


Literature Review on Regulatory Frameworks for Addressing Discrimination in Clinical Supervision

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Abstract

Purpose: The purpose of this study is to explore existing frameworks and practices for addressing discrimination in supervision as well as patterns of discriminatory treatment in supervision identified in social work and related fields. **Methods:** The project employed a rapid review guided by the methods of Search, Appraisal, Synthesize, and Analysis (SALSA) and Preferred Reporting Items for Systematic Reviews and Meta Analysis (PRISMA). **Results:** The authors found evidence that discrimination in supervision is a documented problem that occurs in related fields. It revealed a range of social identities that have been the target of discrimination. It also found opportunities for social work to build on existing regulatory frameworks to address critical gaps. **Conclusion:** It is critical that social work take steps to fill the gap in social work professional standards and regulations and ensure that social workers from disadvantaged backgrounds have equal opportunity and access to training and licensure.

Keywords

supervision, licensure, discrimination, regulatory practices, implicit bias

Workforce discrimination is commonplace. In 2014 alone, the Equal Employment Opportunity Commission (2015) resolved 30,429 race-based discrimination charges and recovered nearly \$75 million for individuals who lost wages from race-based discrimination. Clinical social work supervisees are in a particularly vulnerable position to experience workforce discrimination because licensure approval hinges on the recommendation of their supervisor (Virginia Department of Health Professions, 2020).

The preliminary review of the social work literature revealed vague language in regulatory practices for addressing discrimination in clinical supervision. This gap is an opportunity to build on the professional and ethical commitment to social justice in social work. Particularly in the environment of the Black Lives Matter movement, the social work profession must take measures to protect Black, or more broadly, historically disadvantaged social work colleagues from experiencing social injustice in the workforce. Until the profession can identify and develop regulatory practices that prevent discrimination in the licensure process, there will continue to be inequalities in the social work workforce, such as the disparity in the number of African American and minority licensed clinical social workers (Virginia Department of Health Professions, 2020). This disparity is an important social justice issue relevant to social work.

The National Association of Social Workers (NASW) codifies the professional and ethical commitment to social justice in the Code of Ethics: “Social workers challenge injustice” (National Association of Social Workers, 2021, p. 1). The Code further delineates ethical standards to support this

principle. It is made manifest in the values of social welfare and social and political action. In the Code, the language of social justice and oppression are limited to ethical responsibilities to the broader society. Social justice is not mentioned in the discussion regarding the ethical commitment to social work colleagues. The Code condemns unethical conduct and instructs social workers to treat their colleagues with respect and to take action against colleagues who act unethically. However, it does not offer explicit guidance regarding responding when social work agencies or professionals are oppressive toward their own. This oversight is an opportunity to build on our professional and ethical commitment to social justice.

The oversight in regulatory frameworks for addressing discrimination in the clinical supervisory process is also evident in the Association of Social Work Boards’ (ASWB) literature. In its Model Social Work Practice Act, ASWB (2018) provides guidance for professional conduct in the field that both supports and expands on the ethical standards addressed in the NASW Code of Ethics. ASWB (2018) provides a statement about nondiscrimination in its practice regulations: “A social worker shall not discriminate against a client, students, or supervisee based on age, gender, sexual orientation, race,

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color, national origin, religion, diagnosis, disability, political affiliation, or social or economic status” (p. 52). It states that social workers should refer out or seek supervision or consultation when there is a concern about potential discrimination against a client, student, or supervisee. This document fails to define discrimination, and the absence of a clear and explicit definition leaves the nondiscrimination regulation open for interpretation.

ASWB’s *An Analysis of Supervision for Social Work Licensure* (2019) identified the competencies and technical knowledge, skills, and abilities (KSAs) required of clinical supervisees. They acknowledge the salience of discrimination as a learning outcome for supervisees. The document falls short of identifying the KSAs needed for supervisors to be aware of their own biases and discriminatory treatment. Similarly, in NASW’s *Best Practices in Social Work Supervision* (2013), there is an opportunity to build explicit regulatory language and protocols for addressing discrimination by clinical supervisors. Given the profession’s ethical commitment to social justice and social work colleagues, clear regulations and guidelines are needed to protect social workers from discrimination in the licensure process and to provide recourse for social injustice.

In the preliminary review of the social work regulatory literature, regulatory agencies reported that they had not received complaints regarding supervisory discrimination (E. Carter, Personal Communication, February 17, 2021). The Maryland Board of Social Work Examiners stated that it “does not compile a report related to complaints about supervision” (S. Weinstein, Personal Communication, February 18, 2021). The lack of reports makes it difficult to identify the patterns of discrimination that social work supervisees experience and calls into question why discrimination goes unreported. It is possible that the lack of prior complaints is related to supervisees being unaware of their options for recourse.

There must be standards and regulations to address discrimination in the licensure supervision process and to support historically marginalized supervisees. Pursuant to this goal, this article provides insight into how related fields have addressed the issue of racism and oppression in the licensure supervision process. It will be an important step in helping to fill the gap in social work professional standards and regulations and ensure that social workers of color have equal opportunity and access to training and licensure.

