



## Equality, Diversity, Inclusion and Anti-Racism: Creating inclusive learning environments within DClInPsy placements

Compiled by Kate Theodore, Clinical Director, in conjunction with Clinical Tutor Team, EDIAR Lead, SUCIG in September 2023, drawing information from:

- RHUL's 'Inclusive Learning Environments' Diversity & Inclusion Lecture Guidance (Dr Serena Sharma, 2021)
- University of Leeds 'Exploring Race and Diversity in Clinical Supervision' (Dr Tansy Warrilow, 2021)

**This is a draft document and we welcome more feedback and input from trainees and supervisors to develop it further. Please email [kate.theodore@rhul.ac.uk](mailto:kate.theodore@rhul.ac.uk) if you wish to give feedback on this document.**

Royal Holloway DClInPsy is committed to creating learning environments that are inclusive, supportive, and thoughtful about the similarities and differences that exist between all of us. This extends to the learning environment that is created as part of DClInPsy clinical placements. We recognise that learning and working environments are more likely to be experienced as inclusive by individuals who are part of a majority, whether that be in terms of race, ethnicity, sexual orientation, gender, ability, faith, amongst other characteristics. We are committed to providing training that:

- is actively inclusive, anti-racist, and non-discriminatory
- helps trainees to think critically about the models that shape our knowledge
- integrates thoughtful consideration about difference throughout all aspects of training
- gives trainees access to multiple and regular examples of working clinically with difference

To support clinical supervisors, and trainees, in working towards these aspirations we have developed some ideas which we hope you will find helpful. Feedback is welcome ([kate.theodore@rhul.ac.uk](mailto:kate.theodore@rhul.ac.uk), Clinical Director / [olga.luzon@rhul.ac.uk](mailto:olga.luzon@rhul.ac.uk), Academic Director and Equality Diversity Inclusion and Anti Racism Lead)

What is outlined below are hopefully helpful materials and resources to support supervisors, and trainees, to explore issues of difference and diversity, including race and culture, and other areas of diversity. These should be used alongside wider resources and cannot be considered an exhaustive list of tools.

### 1. Discussing diversity during supervision: ideas when starting supervision

Talking about difference can feel difficult. Often people hold back, perhaps due to concerns about getting it wrong. We are endeavouring to create open learning environments where it is okay to not have all the answers and/or for people to have different opinions. Discussing difference allows important conversations to take place, and differences of opinion to be discussed respectfully. We consider the following points to be especially helpful in creating these inclusive supervisory environments, and may be helpful to consider when developing the supervisory relationship, as well as continuing to reflect on throughout the course of supervision and at key times such as Mid and End of Placement Reviews:

- **Modelling openness**, such as by saying that as a supervisor you aim to provide supervision that is inclusive and sensitive to a range of world views and life experiences, and that what you know is based on your own experiences and learning. This may help encourage others to share their views along the way.
- **It is OK 'not to know'**. We all bring a wealth of experience to clinical practice and it is expected that people will bring different viewpoints. We see this as an opportunity to learn.
- **Naming power differences** in the supervisory relationship and considering how this may impact on conversations, what will feel comfortable / possible to share with each other at each time.
- **Getting to know each other** and each of your contexts and perspectives will be important, including exploring differences and similarities. It can be helpful for supervisors to take the lead on this, from the start of supervision, e.g. having conversations about social graces, led by the supervisor, can be a helpful way for supervisors to start and model these conversations with trainees.
- **Contextualising your view** by acknowledging your own position, and therefore understanding that your perspective or understanding of a situation will be influenced by your own context (e.g. saying “as a White male Clinical Psychologist...” or “as a Black female Clinical Psychologist”, when providing your own perspective or understanding of a situation).
- **Using your pronouns**, such as on your email, including if you are cisgender (i.e. identify with the sex assigned to you at birth) can help to normalise discussions about gender, signals that you do not make assumptions about gender, and can help to normalise discussions about gender, especially for those who identify as trans or nonbinary. ([Learn more about pronouns](#))
- **Discussing how aspects of diversity, including race, culture as well as other social graces will be explored within supervision**, without making assumptions about how this will happen. Consider how there can be space in supervision for the trainee to reflect on their identity and that of their clients; this may include:
  - reflecting on where Whiteness is dominant and what impact this has,
  - considering wider social graces,
  - reflecting on intersectional experiences such as identifying as being from both an ethnic minority and being gay,
  - use of cultural genograms,
  - how trainee can be supported to name their lived experiences.
- **Regularly reviewing** how supervision and specifically how conversations about diversity, equality, inclusion and anti-racism are going (what has been possible, what has been difficult, what has been helpful, how to make things better). Such reviews should take place as part of the mid and end of placement reviews, as well as at interim periods across the supervisory period.

