

**A qualitative meta-analysis examining the perceived impact of supervision on
therapeutic competence in psychotherapists who work with minority clients**

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Abstract

Psychotherapeutic work with minority clients requires the acquisition of a set of competences that allow therapists to be responsive to specific client needs in this population. Although supervision is widely recognized as an important context for professional development, existing qualitative studies have examined its role in fragmented ways, and no review has systematically explored how therapists benefit from supervision in the work with minority clients. This qualitative meta-synthesis examined the perceived impact of supervision on therapeutic competence in psychotherapists working with minority clients. The term 'minorities' encompasses any individual belonging to a category that faces difficulty or insecurity resulting from socio-cultural, ethnic, monetary, religious, gender, or sexual orientation aspects. A systematic review of the literature led to the identification of 8 published qualitative research studies. The findings from individual studies were subjected to Grounded theory meta-analysis. Three clusters were identified: (1) supervision fosters therapists' self-awareness towards minority clients, (2) supervision deepens the understanding of minority clients, and (3) supervision stimulates a minority-adapted therapeutic approach. Discussion addresses how supervision enhances therapists' competence specifically with minority clients by fostering self-awareness, deepening understanding of clients' unique minority experiences, and supporting the adaptation of therapeutic approaches to better meet their needs. It highlights the importance of recognizing power dynamics within therapy and supervision, as well as addressing therapists' personal reactions and societal contexts to promote more attuned therapeutic work with minority clients.

Keywords: personal and professional development, minorities, supervision, reflective practice, qualitative meta-analysis

A qualitative meta-analysis examining the perceived impact of supervision on therapeutic competence in psychotherapists who work with minority clients

Supervision is a learning setting recommended for training psychotherapists during postgraduate certification and for continued professional development (APA, 2014; EAP, 2025). It is defined as “a specialized form of professional mentoring (...) to ensure standards, enhance quality, advance learning, stimulate creativity and support the sustainability and resilience of the work being undertaken” (BACP, cited by Ratcliffe & Kaluzeviciute-Moreton, 2024, p. 801). Supervision plays a central role in fostering clinical competency by offering a structured space for reflective learning and the integration of theory into practice (Knox & Hill, 2021). Working with minority clients introduces specific therapeutic challenges (de Condé et al., 2024; Fischer et al., 2024), requiring cultural self-awareness, sensitivity to discrimination and identity, awareness of biases, and the adaptation of therapeutic interventions to clients’ cultural and contextual realities (Hall & Malony, 1983; Hayes et al., 2015). Given the complexity of these processes, it is relevant to explore how supervision impacts therapists’ competencies in working with minority clients. The current qualitative meta-analysis investigates this research question with a focus on the subjectively perceived impact of supervision on therapeutic competencies.

Clinical Supervision

Clinical supervision serves two key functions: ensuring quality in therapeutic work and promoting supervisees’ professional growth (Fernández-Alvarez, 2016). Research shows supervision remains valued throughout therapists’ careers, though its frequency decreases with experience while its developmental value increases (Rønnestad et al., 2019). Two qualitative meta-analyses (Chircop Coleiro et al., 2023; Wilson et al., 2016) have examined supervisees’ perceptions of what makes supervision feel effective and, in doing so,

highlighted three key supervision outcomes: (1) professional development, (2) clinical competence, and (3) personal growth.

First, supervision supports professional development by providing a reflective learning environment where feedback, encouragement, and meta-perspective enhance growth (Wilson et al., 2016). The quality of the supervisory relationship, marked by openness, empathy, flexibility, and psychological safety, is essential (Chircop Coleiro et al., 2023). On the contrary, poor supervision characterized by judgment, unethical behavior, or power misuse hinders growth (Wilson et al., 2016). Nonetheless, even negative experiences may promote insight into therapy dynamics and ethical sensitivity (Chircop Coleiro et al., 2023). For example, a rupture in the supervisory alliance—such as a moment of misunderstanding or excessive criticism—may, when addressed reflectively, help supervisees better understand relational repair and professional boundaries.

Second, regarding clinical competence, supervisors serve as role models who demonstrate effective therapeutic behavior, encouraging supervisees to explore clients' perspectives, and build confidence and motivation (Wilson et al., 2016). When culturally responsive, it fosters awareness of diversity and improves sensitivity to minority-related dynamics (Chircop Coleiro et al., 2023). Supervision could increase motivation for clinical work; however, hindering supervision can often lead to confusion and decreased motivation (Chircop Coleiro et al., 2023). Finally, personal growth also emerges as a major benefit: supervision enhances self-awareness, emotional regulation, and acceptance by creating a safe space to explore the overlap between personal and professional issues (Wilson et al., 2016).

Supervision thus supports professional, clinical, and personal development through reflection, learning, and growth (Polipo et al., 2024; Stedmon & Dallos, 2009). It promotes reflective practice (Schön, 1983), reduces self-doubt, increases openness to challenges, and facilitates constructive coping (Rønnestad et al., 2024). Supervision may even induce deep

engagement states that integrate professional and personal experiences, strengthening well-being and resilience (Elkington, 2010).

Although supervision is considered essential for clinical practice, its measurable impact is more modest than commonly assumed, explaining only 4–6% of client outcome variance (Keum & Wang, 2021; Whipple et al., 2020), suggesting that its influence on clients is indirect. Surprisingly, a study reported stronger associations for multicultural supervision, with supervisor-rated correlations reaching up to $r = .68$ (Pérez, 2018). Working with minority clients introduces specific therapeutic challenges (de Condé et al., 2024; Fischer et al., 2024), requiring cultural self-awareness, sensitivity to discrimination and identity, recognition of personal biases, and adaptation of interventions to clients' sociocultural realities (Hall & Malony, 1983; Hayes et al., 2015). Yet existing research on cultural or identity-related supervision often addresses these issues only partially or inconsistently (Chircop Coleiro et al., 2023; Wilson et al., 2016), underscoring the need to examine more closely how supervision contributes to the development of multicultural competence.

Clinical Challenges and Competences in Working with Minority Clients

In psychotherapy, minority clients refer to individuals belonging to underrepresented demographic groups who may face challenges or insecurities related to socio-cultural, ethnic, economic, religious, gender, or sexual orientation factors (Hall & Malony, 1983; Hayes et al., 2016; Sue et al., 2007). Therapists working with these populations must navigate many challenges, such as reducing stigma and discrimination (Fischer et al., 2024), addressing intersecting identities (Crenshaw, 1991; PettyJohn et al., 2020), and preventing dissatisfaction or mistrust resulting from unaddressed cultural dynamics (Meyer & Zane, 2013; Owen et al., 2014). Subtle therapist discomfort can damage the therapeutic alliance and limit disclosure (Fischer et al., 2024; Samuel & Simonds, 2025).

Such barriers weaken the therapeutic relationship (Carone et al., 2025) and might hinder minority clients' access to mental health services (Alegría et al., 2008). Enhancing minority competence in therapists is therefore essential (McGeough & Aguilera, 2020). "Minority competence", a term we adopt in this paper, or "multicultural competence", involves the ability to work ethically, respectfully, and effectively with marginalized populations (Ridley et al., 2021; Sue et al., 1992). It integrates both specific and general competencies to help therapists address systemic inequalities and the lived experiences of marginalized individuals. In this research, minority competence is defined as therapists' lifelong ability to integrate openness, awareness, and responsiveness with specific skills such as the capacity to respond with empathy, cultural sensitivity, and humility to work effectively with individuals from minority or marginalized groups (Sue et al., 1992; Vandiver et al., 2021).