Definitions

Clinical Supervision

Clinical supervision is defined as:

A professional relationship between a supervisor and supervisee in which the supervisor directs, monitors and evaluates the supervisee’s social work practice while promoting development of the supervisee’s knowledge, skills and abilities to provide clinical

social work services in an ethical and competent manner. (Virginia Department of Health Professions, 2020, p. 2)

It is a formal arrangement for a post-master’s degree experience (Virginia Department of Health Professions, 2020). The supervisee may not be an employee of the supervising agency (Virginia Department of Health Professions, 2020). Clinical supervision is a statutory requirement for preparing for independent practice as a clinician. It should be noted that medicine uses the terms residency and trainees.

Discrimination

The U.S. Equal Employment Opportunity Commission (2015) defines discrimination as treating a person differently or less favorably for some reason. It can be perpetrated based on the target’s race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, disability, age (age 40 or older), or genetic information. It may entail unfair treatment, harassment, denial of a reasonable workplace change, improper questions about or disclosure of personal information, or retaliation for a complaint.

Method

Study Questions

This study explored the following questions: (1) What protocols or frameworks have been previously established in the fields of social work, psychology, psychiatry, counseling, and medicine to address discrimination in the clinical licensure process or other comparable postgraduate field training? (2) What types of discriminatory practices in the clinical licensure process are identified in the presented literature?

Research Design

The project employed a rapid review. A rapid review seeks to identify information about a topic of interest by using systematic review methods to search and critically appraise existing research (Grant & Booth, 2009). To ensure methodological accuracy, this review was guided by the methods of Search, Appraisal, Synthesize, and Analysis (SALSA) offered by Grant and Booth (2009) and Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA; Zuchowski et al., 2019). This process leads to a comprehensive compilation of relevant literature from which we can draw conclusions regarding practices for regulating licensure supervision. This framework helps to ensure objectivity in the selection process and decreases risk of bias (Grant & Booth, 2009; Zuchowski et al., 2019).

Search Strategy

The search strategy was developed in consultation with the university library services of the research team. Databases

deemed most relevant to the topic of inquiry were selected. Mining and other exploratory techniques were not employed to keep the project within a limited timeframe (Grant & Booth, 2009). To locate the body of literature, a systematic search was performed utilizing PubMed Central and the following EBSCO Research databases: Academic Search Complete, APA PsycArticles, APA PsycInfo, Education Research Complete, Social Work Abstracts, SocINDEX w/Full Text, and Women's Studies International. Keywords utilized were: Residence, residency, residency program, "social work students," "social workers," "social work practice," licensure, certification, accreditation, credentialing, "professional licensure," "professional licensure examination," supervisory, supervising, supervisors, "racist supervisors," "supervision of social workers," regulation, law, policy, legislation, bias, prejudice, discrimination, racism, minorities, ethnic groups, race, racial, and people of color. In the database Social Work Abstracts, the classification codes 1310 and 1315 were used to represent the social work classifications of "education supervision and training" and "ethics and legal issues," respectively. The search was limited to publications in the English language. This search concluded with 104 articles from January 1982 through December 2021.

We included articles with historical reviews and critiques of the licensure process and regulations, licensure guidance documents, legal research and case studies, public law, and agency records related to licensure and supervision. The search included articles specific to the licensure process, such as the application, recruitment, and selection of applicants. The search was not limited to empirical studies; therefore, there were no limitations on the study's methodology nor were articles eliminated based on rigor of methods or research design.

Appraisal of Relevancy

The authors appraised the articles based on their relevance using the following inclusion criteria: Articles addressing the postgraduate professional training periods and supervisory relationships in social work and related fields, as well as issues of prejudice or bias. Specifically, articles in social work, counseling, education, psychology, psychiatry, law, and medicine that addressed discrimination in licensure supervision were identified. The appraisal followed a two-step process. First, abstracts for inclusion using the criteria stated above were reviewed. This resulted in 35 articles being removed, bringing the total to 69. Second, the full text for final inclusion was reviewed. Articles were excluded during appraisal because they did not meet the specified definition of clinical supervision or failed to identify a mode of discriminatory practices. One article was removed as a duplicate. The final appraisal process resulted in 29 articles being removed for a final selection of 40 articles. An additional one was removed because it was a duplicate, bringing the final sample to 39 articles. A PRISMA flowchart (see Figure 1) describes the process used to record the literature search and results (Zuchowski et al., 2019).

Synthesis

Following Boland et al. (2017), a data extraction table was created with the following headings: Year of publication, discipline, source of publication, methodology, patterns of discrimination, and policies and practices. The policies and practices column was operationalized as recommendations advanced by the article's author that provide guidance for addressing discrimination in supervision. To ensure a valid and reliable synthesis, data extraction was based on the study's objectives: (1) to identify existing regulatory frameworks and practices for addressing discrimination in licensure supervision and (2) to identify patterns and trends in reported cases of discrimination in licensure supervision. Each author extracted and entered the relevant data into the excel chart. The complete chart is listed in Table 1.

