University of Auckland Research Repository, ResearchSpace

Version

This is the Accepted Manuscript version of the following article. This version is defined in the NISO recommended practice RP-8-2008 http://www.niso.org/publications/rp/

Harmful supervision: A commentary

Liz Beddoe, University of Auckland, New Zealand

My professional background is in social work. I am an associate professor of social work at the University of Auckland in New Zealand where I teach in social work programs at undergraduate and master's levels and I lead a continuing professional development program which prepares supervisors of helping professionals. My clinical background is in social work in women's health services in New Zealand's public health system. I have been an educator and researcher since 1995. I developed our supervision education program in the 1990s and while this was initially for social workers it became interprofessional in the early 2000s.

I have researched and written about supervision and continuing education for more than two decades. With my friend and colleague Allyson Davys I have published two books on supervision, designed to support students and practitioners to develop effective and enjoyable supervision practice (Davys & Beddoe, 2010; Beddoe & Davys, 2015).   I am mainly interested in how supervision practice is shaped by the political and organisational climate and in particular the influences of our Western obsession with risk and safety (Beddoe, 2010, 2011). In a time where supervision is so critical for practitioner effectiveness and wellbeing, it has possibly never been more at risk of capture by narrow managerial conceptualisations.

While each profession has its own unique corpus of knowledge and skills, supervision of health and human services professionals is grounded in theories and practices common to all. It is frequently asserted that people should have same-profession supervision early in their careers but this varies according to licensing and other regulation in different jurisdictions. In the US for example Bernard and Goodyear (2009, p.11) write "most state laws that govern the licensure of mental health professions stipulate that the licensure applicant have a certain portion of his or her supervised clinical hours from supervisors of a like profession". There is perhaps tacit agreement that students and interns require supervision within their professional

code in order to inculcate ethical standards and safe clinical skills. Interprofessional supervision in training and for licensed practitioners is not without contestation but is an increasingly common practice (Davys & Beddoe, 2015; Beddoe & Howard, 2012). Many aspects of supervision are mandated and prescribed in the policies of professional bodies. Supervision practices do differ at state, regional and national level and so it is important to clarify my own grounding in supervision which has been in social work.

I have recently described supervision in social work in New Zealand (Beddoe, 2016) where I have explained that our social work regulatory bodies require career long supervision. Thus a model of supervision of social work and other human services professionals which will be provided throughout their career course is central to our teaching. Accessing supervision beyond clinical education has been more strongly mandated among many health professionals in New Zealand since 2003. Clinical supervision of students and interns is conceptualised as incorporating supervision skills and direct teaching. Thus, in the supervision education program in which I teach, supervision is part of practice teaching and learning, with a specialised approach (see Davys & Beddoe, 2009) taught in a distinct module, separate from the core teaching of supervision skills.

Harmful supervision

To provide background to this exploration of harmful supervision it is useful to start by briefly exploring definitional aspects and to delineate what harmful supervision might encompass. Harmful supervision has been defined by Ellis et al., (2014, p. 440) as:

> as supervisory practices that result in psychological, emotional, and/or physical harm or trauma to the supervisee . . . The two essential components of harmful supervision are: (a) that the supervisee was genuinely harmed in some way by the supervisor's behaviors, or (b) the supervisor's behavior is known to cause harm, even though the supervisee may not identify the behaviors as harmful.

Harmful supervision is also, by definition, inadequate supervision (Ellis, Creaner, Hutman, & Timulak, 2015). In approaching this current article it was useful to review what is considered adequate supervision. Ellis et al. (2014, p 439) list the following as criteria for "minimally adequate supervision":

The supervisor

2

- Has the proper credentials as defined by the supervisor's discipline or profession

- Has the appropriate knowledge of and skills for clinical supervision and an awareness of his or her limitations;

- Obtains a consent for supervision or uses a supervision contract;

- Provides a minimum of one hour of face-to-face individual supervision per week;

- Observes, reviews, or monitors supervisee's therapy/counseling sessions (or parts thereof);

- Provides evaluative feedback to the supervisee that is fair, respectful, honest, ongoing, and formal;