Specifically, therapists working with this population should be able to (1) recognize structural inequalities and sociopolitical influences on clients' experiences (La Roche & Maxie, 2003; Vandiver et al., 2021); (2) attune to the emotional effects of marginalization (Ridley et al., 2021); (3) respond with empathy and cultural sensitivity (Sue et al., 1992); and (4) balance individual and group-level perspectives without stereotyping (Vandiver et al., 2021). Openness, awareness, and responsiveness are essential components of this work. Openness involves flexibility and humility towards difference (Bohart, 2013; Hook et al., 2013). Awareness requires acknowledging personal biases and systemic inequities (La Roche & Maxie, 2003). Responsiveness entails tailoring therapeutic approaches to each client's unique context (Norcross & Wampold, 2019). Together, these elements translate reflective attitudes into culturally informed and ethical practice (Ridley et al., 2021). Awareness should be demonstrated in a balanced way and adapted to the client's experience of their minority status: overlooking minority factors can obscure key aspects of the clients' experience,

whereas focusing excessively on minority identity may unintentionally reinforce stereotypes or reduce the client's complexity.

Therefore, training should integrate minority competence as a lifelong process grounded in humility and critical social awareness (Constantine, 2002; Zhou, 2025).

The Present Study

This study explored how psychotherapists perceive supervision, as either helpful or hindering in developing competencies for working with minority clients. This meta-analysis extends previous reviews by shifting the focus from the process of supervision to its perceived outcomes. While earlier meta-syntheses (Wilson et al., 2016; Chircop Coleiro et al., 2023) analyzed what makes supervision feel effective, the present study synthesizes how therapists describe the perceived impact of supervision, specifically what they report taking away from supervision and how they perceive themselves as applying it in practice with minority clients. Inspired by the framework of helpful and hindering factors in psychotherapy change processes (Elliott, 2011; Timulak, 2010), a systematic review and qualitative meta-analysis examined existing qualitative studies on supervision experiences of therapists working with minority clients.

The guiding research question was: What perceived impact do psychotherapists report that supervision has on their therapeutic competence when working with minority clients? This qualitative meta-analysis aimed to integrate previous findings, identify valuable supervisory factors when working with minority clients and inform training practices that promote culturally responsive and ethically grounded therapeutic competence.

Method

Reflexivity statement

The first author is a White male researcher and teaching assistant in clinical psychology who works as an integrative Client centered-CBT therapist. The second author is

a White male associate professor in clinical psychology and a psychoanalytic psychotherapist with considerable expertise in qualitative research. The third author is a White female researcher and teaching assistant in clinical psychology with a private practice as a CBT therapist. She has a particular interest in the topic of this meta-analysis because of her personal experience with intercontinental migration, her clinical work with minority clients, and her doctoral dissertation on cultural competence in psychotherapy. The fourth author is a White female full professor in clinical psychology working as a person-centered therapist and supervisor and runs a psychotherapy training program in person-centered and experiential therapy. Except for one member of the research team, the other three have relatively little experience in working with minorities.

Originating from one of the author's clinical experiences with minority populations, the initial definition of "minorities" centered on race and ethnicity. Consequently, this study initially focused on ethnic minority clients. During the process of reviewing the literature, this definition was broadened, including any individual facing difficulties or insecurities from socio-cultural, ethnic, monetary, religious, gender, or sexual orientation aspects. The final sample of studies reflects the heterogeneity of minority experiences.

All members of the research team experience supervision as an indispensable aspect of their continued professional development as psychotherapists. However, none of the researchers possess prior experience in supervision specifically focused on minority clients. In order to counter this positive bias towards helpful aspects of supervision, the research team explicitly looked for evidence of hindering aspects. Additionally, every step of data collection and data analysis was based on work by at least two researchers and regular meetings to establish consensus.

Selection of primary studies

A first systematic literature search for peer reviewed papers published in English was conducted in July 2021 using PSYCINFO (see figure 1). This initial search was conducted in the context of a larger systematic review project on various types of reflective practices, such as personal therapy and supervision. The following search terms were used: (reflecti* OR “reflective practi*” OR supervis* OR “personal therap*” OR “experiential learn*” OR train* OR “professional development” OR “personal and professional development”) AND (“clinical psycholog*” OR psychotherap* OR therap* OR psychoanal*) AND (qualitative OR thematic OR phenomenolog* OR “grounded theory” OR “discourse analy*” OR narrative OR “content analy*” OR ethnograph* OR “action research”). This search process resulted in the identification of 2705 unique publications.

- INSERT FIGURE 1 ABOUT HERE -

All 2705 titles and abstracts were screened independently by the first and second authors according to pre-specified exclusion and inclusion criteria. Endnote 20 and Rayyan were used for managing references and recording decisions, respectively. Studies were included based on their use of qualitative methods to gather and analyze therapists’ experiences of how reflective practice influenced their clinical work, as well as their personal and professional development, either positively or negatively. The interrater reliability at this stage was 90%. Disagreements between reviewers were resolved by consensus. This resulted in a sample of 157 papers. Part of this sample of papers has been used previously for a qualitative meta-analysis on personal therapy (Willemsen et al., 2024). In the context of the current study, the full texts of these 157 papers were screened again independently by the first and third authors with the aim of identifying qualitative studies on the impact of supervision on clinical work with minority clients. The pre-specified inclusion criterion for supervision included individual or group supervision that participants received during or after their

professional training as psychotherapists. We excluded peer intervision and live supervision (i.e., immediate feedback via microphone or text messages from supervisor who follows the session real-time in person or remotely). Moreover, inclusion was limited to studies in which therapists were engaged in work with minority clients, in accordance with the aforementioned definition. The interrater reliability at this stage was 100%. Through this process, a total of 7 primary studies were retained, none of which overlapped with the meta-analysis focusing on personal therapy.

In order to update this systematic review with more recently published studies on supervision for therapists who work with minority clients, a second systematic literature search was conducted in March 2025 using PSYCINFO to identify peer reviewed papers published in English between July 2021 and March 2025. The following search terms were used: *supervis** AND (“clinical psycholog*” OR psychotherap* OR therap* OR psychoanal*) AND (qualitative OR thematic OR phenomenolog* OR “grounded theory” OR “discourse analy*” OR narrative OR “content analy*” OR ethnograph* OR “action research”) AND (*minorit** OR "MCO" OR "Multicultural orientation" OR "cultural humility" OR "cultural opportunities" OR "cultural comfort"). This resulted in the identification of 18 unique studies. The titles and abstracts of these 18 studies were screened by the fourth author using Rayyan, and the result was checked by the first and second authors. There were no disagreements between the reviewers. The earlier mentioned inclusion and exclusion criteria were used. This resulted in the identification of one additional primary study (Singla et al., 2022), leading to a total of 8 articles.

Data analysis

For the data analysis, an adapted Grounded theory method (Glaser & Strauss, 1967) was used that was informed by the phenomenological approach described by Rennie (2000). This study is also broadly informed by Elliott and Timulak’s framework (Elliott, 2011;

Timulak, 2010), which provides a guiding theoretical background for understanding helpful and hindering aspects of psychotherapeutic change in supervision, and its impact in clinical practice. While we draw on this framework to support our study design, we do not adopt their method in a strict sense, as it is focused on helpful or hindering experiences in the context of psychotherapy sessions. This meta-analysis, however, focusses on how supervisees perceive the causal link between certain experiences during supervision and the acquisition of therapeutic competence in working with minority clients.

