Executive Summary

Introduction

Our current understanding of diversity and equity in clinical supervision continues to reveal significant gaps in the research base. Through the collaboration of several prominent psychologists, this professional team has aimed to generate new research and data to increase what is known about cultural and diversity factors in clinical supervision for mental health trainees and professionals.

Conceptual Framework

Given the limitations in the current research and literature regarding the unique experiences of Black Indigenous People of Color (BIPOC) professionals, we elected to gather data from those most impacted, mainly our current workforce. For this study, we had several areas of conceptual interests to explore in order to bridge the gaps in the field and the literature. To start the process, we developed the following concept table to explore the constructs and relationships among the survey questions.

Target Areas	Questions
Provider's considerations of culture, racism, privilege, and micro aggressions with the clients.	Q12- When formulating case goals and interventions how often do you think about cultural identity of the client? (Provider bringing cultural concerns to clients) Q13- In my clinical work with clients, I create space to talk about issues of privilege, race, and inequity. (Provider considering privilege and inequity with clients) Q14- In my clinical work I ask BIPOC families/clients questions about their experience with micro aggression. (Provider considering the client's experiences of micro aggressions)

Supervisor's discussions of culture privilege, and micro aggressions with the supervisee.	Q16- My most successful supervisor discussed issues of privilege, racism, and inequity during supervision. (Supervisor discussing privilege, racism & inequity) Q17- My most successful supervisor asked about my experience as a BIPOC professional. (Supervisor asking about supervisee's experience as a BIPOC professional) Q18- My most successful supervisor included issues of culture, race, and ethnicity when discussing case formulation and interventions. (Supervisor bringing culture into case discussions)
The supervisee's relationship with the supervisor.	Q19- In supervision I felt calm and regulated when discussing how my individual culture and unique experience impacted my work. (Participant's relationship with supervisor) Q20- I experienced micro aggressions within my most successful supervision relationship. (Participant's relationship with supervisor) Q21- I felt safe bringing issues of inequity related to client care into my most successful supervision relationship. (Safety in relationship supervisee and supervisor)

Preliminary Findings

From November 2021 to January 2022, nationwide invitations to complete the Equity and Supervision survey were e-mailed to various mental health associations and organizations, professional e-mail lists, selected social media platforms, and individual practitioners. A total of 348 surveys were completed and returned via Survey Monkey. The following provides the preliminary results. Data from Tables 1 through11 are presented at the end of this executive summary for your reference. It is our hope that the following data summary encourages others to dig deeper into the area of professional equity within our field.

Table 1 indicates that the majority of participants identified their race/ethnicity as White (47.84%) followed by Black/African American (16.71%) and Latinx/Latina/Latino (15.56%).

Table 2 indicates that the majority of respondents were female (93.08%).

Table 3 shows that 44.96% of the survey participants indicated their primary training background as social work (MSW) followed by marriage and family therapy (MFT) with 17.29%.

Table 4 shows that most of the respondents were licensed mental health providers at 80.40%.

Table 5 demonstrates that respondents in this sample experienced their first supervisor of color during their graduate training (35.16%) followed by 1-3 years of post-degree training (17.58%). However, 25.65% indicated that they never had a supervisor of color.

Table 6 reveals that the majority (80.35%) of the respondents had experiences with reflective practice supervision.

Table 7 demonstrates that most respondents created space for clients to discuss issues of privilege, race, and inequity (Always = 37.03% and Usually = 36.73%).

Table 8 indicates that respondents' most successful supervisor frequently discussed issues of privilege, racism, and inequity during supervision (48.57%) with 22.13% (Always) and 26.44% (Usually) respectively. However, 8.91% of the respondents indicated that this issue was never discussed.

Table 9 reveals that 39.38% of their most successful supervisors never asked about their experiences as a Black, Indigenous, and People of Color (BIPOC) professional. This finding requires more extensive analysis as 47% of the sample identified as White.

Table 10 indicates that 43.82% experienced micro aggressions within their most successful supervision relationships.

Table 11 shows the percentage of clinicians that asked their BIPOC families/clients questions about their experiences with micro aggressions, with 14.24% indicating always, 22.67% indicating usually. It is interesting that respondents did not indicate asking specifically about their client's experiences of micro aggressions

Finally, this study looks at the experiences of clinicians with their most successful supervisors in terms of culture, race, and micro aggressions. We asked the participants the following questions and found that:

48.57% of the respondents' report that their most successful supervisors discussed issues of privilege, racism, and inequity during supervision [Always (22.13%), Usually (26.44%)].

However, only 28.44% of the respondents indicate that their most successful supervisors asked about their experiences as a BIPOC professional [Always (13.13%), Usually (15.31%)].