- Promotes and is invested in the supervisee's welfare, professional growth and development;

- Is attentive to multicultural and diversity issues in supervision and in therapy/ counseling;

- Maintains supervisee confidentiality (as appropriate); and

- Is aware of and attentive to the power differential (and boundaries) between the supervisee and supervisor and its effects

It has been my experience that many seasoned practitioners in social work and counseling have experienced both good and poor supervision across their careers confirming much of what is found in the literature.In a mixed methods study Ladany, Mori, and Mehr (2013), for example, explored experiences of best and worst supervisors. A clear finding was that *good* supervisors work towards establishing a strong supervisory alliance and mutually agreed goals. Basic counselling skills such as listening, reflection and empathy were crucial in building the relationship for Ladany et al.'s participants. The absence of these skills or their withholding creates poor experiences for interns, and indeed for practitioners within their subsequent career.

Supervision of course also has a significant accountability dimension and must create the forum for challenge and critical feedback. Ellis et al. (2014) notably ask that we distinguish instances where supervisees have struggled with painful issues and challenging feedback in supervision from those situations where "the supervisee's best interests were not primary"(p.440). What is obvious in eventhe most cursory reading of the literature is that critical or challenging feedback is best delivered in a positive supervisory climate. The best

interests of supervisees are served by supervision in which boundaries are maintained, the relationship is respectful and the focus is primarily on professional development.   Harmful supervision may include sexual, physical, emotional abuse and microaggressions, along with supervisory incompetence and neglect.

Approaching this commentary

I was intrigued by the invitation to participate in this project. As a supervision educator I always ask new supervisors in training to reflect on their own supervision experiences—good and bad—as a precursor to exploring the dimensions of the supervisor they aspire to be. There are several common starting points for new supervisors who have experienced poor supervision: they had judgemental, controlling or disengaged supervisors and categorised this supervision as detrimental to their development. The alternative scenario for 'bad' supervision was experience of a weak supervisory style— the apparently benign supervisor, who was too friendly and carried out chatty sessions in which nothing was learned. Those who characterised their supervision as excellent speak of supervisors who were warm and engaged but willing to challenge. Support and affirmation were held in balance with critique and challenge to develop personally and professionally. Sadly few of our program participants report mostly positive experiences.

It was some trepidation that I approached the reading of the eleven narratives. I was aware that there were various frames I could use in my reading. The first is the work of Ellis and colleagues (Ellis et al., 2014; Ellis et al., 2015). The second frame is one that influenced my early teaching in supervision: the developmental model of Loganbill, Hardy, and Delworth (1982) whose set of supervisory characteristics had resonated with me. Loganbill et al. had enumerated these as: genuineness; potency, optimism, courage, sense of time as a gift; sense of humour; capacity for intimacy; openness to fantasy and imagery; respect and consideration (Loganbill, Hardy, & Delworth, 1982, pp.28-9). These qualities stand in contrast to the cold, critical disrespectful supervisors portrayed in the narratives.

While these and many more frameworks were undoubtedly going to influence my reading of the narratives I decided to attempt to read with a qualitative researcher's eye. That is, to allow the narratives to speak to me and the themes to emerge in vivo. So my method has been to

4

code each narrative for core codes, allowing themes to distil over the readings. Having carried out this coding process I have returned to some literature with which I am very familiar to assist me to make sense of the thematic material. I can't claim of course to have read the narratives with a mind empty of theoretical concepts or knowledge gained from relevant research. But I have tried to let each author's story in turn voice the meanings of their experience.

THEMES

In the eleven narratives of supervision there are numerous reported breaches of most of the minimal criteria outlined above. What is striking about so many of the experiences reported in the narratives is that the minimal factors for supervisor adequacy (Ellis et al., 2014) and essential skills identified by Ladany et al. (2013) were absent. Rather an almost adversarial climate was established in which feedback was highly critical and shaming. Personalised comments delivered the messages that the supervisee was inadequate, not amendable to growth and defensive if they queried the content. It is unsurprising then that shame and anxiety became the prevailing emotions.