## 2. Developing cultural humility and diversity competencies: ideas to consider during placements

Please allow time within supervision to talk about and/or reflect on aspects of difference and diversity that are relevant to the work on placement. Trainees will be actively considering the following in their lectures and academic component on the DClInPsy, and we would encourage trainees and supervisors to allow opportunities for some of the following to also be discussed in supervision:

- **Creating opportunities for critical thinking**, such as discussing and reflecting critically on models/theories/the evidence base. For example, what country do the ideas come from, what worldviews might have influenced the ideas, what demographics is the evidence-base based on, how might culture shape how we understand x.
- **Incorporating consideration of difference, diversity and/or culture into key topics** in your supervision, such as formulation, intervention, therapeutic relationship, engagement, prevalence rates etc.
- **Using examples** (e.g., clinical experiences, resources, case discussions, videos etc.) that relate to a wide range of human experience and that is mindful to avoid stereotypes
- **Using references** that prompt consideration of difference, diversity and/or cultural competence.

We hope trainees will develop competencies in working with diversity across their placements. Some specific examples to aim to support **development of these cultural and diversity competencies on placement** include:

- Developing culturally sensitive formulations within supervision, including those with a specific focus on lived experience of an aspect(s) of diversity (or more)
- Doing a community visit to learn about specific community practices, language and culture
- Working with interpreters, with reflection on the experience in supervision
- Bringing video/audio recording clip of a session where diversity was addressed and reflect on process, learning and how to build on confidence in this area
- Using reflective practice tools inside and outside of supervision, reading, naming Whiteness and racial differences in client-trainee and trainee-supervisor relationships etc
- Attending specific training on one aspect of diversity
- Attending a Trust steering group relating to culture and diversity to gain insights into Trust patient and staff diversity initiatives
- Considering how difficulties may manifest differently across different groups of people (e.g., in collectivist cultures, depression may differ in its expression; in Asian communities, there is a greater prevalence of xxx than in White British communities; LGBTQ+ communities are more likely to report xxx when talking about depression).
- Using structured prompts within supervision to pause and reflect (e.g., how might our different backgrounds affect how we think about X; how might your cultural background affect your understanding of Y; how might the media affect current cultural understanding of Z).
- Sharing ideas about any adaptations of a particular way of working to enhance its effectiveness with a particular group.
- Discussing initiatives within your service that relate to difference, diversity and/or cultural competence.
- Discussing other viewpoints (e.g., Asian scholars... Black scholars...).

**Further information related to specific 'cultural competencies' for placements within Royal Holloway DClInPsy can be found on Moodle/website.**

### 3. Specific considerations for supervision with a trainee from a racialised background

Recognising that learning and working environments are more likely to be experienced as inclusive by individuals who are part of a majority, and acknowledging that Clinical Psychology training continues to be over-represented by White trainees, staff and supervisors, we felt it important to include a section specifically to support White supervisors in providing inclusive, supportive and thoughtful supervision to trainees from racialised backgrounds, those from Black, Asian and minority ethnic backgrounds, also known as people of the global majority.

The following is adapted from *University of Leeds' "Exploring Race and Diversity in Clinical Psychology"* (Dr Tansy Warrilow, 2021) guidance:

This guidance is written for the White supervisor with the knowledge that racialised Psychologists have likely been enduring conversations about race throughout their life and will have likely developed their own method of navigating discussions about race with colleagues, supervisors and supervisees. The terms "racialized" and "racially minoritised" are used in order to recognise that some people are actively minoritised by others via social processes shaped by power.

The supervisor of the trainee clinical psychologist holds the power in the relationship. It is therefore the responsibility of the supervisor to bring up the conversation of race. The following may be useful considerations:

- Appreciate that the trainee will have a different experience to most of their DClInPsy peers, and will likely experience multiple microaggressions and racial incidents whilst on placement.
- Ensure that race is discussed whilst contracting the boundaries of the supervisory relationship.
- Ask explicitly how the trainee would feel most comfortable exploring issues of race. Agree how both the trainee and the supervisor will manage discomfort. Agree the procedure for the trainee to bring to the supervisor's attention experiences, micro-aggressions and racism.
- Ensure that the trainee is believed if they raise an issue of racism. Research of Clinical Psychology trainees indicates that when discriminatory experiences are raised on placement, they are often overlooked, dismissed or pathologised. The inaction of bystanders and those in power has been observed at times to be more traumatic and cause longer lasting harm than the incident itself.
- Acknowledge that the trainee may not feel comfortable exploring racism with you, however this should not be assumed, nor should it be forced if they are. It may be appropriate to identify additional support from someone with lived experience of racism if possible.
- Seek additional personal supervision or mentoring (ensure consent is sought first) from someone with similar lived experience, in order to ensure that the minoritised trainee is not responsible for the ongoing education and management of the supervisor's feelings.
- Be mindful not to centre the supervisor's feelings of discomfort, however aim to be transparent, genuine and curious in discussion.
- Whilst every effort should be made to be considerate, it may be useful to hold in mind the White supervisor will likely get it wrong at some point. This can be expected, what is most important is how this is repaired via the process of taking responsibility, demonstrating curiosity and self-directed learning.
- To be culturally competent is to know that racialised communities are not homogenous. Therefore, the only way to know how the trainee can be best supported is to assess their individual experiences and needs. A common assumption that racialised people all experience and respond in the same way perpetuates racial stereotypes.