More than half (55.62%) of the individuals surveyed reveal that their most successful supervisors included issues of culture, race, and ethnicity when discussing case formulation and interventions [Always (27.38%), Usually (28.24%)].

More than two-third of the participants (68.78%) note that in supervision they felt calm and regulated when discussing how their individual culture and unique experience impacted their work [Always (28.61%), Usually (40.17%)].

Finally, approximately 18.53% of individuals surveyed indicated having experienced micro aggressions within their most successful supervision relationships. [Rarely (25.59%), Never (56.18%)].

What Have We Learned About Equity and Clinical Supervision from This Survey?

While our understanding of clinical supervision has significantly advanced over the last few decades, noteworthy gaps remain, especially in identifying factors associated with equity and diversity in supervision. This research team was encouraged by the findings that some clinicians reported making time for clients to discuss issues of privilege, race, and inequity (Table 7). However, the data indicated that clinicians were less willing to directly pose questions regarding BIPOC client's experiences of micro aggressions. Of concern were the findings noted in Tables 8 and 9, which indicated supervisors were not exploring the unique experiences of BIPOC practitioners. Additionally, BIPOC professionals reported experiencing micro aggressions in the supervision relationship, which is quite concerning.

As the consequences of inadequate comprehension of these important dynamics within the supervision relationship and the potential impacts on clinical practices for marginalized groups become increasingly evident, research-based guidance on approaches that might improve equity and eliminate disparities increase in priority. Traditionally, supervision has long been upheld as the tool for clinical maturation as well as ongoing professional development. The preliminary data

from this survey indicates that there is a need to incorporate regular discussions of privilege, racism, discrimination, and inequity in supervisory relationships, especially with supervisees from diverse backgrounds.

What Do We Still Need to Know About Equity and Supervision?

A number of gaps in our knowledge remain on the extent of, and reasons for, variables affecting clinical supervision and client care. It has been clearly established that racism and economic disparities impact both health and mental health. According to this data set, our field appears to demonstrate limited investment in training our workforce to address micro aggressions, as experienced by both clients and clinicians. For instance, failure to create safety for discussing the specific challenges related to being a BIPOC professional in a system that perpetuates dominant culture values can be detrimental to client care.

Therefore, our professional community can benefit from knowing more about additional factors that account for micro aggressions, inequity, lack of exposure to diversity in training, as well as the supervision dynamics and structures leading to successful supervision experiences. Guidance on how to increase equity in training and professional development becomes paramount. Therefore, finding answers to these and other key questions is essential in learning how to create equitable training experiences for all professionals, moreover for the benefits of client served.

In summary, a group of three BIPOC psychologists initiated this project with no public funding nor academic institutional support. This team was motivated to ask these important questions as other systems in the field (e.g., philanthropic organizations, universities, mental health associations, etc.) seemed to be prioritizing research on other general aspects of clinical services. To close the gap, this team set out to discover the direct experiences of BIPOC professionals and to use their voices as a tool for learning.

Next Phase

The preliminary findings of this study exemplify the need to continue to examine how the absence of meaningful exploration of issues of race, diversity, and equity within the supervision relationship affects the clinician and impacts overall client care. This team intends to further analyze the data collected through the survey including participants' qualitative responses to further inform our understanding of current practices of supervisors and the experiences of their BIPOC supervisees. We look forward to sharing what we've learned through professional outlets including workshops, conference presentations, and journal publications. We hope to partner with organizations and academic institutions who are committed to addressing issues of equity and diversity in the field and who will support our team in expanding this project through funding and additional resources.

The responses to our research have been both encouraging and inspiring, as participants often followed up with this team requesting additional information or offering to partner on next steps and future projects. It appears that this survey study has started to address the disparity in the literature; clearly there is more to do in this subject area. It is the teams' hope that others will be inspired and take the initiative to create significant contributions to our field.

Table 1. Race/Ethnic Identity.

Answer Choices	Responses Percentage	Total
Black/African American	16.71%	58
Latinx/Latina/Latino	15.56%	54
Arab/Middle Eastern	2.02%	7
Asian/Asian American	8.93%	31
Native Hawaiian or other Pacific Islander	0.29%	1
Indigenous/Native American/Native Alaskan	0.86%	3
White	47.84%	166
Mixed race/ethnicity	4.61%	16
Other (please specify)	3.17%	11
Answered		347
Skipped		1

Table 2. Preferred Gender Identification.

Answer Choices	Responses Percentage	Total
Female	93.08%	323
Male	6.63%	23
Non-binary	0.29%	1
Other (please specify)	0.00%	0
Answered		347
Skipped		1

Table 3. Training Background.