 Many of the narratives report the types of harmful supervision Ellis et al. (2014) describe as public humiliation, being subject to criticism or derision. Of considerable concern is the common thread in these narratives about the power of the supervisors' evaluative reports and / or letters of recommendation. What struck me as I was reading the narratives was the repeated incidences of disregard for the power differential between supervisors and supervisees and the intensification of this power difference that stemmed from the looming formal evaluations that most narrative authors saw limiting their confidence in addressing supervision problems early on in the relationship.

The main themes which have been distilled from my reading of the narratives are: race and gender, power, personal critique and the consequences of harmful supervision.

Race and Gender

The exploration of culture and difference in supervision has become increasing highlighted in the literature. Understanding who we are, the impact of our identities whether ethnic, religious, gender(s) or sexuality(ies) on our worldview is an import part of our professional development and supervision can be a site for growth or distress. Hawkins and Shohet

5

capture the focus on difference well in this statement: "culture is not just something within us, which we have; but rather resides in the milieu in which we live .... It exists in the space between us" (Hawkins & Shohet 2012, p.113). For minorities the space can offer safety and recognition or it can be a hostile environment.

Cross-cultural supervision is acknowledged in the literature as a possible site of inadequate and harmful supervision. Wong, Wong and Ishiyama (2013) explored helpful and unhelpful factors in cross-cultural supervision in a critical incident study. The most frequently reported negative themes in the study were grouped into five areas: (a) personal difficulties as a visible minority, (b) negative personal attributes of the supervisor, (c) lack of a safe and trusting relationship, (d) lack of multicultural supervision competencies, and (e) lack of supervision competencies. These themes are discernible in the eleven narratives, complicated by gender considerations.

Race and gender were significant factors in several of the narratives, although gender and ethnicity were not always clearly stated. The author of Narrative 10 shares an interesting experience. Matched with a male supervisor, this woman shared similar age, culture, first language, and both were immigrants with a shared first language. She notes that supervision was dominated by Socratic questioning and constant challenge. In spite of evidence of success the supervisor would attempt to undermine the supervisee's sense of self-efficacy and competence. His aim seemed to be to burst the bubble of her sense of achievement. At the point of their working relationship she had all but completed her doctorate and done well. She found out later he was struggling. Her interpretation is that she, a scholarship winner who was attending a going a prestigious school, was seen by him as competition.

My initial reaction to the narrative is that it really challenges the idea of 'matching' in supervision. The assumption operating was that he would be good for her, given their shared first language and shared experience of being migrants. In fact this may have intensified the dynamics. Goodyear et al. (2016) noted the frequency with which negative events in cross-racial supervision were found to occur (citing Burkard et al., 2006) and reported that research investigating whether supervisees in racially matched supervisory dyads reported more positive outcomes. Overall, they note research on this topic has yielded inconclusive results, with some studies finding that racial matching is beneficial and others failing to find significant differences (citing Gatmon et al., 2001).

6

Direct racism was voiced to one psychology intern in a Corrections setting (Narrative 1). S/he identified as multiracial. In a conversation about cultural heritage supervisor with other colleagues present (all Caucasian) she was referred to by her supervisor as "a mutt". This supervisor was unwilling to meet the contracted hours and was frequently distracted in supervision—working on her computer, appearing disinterested, and often shortening sessions. Attempts to address this were turned back and the supervisee was told to be flexible. And despite clear incidences of racism and crystal clear discrimination and differential treatment this supervisee writes: "I felt ashamed and embarrassed for not recognising the 'signs' of abuse/harm that I was subjected to". (Narrative 1)

I notice too that microaggressions (Constantine & Sue, 2007), occurred in differential treatment supervisees in team situations, several participants reported feeling humiliated in front of other interns. And in Narrative 3 this encounter between a male supervisor and a female supervisee was experienced as a microaggression: "I felt Supervisor X believed that I had been sexually assaulted when I had not. I was powerless to change his opinion, and thought if I try to convince him again, he will think I am overcompensating. He will think I am lying because I feel threatened".

