Using Supervision to support therapists to adapt their work for diverse communities and to support minority therapists

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Remote learning
We have been on a steep remote-learning curve!

- I am going to get you to do some pairs work
- You may have already worked out what works for you
- Take notes, pen and paper seems to be best for most
- Set goals for the training, think about what you are hoping for today
- Make a take home list of things you will change as a result of the training
- You don’t have to be sitting down. You can stand, lie, kneel, move around

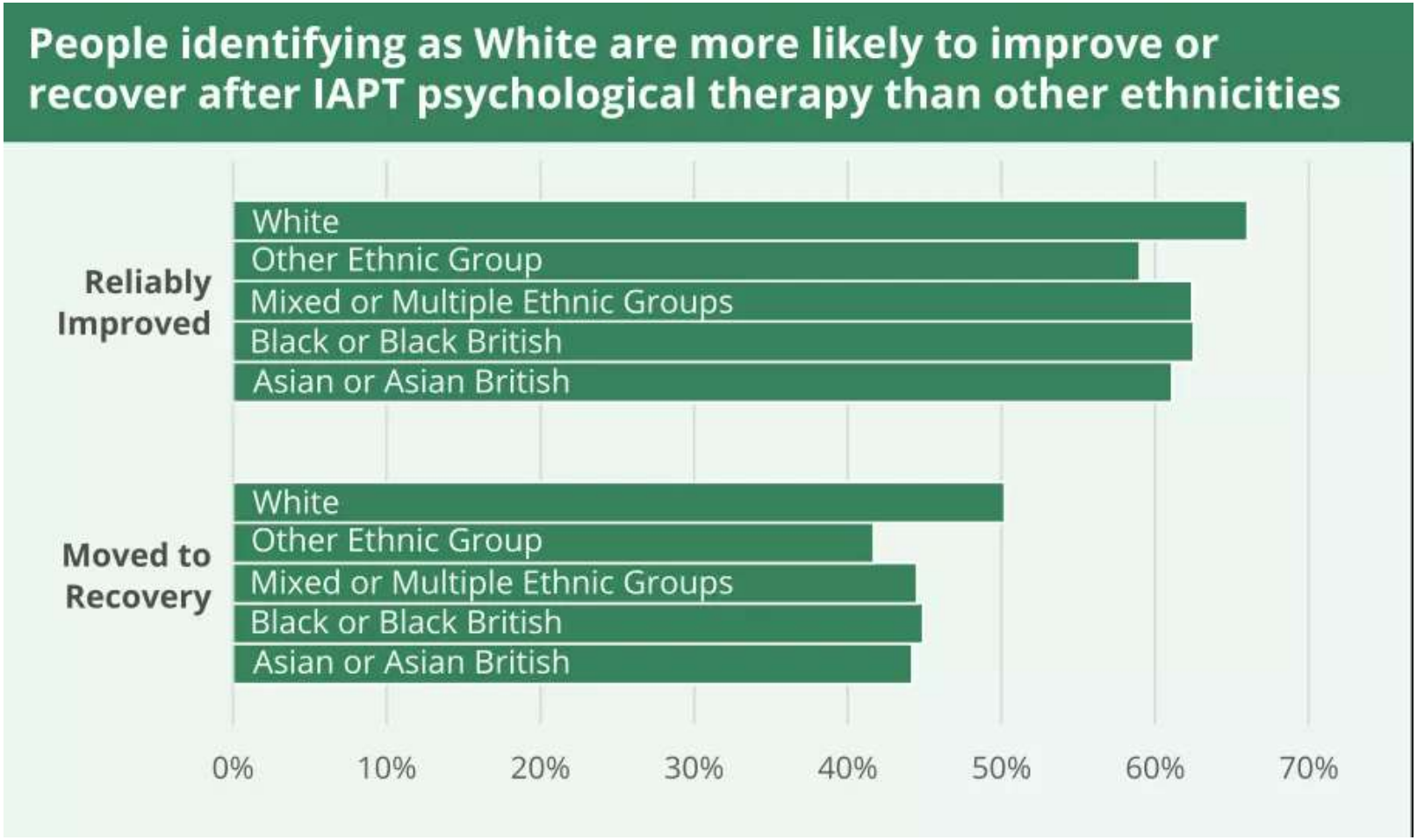
Some more suggestions

- Put your phone out of reach
- Resist the temptation to check emails when they pop up
- Break and stretch – we are aiming for 50 minute sections with 10 minutes of rest today
- If you are zoning out notice that & think about how you can re-engage
- Turn off video if it helps to just focus on the words
- Adapt strategies – there is no one best approach

Why we might want to think about diversity in supervision

- Recent data from IAPT (Baker 2018) shows that people from most BAME communities are:
  - less likely to use IAPT services and the pattern is repeated in other MH services
  - less likely to complete treatment
  - less likely to reliably improve
  - less likely to achieve full recovery
- Muslim service users have worse rates of improvement and recovery than people from other faith groups
- BAME communities do worse in therapy and experience more adverse effects (Crawford et al 2016)
- Lesbian and bi-sexual service users have worse outcomes than gay men and heterosexual service users
- Legal duty for mental health services to provide equality of access and outcomes for all communities (Equality Act 2010).
- But once BAME SUs are engaged outcomes could be as good as those for white majority service users (Clark et al. 2009).

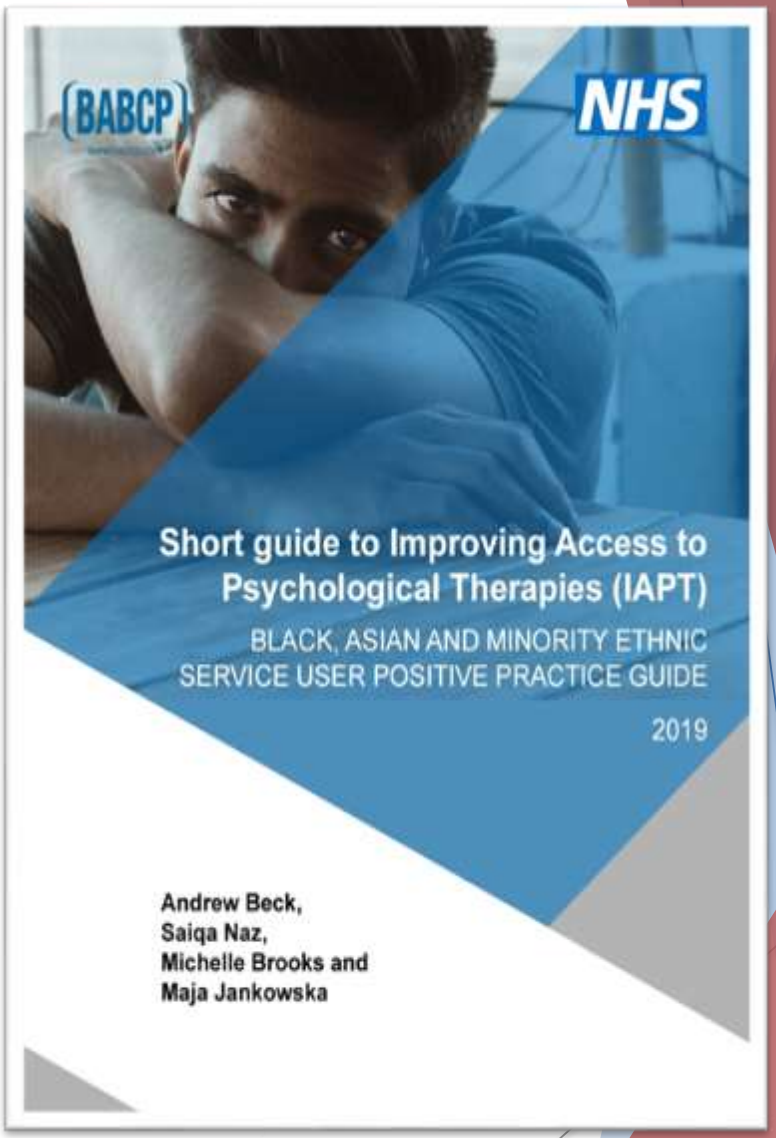
Ethnic differences in recovery rates (Baker 2018)