Final Sample Description

The final sample was 39 articles. The publication dates ranged from 1993 to 2021. It represented six disciplines: counseling, education, medicine, psychology, social work, and sociology. Medicine was the most represented, and sociology was the least. Eleven places of origin were represented, including Singapore, South Africa, and New Mexico. The United States was the most prevalent with 24 articles. The articles were based on four different research designs: qualitative research, quantitative research, mixed-methods, and literature reviews. Included in the sample were case law, conceptual articles, and policy statements.

Analysis

Findings using techniques based on content analysis (Hsieh & Shannon, 2005) were analyzed. Research questions were used to organize the data into patterns of interpretative themes in relation to these questions (Hsieh & Shannon, 2005). Two of the authors independently and critically reviewed the findings and identified themes related to patterns of discrimination and regulatory practices or frameworks for addressing discrimination in the workplace. To ensure inter-rater reliability, the authors spent significant time discussing the study objectives and conceptualizing concepts (i.e., discrimination, licensure process, and regulatory practices), which resulted in a coding guide. Two coders independently reviewed each article to identify themes. They then met to compare their findings and look for agreement between coders (Belur et al., 2021). Where there was disagreement between coders, the authors reviewed and discussed the articles together. Disagreements were resolved with the creation of additional themes, which were mutually agreed upon. The process concluded with nine emerging themes falling into two categories. See Table 2 for the themes.

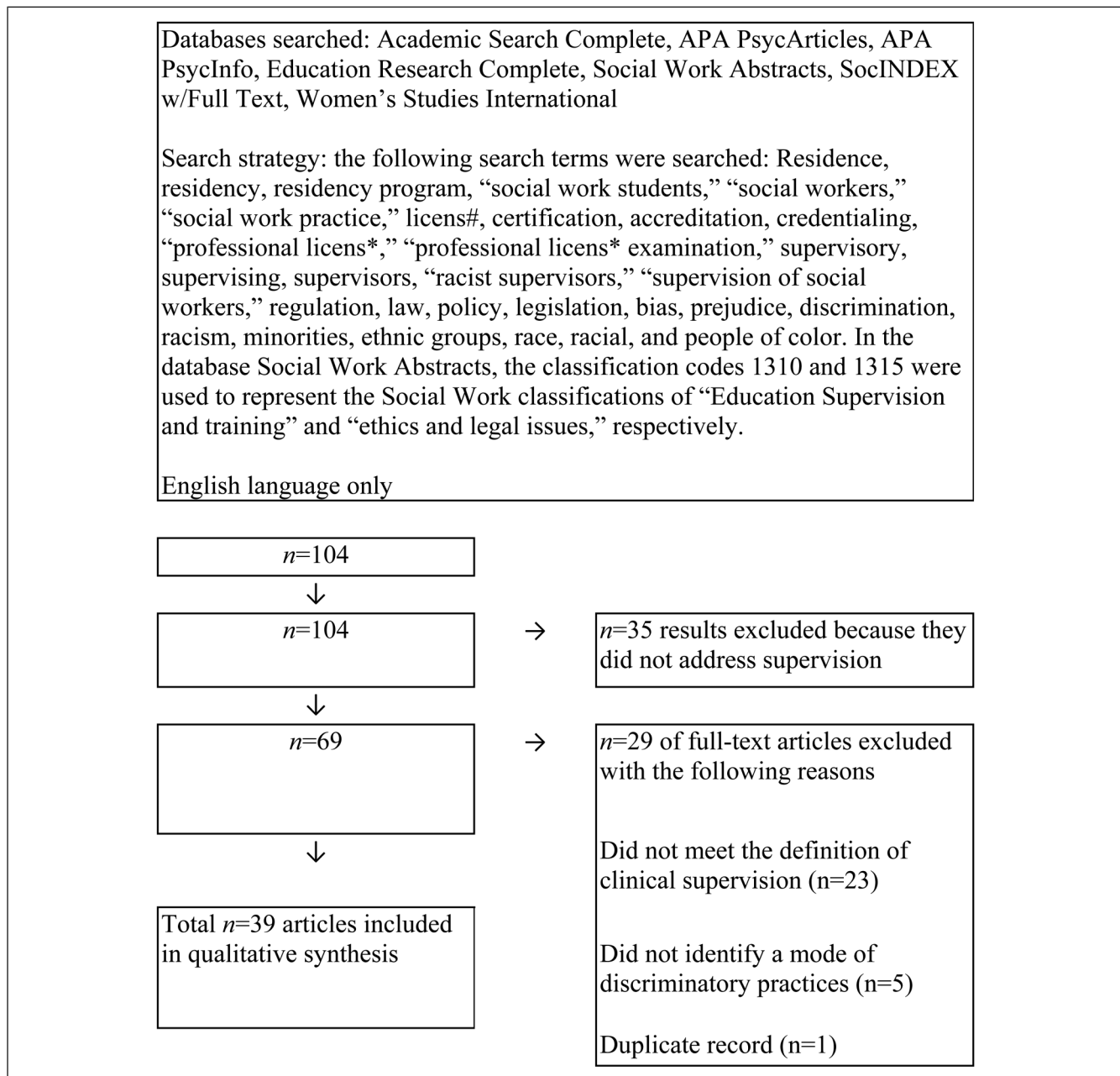


Figure 1. PRISMA flowchart.