The first step required the identification of relevant excerpts in the primary studies. Relevant excerpts were those in which the authors, either in their own words or through citing the participants of their study, attributed aspects of their therapeutic competence in working with minority clients to certain experiences during supervision. These excerpts were considered meaning units and were labelled by the researcher, and each meaning unit communicated an idea about what therapists took from their supervision sessions into their own clinical work with minority clients. Meaning units could take three forms: (1) a segment of text from the results section of the primary study, (2) a direct participant quotation reported in the study, or (3) a theme or category identified by the original authors. More often, the research team generated a label based on smaller data segments. For example, the text segment *“another participant also explained supervision provided the context in which she was encouraged to explore alternative and creative ways of working with her refugee clients”* (Apostolidou & Schweitzer, 2017, p. 77) was labelled “use other techniques”, and the participant quotation *“I used a totally different approach and she did open”* (Soheilian et al., 2014, p. 386) was labelled “try a new approach”. In some cases, the meaning unit corresponded directly to a theme identified in the primary studies (e.g., *“Calibrating a cultural lens”* in Apostolidou & Schweitzer, 2017, p. 76; *“Content of how the multicultural experience affected supervisees’ work with clients”* in Soheilian et al., 2014, p. 386). Thus,

themes from the original studies were sometimes retained as labels, whereas in other cases the research team inductively generated a label from the extracted meaning unit. The labels were descriptive, jargon-free, and emphasized the processual aspect of how therapists attributed the impact of supervision on clinical work with minority clients. Findings from the primary studies that were not relevant to the research question were not included.

The second step involved using these labelled units to construct categories reflecting patterns in the meta-analytic findings. Using a process of constant comparison, labels from one primary study were systematically compared to those from other studies, allowing categories to emerge based on shared features (Glaser & Strauss, 1967). Any disagreements among the researchers were resolved through consensus. Categories were flexible; they could include data from multiple studies and were not mutually exclusive: a single labelled unit could be assigned to more than one category. These categories were then compared with each other, leading to the formation of higher-order clusters, representing the core findings of this meta-analysis.

This two-step process was initially completed by the first and third author based on the initial set of seven primary studies (excluding Singla et al., 2022). After an audit of their results by the second author, it was decided that the first and the second authors would reiterate the data analysis of all seven studies. The result of their analysis was then presented to the third and the fourth authors, who made further suggestions regarding the categories, leading to the final result. Finally, the categories were tested with Singla et al.'s (2022) study. The first and second authors independently identified meaning units and categorized them according to the categories (rather than going through the process of constant comparison). This final step in the data analysis did not result in any changes in the categories or clusters.

Results

Characteristic of the studies

The primary studies were conducted in the USA (7), except for one study that was conducted in Australia. While the primary studies (with the exception of Singla et al., 2022) focused on experiences in supervision in the context of clinical work with minorities, most studies did not primarily focus on how this supervision was perceived as being helpful or hindering for the development of therapeutic competences for therapists' clinical work with minority clients (see Table 1). More often, the focus was on how the discussion of issues about working with minorities during supervision was experienced, or how certain minority-sensitive models of supervision were experienced by the supervisees. The data collection strategies used were primarily (semi-structured) interviews (7 studies) and for one study, an open-ended online questionnaire survey. The data analysis strategies were diverse: Consensual Qualitative Research (3), Grounded theory (2), Thematic analysis (1), content analysis (1), and discovery-oriented qualitative research (1).

- INSERT TABLE 1 ABOUT HERE -

The number of participants included in the primary studies varied between 4 and 102 with a mean of 23.63 participants per study ($SD = 32.04$). Five studies had samples consisting exclusively of supervisees sharing their experiences of supervision. One study (Hernandez et al., 2009) had a sample consisting of supervisors talking about their experiences as supervisees. Two studies (Prouty et al., 2001; Singla et al., 2022) had mixed samples of supervisees and supervisors giving their perspective on supervision for clinical work with minority clients. This means that none of the studies included the client's perspective on the research question. The ages of the participants ranged between 22 and 67 years. The mean percentage of female participants reported across the studies was 70.63 ($SD = 20.17$). Six primary studies had a sample of participants consisting primarily of psychologists, while two

studies included therapists from the American Association for Marriage and Family Therapy. The type of supervision received was individual in 5 studies, group supervision in 2 studies and peer supervision in 1 study. The primary studies did not include further information about the training or expertise of the supervisors. The participants in the primary studies worked with a wide range of minority clients, belonging to one or more minority groups based on cultural-ethnic factors (5 studies), economic factors (2 studies), religious factors (2 studies), gender (3 studies), or sexual orientation (4 studies).

The qualitative meta-analysis yielded three thematic clusters, each comprising two categories. A detailed overview of these results is presented in Table 2. In the following sections, each cluster is examined in turn to describe the main findings of the analysis. Within each cluster, the constituent categories are discussed and substantiated with examples originating from the primary studies. In one of the 8 studies selected (Hernández et al., 2009), we did not find elements in response to our research question, because the results concerned the supervision process rather than its perceived impact on clinical work. Likewise, and interestingly, no studies mentioned the perceived hindering impact of supervision on therapists' clinical work with minorities.

- INSERT TABLE 2 ABOUT HERE -

Cluster 1: Supervision fosters therapists' self-awareness towards minority clients

Six studies highlight the perceived role of supervision in fostering therapists' self-awareness, both in terms of their socio-cultural background and biases and their emotional limitations and vulnerabilities when working with marginalized populations. Supervision not only promotes critical reflection on identity and power dynamics but is also perceived to serve as emotional support, helping therapists manage the psychological toll of working with clients facing significant adversity.

Category 1.1 Supervision helps to increase awareness about supervisee's own minority/majority background and biases towards minority/majority clients in therapy

Five studies identified how personal background and biases, including majority status or minority identity, are perceived to influence clinical practice. Supervision was reported to encourage therapists to deconstruct assumptions and to support them in examining and reflecting on their own reactions to clients and the therapeutic process. It is also experienced as helping to prevent therapists' personal values and biases from disrupting the therapeutic work and relationship. Although this awareness often emerged in the context of working with minority clients, four studies indicated that supervision was also perceived to foster sensitivity to differences and biases towards any client, regardless of background. Supervision is perceived by supervisees as beneficial in increasing their awareness of personal backgrounds, lenses, reactions, and biases towards clients, fostering reflection on how these factors are perceived to influence their clinical practice. Awareness of minorities' challenges and sensitivity, in particular, are reported as helping therapists navigate complex intercultural and interpersonal interactions more effectively, highlighting the broader value of reflective supervision. Here is an example of a therapist working with asylum seekers and refugees, describing his/her experience of supervision:

"If there is a blockage [...] in the therapeutic outcome and the therapy progress I'd obviously discuss [...] what I did and what I think it worked and what I think it didn't work [...] but then also in terms of how do I feel about it, if I feel frustrated [...] How it impacts on me and how does my client's scenario or drama and sufferance would impact on me emotionally, is it something that resonates with me? You know if there is something that I have in common with my client and if I can actually be objective."

(Apostolidou & Schweitzer, 2017, p. 79)

Supervision was also experienced as supporting therapists in understanding their own reactions and working through barriers: *“This supervision experience helped me to understand myself better in terms of my reaction to white heterosexual male clients. It helped me to work through a barrier that I created between me and my client”* (Soheilian et al., 2014, p. 387). This quote illustrates that these reflective processes can also play out between a minority therapist and a majority client.

This category underscores how supervision is experienced as a vital space for self-reflection and the development of awareness regarding personal and relational differences, including but not limited to minority sensitivity.

Category 1.2 Supervision helps to recognize and address personal limitations in meeting minority clients

Three studies emphasized that supervision is perceived to play a crucial role in helping therapists recognize power dynamics within the therapeutic relationship, while also serving as a protective factor against professional exhaustion, particularly in working with refugees. The emotional cost of hearing distressing and often traumatic narratives was described as leading to feelings of helplessness and fatigue, highlighting the need for support.

“I just tried to do too much, too much for the clients and it was unsustainable and so I kind of had to learn to explain to clients the differences between the roles that different people in the organisation had so, and in supervision that was kind of the point that was made that I wouldn’t be able to sustain that for all the clients that I was seeing.”