Religious differences in recovery rates

(Baker 2018)

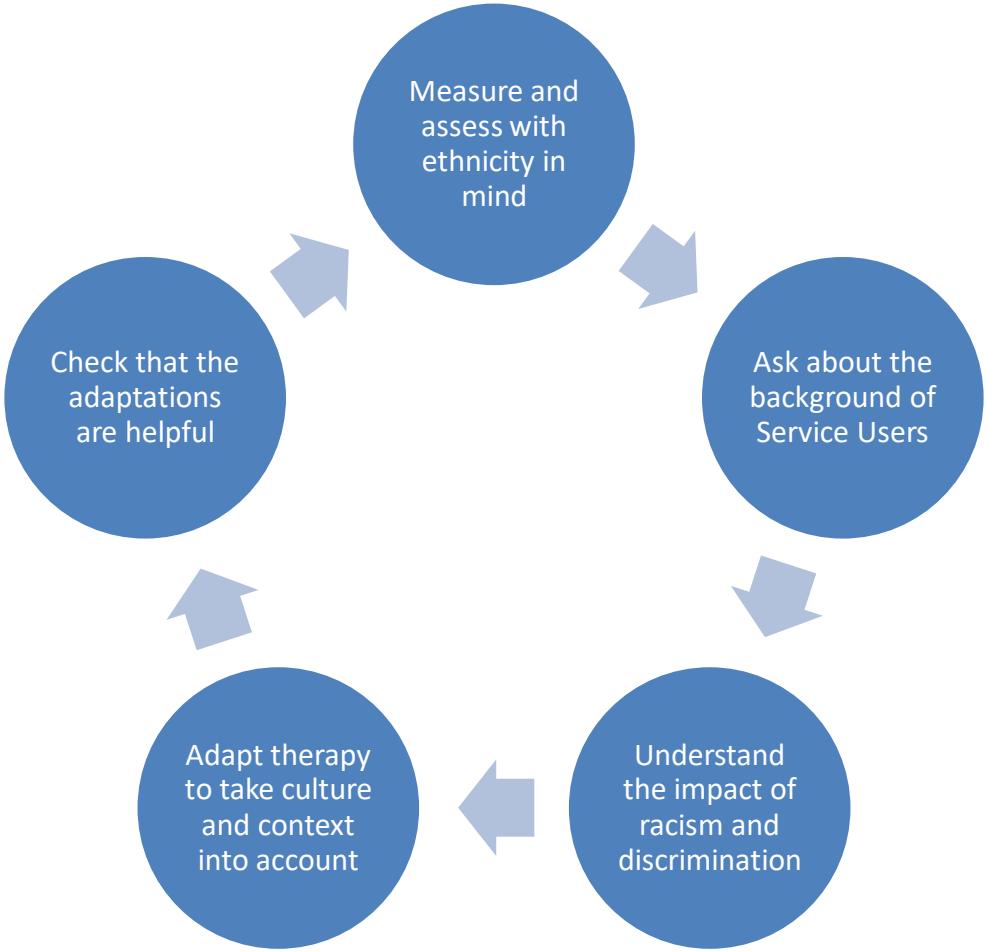
Religion	Reliably improved	Recovered
Christian	68%	53%
Hindu	64%	50%
Sikh	65%	50%
Muslim	58%	38%



IAPT BAME Positive Practice Guide

- Published September 2019

The cycle of improving outcomes can be supported by supervision



What is Culturally Responsive Therapy?

- Not a set of rules about how therapy should be changed but includes a commitment to considering & respecting:
  - The impact of racism, discrimination and social / economic marginalisation on mental health
  - Different ways of organising families / relationships
  - Diversity of spiritual world views
  - Ways beliefs shape behaviours
  - Different perspectives that exist within families & communities
- That therapy as usual may not take into account the breadth & diversity of the people we work with

A workplace that values Culturally Responsive work….

- Values the diversity of the staff group
- Discusses difference in an open and supportive manner
- Uses difference as part of formulation
- Keeps up to date on practice and research in diversity
- Prioritises this in CPD & supervision

– (D'Ardenne at al, 1997 etc)

The main differences between Culturally Adapted and Culturally Responsive Therapy

	Culturally Adapted CBT	Culturally Responsive CBT
Applicable to a specific population	Yes	No - generalisable
Delivered in community languages	Yes generally	No – usually in English
Therapists of the same ethnic background as Service users	Yes generally	No
Based on existing evidence based therapies	Yes	Yes
Takes values, beliefs and situation of service user into account	Yes	Yes
Flexible around different degrees of cultural identification, religious affiliation and identity	Yes but perhaps to a lesser extent	Yes

The purpose of supervision

- To improve service user outcomes
- To support fidelity to therapy models
- To consider therapy dilemmas
- To help adapt therapy to the needs of the individual
- To support therapists doing a challenging job

- (See Milne, D 2009 Evidence-Based Clinical Supervision: Principles and Practice)