Results

Targeted Identity

The final selection of articles for patterns and trends in reported discrimination cases in licensure supervision in the licensure process. Thirty-five identified a social identity (i.e., personal or physical characteristics of supervisees or trainees such as race, gender, sexual orientation, or disability) that was the target of discrimination. One article identified structural racism as the pattern of discrimination. An additional one identified cultural competence or lack of cultural

awareness as the pattern/mode of discriminatory practice. Two articles identified a hostile work environment as the pattern/mode of discriminatory practices.

Gender. Of the 35 articles identifying targeted identity as the mode/pattern of discriminatory practices, nine articles identified that women experience gender-based discrimination in supervision. Bertsch et al. (2014) identified four domains of gender-related events (GRE) described as discriminatory practices: Gender Discrimination, Gender Identity Interactions, Attraction, and Power Dynamics. Participants in the Bertsch

Table 1. Extraction Table.

| Article | Places of Origin | Year | Discipline | Type Of Discrimination Addressed | Methods | Policies and Practices |
|---|------------------|------|-------------|--|--------------------|---|
| Bahji & Altomare (2020) | Canada | 2020 | Medicine | Gender, Training Status, Sexual Orientation, Ethnicity, Culture, Language, Other | Literature review | None |
| Balon et al. (1997) | USA | 2006 | Psychology | Affiliation | Quantitative study | Advances updated and destigmatized language on state's medical license applications |
| Barrett et al. (2020) | New Mexico | 2020 | Medicine | Disability | Qualitative study | Efforts are needed to train more Arab social workers and supervisors |
| Bass et al. (2013) | Canada | 2013 | Medicine | In Group Bias | Quantitative study | Recommendation for a model of supervision that addresses oppression in the supervisory relationship |
| Baum (2013) | Israel | 2013 | Social Work | Race | Qualitative study | None |
| Beddoe (2015) | China | 2015 | Social Work | Gender, Ethnicity, Race, Culture | Literature review | States should not ask about mental illness at all or limit their questions narrowly to screen out psychologists with current impairment |
| Bertsch et al. (2014) | USA | 2014 | Psychology | Gender | Qualitative study | Enhancement of cultural humility, an allocentric attitude indicated by respect, openness, genuineness, and curiosity, as well as confronting racism in persons and in policies, including interrupting and deconstructing microaggressions and examining systemic policies and practices. Formal mentoring is encouraged. Supervisors should appreciate the strengths and resilience of the supervisees. Modify policies toward increased cultural competence and social justice for supervisees of racial minority backgrounds |
| Boyd et al. (2016) | USA | 2016 | Psychology | Disability | Quantitative study | None |
| Brewer et al. (2020) | USA | 2020 | Sociology | Gender | Quantitative study | Cultural competence and humility, examine policies and assess supervisors for bias and negative treatment of supervisees |
| Brown & Grothaus (2021) | USA | 2021 | Education | Race | Quantitative study | Successful supervisory behaviors such as cultural awareness are promoted |
| Butler-Byrd (2010) | USA | 2010 | Psychology | Race, Culture | Qualitative study | Cultural competence and |

(continued)

Table 1. (continued)

| Article | Places of Origin | Year | Discipline | Type Of Discrimination Addressed | Methods | Policies and Practices |
|------------------------------|------------------|------|------------|--|--------------------|---|
| Chung et al. (2001) | USA | 2001 | Psychology | Sex, Gender | Quantitative study | awareness of cultural differences Targeted interventions |
| Constantine & Sue (2007) | USA | 2007 | Psychology | Race | Qualitative study | None |
| Davis (2017) | USA | 2017 | Counseling | Race | Qualitative study | Supportive supervisory relationships needed |
| Dressel et al. (2007) | USA | 2011 | Counseling | Ethnicity | Qualitative study | Cultural competence, allyship training, theoretical concepts for understanding discrimination needed |
| Earp (2020) | USA | 2020 | Medicine | Gender | Qualitative study | None |
| Ellis & Robbins (1993) | Great Britain | 1993 | Education | Gender | Conceptual | Training is required |
| Griffith et al. (2019) | USA | 2020 | Medicine | Gender | Qualitative study | Strategies must be multifaceted and context-specific; residents and staff both have responsibilities in addressing discrimination |
| Ha et al. (2019) | South Korea | 2019 | Medicine | Race | Quantitative study | None |
| Hammoud et al. (2021) | USA | 2021 | Medicine | Sexual Harassment, Religion, Ethnicity, Gender, or Sexual Orientation; Humiliation, Psychological, or Physical Punishment and Intimidation | Quantitative study | Lack of policies and practices; research is needed to identify and mitigate bias |
| Harbin et al. (2008) | USA | 2008 | Psychology | Sexual Orientation | Quantitative study | Advised that supervisors specifically discuss issues of bias in supervision |
| Harpe et al. (2021) | USA | 2021 | Medicine | Race, Ethnicity | Quantitative study | Calls for an examination of organizational policies and practices, and culture |
| Hu et al. (2019) | USA | 2019 | Medicine | Mistreatment (I.E., Discrimination, Verbal or Physical Abuse, And Sexual Harassment) | Quantitative study | None |
| Katz (2021) | Canada | 2021 | Medicine | Gender | Quantitative study | Holistic, systemic change is needed |
| Kleintjes & Swartz (1996) | South Africa | 1996 | Psychology | Race | Qualitative study | Training in multiculturalism and antidiscrimination is needed |
| Kristoffersson et al. (2021) | Sweden | 2021 | Medicine | Culture, Ethnicity | Qualitative study | Offer an intervention for addressing discrimination, including training and zero-tolerance policies |
| Leslie (2018) | USA | 2018 | Education | Disability | Quantitative study | Improve reporting processes and enhance the institutional culture |
| Lim et al. (2021) | Singapore | 2021 | Medicine | Gender | Qualitative study | None |
| Lund et al. (2014) | USA | 2014 | Psychology | Disability | Quantitative study | Advancing diversity, equity, |