(Apostolidou & Schweitzer, 2017, p. 77)

Supervision is experienced as offering a reflective space where therapists can process their emotional reactions, maintain healthy boundaries, and confront the personal limits of their role. It is also perceived as fostering critical reflection on how broader sociopolitical contexts affect both clients and clinicians, increasing awareness of external pressures while

normalizing emotional responses in complex situations. In this way, supervision is experienced not only to safeguard therapists' well-being but strengthens their resilience and ethical commitment. Moreover, it is perceived to enhance therapists' understanding of how their identities may shape therapeutic dynamics. This process of guided self-exploration supports emotional regulation and professional development, is perceived to empower therapists to navigate the challenges of working with minority populations with greater confidence and minority sensitivity.

Cluster 2: Supervision deepens the understanding of minority clients

Four studies foregrounded that therapists appreciate how supervision helps them to deepen their empathic and cognitive understanding of minority clients. Supervision was experienced to enhance this understanding by encouraging therapists to consider minority variables such as migration experiences and sociocultural context as integral to case conceptualization and therapeutic formulation.

Category 2.1 Supervision helps to include minority characteristics in the therapy

Four studies indicated that supervision was perceived to play a crucial role in helping therapists integrate minority variables into clinical practice. By encouraging case conceptualization through the lens of clients' singular histories and sociocultural backgrounds, supervision deepens therapists' understanding of these specific clients. It is perceived to support viewing minorities' characteristics, when relevant, not as peripheral, but as central to the therapeutic process.

Supervision was experienced to promote a more nuanced and complex approach to case formulation by challenging therapists to recognize and incorporate minority factors, including their own assumptions and potential biases. This process was reported to facilitate a more accurate and respectful understanding of clients' identities and lived experiences, prioritizing the client as the primary source of their own experience.

“She [My supervisor] would ask me how I viewed a certain client given his or her multicultural background, and then encouraged me to find out from the client how he or she felt about it. [About] what it is like to be a Black man who is struggling with his sexuality... She would ask me those questions. And if I didn't know the answer ... to go back to the client and find out. ... She would encourage me to ask those questions of my clients.” (Ancis & Marshall, 2010, p. 281)

Furthermore, supervision was experienced to create space for therapists to explore minority-specific issues and reframe emotional expressions within appropriate minority contexts. *“She [the supervisor] helped reframe that in terms of cultural context. Was his emotionality [the client] a function of not being from this country, and was the expression of it culturally relevant or culturally appropriate?”* (Chui et al., 2018, p. 43).

Category 2.2. Supervision fosters a more empathic understanding of the minority clients' specificities

Three studies showed that supervision was perceived to play a key role in cultivating therapists' empathy and deepening their understanding of the unique experiences and needs of minority clients. It is experienced to inspire therapists to become more attuned to the specific challenges these clients face, encouraging an individualized, non-judgmental approach grounded in openness and acceptance, reducing pathologization and supporting the therapist in joining clients where they are. *“I believe her value [the supervisor] is one of nonjudgment and acceptance and I believe she's very competent in working with LGBT clients. She's aware of numerous issues that they face.”* (Chui et al., 2018, p. 42)

By prompting therapists to take clients' concerns more seriously and reflect more deeply on them, supervision is perceived to help strengthen the therapeutic alliance. It was reported to facilitate a clearer understanding of clients' perspectives and desires, enhancing the therapist's capacity to respond with empathy and sensitivity. Altogether, these findings

illustrate the perceived impact of how supervision fosters responsive engagement with minority clients in clinical practice.

Cluster 3: Supervision stimulates a minority-adapted therapeutic approach

Six studies highlighted the perceived importance of supervision's role in helping therapists adapt their interventions to be appropriate when working with minority clients.

Category 3.1. Supervision stimulates the discussion of minority-related issues

In five studies, supervision was described as a safe and supportive space that encourages therapists to engage in open dialogue about minority-related concerns and cultural differences both in supervision and in sessions. This reflective space was perceived to promote transparency, reflection, and a deeper exploration of how minority identities – both clients' and therapists' – may influence the therapeutic process.

Supervision was experienced as facilitating explicit conversations around diversity, helping therapists feel more confident and secure when addressing minority-sensitive topics in therapy sessions, as one therapist was saying: “clients got more attention focused on diversity issues and I hope felt safer to talk with me about any differences” (Ancis & Marshall, 2010, p. 282). It was also perceived to offer a space to reflect on whether and how to introduce minority-related topics that emerge from broader societal contexts. For example, therapists described using supervision to process dilemmas about addressing current events with clients from affected communities:

“One of the things we talked about [in supervision] is ... if something is happening in the news. I have memory of a provider who was working with an Asian American woman and the theme of violence against Asian Americans [had been in the news]. [The provider said], ‘I’m seeing this, and I don’t know if it impacts her day to day. Do I bring it up with her? Does that seem presumptuous? Do I not bring it up?’ I think these are really important questions to be asking.” (Singla et al., 2022, p. 776)

In addition, supervision was perceived to support the exploration of self-disclosure when relevant to therapeutic work with minority clients, allowing therapists to respond in more transparent and attuned ways and to reflect on sharing their reactions or personal information: *“I felt accepted and a sense of relief that I could share information about my partner”* (Burkard et al., 2009, p. 182).

By processing emotional reactions and uncertainties in supervision, therapists described being guided toward more adaptive clinical responses when clients asked personal questions that invited therapist self-disclosure: *“being out is not always dangerous, that some clients are just curious, and that I [supervisee] did not have to be defensive in therapy about such a question.”* (Burkard et al., 2009, p. 182)

This category illustrates how supervision is perceived to foster minority sensitivity, encourage thoughtful clinical decision-making, and enhance therapists’ ability to respond effectively to the lived experiences of minority clients.

Category 3.2. Supervision stimulates the adaptation of interventions to minority clients

Six studies demonstrated that supervision is perceived to play a crucial role in helping therapists adapt their interventions in responsive ways when working with minority clients. It is experienced to offer a space for reflective feedback, enabling therapists to tailor their interventions to the specific realities of each minority client. This includes modifying session pacing, adjusting the therapeutic setting, and incorporating creative methods such as metaphors or sand play, especially helpful when working with vulnerable populations like refugees, where conventional interventions may not suffice.

“What’s supervision was helpful is to actually just look at, people talk about the gift of presence and how that, and the gift of being, witnessing a person’s pain and the gift of sitting with someone and really talking to clinicians about how that’s actually the goal, the goal isn’t to actually improve and [...] if you understand your goal of your

engagement with the client to be about [...] not turning away from their pain then you can actually take that, in fact I am doing something, so it's about reframing I think."

(Apostolidou & Schweitzer, 2017, p. 77)

Supervision is also perceived to support therapists in reframing therapeutic goals to be more realistic, and minority grounded, encouraging client collaboration in setting those goals. It is experienced as helping to raise awareness of minority issues within therapy and to promote advocacy-oriented practice. Additionally, supervision is perceived to foster the use of inclusive and minority sensitive language to avoid assumptions and better align with clients' lived experiences: *"I was careful to ask my client if they were currently in a romantic relationship as opposed to in a romantic relationship with a specific sex"* (Soheilian et al., 2014, p. 386). These findings highlight how supervision is perceived to nurture minority attuned, flexible, and ethically grounded therapeutic practices when working with minority clients.

Discussion

The results of this qualitative meta-analysis indicated that supervision was perceived to play an important role in enhancing therapists' minority competence when working with minority clients. Three clusters emerged in relation to the perceived influence of supervision on therapist competence with minority clients. The first cluster highlights how supervision is perceived to foster self-awareness by helping therapists recognize their own backgrounds, biases, and limitations. The second cluster emphasizes how supervision is perceived to deepen therapists' understanding of minority clients by encouraging the inclusion of minority characteristics and promoting empathic insight into clients' unique experiences. The third cluster shows how supervision is perceived to support the development of a minority-adapted therapeutic approach by addressing discussions around minority-related issues and encouraging reflection on the adaptation of interventions to better meet the needs of minority

clients. The studies included in this meta-analysis consistently reported positive perceived impacts of supervision on minority competence, and no studies illustrating perceived hindering or negative aspects were found.