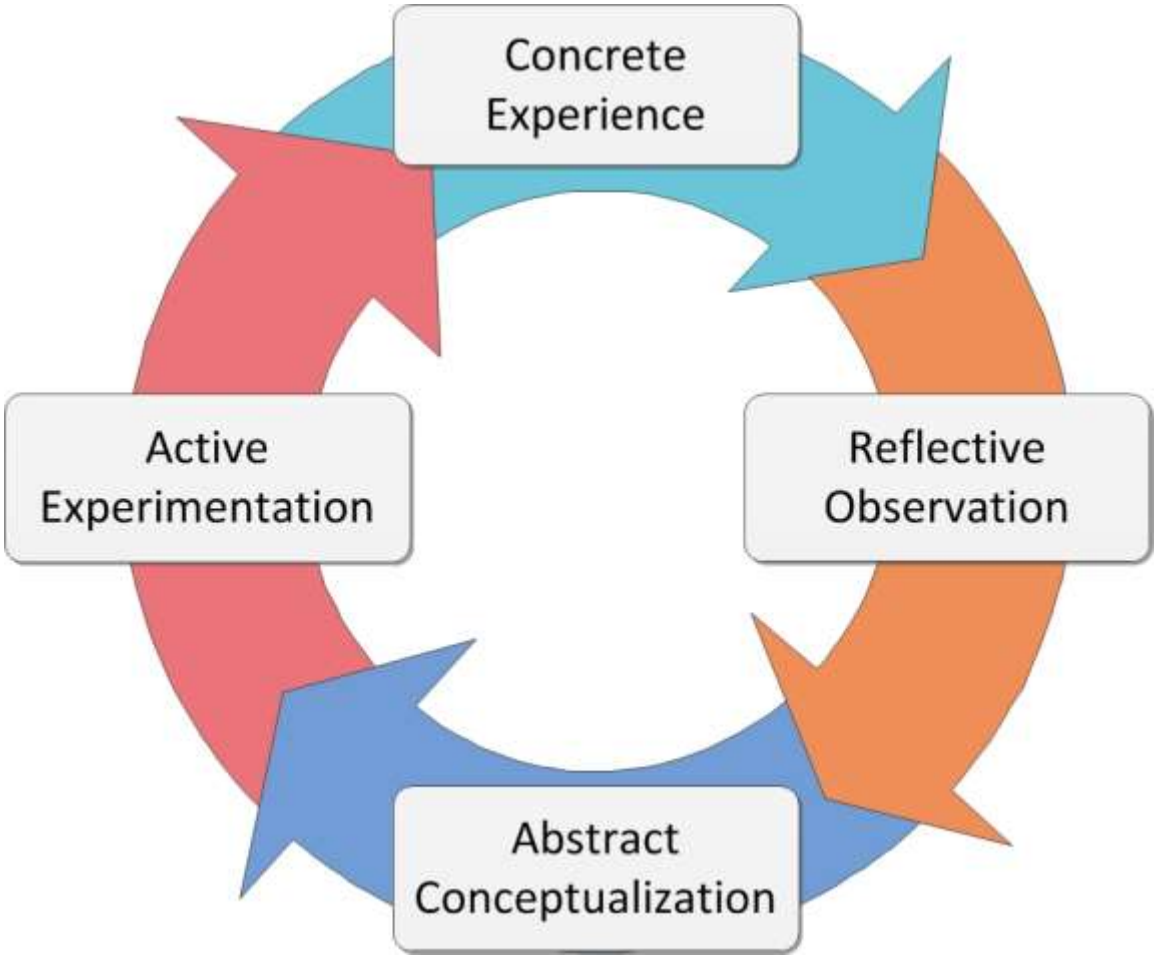
Key areas for today

- Skills and processes
  - The Kolb cycle
  - Safer risk taking
  - Physiological arousal and anxiety
  - The supervisory relationship
  - Zones of Proximal Development
  - Socratic questioning
  - Reflective practice
- Specific challenges
  - Supporting BAME & sexual minority therapists
- What else do we need to add?

Multiple intersecting identities

- Gender
- Sexual orientation
- Social class
- Ethnicity
- Gender identity
- Religion
- Disabilities

The Kolb cycle



Talking about diversity in supervision

- Many mental health workers find talking about ethnicity in therapy difficult (Messant & Murrel 2003)
- This is also likely to be true for discussing this topic in supervision
- Being able to think about:
  - Context, ethnicity, sexuality, gender, social class, religion and culture
  - experience of discrimination
- in presenting problems is likely to be helpful

Quick exercise

- What factors might make supervisees reluctant to bring up diversity issues in supervision?

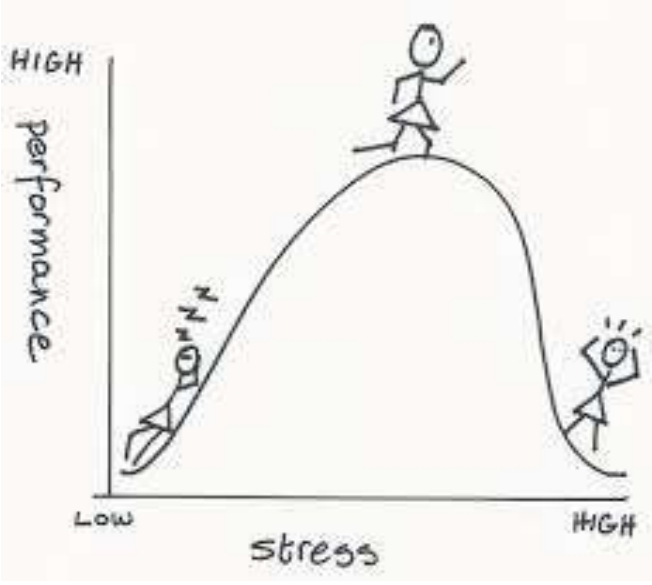
- What factors might make supervisors reluctant?

Barriers to bringing up diversity issues

- Supervisor or supervisee worry about getting it wrong
- Worry that supervisor is not interested in contextual factors
- Not trusting the supervisor to deal with this dilemma well
- Not understanding that these issues might be important
- Having models of therapy that do not account for the impact of culture and context
- Having too many other things to worry about
- The cultural match between the supervisor and the supervisee

Physiological arousal and anxiety

- We produce adrenalin when faced with threats
- In supervision bringing dilemmas relating to diverse SUs can be worrying and lead to adrenalin production
- Work in pairs
    - What kind of worrying thoughts might a supervisee have when bringing a dilemma about diversity?



Getting supervisees into the most productive zone

- Notice arousal levels (if this is a reliable indicator) or ask / use SUDS
- Acknowledge high arousal
- Use self-disclosure
- Be supportive
- Give permission to get it wrong
- Use the supervisory relationship

Try to understand where your supervisee is in terms of arousal

- If a topic elicits high arousal
  - Recognise this
  - But in a way that does not lead to defensiveness
  - Take the heat out of the discussion
  - Leave the topic for another time
- If a topic elicits low arousal
  - Introduce a more engaging / challenging supervisory approach
  - Check that addressing the topic is meeting the goals of the supervisee
- Don’t forget to reflect on your own arousal levels

A example of a white supervisor and white supervisee raising the topic of racism

Supervisor: I am curious about these pervasive thoughts about not being good enough and not being liked that Christopher has expressed. Do you have any ideas about life events that might have led to him developing these ideas?

Supervisee: I don't know to be honest. We have been focussing more on their current impact than their origin. (1)

Supervisor: That sounds like a very helpful thing to do. I was just wondering about what the impact might have been of growing up in a town in the UK where his was one of the only black families?

Supervisee: He didn't say anything about that being important. (6)

Supervisor: Can you think of any ways that this might have presented challenges? I wonder if he mentioned if he experienced much racism when he was growing up?

Supervisee: He didn't say anything and to be honest I didn't ask (7)

Supervisor: It can be very difficult to raise this with a service user as a white therapist. I still find myself struggling with this sometimes. But could you see how it might be helpful to know this information?

Supervisee: Well if he grew up expecting people to have negative views about him because he is Nigerian and he is the only Nigerian working in his office he might think things are just the same in his workplace (7)

A example of a white supervisor and white supervisee raising the topic of racism

Supervisor: That is a very thoughtful hypothesis. So if I've understood this right you think that it is possible he might have grown up expecting people to have negative views about him because of his ethnicity. Do you have any thoughts about where his belief might have come from? It is possible there was much racism around in that area at the time?

Supervisee: Yes there probably was just thinking about it (6)

Supervisor: So one idea is that he grew up expecting people to have a negative view about him because of his ethnicity and another is that some people he works with do hold and express racist views about him. Is it possible that he might still be experiencing racism at work? How does this fit with the idea that his worries are a thinking error?

Supervisee: I don't know really, maybe he is experiencing racism but I'm not sure how to ask about that (4)

Supervisor: What have you found helpful in the past when you have not been sure how to use a specific question in therapy?

