Understanding Current Gaps in Multicultural Supervision Training and Practices to Implement Quality Training Opportunities for the Brown Faculty

Abstract

Adopting cultural sensitivity in research and clinical work helps psychologists effectively understand and attend to the experiences of individuals from diverse cultures (Ratts, et al., 2015). In light of a greater number of diverse people and communities seeking access to mental health services a need exists to directly address the structural factors that diminish millions of people's access to seek support for psychological health and well-being. Limited training in culturally relevant approaches for mental health practitioners is an ongoing concern in the field of psychology. In order to better understand the specific needs within The Warren Alpert Medical School of Brown University, Department of Psychiatry and Human Behavior (DPHB) and Research faculty, we developed an online survey with the purpose of gathering qualitative data to deepen our understanding concerning current culturally relevant practices in supervision and gaps in knowledge, to guide the development of training opportunities that are best suited to the needs of the faculty. The survey focused on supervisors' experiences with culturally relevant practices and was divided into two sections. The first one focused on the developmental stage of the supervisor (including the number of years supervising, any formal training they may have received, and in what forum). The second section evaluated the level of exposure to diversity issues: developmental stages of multicultural awareness and practice in supervision, models used to infuse cultural competence with supervisees, and challenges faced in supervision related to cultural issues.

Results

In light of mental health services becoming more accessible to diverse people and communities, a greater need exists to directly address the structural factors that diminish millions of people's psychological health and well-being. Adopting cultural sensitivity in research and clinical work helps psychologists effectively understand and attend to the experiences of individuals from diverse cultures (Ratts et al., 2015). However, the limited training in this area for mental health practitioners and trainees is an ongoing concern in the field of psychology. Therefore, we developed an online survey with the purpose of gathering qualitative data for this survey to better understand the gaps in knowledge and supervision practices and identify training opportunities that are best suited to the needs of The Warren Alpert Medical School training faculty.