(continued)

Table 1. (continued)

| Article | Places of Origin | Year | Discipline | Type Of Discrimination Addressed | Methods | Policies and Practices |
|----------------------------------|------------------|------|------------|--|---------------------|---|
| | | | | | | and inclusion committee as an intervention |
| Mangan (2004) | USA | 2004 | Education | Race | Case law | None |
| McKenzie-Mavinga & George (2020) | UK | 2020 | Counseling | Race | Qualitative study | Creating awareness, solidarity, and cultural change |
| Nguemini Tiako et al. (2021) | USA | 2021 | Medicine | Race | Literature review | Programs should not expect disability services offices to provide all support for students with disabilities, especially support related to clinical training |
| Nilsson & Duan (2007) | USA | 2007 | Counseling | Race, Ethnicity | Quantitative study | None |
| Szafran et al. (2021) | Canada | 2021 | Medicine | Intimidation, Harassment, and Discrimination | Mixed-methods study | Examination of institutional and personal bias and proper training |
| Taube & Olkin (2011) | USA | 2011 | Psychology | Disability | Qualitative study | Regulatory bodies should prioritize interventions targeted at addressing structural barriers to achieve equity |
| Thackwell et al. (2016) | South Africa | 2016 | Medicine | Race | Qualitative study | Need for supervisors to validate discrimination as an issue and address it in supervision |
| Ufomata et al. (2021) | USA | 2021 | Medicine | Race | Policy statement | None |
| Villanueva et al. (2021) | Australia | 2021 | Medicine | Race | Qualitative study | Multidimensional strategies |
| Yuce et al. (2020) | USA | 2020 | Medicine | Race, Ethnicity | Quantitative study | Training, systemic changes, individual changes |

Table 2. Themes.

| Categories | | |
|------------|--|-------------------------------------|
| Themes | Patterns and trends in reported cases of discrimination in licensure supervision | Regulatory frameworks and practices |
| | 1. Structural Racism | 1. Training |
| | 2. Targeted Identity | 2. Institutional Policy |
| | 3. Cultural Awareness | 3. Improving Reporting Processes |
| | 4. Hostile Work Environment | 4. Models of Supervision |
| | | 5. Interventions |

study reported higher rates of gender discrimination than any other GRE. Similarly, Villanueva et al. (2021), Harbin et al. (2008), Hu et al. (2019), Brewer et al. (2020), Chung et al. (2001), Earp (2020), Hammoud et al. (2021), and Lim et al. (2021) found evidence of gender-based discrimination that biased men over women.

However, Ellis and Robbins (1993) concluded discrimination in supervision rooted in gender is problematic for both male and female supervisees. Notably, of all of the articles assessing gender discrimination, Katz (2021) was alone in finding no evidence to support gender discrimination related to scoring and selecting candidates for medical residence. Katz (2021) stated, “scoring did not impact the expected rank performance of applicants based on gender at any stage of the selection process” (p. 1).

Race/Ethnicity. Racial discrimination is negative interpersonal behaviors based on race by supervisors toward supervisees. Thirteen articles indicted race as the basis for discriminatory practices in supervision. Yuce et al. (2020), Constantine and Sue (2007), Davis (2017), Hu et al. (2019), Kleintjes and Swartz (1996), Kristofferson et al. (2021), Nguemini Tiako et al. (2021), Nilsson and Duan (2007), Senreich and Dale (2021), Thackwell et al. (2016), and McKenzie-Mavinga and George (2020) discussed the racial disparities that exist within the supervisory relationship. Most indicated experiencing everyday racism and different

standards on evaluations than their White counterparts (Yuce et al., 2020). Some studies reported participants experiencing stereotypical assumptions about their status within the organization (Constantine & Sue, 2007) and being mistaken for a “non-physician” (Yuce et al., 2020). Others found that Black resident trainees felt “voiceless” within their practice institutions (McKenzie-Mavinga & George, 2020). Mangan (2004) reported on a legal suit where a \$1.3 million settlement for allegations of dismissal for residency claiming racial discrimination. His lawsuit asserted that he had been the victim of “a pattern of racial discrimination against African-American interns” (p. A4). However, they reported that the settlement was not an admission of wrongdoing.