The aim of this study was to complement two previous meta-analyses on supervision (Chircop Coleiro et al., 2023; Wilson et al., 2016), in which the perceived impact of supervision on clinical practice with minority clients was not explicitly addressed. While both Wilson et al. (2016) and Chircop Coleiro et al. (2023) focused on the experiences of trainee therapists, the present study broadened the scope to include therapists across all levels of experience. Moreover, whereas those earlier studies explored how therapists experience supervision—that is, what makes it feel helpful or unhelpful—this study not only focused on what therapists reported taking away from supervision but also how they said they applied it in practice. We can think of this as a two-step process that moves from supervision to the development of clinical competences and then to their implementation in therapy. The previous meta-syntheses primarily illuminated the first stage: the conditions that make supervision effective. The present study focuses on the second stage of this process: how the competences developed or refined in supervision were perceived to be subsequently integrated into therapists' clinical work with clients, specifically with minority clients.

Chircop Coleiro et al. (2023) highlighted both helpful and unhelpful aspects of supervision, such as feeling supported and validated, enhancing self-awareness and sensitivity to important issues, acknowledging one's own biases and identity, and fostering self-acceptance through reflection on self-disclosure of therapist identity. They also noted that therapists felt more connected with themselves and with their clients. The present study extends these ideas by emphasizing a more critical engagement with societal context and the pervasive presence of power dynamics—not only in supervision but also within the therapeutic relationship. Wilson et al. (2016) explored alternative approaches to handling

delicate situations, addressing differences between supervisors and supervisees, and showed that supervisors' acceptance of minority issues strengthens the supervisory alliance, thereby enhancing self-awareness and sensitivity towards diverse clients. While they acknowledged power dynamics and recognized supervision as a reflective space for the therapeutic relationship, their focus remained more general and less specific to minority issues. Although their study acknowledged diversity and relational aspects, it neither explored them in depth nor addressed the relational and minority-specific dimensions highlighted by the present results.

The results revealed a notable emphasis on power dynamics, underscoring how both cultural and professional power were consistently perceived to influence clinical practice (Levitt & Whelton, 2024). "Cultural power" refers to sociocultural and political factors, while "professional power" results from the difference in professional status, knowledge and competencies between therapist and patient. While power dynamics are inherent in any human relationship, their presence within the therapeutic relationship plays a critical role in shaping the therapeutic process. In working with minority clients, these two types of power come together in a complex way. The current study speaks to this problem of power imbalances, with two main ideas emerging from the data. The first concerns the management of countertransference. Participants emphasized the importance of recognizing and regulating personal emotional responses that arise during therapy. Supervision regarding minority clients was described as a vital space for therapists to reflect on these reactions, on how these might be linked to their professional power, and develop strategies to manage them effectively. The second idea relates to therapists' awareness of cultural power dynamics shaped by broader sociopolitical and minority contexts. Supervision concerning minority clients or issues was reported to enhance therapists' understanding of how structural inequalities and contextual factors influence the therapeutic relationship and may impact treatment outcomes. This

heightened awareness was perceived to help therapists navigate professional power imbalances that may affect the therapeutic process, ultimately fostering a more ethical and effective practice. These insights collectively indicate that minority-related supervision is not only about learning minority relevant techniques but also about cultivating an ethical stance towards positionality, privilege, and power within therapy and supervision alike.

It is important to acknowledge that certain categories in this meta-analysis – particularly deepening understanding of minority clients (Cluster 2) and stimulating discussion of minority-related issues (Category 3.1) – are conceptually interwoven. While Cluster 2 refers to formulation-level processes, in which therapists reconsider how clients' identities, migration histories, or intersectional contexts shape case conceptualization, Category 3.1 pertains to interactional processes, in which therapists decide when and how to invite minority-related dialogue within therapy sessions. Although these clusters are presented separately, several primary studies showed that these dimensions overlapped, reflecting the potential interplay between therapists' awareness and understanding on the one hand, and their communication, actions, and ways of being in therapy sessions with minority clients on the other. Instead of imposing a rigid division, this meta-analysis interprets their overlap as evidence that reflective understanding and responsive dialogue evolve together through supervision.

Neither too much, nor too little focus on minority issues

This study also brings attention to the challenges of integrating minority awareness into supervisory and clinical practice. While acknowledging and exploring minority identity and context can enhance understanding and therapeutic attunement, an exclusive or overly insistent focus on these aspects may risk reducing clients to their minority status. Research on client experiences (Meyer & Zane, 2013; Owen et al., 2014; Sadusky et al., 2024) suggests that some minority clients report frustration when their difficulties are repeatedly – or

exclusively – framed through cultural or identity-based explanations. This frustration can also arise when therapists position themselves as “learners” rather than experts, creating a sense of “role reversal”. Conversely, too little attention to minority issues can be equally problematic, as insufficient acknowledgment of clients’ identities or lived experiences may be perceived as minimizing their concerns or reinforcing existing power imbalances (Vandiver et al., 2021). This indicates that minority awareness, though generally beneficial, can also have unintended negative effects if not applied with sensitivity and balance.

Supervision thus serves an important function in helping therapists maintain a nuanced stance, avoiding both the neglect of minority issues and the overemphasis of them. Through reflective dialogue, supervision allows therapists to examine when, how, and to what extent minority issues are relevant to the therapeutic relationship and to the client’s goals (Ridley et al., 2021). Such a balance prevents potential harm and ensures that minority awareness remains a resource for growth rather than a source of misunderstanding. This aligns with an ethical and contextualized vision of minority competence as a dynamic, situationally adjusted capacity rather than a fixed set of techniques.

Limitations and future studies

More qualitative research is needed to deepen our understanding of the perceived attribution processes through which supervision may shape therapists’ clinical work with minority clients. While no perceived hindering aspects of supervision were identified in relation to minority clinical practice in the present data, it remains plausible that negative or unintended perceived effects occur but are under-reported (Chircop Coleiro et al., 2023; Wilson et al., 2016). Future research should therefore explore how supervision might be perceived as inadvertently hindering practice, such as when supervision reinforces anxiety about competence, replicates systemic power dynamics, or encourages over-cautiousness in cross-cultural encounters.

This meta-analysis analyzed eight studies, seven of which directly addressed the research question. In roughly half of these studies, participants identified with one or more minority groups, potentially heightening their awareness of minority issues. Despite the growing interest in this area, as reflected in publications between 2009 and 2022, several key questions remain unanswered. First, although supervision is widely regarded as the backbone of clinical training and essential for therapist development, its measurable effect on client outcomes is small and largely indirect (Keum & Wang, 2021; Whipple et al., 2020).

Understanding this gap requires research that links therapists' reported take-aways from supervision to observable behaviors in therapy and to clients' perspectives on helpfulness. We might ask whether clients experience therapy differently depending on whether their therapist is receiving supervision. Second, although supervision is perceived to support the development of minority competence, it remains an individualized and resource-intensive training format. This raises questions about the scalability of such learning and whether alternative, less costly formats (e.g., online group training) could offer similar benefits?

This study also brings forward the concept of value conflicts and life similarities between clients and therapists. In an increasingly diverse world, understanding how shared or divergent life experiences influence the therapeutic alliance and outcome becomes essential (Fragakis, 2025). As the process of developing minority competence is nuanced and delicate, it should be aligned with the supervisee's pace and current level of awareness, understanding, and sensitivity towards minority issues (Ridley et al., 2021). Future research should explore these micro-processes using mixed-method case studies that investigate relational dynamics such as attunement, synchronicity, and value conflicts (Fragakis, 2025; Hayes et al., 2016; Sue et al., 2007). Designs employing interpersonal process recall (Burgess et al., 2013; Polipo et al., 2024) could further illuminate the reflexive processes facilitated in supervision and their perceived influence on minority competence, providing richer insights into reflection-in-

action and reflection-on-action (Schön, 1983). Additionally, longitudinal studies on training trajectories are needed to understand how therapists develop and sustain minority competence over time. Randomized controlled trials comparing supervision with other training modalities (e.g., role-playing courses or online learning) could help clarify their relative effectiveness and durability.