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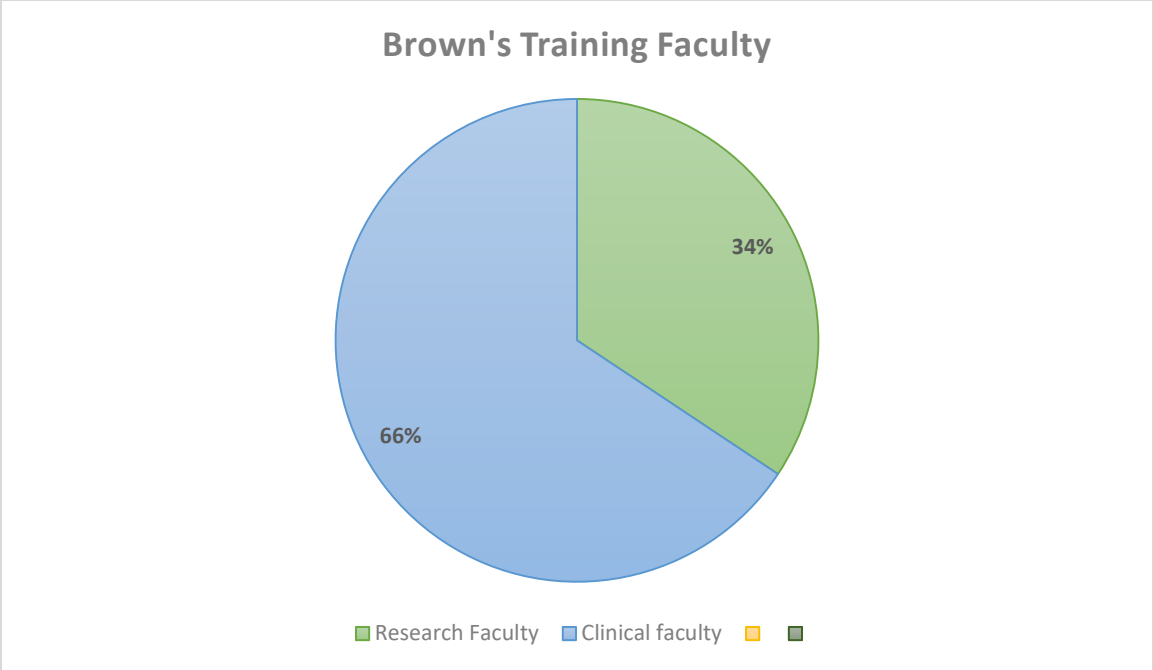
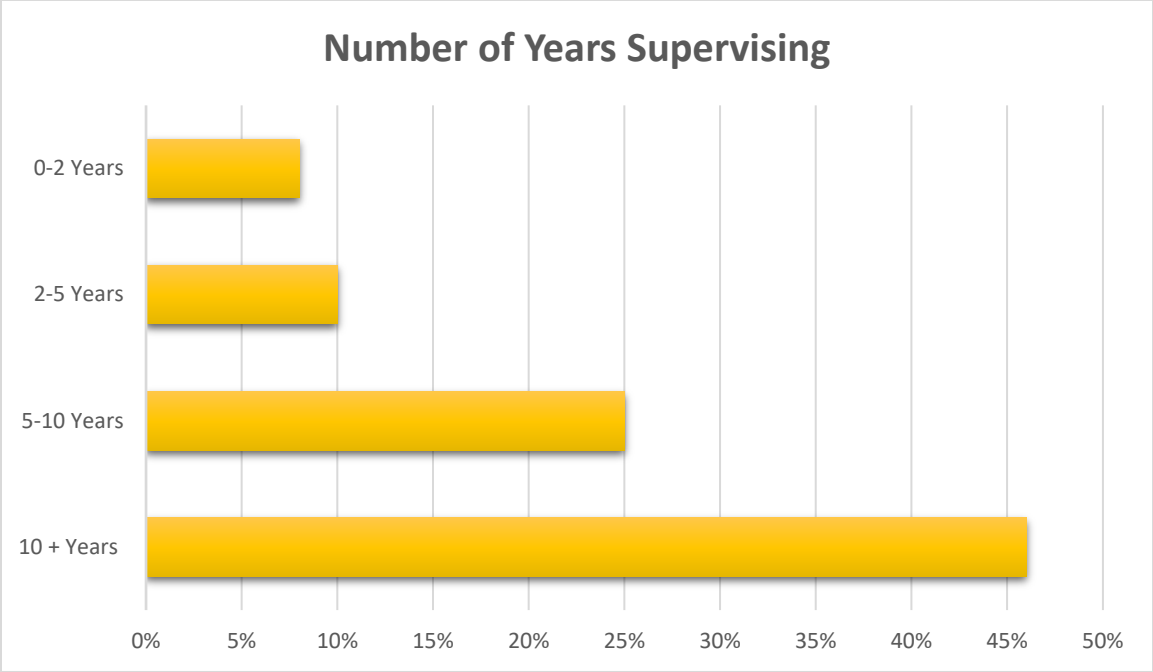
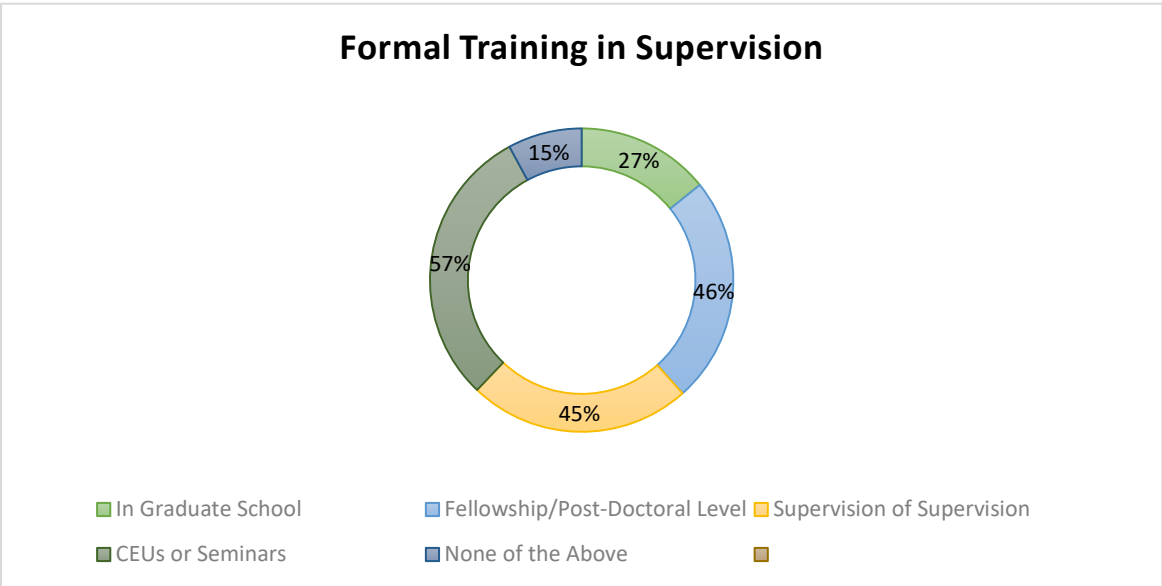
The survey was disseminated to Brown's research and clinical faculty via REDcap. A total of 152 respondents completed the survey. Of those, 65% (99) identified as clinical faculty and 34% (53) as research faculty.