Disability. Disability emerged in five articles. These articles were specific to the licensure process, citing that the requirement to disclose mental health diagnoses or other types of disability resulted in unfair treatment. These studies demonstrate how professional practices and policies can affect individuals in the pipeline to supervision. Boyd et al. (2016), Barrett et al. (2020), Leslie (2018), and Lund et al. (2014) suggested that the admission of having a disability would interfere with the ability of trainees to acquire residency or training for a license. Taube and Olkin (2011) further identified that agencies might make accommodations for persons with disabilities under the Americans with Disabilities Act. They assert that such differential treatment becomes discriminatory when applied with prejudice toward individuals with disabilities.

Culture. Cultural identity was identified as an emerging theme in three articles. Bass et al. (2013), Balon et al. (1997), and Ha et al. (2019) concluded that there are between-group differences in the experience of licensure and training. In other words, they found that how individuals identified, such as their country of origin or university affiliation, made a difference in terms of their perceived treatment. For example, Ha et al. (2019) reported that North Korean residents perceived that their process and experience of acquiring a South Korean medical license was more difficult than it was for North Koreans.

Structural Racism. Structural racism is unfair treatment through the use of informal policies and practices within an organization (Braveman et al., 2022). One article reported that racial and ethnic minority groups encounter considerable structural racism because colleges, medical schools, and residency programs place disproportionate value on traditional academic metrics (Ufomata et al., 2021). They observed that this practice, in turn, limits many steps along with the medical education pipeline.

Hostile Work Environment. The two articles identifying hostile work environments were both in medicine. Bahji and Altomare (2020) identified discriminatory practices as a hostile work environment. They reported high levels of

intimidation, harassment, and discrimination (IHD) experienced among residents in most specialties that were not specific to age, gender, or race. The researchers suggested the IHD was based on status and power, meaning those in positions of authority committed them. Similarly, Szafran et al. (2021) surveyed 651 participants in residency and found 44% have experienced IHD. Further, of the 44%, 70% indicated that the mistreatment occurred on more than one occasion. They cited inappropriate verbal comments and abuse of power as the dominant mode of IHD and concluded that IHD has deleterious effects on the residents.

Cultural Competence. One article suggested that the lack of cultural competence training or preparation by the supervisor leads to discrimination in supervision. Specifically, Baum (2013) article suggested that the lack of cultural awareness on the part of the supervisor affects the supervisory relationship. Although they did not conclude that the discriminatory practice is intentional, they identified that supervisors have trouble managing the supervisory relationship, particularly when race is a factor.

The review provides evidence that discrimination within the supervision process occurs. The review of the literature in social work and related fields reveals patterns of discriminatory treatment. Specifically, supervisees experience discrimination based on race/ethnicity, gender, cultural identity, and ability. It also identified structural racism and IHD as patterns of discriminatory treatment. It further suggests the potential impact of discriminatory treatment on one's ability to move successfully through the pipeline to supervision. For example, supervisees may be denied supervision based on their ability or experience negative and biased treatment based on their identity.

Regulatory Frameworks and Practices

From the final 39 articles, 29 advanced policy and practice recommendations related to discrimination in supervision. Psychology was the second most represented field with eight articles, and counseling and education each had three articles with relevant recommendations. Social work was among the least represented with only two articles, and sociology was the least with only one article. There were 13 countries represented, with the most articles (14) coming from the U.S. Medicine was the most active in this area, with 17 articles putting forward policies and practices for addressing discrimination in supervision. Five themes were identified: training of supervisors; institutional policies and practices; improving reporting processes; models and characteristics of supervision; and supervisory interventions and behaviors.

Institutional Policies and Practices. Fifteen articles provided recommendations for institutional policies and practices. These articles presented a holistic perspective of the supervisory process and commented on points of vulnerability for supervisees to experience discrimination. Some examined the bias

in the application process and the recruitment and selection of trainees that disadvantage minoritized populations (Balon et al., 1997; Beddoe, 2015; Katz, 2021). Others proposed additional structures in the licensure process. Lund et al. (2014) advanced the development and installation of diversity, equity, and inclusion committees to guide supervisory relationships. Szafran et al. (2021) similarly indicated that a formal committee to address discrimination might be helpful. Griffith et al. (2019) put forward educational workshops aimed at training supervisors in specific action items to prevent discrimination. Some suggested that organizations examine and confront racism in policies and individuals (Bertsch et al., 2014; Szafran et al., 2021). McKenzie-Mavinga and George (2020) recommended organizational change that allows White supervisors to hold space for the impact of racism on Black supervisees. Other articles highlighted the complexity of addressing discrimination and emphasized the need for multidimensional strategies (Griffith et al., 2019; Villanueva et al., 2021) to include individual and systemic changes (Harpe et al., 2021; Katz, 2021; Yuce et al., 2020). Articles advocated for adopting zero-tolerance policies for discrimination (Kristoffersson et al., 2021; Szafran et al., 2021). Brewer et al. (2020) indicated that agencies should routinely assess supervisors for social bias. Nguemeni Tiako et al. (2021) advised that field agencies should not expect schools to provide all support for minority students. The onus to prevent and intervene in discriminatory treatment is on the agencies. Related to that, Taube and Olkin (2011) indicated that regulatory bodies have a duty to address discrimination and should prioritize interventions targeted at addressing structural barriers to achieve equity.