Goodyear et al. (2016,p. 123) describe microaggressions as the "subtle verbal, behavior, or environmental indignities that denigrate, insult, or undermine the recipient and not only constitute a pervasive threat to interpersonal relationships but also can result in both physical and mental distress for the recipient". Of course experience of microaggressions can encompass many forms of identity: genders, sexualities, faiths and spiritualty, parental status, (dis)abilities, political beliefs and so forth. Some literature has explored gender in supervision from a feminist perspective (see for example: Bertsch et al. 2014). In Narrative 5 favoritism of a male intern over women was experienced by the author from the beginning of group supervision: "this favoritism was displayed in a variety of ways, the most obvious being that he was the first and most frequent trainee to be assigned clients. Supervisor X would also often ask him to present cases during group supervision above and beyond what she asked of my female colleague and me. She seemed to be setting up my male colleague as an example that the other two of us should aspire to even though we were all in the same level of training".

7

A particular example of gender discrimination is described in Narrative 8. The author experienced discrimination after she gave birth eight weeks early, with the inevitable disruption to her work that ensured. Two weeks after her son was born, and while he was still in the neonatal intensive care unit, she returned to work for fear of retaliation from Supervisor X, whom she seen "indirectly retaliate against other new mothers in the center". When she returned from maternity leave, she found supervision increasingly "harmful and toxic. He demoted her and told her that her 'personal obligations' were keeping her from being a good clinician. This is gendered discrimination and I would expect that it was illegal.

Narrative 6's supervisor made a sexually demeaning analogy to her about her performance at the hospital. She witnessed many public derogatory remarks made towards women. She found his crude analogy extremely hurtful.

These micro aggressive behaviors often exacerbated the fragile relationships where power relations were already challenging and made the working relationships toxic.

Power

Unequal power and the dynamics that flow from it are woven throughout these narratives. Supervisors demonstrated how positional or legitimate role-derived power can be misused in the special relationship that is at the heart of supervision. As Hernández and McDowell, 2010, p. 32) so eloquently express it:

> Power is embedded in the supervision relationship. In addition to the evaluative dimension of supervision, the social and cultural capital that supervisors and supervisees bring to the relationship by virtue of their privileged social locations matters in many ways.

While the reverse is not impossible, the balance of power is skewed toward the supervisor where they have evaluative tasks. In a discussion of power in supervision in social work, Hair, 2014, p.106) summarised the 'classical' literature in social work supervision which supported a hierarchical relationship between supervisor as expert and supervisee as apprentice or novice. This supports an "enduring concept of expert power woven together with positional power, elevating supervisors' knowledge and skill over those of social workers, and encouraging directive, instructional supervision practices". Hair also notes that a persistent influence of psychodynamic thinking in contemporary social work supervision

(Karvinen-Niinikoski, 2004). "Integral to this perspective is the concept of parallel process, which denotes that unconscious transference and countertransference dynamics permeate the supervisor–social worker relationship" (p. 108). In Narrative 11 the older but not very experienced supervisor in a counselor education program claimed a motherly role. This was unwelcome: "I did not need her to be my mother". This unwanted parental assumption felt intrusive and more so when there was scant respect shown for the supervisee's personal boundaries and ideas:

My mother was someone I would have gone to for comfort. It seemed to me that my supervisor was referencing the motherly role as someone who needed to tell me what was best for me or take over because I was not doing what I needed to. I did not need her to be my mother, from either my understanding of *mother* or hers. I needed her to be my supervisor. (Narrative 11)

The supervisee describes extensive critical feedback with very little room for her to express her own ideas. Furthermore her obvious discomfort with pressure to disclose personal information seemed to be viewed as a negative attribute and evidence for her perception of the supervisee's ineffectiveness. The abuse of power and lack of respect for the supervisee's boundaries was eventually enacted, when personal information was disclosed outside supervision.

Personal critique

What may initially have been inadequate supervision for example irregular or unfocussed sessions (see Narratives 1 and 8 for example) or the observation of supervisor inattentiveness (see Narrative 1) or problematic theoretical orientation (Narratives 3, 7, 9 became over time harmful. Where supervisee has attempted to address the initial problems in x cases their attempts seems to make matters worse. A vivid example is provided in Narrative 3. The author, a psychology intern writes of theoretical differences, the supervisee has been trained in CBT and supervisor more psychodynamic, she feels her supervisor was disparaging of her CBT training.This critique was pervasive and undermined her confidence.

