirmations, support and validation in supervision spaces. While 99% of the supervisee participants in this study indicated their supervisors supported them in relation to clinical interventions and theoretical approaches—dialogues about race and cultural differences were initiated by supervisors predominantly when centered on client service provision. Outside of clients, race and cultural differences within the supervisory dyad and between supervisee and client were consistently minimized, glossed over or ignored 96% of the time in supervision spaces. Ironically, 100% of supervisor and supervisee participants agreed that race, racism, and cultural differences were important issues to discuss and could benefit both the supervisor relationship and therapeutic relationship with clients served. However, they were divided in their perceptions of whether supervisors actually address these issues in supervision spaces and exchanges; while supervisors believe they address intersectionality dynamics, supervisees frequently feel they do not. It is important to note that while supervisors generally believe they are addressing these salient issues in supervision, 88% agree they need more training regarding *how* to address power and privilege in supervision.

The amount of supervision experience appears to have an impact on supervisors' confidence as well as their willingness to seek additional training. Supervisors who had only been supervising for five years or less indicated awareness of their lack of knowledge and expressed a need for additional training around addressing cultural differences, power and privilege in supervision. However, 90% of the supervisors who had been supervising for fifteen or more years reported that they already discuss cultural differences, power and privilege nuances by 1) asking their supervisees "*What is like to be you*?" and 2) addressing differences as they arise in direct practice with clients. This information is critical because while supervisors are indeed addressing intersectionality concepts with supervisees, they are focused on the identity of the supervisee while ignoring the complexities inherent in the triple process (Lipscomb & Ashley, 2017). Adichie (2014) refers to this practice as emphasizing a *single story*. Further, supervisees, in particular supervisees of color consistently indicate that supervision focusing on a single story narrative neglects the nuances of the dynamics between client-supervisee-supervisor (triple process), risking critical misunderstanding. The challenge for supervisors is affirming and validating the identity of the supervisee while concurrently validating the intersectional interrelationships between client, supervisee and supervisor. New supervisors, veteran supervisors and supervisors with moderate experiences are in vital need of training that reinforces both the intersectionality content and the process by which difficult dialogues are initiated. Content and process oriented training for supervisors promotes the development of new skills, allows supervisors to engage in learning roles and supports collaborative exchanges with supervisees.

The ethnicity of the supervisor distinctly influences the affirmation, encouragement and validation provided to supervisees in supervision. Latino supervisors reflected polarized levels of support, rating themselves as either *slightly* or *extremely* encouraging and validating their supervisees' cultural identities in supervision. Supervisor participants identifying as Black/African American rated themselves as *moderately* encouraging when validating cultural identities in supervision. The only supervisors who rated themselves as *ambivalent* about the affirmation and validating of cultural identities in supervision were those who identified as White/Caucasian. Thus, the role of the supervisor creates a fundamental power differential that is either exacerbated or mitigated by ethnicity (Hair, 2015). White supervisors maintain a dual position of dominance, reinforced by their historical socio-political cultural authority (Hair & O' Donoghue, 2009; Young 2004). Alternatively, supervisors of color experience subordination as related to the phenotypical traits (skin color, hair, features) which define their identity. Because oppression based on external features occurs ubiquitously, Black and Brown supervisors may be more aligned with the subordinate status associated with their race rather than the power afforded to their supervisory role. As a result, supervisors of color may be more informed regarding the privilege of White supervisees and clients, while White supervisees may be unfamiliar with the subordination and disempowerment of racialized supervisees and clients (Burkard, et al, 2014; Constantine, Warren, & Miville, 2005). Lived experiences of power and privilege, or the lack thereof, are likely to manifest in complementary approaches to supportive supervision.

Power and privilege literature refers to the differences between those who enjoy dominant status versus those who maintain subordinate positions. Dominance affords the privilege of seamless transition through life while subordinate statuses increase scrutiny, questioning and oppression (Veenstra, 2013). Accordingly, the position one holds in the world influences the relationship dynamics in supervision. Transformative supervision occurs only when the relationship between supervisor and supervisee can tolerate adversity, honesty and challenge in supervision spaces (Burkard, et al, 2014; Hair, 2015). When multiple subordinate intersectional identities are managed, behavioral responses to adversity are frequently contradictory to the behavioral responses of primarily dominant identities (Guo

& Tsui, 2010; Hair, 2015). Supervision research reflects that isolation, hypervigilance, and shame are universal responses to threat. Translated into supervision dynamics, supervisees who do not feel safe with their supervisors are likely to respond to perceived external disempowerment by internalizing, personalizing or disconnecting from the relationship altogether. Data from this study yields new information; participants indicated that resistance and combativeness are additional tools utilized to manage the discomfort of invalidation from supervisors. Supervisees indicate when they are not "heard," "understood," or acknowledged, they will fight or refuse to respond. Clearly, those with marginalized life experiences have tools for navigating professional relationships that mirror the oppression of other parts of their world.