Supervisee: I knew you were going to suggest a role play! (8)

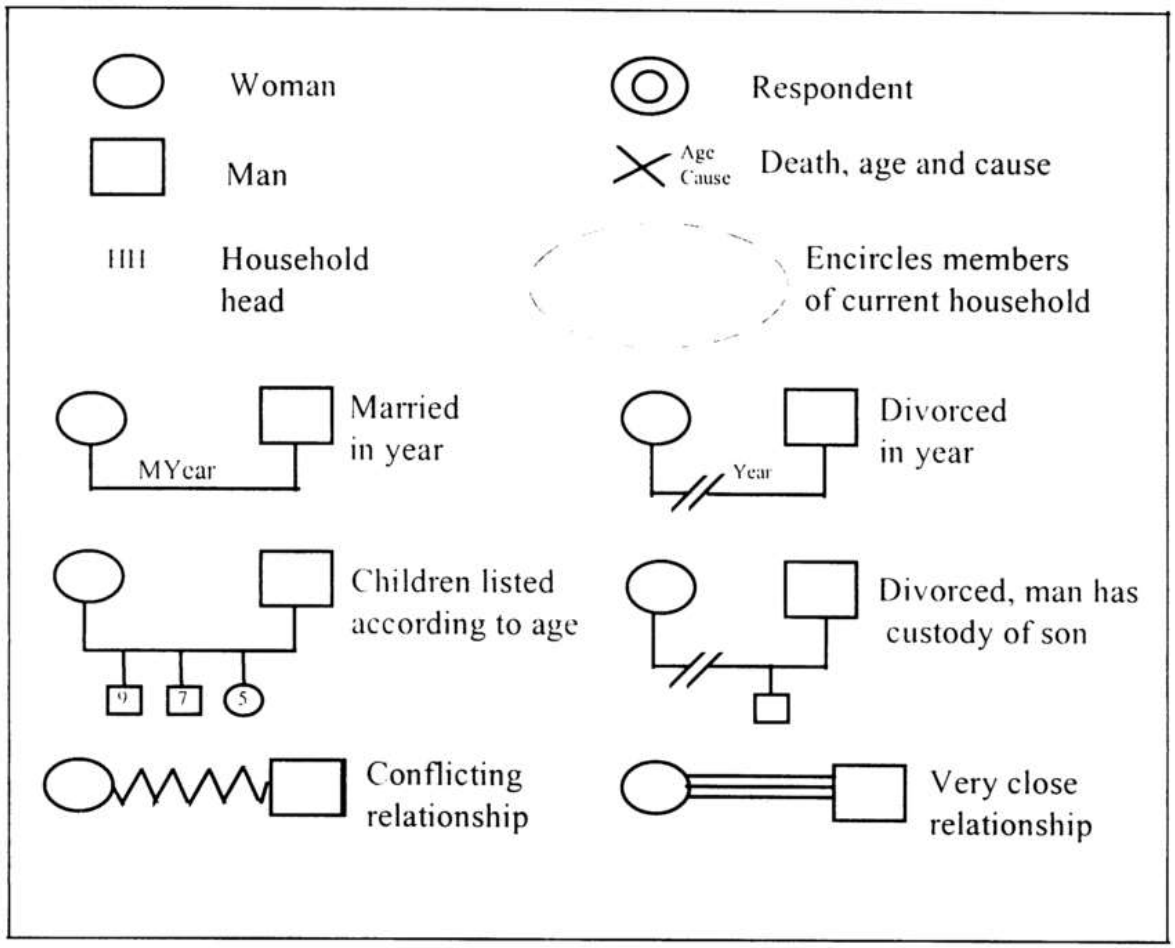
Lets try that

- Work in pairs
- Situation:
  - Supervisee is working with 2nd generation British Sikh woman aged 20, she is depressed and anxious
  - After 6 sessions of therapy there has been no improvement in ratings though she has a good understanding of the model and is well engaged in therapy
  - How would you begin to ask your supervisee about the role of context / culture?
  - What would you do if they were visibly anxious when this was raised?

Using a genogram

- A good way to begin to map issues of culture, sexuality and ethnicity within families is to draw a genogram
- Start by asking who the patient currently lives with, map this out
- Then ask about each parents family – including where they were born and where they live now
- This will give some idea of generational issues and family structure
- ‘Family’ may also involve peers, particularly in adolescence
- Then get curious – but only as much as you need to be!

Common genogram symbols



Using gender neutral language

- Encourage supervisees to use the pronouns the SU prefers
- When they draw a genogram they can ask about relationships without making gender assumptions eg ‘Could I ask about who lives at home with you?’ ‘Are you in a relationship with anyone right now?’
- These questions can open up discussions about sexuality
- Typically SUs manage this disclosure and will let therapists know when they feel the time is right
- But an open stance increases trust and the chances of this

Should we practice a genogram?

- Some of you will use them a lot
- Some will never use them
- If you are going to supervise people practice here might help

The supervisory relationship & risk taking

- Risk taking in supervision needs a degree of trust in the supervisor
- Supervisees who consider discussing diversity issues to be risky may need a strong / supportive relationship before they take that chance
- There is not a great deal of empirical evidence about what facilitates this but…

How to support this?
Build the supervisory relationship

- Supervisees:
  - talk about the importance of the supervisory alliance.
  - report that they would get a 'deeper level' of supervision if they were honest and open in their reflections about their clinical practice.
  - would be more able to do this when their supervisors also adopted an open, honest and inquisitive stance so facilitating the development of mutual trust and empathy
  - say they would be less open and honest about their needs when they perceived the supervisory alliance to be weak and/or when they felt unsafe.

Hatcher and Lassiter (2007)

Facilitating this alliance

- Trainees needed to feel there is:
  - mutual respect,
  - agreement regarding a joint responsibility for the relationship,
  - clear roles.
- Several factors influence the respect trainees had for their supervisors.
  - Professionally and personally credibility including a positive evaluation of supervisors' human qualities.
  - Supervisor being approachable, honest, warm, empathetic, and supervisee-centred.
  - Professional credibility was discussed in terms of ability (i.e. as a supervisor, colleague and clinician).
- Supervisees emphasized the importance of having the opportunity to directly observe their supervisors work (Hatcher and Lassiter 2007)
- **Ladany et al (1999) poor supervisory alliance often the reason staff do not bring clinical mistakes or difficulties to supervision.**

Supervision contracts

- Two main purposes:
  1. Procedural, the when, where and how often supervision occurs & clarifying responsibilities in terms of line management etc.
  2. Content and focus of supervision.
- At start of new supervisory relationship it is useful to check about goals, unmet needs as therapists and preferred ways of working.
- Provides a time for the supervisor to ask about interests and experiences in work with diversity and if there are preferences about these issues might be best managed in supervision.
- Novice therapists might not have much idea about what this might entail and experienced therapists who have not thought in these terms before might find the idea anxiety provoking.
- Patel (2004) makes the point that this early stage of the supervisory relationship is also a good time for the supervisor to take the initiative in raising issues of power and difference with the supervisee