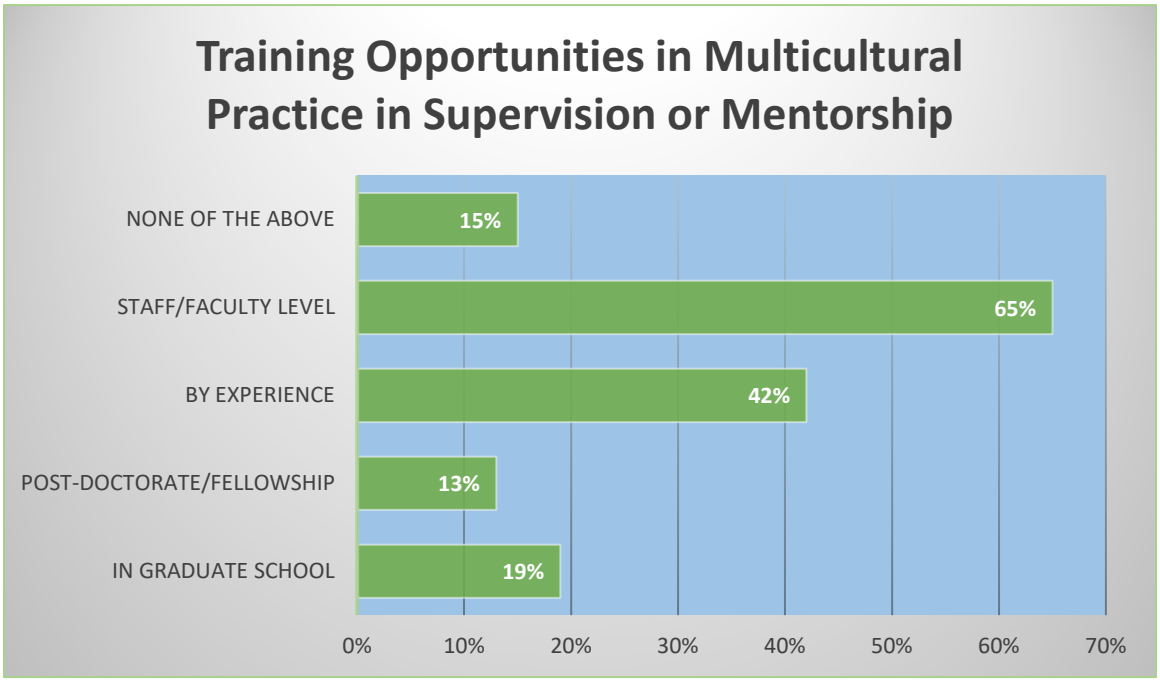
The faculty also reported that slightly under half of them (N= 70; 46%) have supervised or mentored trainees for ten years or more, followed by one-fourth of the supervisors (N= 38; 25%) having 5 to 10 years of experience. Only 18% (N= 28) of faculty noted having the least years supervising (0-2 years).