Answer Choices	Responses Percentage	Total
Master of Social Work (MSW)	44.96%	156
Marriage and Family Therapist (MFT)	17.29%	60
Master of Arts or Master of Science (MA/MS)	12.10%	42
Doctor of Philosophy (Ph.D.)	6.34%	22
Doctor of Psychology (Psy.D.)	6.05%	21
Doctor of Medicine (MD)	0.86%	3
Doctorate in Education	0.00%	0
Other (please specify)	12.39%	43
Answered		347
Skipped		1

Table 4. Professional License Status.

Answer Choices	Responses Percentage	Total
Pre-Graduate Trainee/Practicum Student/Intern	2.60%	9
Graduate Pre-Licensed	11.10%	38
Licensed	80.40%	275
Other (included licensed professional counselors, bachelor-level service providers, trainees, a registered nurse, a parent partner, occupational therapists, program development/administration staff, and infant mental health specialists.)	5.85%	20
Answered		342
Skipped		6

Table 5. First Experience of Supervisor of Color.

Answer Choices	Responses Percentage	Total
Pre-degree training	35.16%	122
1-3 years Post degree training	17.58%	61
3-5 years Post degree training	7.78%	27
5-10 years Post degree training	6.34%	22
10-15 years Post degree training	4.03%	14
20+ years Post degree training	3.46%	12
Never	25.65%	89
Answered		347
Skipped		1

Table 6. Experiences of Reflective Practice.

Answer Choices	Responses Percentage	Total
Yes	80.35%	278
No	19.65%	68
Answered		346
Skipped		2

Table 7. In my clinical work with clients, I create space to talk about issues of privilege, race, and inequity.

Answer Choices	Responses Percentage	Total
Always	37.03%	127
Usually	36.73%	126
Sometimes	20.99%	72
Rarely	4.37%	15
Never	0.87%	3
Answered		343
Skipped		5

Table 8. My most successful supervisor discussed issues of privilege, racism, and inequity during supervision.

Answer Choices	Responses Percentage	Total
Always	22.13%	77
Usually	26.44%	92
Sometimes	27.87%	97
Rarely	14.66%	51
Never	8.91%	31
Answered		348
Skipped		0

Table 9. My most successful supervisor asked about my experience as a BIPOC professional.

Answer Choices	Responses Percentage	Total
Always	13.13%	42
Usually	15.31%	49
Sometimes	19.06%	61
Rarely	13.13%	42
Never	39.38%	126
Answered		320
Skipped		28

Table 10. I experienced micro-aggressions within my most successful supervision relationship.

Answer Choices	Responses Percentage	Total
Always	2.94%	10
Usually	1.76%	6
Sometimes	13.53%	46
Rarely	25.59%	87
Never	56.18%	191
Answered		340
Skipped		8

Table 11. In my clinical work, I ask BIPOC families/clients questions about their experiences with micro aggressions.

Answer Choices	Responses Percentage	Total
Always	14.24%	49
Usually	22.67%	78
Sometimes	37.21%	128
Rarely	16.86%	58
Never	9.01%	31
Answered		344
Skipped		4

About the Researchers:

Barbara Stroud, PhD, a licensed psychologist, is a founding organizer and the inaugural president (2017-2019) of the California Association for Infant Mental Health, a ZERO TO THREE Fellow, and holds prestigious endorsements as an Infant-Family and Early Childhood Mental Health Specialist/Reflective Practice Facilitator Mentor. In April of 2018 Dr. Stroud was honored with the Bruce D. Perry Spirit of the Child Award. Additionally, Dr. Stroud is the author of two books "*How to Measure a Relationship*" and the amazon best seller "*Intentional Living: finding the inner peace to create successful relationships*"

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Tony Wu, Ph.D., ABPP is a board-certified psychologist. He has been in private practice for the past 16 years. A prolific writer and researcher, he has authored numerous articles and book chapters. He has also presented at regional and national conferences on topics such as mental health treatment, psycho-pharmacology, and cultural diversity. Furthermore, he has consulted with non-profit organizations and public agencies in the area of education and psychology.

Myisha Driver-Woods, Ph.D. is a licensed psychologist and endorsed Infant Family Early Childhood Mental Health Specialist and Reflective Practice Facilitator II. She has 20 years of experience providing mental health services in a wide range of clinical settings and is committed to meeting the needs of culturally and ethnically diverse families. She was a 2021 recipient of the Fielding Graduate University's Diane Kipnes Endowed Fund for Social Innovation Award and her most recent publication examined the integration of Infant Mental Health in a medical setting. Myisha is a proud native of Compton, California and uses her personal and professional experiences to educate others and advocate for social and racial justice.