6. Recommendations and Implications

It is imperative to recognize the impact and influence that supervisors have in training supervisees in clinical field education settings. Supervisors are charged with training clinicians on theoretical application, treatment planning and evaluation while simultaneously training supervisees on cultural competency and humility within and across cultural psychotherapeutic services. One of the most valuable methods of instruction for cultural responsiveness and inclusivity in service delivery is through modeling by effective supervisors. Supervisors can model this type of engagement by taking a stance rooted in culturally humility. Hook, Davis, Owen, Worthington and Utsey (2013) define *cultural humility* as the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [individual]" (p. 2). In maintaining an interpersonal stance in the supervisory relationship, supervisors have a responsibility to recognize, affirm and value the diversity of their supervisees' intersectional identities. Supervisors must enter their supervisory relationships with an "other oriented" curiosity, increasing dialogic reflexive transparency while putting aside their role as experts. This paradigm shift entails acknowledging that they are always in the process of growing and learning, which increases collaborative engagement. Supervisees need to know that their supervisors are not *conceptual allies* (philosophically and intellectually united) but rather *critically conscious allies* (behaviorally and actively united) who are consistent in how they engage and behave inside supervision and most importantly outside of supervision. Supervisors who are supervising people with intersectional identities must know that their supervisees are watching how their supervisors explore, advocate and navigate microaggressive experiences outside of supervision—which builds trust when done consistently.

There is evidence from this study that supervisees believe that their supervisors are willing to talk about race, power, privilege and cultural difference in supervision, yet it rarely comes up unless brought up by the supervisee. Thus, supervisors need ongoing training on culturally relevant reflexive supervision. Supervisors must educate themselves on what that looks like and set the tone accordingly (Young, 2004). As previously mentioned, supervisors must move beyond being *conceptual allies*, which are frequently well-meaning and good intentioned supervisors who feel an alliance with their supervisees of color, but lack self-reflection in how their privilege and power shows up and impacts supervision to *critically conscious allies*, confronting difficult discourse that develops the foundation for authentic alliances. Multicultural concerns add complexity to the supervision process; discomfort in managing these conversations is exponentially increased when they exist across multiple dynamics (Hair & O' Donoghue, 2009). Therefore, the capacity to be open and non-defensive about supervisors' own identity and awareness of diversity, power and privilege dynamics in supervision, organizations and communities are critical areas to develop insight and depth for supervisor growth. One major limitation of this study was that supervisors were not paired with supervisees whom they are supervising at the time. Future research studies on this topic should pair the responses of the supervisors their current supervisees and compare the two.

It is noteworthy that the majority of supervisors, White supervisors in particular, strongly believe they are addressing cultural differences in supervision spaces. Although differing racial positions distinctly contribute to this perspective, the absence of inclusive language within these dialogues may provide additional consideration. The Linguistic Society of America (www.linguisticsociety.org) defines inclusive language as communication that respects diversity, conveys respect to all people and promotes social justice, while increasing awareness of pitfalls that unintentionally lead to marginalization, offense, misrepresentation, or the perpetuation of stereotypes. It appears that the supervisor participants in this study were striving to engage in respectful, culturally competent discourse; however, because of their own power and privilege, they may not be aware of the exclusionary elements within their communication. One area demanding further consideration is coded language, defined as language that appears culturally congruent but often has a pejorative meaning to the group or person it refers to (Robinson, 2016). Because these words and phrases so frequently are negatively associated with certain groups, they perpetuate stereotypes and racism with their seemingly innocuous verbiage. Words in this category can be positive or negative, but frequently are used to address racial issues with a more subtle implication. Some common examples of racialized coded language include: *thug,*

sassy, ghetto, urban, sketchy, unprofessional, articulate, exotic, ethnic, and *alternative* (Griffin, 2015). For many communities, coded language can extend to feeling states, correlating universal emotions like anger and fear into stereotypical adjectives. For effective transformative supervision to occur, supervisors must consider the language they use and engage in transparent critical dialogues that consider unintentional damage related to racial implications.

It is also important to note that authentic supervisory relationships may be shaped by adversity. Sometimes, real rapport is not developed until supervisors are challenged to be authentically reflexive in supervisor spaces (Guo & Tsui, 2014; Hair, 2015). What this strongly demonstrates is the need for intentional and critical discussions with both supervisors and supervisees about race, power, privilege, racism, oppression and cultural difference. In addition, understanding of how such issues impact not only supervision but treatment and service delivery. Equally important, gained from this study is the awareness that academic human service programs, institutions, organizations, agencies and supervisory training groups should make a concerted effort to train supervisors on these issues critical to supervisees development and client efficacy.

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