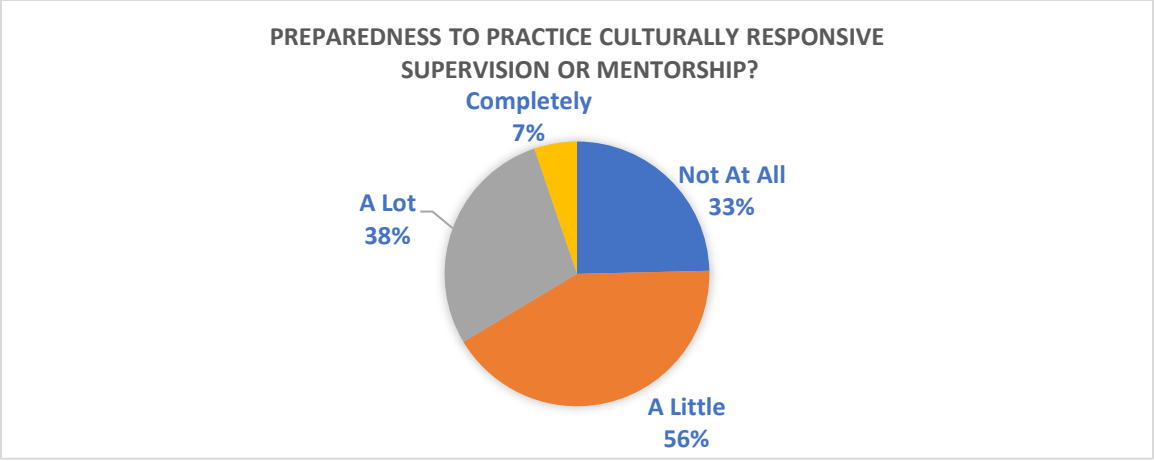
Results indicate that overall, most of the faculty (N=129; 84%) have received some sort of formal training on how to provide Supervision. In contrast, 15% of supervisors reported having no formal training in Supervision. In addition, approximately half of the faculty providing Supervision reported they have trained in Supervision through CEUs (N= 88; 57%), during their fellowship/Post-Doctorate training (N= 70; 46%), and Supervision of Supervision (N=69; 45%). The results also indicate that 72% (N=110) of the faculty did not receive training in Supervision in their graduate training years.



Regarding training opportunities in multicultural practices in supervision or mentorship, results revealed that 15% (N=23) of the faculty has no formal training in this area of supervision. Faculty reported minimal training in multicultural practice in supervision at the graduate and post-doctoral/fellowship training levels. At both levels of training, approximately less than 20% of the faculty received this type of training. Conversely, at the staff/faculty level, 65% (N=99) indicated formal training. Additionally, 42% of the faculty reported engaging in multicultural practice in supervision or mentorship by experience.



The findings of faculty feel prepared to practice culturally responsive supervision or mentorship suggest that 60% or less of the faculty feel little to no preparation to deliver responsive multicultural supervision. Specifically, 33% (N= 5) of the faculty reported feeling completely unprepared, and 56% (N=86) felt a little prepared. Conversely, 38% (N= 59) of the faculty feel prepared, and 7% (N=1) feel completely prepared.



DISCUSSION

The aim of this study was to explore and clarify the specific needs supervision needs within the Brown Department of Psychiatry and Human Behavior (DPHB). A qualitative approach was adopted using a survey that was distributed through REDcap to all DPHB faculty followed by a thematic analysis approach. The study has provided insights into the faculty's level and depth of training and exposure to culturally responsive supervision. It also identified a range of experiences within culturally relevant practices in supervision that included their approach, intervention as well as fears and concerns that hinders them from engaging in culturally responsive supervision. Although this was a relatively small-scale exploratory study, confidence in the generalizability of the headline findings is enhanced by the high level of consistency in the findings and notable consensus among participants.

In view of the remit of this study, aspects relating to supervision gaps that potentially affect training and patient care are noted in the account of findings. However, it should be noted that respondents accounts provided examples of culturally relevant supervision practices that are working well, for example many supervisors expressed high interest in engaging in discussions about culture in supervision, are making efforts to initiate dialogues about culture at the beginning of the supervision, are incorporating discussions about their own identity, and are creating space for trainee to engage in self-reflection of their identities.

Implications for patient care

The current culturally relevant supervision practices within the DPHB are characterized in the study as early in their training and unskilled. More depth and training are deemed necessary to provide competent multicultural supervision. The current practices are also inconsistent regarding competency and training within this area. For supervisors the extent of variation in how they practice multicultural supervision is problematic in terms of knowing how to integrate multicultural practice into supervision, what models of multicultural supervision to infuse in supervision, understanding how cultural differences influence how they intervene and evaluate a supervisee, and how supervisors are navigating cultural issues in supervision. Although a

degree of consistency across training is likely to improve the supervision practices, it is also desirable to have sufficient flexibility in diversity of training opportunities. There were widespread claims of years providing supervision and training received. Formal staff training and development, and access to ongoing supplemental support are identified as priorities.