Conclusion

This study highlights the perceived role supervision plays in enhancing therapists' minority competence when working with minority clients. Three clusters summarize these perceived influences: it is perceived to foster therapists' self-awareness by helping them recognize biases and limitations; to deepen understanding of minority clients by encouraging the inclusion of minority-related factors and fostering empathy; and to support the adaptation of therapeutic approaches to better meet minority clients' needs, including facilitating discussions of minority-specific issues.

Unlike previous meta-analyses that broadly examined supervision or emphasized supervisees' general experiences, this study specifically centered on supervision's perceived influence on clinical practice with minority clients, emphasizing power dynamics and societal context as essential factors shaping therapy. The findings reveal that power imbalances—inevitable in therapeutic relationships—are perceived to significantly influence clinical work and must be consciously managed through supervision. This includes addressing countertransference and understanding structural inequalities that affect both clients and therapists. Supervision was also described as helping therapists process vicarious trauma and compassion fatigue, linking personal growth with professional competence. Despite these insights, the literature remains limited; questions persist about how supervision affects client experiences, how scalable minority-focused training can be, and whether formal training is always necessary for culturally competent practice. The study emphasizes the perceived

importance of tailoring minority-competence development to each therapist's awareness and sensitivity level.

Comparing different training formats and their long-term effects will further clarify how best to support therapists in delivering attuned and effective care to minority clients.

More broadly, the present findings may be generalizable beyond minority contexts:

supervision is perceived to support therapists in adopting a more client-centered and context-attuned approach, one that is responsive to each client's individuality rather than reliant on universal techniques.

Pre-print

References

- Alegria, M., Chatterji, P., Wells, K., Cao, Z., Chen, C., Takeuchi, D., Jackson, J., & Meng, X.-L. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services, 59*(11), 1264–1272.
<https://doi.org/10.1176/ps.2008.59.11.1264>
- Ancis, J. R., & Marshall, D. S. (2010). Using a multicultural framework to assess supervisees' perceptions of culturally competent supervision. *Journal of Counseling & Development, 88*(3), 277-284. <https://doi.org/10.1002/j.1556-6678.2010.tb00023.x>
- APA. (2014). *APA Guidelines for clinical supervision in health service psychology*.
<https://www.apa.org/about/policy/guidelines-supervision.pdf>
- Apostolidou, Z., & Schweitzer, R. (2017). Practitioners' perspectives on the use of clinical supervision in their therapeutic engagement with asylum seekers and refugee clients. *British Journal of Guidance & Counselling, 45*(1), 72-82.
<https://doi.org/10.1080/03069885.2015.1125852>
- Bohart, A. (2024). The actualizing person. In M. Cooper, G. di Malta, M. M. O'Hara, Y. Gololob, & S. Stephen (Eds.), *The handbook of person-centred psychotherapy and counselling* (3rd edition, p. 72-88). Bloomsbury Academic.
- Burgess, S., Rhodes, P., & Wilson, V. (2013). Exploring the in-session reflective capacity of clinical psychology trainees: An interpersonal process recall study. *Clinical Psychologist, 17*(3), 122-130. <https://doi.org/10.1111/cp.12014>
- Burkard, A. W., Knox, S., Hess, S. A., & Schultz, J. (2009). Lesbian, gay, and bisexual supervisees' experiences of LGB-affirmative and nonaffirmative supervision. *Journal of Counseling Psychology, 56*(1), 176-188. <https://doi.org/10.1037/0022-0167.56.1.176>

- Carone, N., Innocenzi, E., & Lingiardi, V. (2025). Microaggressions and dropout when working with sexual minority parents in clinical settings: The working alliance as a mediating mechanism. *Psychology of Sexual Orientation and Gender Diversity, 12*(1), 113–122. <https://doi.org/10.1037/sgd0000651>
- Chircop Coleiro, A., Creaner, M., & Timulak, L. (2023). The good, the bad, and the less than ideal in clinical supervision: A qualitative meta-analysis of supervisee experiences. *Counselling Psychology Quarterly, 36*(2), 189-210. <https://doi.org/10.1080/09515070.2021.2023098>
- Chui, H., McGann, K. J., Ziemer, K. S., Hoffman, M. A., & Stahl, J. (2018). Trainees' use of supervision for therapy with sexual minority clients: A qualitative study. *Journal of Counseling Psychology, 65*(1), 36-50. <https://doi.org/10.1037/cou0000232>
- Constantine, M. G. (2002). Predictors of satisfaction with counseling: Racial and ethnic minority clients' attitudes towards counseling and ratings of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology, 49*(2), 255-263. <https://doi.org/10.1037/0022-0167.49.2.255>
- Crenshaw, K. (1991). Mapping the Margins : Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review, 43*(6), 1241. <https://doi.org/10.2307/1229039>
- de Condé, H., Zech, E., & Willemsen, J. (2024). The person behind the therapist: A recall study on significant events that contribute to therapists' personal and professional development. *Research in Psychotherapy: Psychopathology, Process and Outcome, 27*(2), 791. <https://doi.org/10.4081/ripppo.2024.791>
- Elliott, R. (2011). Qualitative methods for studying psychotherapy change processes. In D. Harper & A. R. Thompson (Eds.), *Qualitative Research Methods in Mental Health*

and *Psychotherapy* (1st ed., pp. 69–81). Wiley.

<https://doi.org/10.1002/9781119973249.ch6>

EAP. (2025). *The European certificate of psychotherapy* (No. 9th version). European Association for Psychotherapy.

Fernández-Alvarez, H. (2016). Reflections on supervision in psychotherapy. *Psychotherapy Research*, 26(1), 1–10. <https://doi.org/10.1080/10503307.2015.1014009>

Fischer, O., Cox, D. W., Mickelson, J. M., & Lyons, K. (2024). Bridging the multicultural orientation framework with sexual and gender minority psychotherapy: A mixed studies systematic review. *Psychotherapy*, 61(1), 1–30.

<https://doi.org/10.1037/pst0000518>

Fragakis, G. (2025). On becoming Lilith-allies: How the myth became a meeting place for a woman and her male therapist as they navigated gendered, religious, and male-centered conditions of worth. *Person-Centered & Experiential Psychotherapies*, 1–21.

<https://doi.org/10.1080/14779757.2025.2480567>

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine Transaction.

Hall, G. C. N., & Malony, H. N. (1983). Cultural control in psychotherapy with minority clients. *Psychotherapy: Theory, Research & Practice*, 20(2), 131–142.

<https://doi.org/10.1037/h0088484>

Hayes, J. A., McAleavey, A. A., Castonguay, L. G., & Locke, B. D. (2016). Psychotherapists' outcomes with White and racial/ethnic minority clients: First, the good news. *Journal of Counseling Psychology*, 63(3), 261–268. <https://doi.org/10.1037/cou0000098>

Hayes, J. A., Owen, J., & Bieschke, K. J. (2015). Therapist differences in symptom change with racial/ethnic minority clients. *Psychotherapy*, 52(3), 308–314.