Many of the narratives seem to suggest that supervisors pathologise the evaluation process and to focus on interns' personality rather than their behaviours. It was notable how many supervisees failed to receive helpful feedback even when they asked for it directly. The

9

supervisor of the author of Narrative 1 refused to explain edits in her reports; rather she accused the supervisee of being defensive. The author of Narrative 5 also experienced personal criticism. Comments were made about her being introverted. Again the narrative author felt that her personality was 'wrong' rather than her behaviour. The author of Narrative 4 had a "continuous feeling of being invalidated and rejected", leading to shame and self-doubt which was deeply distressing. The author of Narrative 5 experienced severe personal criticism at an evaluation meeting where the supervisor commented on her personality. She experienced "shame and hopelessness about my future in the profession" and "I knew I could not really change my basic personality".

Consequences of the harmful supervision

Multiple physical symptoms are reported in the narratives, including sleep disturbance, gastrointestinal problems and recurrent illness. Emotional symptoms include tearfulness, shaking, feelings of guilt and shame, with supervisees struggling to regain composure before seeing clients after supervision sessions. The internships became tests of endurance: "I felt emotionally exhausted and simply wanted to survive and move on". Stress was taken home with supervisees needing support from partners, family and friends. Co-workers and fellow students often witnessed these humiliations, which disturbingly may lead to normalisation of such behaviors. After critical feedback one author writes: It felt like a massive rejection. And it hurt. Like I had been stabbed with a knife of pain and shame" (Narrative 3).

In their discussion of harmful supervision Ellis et al. (2014) describe these various impacts as evidence of trauma and in all these present cases have persisted for some time. Bang and Goodyear (2014) describe three types of reaction to negative supervision experiences: cognitive blocking and confusion, negative emotions and becoming behaviorally less involved in supervision (p.363). All of these features are visible in the narrative accounts.

The narratives describe years or even decades of work needed to rebuild confidence. Narrative 10's author, for example, writes vividly about the emotions generated in re-visiting the experience of harmful supervision to construct her narrative: "I am strutting in my shiny armour .The narcissistic injury is revealed". The author acknowledges having to revisit the challenges to self-worth and that although about 30 years have passed there is real, huge emotion. Writing the narrative has been significant emotional work. Several authors reported

seeking their own therapy or additional supervision to address issues. Impacts are on self-confidence, physical and mental health, deterioration of relationships in personal and professional life. For so many the experience of negative feedback, especially in formal evaluation meetings was highly distressing and there seemed to be no support routinely offered, even from the graduate school. Support, when available, came from other interns, partners and close friends outside the professional environment.

My impression is that there is far too much power held by these internship supervisors without adequate checks and balances. They have so much power to have deleterious impact on people's early careers.

> "I felt anxious at work and depressed when I returned home. I felt powerless, angry, victimized, and helpless. Because I was unlicensed and was depending on him to support me in the licensure process, I felt silenced and stuck. I lived in fear that he would somehow stop me from getting my license" (Narrative 8).

What stood out for me was the apparent reluctance of other professionals in these sites to intervene when observing criticism or inappropriate comments. These rogue supervisors seem to exercise a toxic level of influence over these workplaces. In the case of the author of Narrative 8, the supervisor had a bad reputation for racial and gender discrimination, known to senior members of the professional community and yet he was allowed to continue supervising vulnerable interns.

Undoubtedly in some cases there were valid concerns and some of the narrative authors have fully acknowledged their own faults or weaknesses, in fact many are still at pains to take responsibility for their own inadequacies even where they were quite clearly mistreated.However the method of delivering feedback that is negative seems to show a real disregard for the mana of the interns and falls so far short of the best practices supported by the literature.