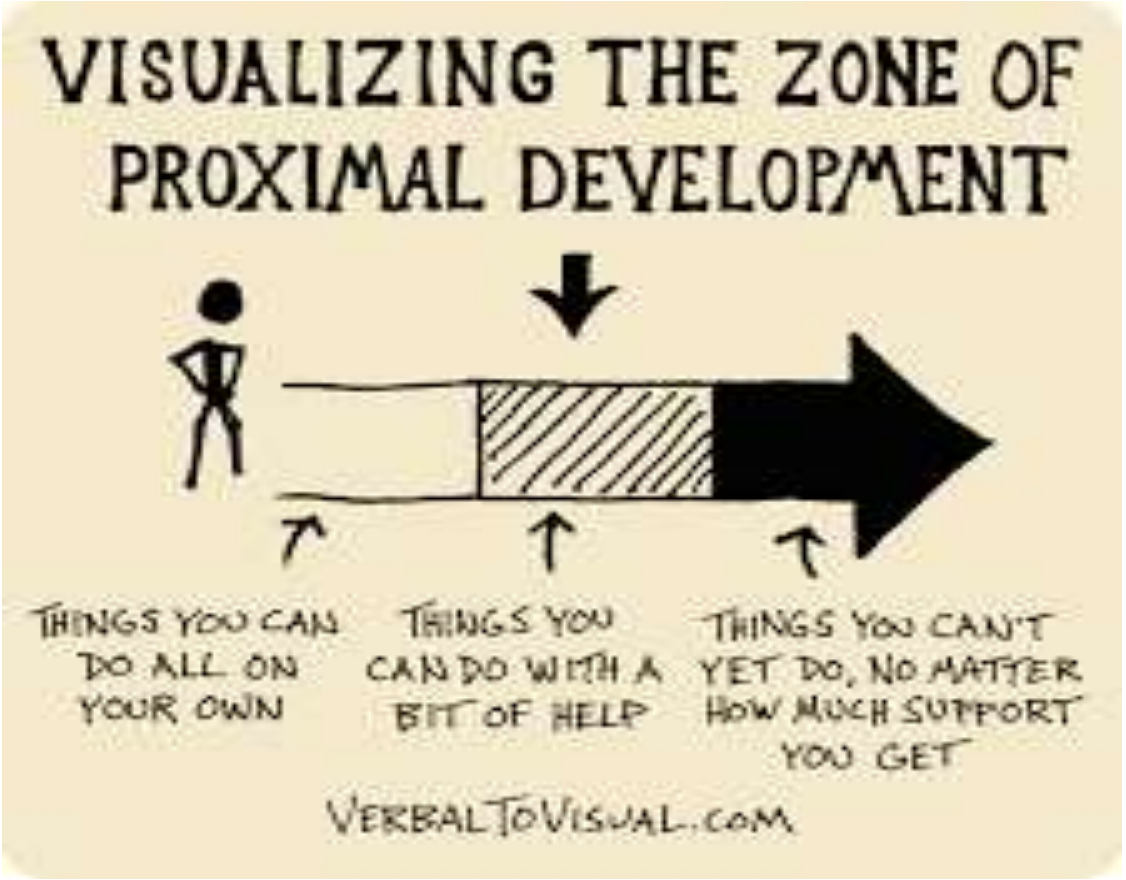
Prioritising transcultural thinking

- Thinking about diversity might impact negatively on a supervisee trying to incorporate the use of a new disorder specific model of treatment, practice new skills and manage a busy caseload.
- Supervisor might want to consider the current level of arousal the supervisee is under
- Remaining aware of the well-being of the supervisees, their priorities and needs is an on-going and important task for supervisors.
- **Thinking about diversity is important but it remains one of many tasks for the supervisee**
- Priority has to be what is best for the patient then what is best for the supervisee
- Patel (2004) notes that either the supervisor or supervisee may be dissatisfied with discussion of cultural factors in supervision. This topic may place additional demands on a supervisory process but may be essential for SU outcomes or the degree of helpfulness supervision brings

Thinking about a current supervisee

- Work in pairs
  - Rate quality of the supervisory relationship
  - Is it safe enough for difficult discussions?
  - What could you do to improve things?
  - What might the barriers to this be?

Zones of Proximal Development



The Zone of Proximal Development

- Each supervisee will have at any given time a number of skills they are hoping to develop as part of supervision
- Some will:
  - be achievable with no or minimum support,
  - be achievable with scaffolding / support and be in their ZPD
  - be beyond what they are currently able to achieve
- Different tasks will be prioritised differently by the supervisee
- Supervisors task is to help prioritise then think (with supervisee?) which are in their ZPD

Using the ZPD to think about context and culture

- Not all supervisees will be used to thinking about these topics, some will be very capable
- May depend on prior training, life experience, interests
- You may want your supervisee to have a sophisticated grasp of this important topic
  - This may be outside of their ZPD, particularly if they are struggling with other skills at the same time
- So look for bridging tasks within their ZPD to get them closer

Once a ‘skill to be developed’ is identified:

- Consider best way to nurture it:
  - Didactic teaching?
  - Observation / feedback?
  - Socratic refection?
  - Reading between sessions?
- If a skill is not ready to be developed what to do?

Exercise in pairs - Consider a current supervisee

- How would you rate their readiness to develop skills in diverse CBT practice?
- What strengths do they bring that can help with this?
- What could you do to nurture those skills?

Socratic dialogues or direct challenges?

- Supervisees might have unhelpful beliefs about the role of culture, context & racism in formulation and treatment
- Direct challenges around these might not be helpful – raise arousal, impair learning opportunities, learning might be outside of their ZPD
- Socratic dialogues can be a way to check understanding and scaffold someone towards a more helpful understanding of a situation
- As with therapy knowledge arrived at in this way can be more highly valued

Automatic thoughts and core beliefs a trainee might have about differences

- Therapists working with someone from a background they have little direct experience of - draw on both their own beliefs and current narratives about that community.
- These beliefs might be positive, neutral or negative & impact on their ideas about how therapy is likely to progress.
- Falicov (1997) calls this an Ethnic Focussed approach to understanding presenting problems.
- Therapist might understand the presenting problem as being predominantly to do with the ethnicity of the service user they are working with.
- A therapist who has experience of a particular community may have also developed general rules about how members of that community are likely to think or behave.
- Beliefs can be negative and generalised, implicitly or explicitly racist
- The therapist would likely be embarrassed of being thought of in this way & direct discussion of this is unlikely to be productive

Unhelpful beliefs about cultures

- Supervisee can be invited to reflect on a strongly held belief
- This is a strategy that has to be handled carefully.
- The supervisor invites reflection without direct challenge.
- For many years the prevailing response has been to forthrightly challenge these ideas
  - May reduce the expression of such views but may not have much impact on the underlying belief and the subsequent behaviours
- A skilful supervisor could use Socratic dialogue to give an opportunity reflect on beliefs, consider how they might have arrived at them, whether there is evidence to support them, whether there are other points of view and to explore whether they are helpful in progressing therapy.
- This kind of discussion would be difficult in a public arena such as a team meeting but might be possible as part of a good supervisory relationship.