Mental health services are increasingly under pressure to focus on the needs of diverse people and communities seeking mental health and directly address the structural factors that diminish millions of people's access to obtain support for psychological health and well-being. Failure to address cultural differences undermines the client's self-identity. Inadequate attention to diversity issues in supervision can inhibit trainees' cultural competence resulting in harm to our clients, increasing risks for over pathologizing, higher drop-out rates in treatment, slow progress, and internalized stigma. This arguably intensifies the need to ensure that trainees and supervisors are appropriately skilled to be able to assess, diagnose, and provide effective care to diverse people and communities. Our findings highlight the challenges of the DPHB faculty.

One of the difficulties for the staff is feeling prepared and comfortable engaging in cultural dialogues, continuing conversations about culture in supervision, and their decision-making process in regard to when and how to intervene and evaluate a supervisee while considering culture. These issues fuel fear, insecurity, vulnerability, and feelings of inadequacy in their level of expertise. Admittedly, navigating discussions on culture is complex and a struggle noted by the respondents. However, avoiding these discussions ultimately restricts the scope for ensuring that trainees are being exposed and infused with multicultural competence. Supervisors have an ethical obligation to set the foundation for a skillset that must be honed throughout the course of their career. And thus, when addressing them unskillfully this can lead to harmful supervision. It inhibits trainees' cultural competence, harms the supervision relationship, and quality of the supervision, resulting in problematic and harmful patient care. This issue demands workshops and training that infuse learning on cultural humility and humility competence to help tolerate discomfort, and trainings that normalize the idea that cultural conversations induce discomfort.

Another challenge for supervisors is being unaware of their cultural differences and its influence on supervision, leading to problematic issues of biased supervision. For other respondents who do attend to cultural issues, noted their conversation mostly focus on the trainee-patient dyad or patient cultural background and little attention to no attention is placed on the supervisory triad due to a lack of knowledge and comfort in doing so. Consideration could be given to supervision of supervision ensures supervisors are working through and exploring these issues as well as trainings on self-reflection of their backgrounds and how these influence training and patient care.

Recommendations for Training

The respondents identified a range of areas for attention in relation to training needs on multicultural supervision. The following recommendations for training are based on the study findings:

1. One of the factors the hinders supervisors from engaging in discussions about cultural issues in supervision are their fears and insecurity, feeling incompetent/unskilled navigating these issues. Training should address topics on cultural humility and humility competence to help normalize their fears and help recognize that this culturally sensitive practices is complex and a lifelong practice/exploration.
2. There is a need to provide initial and basic skills that can help supervisors engage and navigate cultural dialogues in supervision. Trainings should include skills that supervisors already use in their clinical practice (e.g., curiosity and self-reflection) that essential skills and demystifies the process.
   Clinical and supervision practices substantially focus on the identities of the patient and minimal attention, if any, is given to the supervisor cultural background, experiences, biases, beliefs, and practices. The evidence points out to two issues training in self-reflection on cultural background and knowing how infuse conversations about culture in the supervision. Therefore, there is a need for training that promote self-reflection to increase comfort and willingness to attend to their biases and worldviews which would help them navigate easier these discussions with their supervisees.
3. To ensure the quality and integrity of supervision practice, effective supervisors need a broad range of competencies in a variety of areas. A critical training component to provide effective multicultural supervision is receiving supervision of supervision, including observation of the process of clinical supervision via a colleague or more experienced supervisor.
4. A considerable number of respondents indicated having no model of supervision to guide their approach to multicultural supervision. Trainings specific to models of supervision and cross-cultural supervision that infuse culturally sensitive practices can have a potential positive impact on the skills supervisors need to infuse culture into supervision.
5. Supplemental training such as ongoing support and smaller groups to discuss cultural issues. An opportunity for this can result from individuals who have taken trainings in culturally sensitive practices in supervision and create smaller groups so supervisors can be available for peer supervision or peer support.