<https://doi.org/10.1037/a0037957>

- Hernández, P., Taylor, B. A., & McDowell, T. (2009). Listening to ethnic minority AAMFT approved supervisors: Reflections on their experiences as supervisees. *Journal of Systemic Therapies*, 28(1), 88-100. <https://doi.org/10.1521/jsyt.2009.28.1.88>
- Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*, 60(3), 353–366. <https://doi.org/10.1037/a0032595>
- Knox, S., & Hill, C. E. (2021). Training and supervision in psychotherapy: What we know and where we need to go. In M. Barkham, W. Lutz, & L. G. Castonguay, *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (7th ed). John Wiley & Sons, Incorporated.
- La Roche, M. J., & Maxie, A. (2003). Ten considerations in addressing cultural differences in psychotherapy. *Professional Psychology: Research and Practice*, 34(2), 180–186. <https://doi.org/10.1037/0735-7028.34.2.180>
- Levitt, H. M., & Whelton, W. J., (2024). On the need to reconcile cultural and professional power in psychotherapy: Humanistic principles that are foundational for feminist multicultural practice. *The Humanist Psychologist*, 52(2), 137-162. <https://doi.org/10.1037/hum0000327>
- Lindo, N. A., Walen, K. K. M., Ceballos, P., Ohrt, J. H., Prosek, E., Yousef, D., Yaites, L., Ener, E., & Blalock, S. (2015). Wellness and burnout prevention: Perceptions of a group supervision intervention. *Journal of Professional Counseling: Practice, Theory & Research*, 42(2), 28–42. <https://doi.org/10.1080/15566382.2015.12033947>
- McGeough, B., & Aguilera, A. (2020). Clinical interventions with sexual minority clients: Review, critique, and future directions. *Journal of Gay & Lesbian Social Services*, 32(4), 421–439. <https://doi.org/10.1080/10538720.2020.1764895>

- Meyer, & Zane, N. (2013). The influence of race and ethnicity in clients' experiences of mental health treatment. *Journal of Community Psychology, 41*(7), 884-901.
<https://doi.org/10.1002/jcop.21580>
- Meyer, Zane, N., & Cho, Y. I. (2011). Understanding the psychological processes of the racial match effect in Asian Americans. *Journal of Counseling Psychology, 58*(3), 335-345.
<https://doi.org/10.1037/a0023605>
- Norcross, J. C., & Wampold, B. E. (2019). *Psychotherapy Relationships That Work: Volume 2: Evidence-Based Therapist Responsiveness* (3rd ed). Oxford University Press.
- Owen, J., Tao, K. W., Imel, Z. E., Wampold, B. E., & Rodolfa, E. (2014). Addressing racial and ethnic microaggressions in therapy. *Professional Psychology: Research and Practice, 45*(4), 283-290. <https://doi.org/10.1037/a0037420>
- PettyJohn, M. E., Tseng, C.-F., & Blow, A. J. (2020). Therapeutic utility of discussing therapist/client intersectionality in treatment: When and how? *Family Process, 59*(2), 313-327. <https://doi.org/10.1111/famp.12471>
- Polipo, N. F., Willemsen, J., & Kallai, D. (2024). The operators model of psychoanalytic clinical reasoning. *Journal of the American Psychoanalytic Association, 72*(2), 295–328. <https://doi.org/10.1177/00030651241247211>
- Prouty, A. M., Thomas, V., Johnson, S., & Long, J. K. (2001). Methods of feminist family therapy supervision. *Journal of Marital and Family Therapy, 27*(1), 85-97.
<https://doi.org/10.1111/j.1752-0606.2001.tb01141.x>
- Ratcliffe, K., & Kaluzeviciute-Moreton, G. (2024). Telesupervision in counselling and psychotherapy : A systematic review of the literature. *British Journal of Guidance & Counselling, 52*(5). <https://doi.org/10.1080/03069885.2023.2264480>

- Rennie, D. L. (2000). Grounded theory methodology as methodical hermeneutics: reconciling realism and relativism. *Theory & Psychology, 10*(4), 481–502.
<https://doi.org/10.1177/0959354300104003>
- Ridley, C. R., Mollen, D., Console, K., & Yin, C. (2021). Multicultural counseling competence: A construct in search of operationalization. *The Counseling Psychologist, 49*(4), 504–533. <https://doi.org/10.1177/0011000020988110>
- Rønnestad, M. H., Orlinsky, D. E., & Willutzki, U. (2024). Exploring influences of supervision on psychotherapists' professional development : Correlates across career-level cohorts. *Counselling Psychology Quarterly, 1-23*.
<https://doi.org/10.1080/09515070.2024.2378879>
- Sadusky, A., Yared, H., Patrick, P., & Berger, E. (2024). A systematic review of client's perspectives on the cultural and racial awareness and responsiveness of mental health practitioners. *Culture & Psychology, 30*(3), 567-605.
<https://doi.org/10.1177/1354067X231156600>
- Samuel, N. K. S., & Simonds, L. M. (2025). Disclosing racial trauma in psychological therapy: Exploring the experiences of racially minoritised people in the UK. *Psychology and Psychotherapy: Theory, Research and Practice, papt.12592*.
<https://doi.org/10.1111/papt.12592>
- Schön, D. F. (1983). *The reflective practionner*. Basic Books.
- Singla, D. R., Hossain, S., Andrejek, N., Cohen, M. J., Dennis, C.-L., Kim, J., La Porte, L., Meltzer-Brody, S. E., Puerto Nino, A., Ravitz, P., Schoueri-Mychasiw, N., Silver, R., Vigod, S. N., Zibaman, M., & Schiller, C. E. (2022). Culturally sensitive psychotherapy for perinatal women: A mixed methods study. *Journal of Consulting and Clinical Psychology, 90*(10), 770–786. <https://doi.org/10.1037/ccp0000754>

- Soheilian, S. S., Inman, A. G., Klinger, R. S., Isenberg, D. S., & Kulp, L. E. (2014). Multicultural supervision: Supervisees' reflections on culturally competent supervision. *Counselling Psychology Quarterly*, 27(4), 379-392. <https://doi.org/10.1080/09515070.2014.961408>
- Stedmon, J., & Dallos, R. (2009). *Reflective practice in psychotherapy and counselling*. McGraw-Hill International (UK) Ltd.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development*, 20(2), 64-88. <https://psycnet.apa.org/doi/10.1002/j.2161-1912.1992.tb00563.x>
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62(4), 271-286. <https://doi.org/10.1037/0003-066X.62.4.271>
- Timulak, L. (2010). Significant events in psychotherapy: An update of research findings. *Psychology and Psychotherapy: Theory, Research and Practice*, 83(4), 421-477. <https://doi.org/10.1348/147608310X499404>
- Vandiver, B. J., Delgado-Romero, E. A., & Liu, W. M. (2021). Is multicultural counseling competence outdated or underdeveloped, or in need of refinement? A response to Ridley et al. *The Counseling Psychologist*, 49(4), 586-609. <https://doi.org/10.1177/0011000021991877>
- Willemsen, J., de Condé, H., Kaluzeviciute-Moreton, G., Guogaite, G., Polipo, N. F., & Zech, E. (2024). A qualitative meta-analysis examining the impact of personal therapy on clinical work and personal and professional development. *Counselling and Psychotherapy Research*, 24(3), 853-869. <https://doi.org/10.1002/capr.12733>

Wilson, H. M. N., Davies, J. S., & Weatherhead, S. (2016). Trainee therapists' experiences of supervision during training: A meta-synthesis. *Clinical Psychology & Psychotherapy*, 23(4), 340-351. <https://doi.org/10.1002/cpp.1957>

Zhou, Y. (2025). Ethical practice in the majority world: A framework for psychotherapists trained in the minority world. *American Psychologist*.
<https://doi.org/10.1037/amp0001511>

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Figure 1

Overview of the Selection Process (PRISM flow diagram, adapted from Moher et al., 2009).