Potentially unhelpful beliefs about cultures

- Supervisor: How did Samina get on with the behavioural activation work you set her last week?
- **Supervisee: It didn't go very well at all, nothing really changed.**
- Supervisor: What happened when you reviewed this at the next session?
- **Supervisee: She said that she hadn't felt like doing any of the activities I set her**
- Supervisor: I am interested in the idea that the activities were ones that you set, why was that?
- **Supervisee: She was really struggling to set any herself**
- Supervisor: Do you have any ideas why that might be
- **Supervisee: I just don't think she is used to doing much outside of family activities, and her parents are both quite ill and don't do much these days. In Bangladeshi families the girls aren't really used to being independent so I've found it helps to be a bit more directive about activities**

Potentially unhelpful beliefs about cultures

- Supervisor: That is an interesting observation. What do you know about how she spent her time before her parents became ill?
- **Supervisee: She used to go to the gym a few times a week and help out on a local youth project**
- Supervisor: So how does that fit with the idea that it might be community values that are getting in the way of her doing activities outside of the family home?
- **Supervisee: It doesn't really fit I suppose**.
- Supervisor: Maybe there is another explanation?
- **Supervisee: Could it be to do with how depressed and hopeless she feels?**
- Supervisor: Is it possible that you jumped to a conclusion about how Bangladeshi women might act in certain circumstances?
- **Supervisee: I suppose I don't expect much in terms of people taking an initiative**
- Supervisor: That is a really good reflection. Is there a more helpful way of thinking about that situation?

Exercise

- What do you think was happening in this discussion?
- How could it be improved?
- How could it have gone wrong?

Exercise

- Role play scenario:
- Supervisee has assessed a service user who is a 3rd generation Black British male. He is highly socially anxious and believes he is being negatively judged whenever he leaves home.
- The supervisee has not asked him about his cultural background beyond completing an ethnicity monitoring form (Black British ticked) and is anxious about doing this in case they get it wrong
- In supervision you begin to wonder if it might be helpful to know more about his ethnic and religious background, the supervisee has not asked about this
- Practice instructing them how to do this didactically
- Then try a Socratic approach

Power, Collaboration and Hierarchies in transcultural supervision

- Supervision is a collaborative process.
- Both participants should have a shared understanding of the principles that underpin it.
- Supervisory relationships are intrinsically hierarchical in nature with the supervisor having a position of authority and the responsibility to manage and guide the supervisory process (Milne & Dunkerley 2010).
- Supervisors also have some degree of seniority either:
  - implicitly (clinical experience)
  - explicitly (roles and responsibilities / line management, assessing the abilities)
- Distinction between clinical and line management supervision is not always clear in practice and sometimes a supervisor fulfils both roles in a single supervision session.
- How supervisory time is spent is negotiated and clarified through the use of agendas. This ensures that both participants are clear about what supervisory task is being undertaken when.
- Supervisees or supervisors might identify need for diversity to be more effectively addressed in supervision

Thinking about power relationships in supervision

- Patel (2004) historically minority groups have had less powerful positions
- Therapy & supervision need to acknowledge this for effective collaboration
- Many possible combinations of ethnicities and power relations in the service user – therapist – supervisor triad.
  - Therapist and supervisor might be from a white majority group whilst the service user is from a BAME group.
  - Service user and the therapist might be from BAME groups with a white majority supervisor
  - BAME service user might have a white therapist who has a BAME supervisor.
- Acknowledgement of this difference and the power structures it implies is seen as beneficial by Patel.
- Gender, sexuality and social class will also impact on power in supervisory relationships

Differences in expertise with diversity

- Supervisors may be comfortable discussing issues of culture and ethnicity & work with a supervisee who is not.
- Supervisors need to introduce these factors without raising the arousal levels of the supervisee
- The supervisee might adopt an avoidant response to the feared situation of discussing ethnicity and culture.
- Avoidance should be acknowledged and a shared agreement reached to work towards specific goals like being comfortable with these discussions
- Negotiating this in supervision might be similar to the one outlined below:
- White supervisor and white supervisee discuss Frank, a 19 year old male service user whose was born in Nigeria and moved to the UK with his parents when he was 11.
- He has recurrent depression and is often in conflict with his parents.
- The service user is struggling to engage with Behavioural Activation work.

Case example: the reluctant supervisee

- Supervisor: I wonder if you could tell me a bit more about the challenges you are facing in bringing about some sort of change?
- **Supervisee: My patient just doesn't seem able to get the link between his lack of activity and his low mood.**
- Supervisor: That does sound tough. What is your hypothesis about what might be getting in the way?
- **Supervisee: I don't know really, I think he is just so used to staying at home he doesn't see it could be a problem.**
- Supervisor: I wonder if you have thought about the role that cultural factors might play in maintaining the problem?
- **Supervisee: I don't think the problem is anything to do with that.**
- Supervisor: Okay. Is there any way that his family's expectations about how he might spend his time might be making it harder for him?
- **Supervisee: I don't think his family has anything to do with it either really.**

Case example: 2 different responses

1

- **'It looks as though you are uncomfortable talking about how cultural factors might have something to do with this case'**
- Supervisee might respond in a defensive manner or might find themselves in a state of anxious arousal
- The potential for a Socratic dialogue to develop a better understanding of cultural factors could then be lost.
- The supervisor needs to manage their powerful position in terms of shaping the discussion

2

- **'I wonder if you could just fill me in on the background of this service user? Can we start by drawing out a genogram?'**
- This is likely to bring about a discussion that may be more comfortable to the supervisee.
- Whilst completing the genogram the supervisor might ask about what jobs different family members have, where they were born and when they came to the UK.
- This could be expanded upon to include questions about how family members spend their time, what their expectations might be for Frank and how the family resolve differences of opinion.
- This could lead to questions about acculturation or hopes and expectations about life in the UK. These initial questions allow for the topic of culture and ethnicity to be introduced in a way that might be built on and expanded in subsequent supervision sessions as both the supervisor and supervisee become comfortable with this.

Case example continued

- Supervisor: I am curious about these pervasive thoughts about not being good enough and not being liked that Frank has expressed. Do you have any ideas about life events that might have led to him developing these ideas?
- **Supervisee: I don't know to be honest. We have been focussing more on their current impact than their origin**
- Supervisor: That sounds like a very helpful thing to do. I was just wondering about what the impact might have been of growing up in a town in the UK where his was one of the only black families?
- **Supervisee: He didn't say anything about that being important.**
- Supervisor: Can you think of any ways that this might have presented challenges? I wonder if he mentioned how he was treated by people when he was growing up?
- **Supervisee: He didn't say anything and to be honest I would not feel uncomfortable asking.**
- Supervisor: It can be very difficult to raise this with a service user when you are a white therapist. I still find myself struggling with this sometimes. But could you see how it might be helpful to know this information?
- **Supervisee: Well if he grew up expecting people to have negative views about him because he is Nigerian and he is the only Nigerian working in his office he might think things are just the same there***
- Supervisor: That is a very thoughtful hypothesis. It sounds as though it would be important to check but that you are not sure about how to raise that. Do you have any ideas about how we could see how that discussion might go?
- **Supervisee: I suppose we could role play it.**
- Supervisor: To help me understand the service user better could I play the therapist first and you could give me an idea about how he might react?
- Once this role play has occurred the supervisor would use the Kolb cycle to review how the supervisee experienced this and encourage some reflection on how, as a white therapist, the supervisee might approach having a discussion about past and present experiences of racism.
- *At this stage we don't know whether Frank is experiencing racism in his workplace but it is likely

Discussing power in this example

- Patel (2004) discussions regarding transcultural working easier if explicitly recognise power relationships in supervision
- Patel points out that the supervisor has responsibility to the profession, their organisation and to the service user when providing supervision.
- If power in the supervisory process is not recognised then there is an increased likelihood that this power will be misused
- Supervision becomes more coercive and less collaborative.
- In mental health services the therapist:
  - Is in the position of relative power in terms of social status, access to resources and expertise.
  - Works with the service user to develop a collaborative position in order to progress towards a shared understanding of the presenting problem & develop shared solutions.
  - The power difference between the therapist and service user is usually not explicitly raised but effective therapists do hold this in mind when working towards developing a collaborative approach.
- Same principles apply to supervision

Developing supervisees knowledge

- Supervisors can provide didactic teaching about particular issues as well as assigning reading or research tasks to the supervisee.