DISCUSSION

The minimal requirements of adequate supervision are listed above, and yet as shown in the vignettes gleaned from some of the narratives, these minimum requirements were frequently not achieved and indeed harmful professional behaviour and interpersonal microaggressions

11

caused distress and damage to supervisees' feelings of self-worth. The training systems failed them. This hierarchical system is not fit for purpose if these situations are still occurring. A crucial factor seems to be that in some cases people start supervising others before fully licensed. In New Zealand in my profession of social work we require people to practice for two years after training completed and to be registered prior to supervising students on clinical placement. In reflecting on the themes in the narratives I wonder how much of the behavior might result from people supervising too soon in their careers. I have been reminded of my own PhD supervisor advising me to be wary of examiners who have not long completed their own doctorate as they can be hypercritical and look at all dissertations in relation to their own. It seems that lack of supervision training and perhaps the lack of meaningful contracts, alongside the lack of adequate protection for interns is really putting people at risk.

More than thirty years ago Loganbill, Hardy and Delworth (1982) noted that the supervisory relationship must be seen from two perspectives. Firstly it serves as a vehicle for the transmission of information and knowledge, and secondly the experience of the relationship itself as a learning opportunity. This requires an open, trusting relationship. It is our duty as supervisors to model such relationships, even where conflicts and personality clashes occur.

Loganbill et al. (1982, p. 29) wrote that conflict offered "richness and the basic material for the learning experience'. Furthermore they argue that "no significant human relationship progresses without conflict, without stress, without regression or stalemates". When reflecting on the vignettes in this edition it is apparent that some supervisors strayed too far from the essential condition of trust, in which conflict can be experienced without loss of self-esteem or safely. While at times the intention may have been to provoke self- awareness and to challenge supervisee blindspots, the supervisors seemed themselves at times blind to the distress and anxiety in their supervisees, and indeed sometimes blundered off course into what can only be described as bullying.

And yet, as Loganbill et al. observed that "conflicts within the [supervision] relationship, rather than being seen as barriers, can themselves serve as a focus for promoting growth in the supervisee" (1982, p.129) . And learning occurred, as one of the authors of our narratives wrote:

12

Although there is some pain as I look back, I now realise that my struggle was a gift in disguise. If I had never gone through that I would have never been challenged to grow, enhance my coping mechanism, and develop a new mindset. These new skills were forged through fire, but I am grateful for being able to turn something terrible into something transformational. (Narrative 2)

There is perhaps some comfort for readers in the above statement, and we may interpret it as an example of professional resilience, but for me this must be balanced by re-reading this passage in the narrative:

These situations revolved around an aspect of my identity. In one instance a person who was in a position of a lot of authority verbally attacked me about this particular *aspect of my identity*. This person basically told me it was *not okay for me to be this way* and were very judgmental. What was even more interesting is that this individual stated they felt justified in "calling me out" because I needed to change and become more like everyone else. This was a shocking and very unexpected experience and it left me in tears, unable to speak. I retreated to my office and cried for an hour (Narrative 2) [emphasis added].

This is an unacceptable route to learning professional resilience. Our professions in the 21st century must stand for justice, tolerance and respect. The systematic stripping down of confidence, so often gendered, always carried out in an unequal power relationship, can never be acceptable, or dressed up as challenging learning. Most often we know when we are being challenged from a place of respect; it feels different, uncomfortable maybe but not painful, humiliating and contemptuous.

CONCLUSION

It is clear that these accounts suggest inadequacy of training and monitoring of supervision. It suggests that graduate schools must take more responsibility for oversight of intern experiences. At very least interns should have the right to a supervision contact setting out minimum expectations for supervision frequency and duration, focus, mechanisms for feedback, boundaries and confidentiality and so forth. A review of supervision at a midway point may enable mutual feedback. Mediation of the most potentially damaging disputes is

13

needed with natural justice principles to apply: Independent adjudication, transparency and support for parties.

The authors of the narratives are to be thanked and commended for sharing their painful experiences in the hope that we can all contribute to improving supervision practice.