#### 4. Exploring Diversity and Whiteness in Clinical Psychology Supervision: some useful resources

The below is adapted from *University of Leeds' "Exploring Race and Diversity in Clinical Psychology"* (Dr Tansy Warrilow, 2021) guidance:

Below are some resources that may structure and help facilitate discussion of diversity and difference, and specifically race, racism and Whiteness, within supervision.

- [The 'Social GRRRAACCEESSS and the LUUUTT model'](#) paper provides a range of tools to explore Gender, Geography, Race, Religion, Age, Ability, Appearance, Culture, Class/Caste, Education, Employment, Ethnicity, Spirituality, Sexuality and Sexual Orientation. This document suggests a range of 1:1 and group supervision exercises that may be useful to support the exploration and discussion of difference.
- ['Which aspects of social GRRRAACCEESSS grab you most?...'](#) (Totsuka, 2014) provides a reflexive exercise to facilitate exploration of trainees' and supervisors' relationships with different aspects of social graces, which can be helpful to use in supervision.
- ['Being an anti-racist clinician'](#) (Williams et al, 2022) provides a range of practical areas to be discussed and explored in supervision.
- [The 'White Privilege: Unpacking the Invisible Knapsack'](#) (McIntosh, 1988) paper lists 50 examples of white privilege. This is a useful exercise to explore in supervision in order to support the trainee to deconstruct their privilege and reflect on how being White has been beneficial to them. This also provides opportunities to the reflect on the experience of minoritised others.
- [The 'Fifty Ways to Leave... your Racism'](#) (Patel & Keval, 2018) paper explores how racism features within current discourse, explores the presence of whiteness and discusses how academia and the psy-professions have engaged in the perpetuation of racism. The paper lists a range of questions that can be explored within 1:1 and group supervision to prompt the reflection and discussion of privilege, covert racism and systemic racism.
- [The 'Cultural Context Model in Clinical Supervision'](#) (Hernandez, 2008) paper is a short article which introduces the Cultural Context Model (CCM). As a model of clinical practice, the CCM uses postcolonial ideas to account for the historical and current impact of oppressive social forces, including sexism, racism, homophobia, and classism in the practice of counselling psychology and family therapy. The CCM posits that liberation is key to healing and defines it as a system of healing that embraces critical consciousness, empowerment, and accountability as guiding principles. For liberation to occur for all members of a family, accountability and empowerment need to operate simultaneously. This may be a useful paper to explore within supervision to reflect on how historical societal structures have served to maintain White Supremacy in society and in Psychology.
- Racism is considered a fundamental cause of adverse health outcomes for racial/ethnic minorities and racial/ethnic inequities in health (Williams, Lawrence, & Davis, 2019) however is often overlooked within mental health and Clinical Psychology services in the UK. In fact, failure to assess perceived racism in mental health scales leads to a failure to account for psychological distress among African Americans, since exposure to racism is an important predictor of psychological problems for this group (Ridley, 2005). Encouraging trainees to use tools such as "The Cultural Assessment Tool" (Developed from Kleinman, Eisenberg and Good, 1978) and the "Everyday Discrimination Scale" may encourage useful discussion with a service user that can later be explored in supervision.

*With thanks to Dr Tansy Warrilow, University of Leeds, for sharing their guidance.*

Further resources can be found at:

- **Collection of Resources:** <https://padlet.com/RHULdclinpsy/anti-racism-equity-inclusion-diversity-esy3rey180cmpzgk>
- **Course Policy and Resources available on Moodle/[website](#), including:**
  - **Placement Handbook**
  - **DClinPsy RHUL Guidance for Speakers** including around diversity and cultural humility in teaching
  - **Trainee Wellbeing Resources**, including support for trainees from the global majority, or those minoritised in terms of sexual orientation, gender, ability, faith, amongst other characteristics, and those who have experienced racism or other discrimination.
  - **DClinPsy RHUL Course Support for students celebrating Ramadan**
  - **DClinPsy RHUL Guide to Supporting Jewish Students at Royal Holloway**
  - **Placement Quality Management procedures:** including information on how concerns on placements are managed, including where concerns of discrimination or racism are experienced on placement
  - Royal Holloway System for Reporting incidents of bullying, sexual violence etc. See [RH BE HEARD](#)
  - Camden & Islington NHS Foundation Trust [Guide for Reporting Bullying, Harassment or Discrimination](#)