Supervisory Models and Characteristics. Seven articles advanced specific models or supervisory characteristics for working with diverse supervisees. The Critical Events in Supervision Model was promoted as a means of reducing discrimination in supervision (Bertsch et al., 2014). The Critical Events Model “is an interpersonal approach that emphasizes multi-culturally competent counseling and supervision within an events-based model” (Inman & DeBoer Kreider, 2013, p. 346). Brown and Grothaus (2021) identified successful supervisory behaviors to reduce bias and conflict between Black trainees and White supervisors. The identified behaviors were: “setting less rigid boundaries, practicing transparency, taking the initiative, being congruent, honoring the protégé’s strengths and experiences, and advocating for equity” (p. 70). Models of supervision that emphasized cultural competence and cultural awareness were advanced (Bertsch et al., 2014; Brewer et al., 2020; Butler-Byrd, 2010). Davis (2017) suggested that supportive supervisory relationships help prevent bias and discrimination in supervision, and cultural competence in supervisors was advised to reduce bias and discrimination.

Training. Six articles recommended training for supervisors to reduce bias and discrimination. Cultural competence training

was encouraged (Barrett et al., 2020; Kristoffersson et al., 2021) to include awareness of one’s own cultural beliefs and biases (Ellis & Robbins, 1993; Kristoffersson et al., 2021). Antidiscrimination training was also suggested (Kleintjes & Swartz, 1996). Ally training and knowledge of theoretical concepts for understanding discrimination and racism were promoted (Dressel et al., 2007; Kristoffersson et al., 2021). Beyond supervisors, Yuce et al. (2020) indicated that administrative staff, specifically, should be trained to recognize and respond appropriately to discrimination.

Supervisory Interventions and Behaviors. Three articles promoted specific interventions or behaviors to reduce discrimination by supervisors. Chung et al. (2001) advanced targeted interventions for addressing discrimination by supervisors. Harbin et al. (2008) advised that supervisors specifically discuss issues of social bias in supervision. Similarly, Thackwell et al. (2016) identified the need for supervisors to validate discrimination as an issue and address it in supervision. Notably, they also indicated that some onus is on supervisees to be cognizant of self-perceptions and beliefs about racial dynamics and how they manifest in the supervisory relationship.

Reporting Structures. Two articles recommended improvements in reporting structures and processes to support supervisees. Szafran et al. (2021) suggested that organizations explicitly and clearly communicate to supervisees that it is acceptable to discuss issues of discrimination and that support is available to address these issues. Yuce et al. (2020) suggested that trainees be empowered to report discriminatory behaviors.

In addition to patterns of discrimination, this review also identified existing regulatory frameworks and practices in supervision. Emerging themes were: Training of supervisors, institutional policies and practices, improving reporting processes, models and characteristics of supervision, and supervisory interventions and behaviors. These themes offer guidance for regulatory boards, medical institutions, institutions of higher learning, and practice settings.

Recommendations

The preliminary review of the social work literature revealed a gap in regulatory frameworks for addressing discrimination in licensure supervision. Antidiscrimination language is absent in documents for guidance in clinical supervision, and there is no explicit reporting structure in social work for supervisees to report biased or discriminatory treatment. These omissions reinforce inequalities in the workforce and deny supervisees recourse for discriminatory treatment.

This systematic literature review revealed that discrimination is occurring in supervision across multiple helping professions. As such, social work should have clear anti-discrimination policies and disciplinary actions for clinical supervision. State

boards of social work have statutory regulation over the practice of social work. The Association of Social Work Boards is a national organization that provides support and services to the social work regulatory community. For consistency, it is incumbent upon ASWB to lead the charge in establishing appropriate regulatory frameworks. NASW could play an instrumental role in strengthening the culture of antidiscrimination if the language in the Code of Ethics is modified to explicitly speak to protecting social work colleagues from experiencing discrimination. It behooves NASW to add policies and practices for addressing discrimination by supervisors in their *Best Practices in Social Work Supervision* (2013). Through this literature review, social work can learn from other disciplines how to effectively address discrimination in supervision, for example, by advancing practices such as diversity, equity, and inclusion committees or creating formal committees to respond to complaints about discriminatory or biased treatment by supervisors.

Cultural competence was a prominent theme that arose from the literature review. It was made evident that there are a number of vulnerable social identities such as gender and race/ethnicity that may be targets of discrimination. Given this, there is a clear need for clinical social work supervisors to complete training in cultural competence as related to their supervisory duties. Given the importance of cultural competence, it should be codified as an explicit component of supervision. Supervisors should be trained to attend sensitively to cultural dynamics. Regulatory authorities should mandate training in self-reflection and cultural humility. Supervisors should be trained to understand how their cultural background influences the supervisory relationship and be able to assess when their actions have created discomfort in supervisees from different backgrounds.