- Supervisor and supervisee have an important role in keeping knowledge up to date

- It is also helpful for both to be reflective about the limitations of current knowledge & degree to which the is limited in terms of transcultural application.
- By modelling a reflective and critical approach supervisors can encourage supervisees to adopt this way of engaging with the relevant knowledge bases.

- Skill development is at the heart of CBT supervision.
  - By rehearsal of new skills in supervision through role play, feedback on skills through review of recorded material or using supervision to reflect on approaches used.
  - Socratic dialogues are typically the way that reflective practice is encouraged in CBT.
  - These Socratic discussions then form the basis for planning new ways of working.
- Patel notes a number of skills that can be facilitated through supervision which are summarised and adapted specifically for CBT below.

Assessment

- Supervision can be used to consider the degree to which issues regarding ethnicity should be incorporated into the initial assessment.
- Where supervisees are not confident about incorporating thinking about culture and ethnicity experiential learning approaches such as role play could be used to explore how this might be done.
- Supervisees can also be encouraged to reflect on their own assumptions about the service user based on their ethnicity and ideas that might be associated with this in terms of expectations about presenting problems, willingness to engage in therapy and assumptions about the family life of the service user.
- Any standardised assessment tools / ROMS used at this stage could usefully be critically evaluated in supervision in terms of how useful they might be in a transcultural context.

Formulation

- CBT is based on disorder specific models, applicability across cultures varies
- Therapist can be encouraged to consider which models they think might fit the presenting problems of a particular service user.
- They could be encouraged to think about what the strengths and limitations of these models.
- Disorder specific formulations pay little or no attention to family systems or culturally specific ways of expressing distress
- Supervision can be used to think about whether these models can be modified to include these factors or whether idiosyncratic or trans-diagnostic formulations might be more useful.
- The role of marginalisation, exclusion and racism in the formulation can also be considered at this stage.
- These are typically difficult areas for novice therapists to integrate with their work and even experienced therapists who are not used to thinking about these issues might find this challenging.
- Think Vygotsky!

Asking about experiences of racism to enhance the formulation

- One factor that may increase risk for mental health problems or be part of the maintenance cycle is the experience of racism (Wallace et al 2016)
- The more someone has experienced racism the more they are at risk of developing a mental health problem
- Asking about experiences of racism may help with the formulation – could be predisposing, precipitating or maintaining factor
- Service users may be worried about disclosing racism to white therapists but BAME therapists report high levels of disclosure

Asking about experiences of discrimination

- Therapists may feel intense emotions when racism is disclosed to them. Patients may feel high levels of arousal at the prospect of disclosing racist incidents
- **It is very human to want to avoid this**
- Discrimination may include overt and physically or verbally aggressive acts, systematic exclusion from jobs and opportunities or micro-aggressions
- As it is unlikely to be brought to therapy is it reasonable to ask? At what point?
- My view is this can be asked once a good therapeutic relationship has been established.
- Asking about background, family life, relationships, migration, spirituality in a supportive and non-judgemental way can help establish the trust needed to discuss racism

Exercise – your own experiences of talking about racism to service users

- Think about your last 10 BAME patients
- How many of them raised experiences of racism with you?
- How many did you ask about their experiences of racism?
- What might have stopped them disclosing to you?
- What might have stopped you asking?

Interventions

- Intervention follow from the formulation
- Supervisors support adjustments to include an understanding of cultural factors
  - Encourage clarity about the rationale for the use of or adaption of particular change methods.
- The supervisor could encourage a realistic view about the limits of CBT and the degree to which it can be adapted.
- Encouraging the therapist to consider alternative approaches might be in the best interests of some service users.
- These might include community support organisations and an emphasis on practical help in addition to or instead of CBT where this model alone has not improved the mental health of the service user.

Facilitating reflective practice in work with BAME service users (Patel 2004)

- These could be experienced as very challenging questions and are probably best used when a solid foundation of trust and mutual regard has been established.

- ‘What are the possible assumptions, values and cultural biases inherent in the psychological models and resulting interventions you have planned? What might be the implications of using the interventions with the client? How useful it is to locate the presenting problem wholly within the service user?’

- ‘Are you adequately acknowledging the importance of social context and the external realities of discrimination? If so how does this fit with locating responsibility for change solely with the client / family?’

Facilitating reflective practice in work with BAME service users (Patel 2004)

- 'To what extent do your interventions focus on the problems, weaknesses and vulnerability of the client? How does this fit with, for example, their experiences of racist abuse in their workplace? Could you be missing out on acknowledging the lived experience of racism the service user is struggling with?'

- 'How could you assess the impact of racism on a client's life and formulate effective intervention strategies? How could your interventions challenge racism in the client's life, as well as in the therapeutic relationship, in the therapeutic work and in the professional network / team?'

- 'To what extent are your interventions or your therapeutic approach designed, adapted or chosen specifically for the client in question?'

- **'To what extent is the client expected to fit into and respond to your own preferred approach, or into the dominant model within your service? What are the implications of this for the client?'**
- The last question is likely to be particularly pertinent within IAPT services which can have quite prescriptive models of how CBT should be delivered.

Consolidation time!

- Work in pairs
- What are 3 the key ideas that have seemed most useful?
- Have any important topics being missed so far?

Lets try using some of these

- Work in pairs, 1 supervisor and 1 supervisee
- Think of a case where SU has been from a minority group and where therapy has gotten stuck
- The supervisor can practice using some of the previous questions to see if this helps

Supervision as a forum for supporting therapists from diverse backgrounds

- Minority staff working in teams serving diverse populations can be in a complex position.
- It is important for supervisors to be aware of the additional pressures minority therapists might face.
  - BAME staff can find themselves seen as expert in all matters to do with ethnicity and culture by the team.
  - This is likely to be a difficult role to fulfil, particularly if they are trainees or relatively junior and still developing their own practice as therapists.
  - Locating the majority of expertise for transcultural work with BAME members of staff also makes it less likely that white majority staff will believe they need to develop confidence and expertise in this area themselves.

Supervision as a forum for supporting therapists from diverse backgrounds

- Service users (whether or not they are BAME themselves) might see staff from BAME communities as less authoritative and so less able to help them.
  - This might also be the case for some outside agencies that workers are interacting with.
- BAME staff may find colleagues make assumptions about their background, culture.
- LGBT staff may find that assumptions are made about themselves, lifestyle, expertise by colleagues or they may not feel able to be open about their sexuality.
- Also may face explicit discrimination

Challenges BAME therapists face (Kline 2016, Beck et al PPG 2019)

- Less likely to be in senior positions across the NHS
- Though clear work to address this
- Less likely to access CPD
- More likely to be subject to disciplinary proceedings

White supervisors & minority supervisees

- **Colour blind approach**
  - The ethnicity of the supervisee is not important - all supervisees should be treated the same regardless of their ethnic background
  - Does not allow any consideration of the way that the ethnicity of the supervisee might have shaped therapeutic processes.
  - Also no framework to support the discussion of supervisee experiences of racism and marginalisation.
- **Colour conscious approach**
  - Supervisor understands all challenges faced by the supervisee through the lens of their ethnicity.
  - Might make it difficult for supervisees to raise difficulties relating to culture or ethnicity in case they are seen as being too preoccupied with these issues.
  - Supervisor might be less likely to suggest solutions that are linked to culture or ethnicity in a tentative or exploratory way and may miss out on vital aspects of supervision which involve checking with the supervisee that the ideas generated are useful or plausible.