REFERENCES

Beddoe, L. (2010). Surveillance or reflection: Professional supervision in 'the risk society'. *British Journal of Social Work, 40*(4), 1279-1296. doi: 10.1093/bjsw/bcq018

Beddoe, L. (2011). External supervision in social work: Power, space, risk, and the search for safety. *Australian Social Work, 65*(2), 197-213. doi:10.1080/0312407x.2011.591187

Beddoe, L. (2016). Supervision in social work in Aotearoa New Zealand: Challenges in changing contexts. *The Clinical Supervisor, 35*(2), 156-174. doi:10.1080/07325223.2016.1217497

Beddoe, L., & Howard, F. (2012). Interprofessional supervision in social work and psychology: Mandates and (inter) professional relationships. *The Clinical Supervisor*, *31*(2), 178-202. doi:10.1080/07325223.2013.730471

Beddoe, L., & Davys, A. (2016). *Challenges in professional supervision: Current themes and models for practice*. London UK: Jessica Kingsley.

Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (4th ed. ed.). Upper Saddle River, NJ: Merrill/Pearson

Bertsch, K., Bremer-Landau, J., Inman, A., DeBoer Kreider, E., Price, T., & DeCarlo, A. (2014). Evaluation of the critical events in supervision model using gender related events. *Training & Education in Professional Psychology, 8*(3), 174-181.

Constantine, M. G., & Sue, D. W. (2007). Perceptions of racial microaggressions among Black supervisees in cross- racial dyads. *Journal of Counseling Psychology*, *54*(2), 142-153. doi:10.1037/0022-0167.54.2.142

Davys, A., & Beddoe, L. (2010). *Best practice in professional supervision: A guide for the helping professions*. London UK: Jessica Kingsley.

Davys, A., & Beddoe, L. (2009). The reflective learning model: Supervision of social work students. *Social Work Education*, *28*(8), 919-935. doi: 10.1080/02615470902748662

Davys, A., & Beddoe, L. (2015). Interprofessional supervision: Opportunities and challenges. In L. Bostock (Ed*.), Interprofessional Staff Supervision in Adult Health and Social Care Services* (Vol. 1, pp. 37-41). Brighton, UK: Pavilion Publishing

14

Ellis, M. V., Berger, L., Hanus, A. E., Ayala, E. E., Swords, B. A., & Siembor, M. (2014). Inadequate and harmful clinical supervision: Testing a revised framework and assessing occurrence. *The Counseling Psychologist, 42*(4), 434-472. doi:10.1177/0011000013508656

Ellis, M. V., Creaner, M., Hutman, H., & Timulak, L. (2015). A comparative study of clinical supervision in the Republic of Ireland and the United States. *Journal of Counseling Psychology, 62*(4), 621-631. doi:10.1037/cou0000110

Goodyear, R. K., Borders, L. D., Chang, C. Y., Guiffrida, D. A., Hutman, H., Kemer, G.,White, E. (2016). Prioritizing questions and methods for an international and interdisciplinary supervision research agenda: Suggestions by eight scholars. *The Clinical Supervisor, 35*(1), 117-154. doi:10.1080/07325223.2016.1153991

Hair, H. J. (2014). Power relations in supervision: Preferred practices according to social workers. *Families in Society: The Journal of Contemporary Social Services, 95*(2), 107-114.

Hernández, P., & McDowell, T. (2010). Intersectionality, power, and relational safety in context: Key concepts in clinical supervision. *Training and Education in Professional Psychology*, *4*(1), 29-35. doi: 10.1037/a0017064

Karvinen-Niinikoski, S. (2004). Social work supervision: Contributing to innovative knowledge production and open expertise. In N. Gould & M. Baldwin (Eds.), *Social work, critical reflection and the learning organisation* (pp. 23-40). Aldershot: Ashgate.

Ladany, N., Mori, Y., & Mehr, K. E. (2013). Effective and ineffective supervision. The *Counseling Psychologist*, *41*(1), 28-47.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist*, 10(1), 3-42.

Wong, L. C. J., Wong, P. T. P., & Ishiyama, F. I. (2013). What helps and what hinders in cross-cultural clinical supervision: A critical incident study. The Counseling Psychologist, *41*(1), 66-85. 10.1177/0011000012442652