To contribute additional objective measures in the evaluation process, regulatory agencies should put forward a 360 review as a performance evaluation tool (Church et al., 2018). A 360 review seeks feedback about the subject of the evaluation from multiple sources, including their immediate supervisor, other administrators, colleagues, clients, and other staff. A 360 review of a supervisee may include the clinical supervisor, a colleague, and a subordinate, if applicable. It may reduce bias by expanding on the sources of input (Church et al., 2018). There may also be merit in requiring supervisors to demonstrate evidence that the supervisee has or has not met the required criteria in performance evaluations. In this way, the evaluation is based on more objective data. Multiple performance reviews may create more transparency and impartiality in the supervision process. Supervisees should be assessed at multiple points during the course of supervision to establish a clear pattern of their competencies. In refining the evaluation of supervisees, efforts should be taken to ensure that the language is inclusive and bias-free. Diverse writers are needed to write and assess the evaluation tool to ensure that it is bias-free.

Once regulatory frameworks are articulated, the stigma around reporting can be addressed. The literature noted that

supervisees have a responsibility to report their negative experiences with supervisors, to help to enforce nondiscrimination rules, and to create a more inclusive culture. However, discrimination often goes unreported for fear of retaliation or other negative consequences. It is likely that more explicit zero-tolerance for discrimination language and policies will aid supervisees in their duty to report discrimination by supervisors, though this assertion should be empirically investigated. In addition, frameworks need to be in place at regulatory agencies and in field placements to handle complaints. If we place the onus on supervisees to report discrimination, we must also ensure that the allegations will be taken seriously, thoroughly investigated, and fairly resolved. Explicit penalties for substantiated cases of discrimination are also needed. If supervisees are made to feel that their concerns will be addressed appropriately and they have the needed resources, they will be empowered to report transgressions.

Finally, there is merit in exploring this topic further. A more exhaustive review of the literature will uncover additional knowledge on the topic. For example, cultural competence was not included as a search term in this literature review; however, studies focusing on cultural competence in supervision or multicultural supervision may provide valuable insight into bias. Additionally, this study was limited to English, and future literature reviews should extend this inquiry to publications in languages other than English. In addition, qualitative research would illuminate the lived experiences of supervisees from disadvantaged backgrounds. Qualitative data will help to identify barriers and challenges that impede the advancement of prospective clinical social workers, particularly those from marginalized populations. Given the salience of this issue to the profession, national research examining the scope and reach of the issue from both the perspectives of supervisees and supervisors is particularly warranted. Longitudinal studies will also shed light on the long-term effects of discriminatory practices on supervisees and the profession.

Conclusion

The authors reviewed the social work and related literature to explore regulatory frameworks for discrimination in the clinical supervision process. The authors found evidence that discrimination in supervision is a problem that occurs. It revealed a range of social identities that have been the target of discrimination, some of which have resulted in legal action.

Limitations

This article presents the results of a rapid review of the literature. Rapid reviews use legitimate techniques to shorten the timescale of the study while maintaining rigor (Grant & Booth, 2009). To mitigate against the limitations of this study, the authors have clearly documented the methodology and given careful attention to the question being addressed

(Grant & Booth, 2009). The methods resulted in an expedited process and a thorough overview of the quantity and quality of literature that exists on the topic.

Supervision is a broad concept that may refer to clinical supervision, educational practicum supervision, or administrative supervision. This literature review is limited to clinical supervision; therefore, the authors excluded articles that referred to other types of supervision. The authors also excluded articles in which supervision was not clearly defined. It is possible that the authors rejected some potentially relevant articles because of a lack of clarity. The reviewers carefully examined those articles for inclusion for a final selection that thoroughly captures the topic of inquiry.

This literature review did not search broadly related terms such as cultural competence, cross-cultural supervision dyads, and multicultural supervision. There may be merit in building on this study with a more exhaustive search of the literature. In addition, the literature review was limited to English-language articles. Future studies may also seek to build on this literature review with additional languages, particularly for international programs. There may be valuable insights from publications in other languages that this study did not uncover.

Implications

Overall, this article has demonstrated that discrimination in supervision is a problem that regulatory agencies can manage. The profession of social work touts a commitment to social justice. To uphold this duty, social work regulatory agencies must protect supervisees from historically disadvantaged populations from experiencing discrimination within social work agencies. Toward this goal, the literature review uncovered opportunities for social workers to build on their existing regulatory frameworks. Regulatory agencies can adopt zero-tolerance policies for discrimination and institute new protocols for evaluating supervisees. In addition, they can mandate training for cultural competence in supervision. These authors hope that this information will stimulate a reevaluation of regulatory frameworks in social work and the implementation of new practices and policies. The addition of these frameworks will support social workers in maintaining their commitment to social justice and support greater diversity in the clinical social work field.

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