White supervisors & minority supervisees

- Supervisors might be reluctant to discuss issues of power and ethnicity at all with supervisees.
  - Concerns about being seen as culturally insensitive or out of date in their thinking.
  - Particularly likely where the supervisor is from a white majority background and the supervisee is from a BME background.

- The supervisor might take a culture free position in terms of using therapy and might find it puzzling or challenging that a supervisee wants to bring these issues to supervision. At the very least difference needs to be acknowledged at some early point in the supervisory relationship in a similar way to how it is in therapy

Thinking about explicit discrimination

- Experience of prejudice at work is something that can and should be thought about in supervision.
- May be difficult for minority therapists to raise their experience of discrimination in supervision particularly if they have a majority supervisor.
  - Might worry it could be seen as not coping, of being over-sensitive or asking for special treatment.
- Supervisors can communicate a willingness to think about supervisees experiences of discrimination, including micro-aggressions
- Good practice for the supervisor to reflect on how they react to hearing about experiences of discrimination.

Thinking about explicit discrimination

- It is important to communicate that the supervisor can hear about this without being overwhelmed.
- Could ask something like:
  - ‘How would it be for you to bring your own experiences of prejudice in this job to supervision?’
  - ‘Would it be helpful for me to ask you about your own experiences of prejudice whilst working here?’
- These questions give the supervisee a choice about what they would to bring to supervision.

Exercise

- How often have you supervised minority supervisees?
- How often have you discussed difference with them?
- Have you asked about their experience of discrimination in the workplace?
- On reflection do you think they experienced discrimination in the workplace?

LGBTQ therapists

- May not be out in the workplace
- Supervision should be a safe space to discuss personal issues but it is not obligatory
- May experience direct or indirect homophobia / transphobia
- May experience homophobia from patients
- May have to negotiate disclosure of sexuality with service users
- May not have their same sex partner acknowledged in same way a heterosexual partner would be (even if policies say they should be)
- May not have their gender roles respected
- May not be out about their transgender status

Are minority staff more at risk of burnout?

- **What is burnout?**
- Response to chronic emotional and interpersonal work stressors (Maslach 2001, 2016)
- Defined by:
  - **Exhaustion**
  - **Cynicism**
  - **Inefficacy**

- Staff believe that:
  - they are unappreciated, unrecognized, and unimportant,
  - they are pulled by their many projects, most of which seem to have lost meaning.
  - they do not to see any concrete results of their efforts
  - they are oppressed by a system which stifles personal initiative.

- Burnout syndrome can feed off itself:
  - practitioners feel more and more isolated / lonely

Maslach, C., Schaufeli, W.B., and Leiter, M.P Annual Review of Psychology, V.52, 2001, pp.397-422.
Maslach, Christina, and Michael P. Leiter. "Understanding the burnout experience: recent research and its implications for psychiatry." *World Psychiatry* 15.2 (2016): 103-111.

Why minority staff might be at more risk

- Less supported by organisation
- Less likely to have effort rewarded by promotion
- More likely to be given expert role around BME / diversity issues
- May experience day to day prejudice in job (from colleagues and patients)
- "...Burnout is used to describe a syndrome that goes beyond physical fatigue from overwork. Stress and emotional exhaustion are part of it, but the hallmark of burnout is the distancing that goes on in response to the overload..."

Do supervisees from BAME backgrounds benefit from supervision from someone from a culturally similar background?

Eklund, Aros-O'Malley and Murrieta (2014)

- Shortfall in qualified therapists from most BAME communities, likely that a cultural match between supervisor and supervisee will be difficult to arrange
- BAME supervisees report a good level of satisfaction with their supervisor where difference is acknowledged.
- White majority supervisor can acknowledge that health services, educational establishments and institutions take the experience of someone from a white background to be the norm or universal.
- Likely to support a more open discussion of the role of culture and ethnicity in therapy practice.
- If this facilitates trust and a sense of openness it will make it easier for supervisees to feel able to bring cases which include a consideration of cultural factors to supervision.
- Supervisors might also take the opportunity of introducing ethnicity to ask about the supervisees own background.

Do supervisees from BAME backgrounds benefit from supervision from someone from a culturally similar background?

Eklund, Aros-O'Malley and Murrieta (2014)

- Supervisor should consider that different cultures might have different communication styles
- Eklund et al (2014) provide useful examples:
  - White majority communication styles include a relatively rapid vocal style and the use of non-verbal head and hand gestures to facilitate communication.
  - Some Asian and Hispanic cultures where the tone of voice used is softer, the rate of speech slower and direct eye contact might be seen as disrespectful.
- They suggest that supervisors might draw incorrect conclusions from the communication style of BME supervisees if they do not have some awareness that the rules and methods of communication they take for granted are not universal.

What good transcultural supervision should include

- *Discuss cultural similarities and differences between the supervisor and supervisee*

- There is some research evidence that BME supervisees find supervision where difference and culture is discussed to be more helpful and that the supervisory alliance is strengthened through this (Gatmon et al 2001).

- Timing of this is important and this discussion can serve a number of purposes.
  - helping both to think about their own background and how this impacts on the work
  - communicates that ethnicity is a topic for thinking about in supervision
  - opens up further discussion about power, experiences of prejudice how the supervisee and supervisor might usefully raise and reflect on these issues in supervision.

What good transcultural supervision should include

- Supervisor takes a general stance of being open, flexible and respectful in order to ensure that the supervisory environment is one in which the supervisee is comfortable discussing their worries, struggles and emotions as therapists.

- Responding to these in a concerned and genuinely helpful way reinforces the message that supervision is the right place to bring these concerns.

What good transcultural supervision should include

- *Model and teach transcultural competencies*

- Supervisees may be at a less advanced stage of ability in terms of transcultural competencies than supervisors.
- Taught competencies include the ability to think critically about existing ways of working, using specific models of therapy or about assumptions regarding mental health in different cultures, modelling an ability to think about how the supervisors own ethnicity, social class, gender and sexuality impacts on their therapeutic work.

What good transcultural supervision should include

- *Support continuing professional development*

- Little formal training available in adapting CBT for transcultural settings & limited research and practice literature on this.
- Supervisors need to support supervisees in accessing what training is available and ensure that they themselves keep up to date on the relevant literature as it is published.
- Joining special interest groups for therapists interested in this work. Supervisees can also be encouraged to develop their own skills and knowledge through research projects, clinical audit or teaching others.
- Supervisors often benefit from this vicariously as the new knowledge is brought back into the department and disseminated.

Consolidation

- In pairs
- What 3 things will you immediately change in terms of how you supervise others?
- What ideas might you take to your team in the medium term?
- What longer term things could enhance the way your service supports cross cultural mental health? How could it improve support of BAME staff?

References and further reading

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