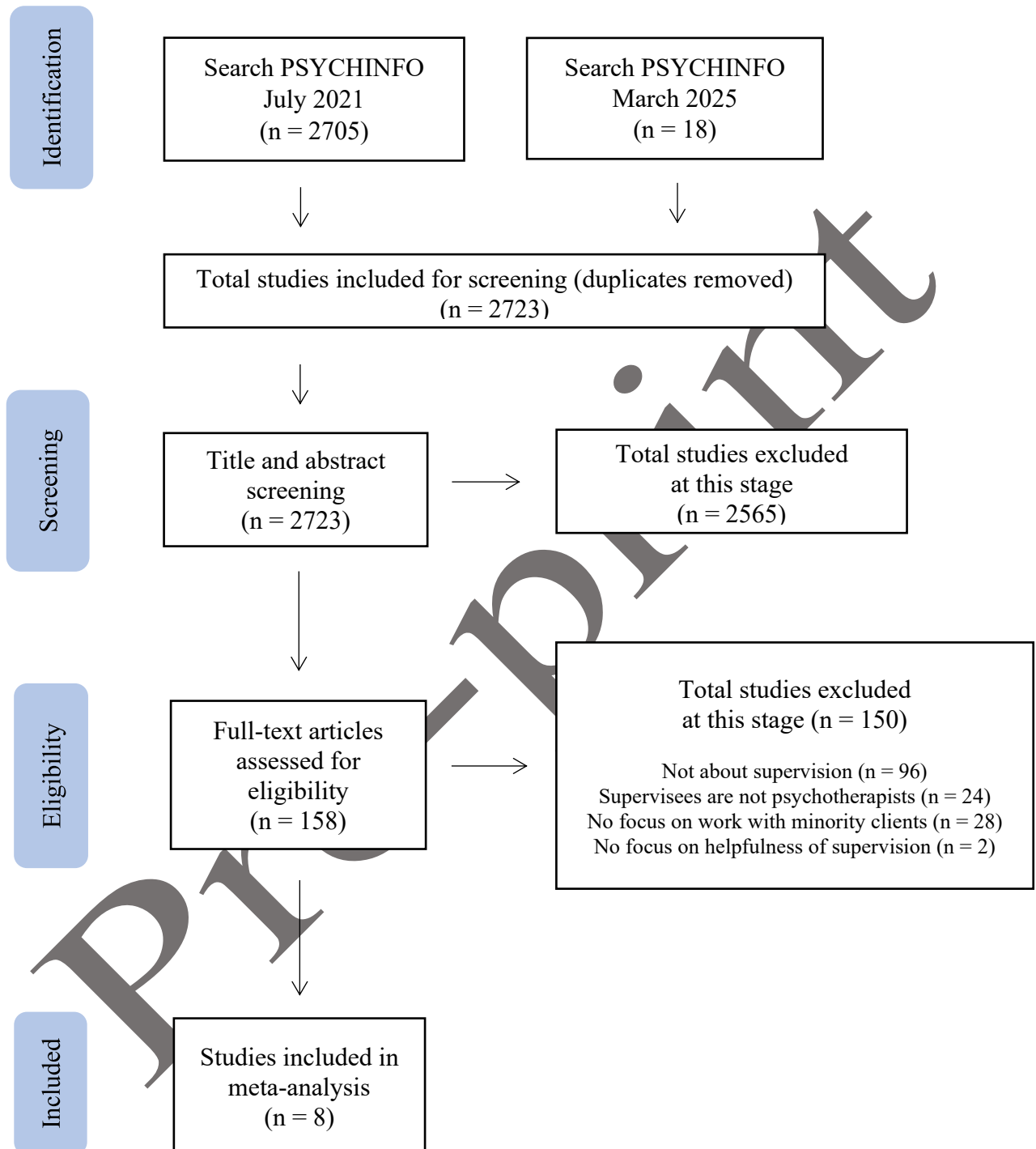


Table 1
Characteristics of Studies Included in the Meta-analysis.

Author(s) and country	Focus of the study	Type of clients	Qualitative research method	Sample size and demographic characteristics	Sample profession	Sample professional experience	Type of supervision
Ancis, and Marshall (2010) USA	Supervision experiences from supervisees with an interest in multicultural issues	Culturally diverse clients (race/ethnicity, gender, sexual orientation and socio-economic class)	Transcripts of semi-structured interviews; Grounded theory	N = 4 2 men and 2 women; 1 lesbian and 3 heterosexuals; 3 European-American and 1 Asian-American. Ages: 27-41	Doctoral students in psychology (two in counselling psychology and two in clinical psychology)	Min. 2 years of counselling practice	Individual supervision and group supervision Minority sensitive supervision (multicultural supervision)
Apostolidou and Schweitzer (2017) Australia	Supervisees' experience of supervision during clinical work with asylum seekers and refugees	Asylum seekers and refugees	Transcripts of semi-structured interviews; thematic analysis	N = 9 5 women and 4 men Ages: 31-65	8 licensed psychologists and 1 community development worker	1.5 to 30 years of experience in the field of asylum seekers and refugee mental health	Individual supervision and peer supervision Clinical supervision with no specific focus on minority sensitiveness

Burkard et al. (2009) USA	Experiences of lesbian, gay and bisexual (LGB)-affirmative (validating) and non-affirmative supervision events of LGB supervisees	LGB clients	Transcripts of semi-structured interviews; Consensual Qualitative Research	N = 17 6 lesbians, 8 gay men, 2 bisexual men, and 1 bisexual woman; 16 European-American and 1 Native American Ages: 24-29 years old	Doctoral students in psychology	At least three or more semesters of counseling/clinical practicum	3 to 14 sessions by different supervisors during their program Clinical supervision with no specific focus on minority sensitiveness
Chui et al. (2017) USA	Experience of supervision for clinical work with LGB clients	LGB clients	Semi-structured interviews; Consensual	N = 12 9 women and 3 men; 6 hetero-sexual and 6 lesbian, gay or queer supervisees	Predoctoral interns in psychology	N/A	Individual supervision Clinical supervision with no specific focus on minority sensitiveness
Hernández et al. (2009) USA	Experiences of ethnic minority supervisees and their opinions about diversity issues (racial, ethnic, and cultural minorities) in clinical supervision	N/A	Semi-structured interviews; Consensual Qualitative Research	N = 10 9 women and 1 man; 9 heterosexual and 1 bisexual; all of them identifying with an ethnic minority background Ages: 36-62	AAMFT (<i>American Association for Marriage and Family Therapy</i>) approved supervisors (reporting their experiences when they were supervisees)	Experience as supervisor from 4 to 20 years	N/A Clinical supervision with no specific focus on minority sensitiveness

Prouty et al. (2001) USA	Supervisees' and supervisors' experience of feminist supervision methods	N/A (Gender, sexist, power issues)	Interview transcripts; Grounded theory Research	N = 16 (or 8 dyads) 7 female and 1 male supervisor; 5 female and 3 male therapists; all White-American Age supervisors: 33-47 Age therapists: 23-55	AAMFT supervisors (feminist family therapists) and supervisees (master, post-master therapists, and doctoral trainees)	Supervisors had 13.8 years of experience on average and supervisees had 3.1 years of experience	Individual supervision Minority sensitive supervision (feminist supervision)
Singla et al. (2022) Canada/USA	Culturally sensitive psychotherapy for perinatal women	Perinatal women with distinct racial, national, religious, linguistic or cultural heritage	Semi-structured interviews; content analysis	N = 19 19 female; 10 White and European, 4 Asian, 1 Black American, 2 Hispanic, 1 First nation, 1 Mixed race Average age: 42.7	Specialist providers (licensed psychologists, psychiatrists, social workers) and non-specialist providers (nurses and midwives)	Specialist providers had min 5 years of experience; non-specialist providers had no experience	Group supervision Clinical supervision with no specific focus on minority sensitiveness
Soheilian et al. (2014) USA	Supervisees' experience of supervisors' multicultural competence	Diversity clients: Race, gender, ethnicity, and religion/spirituality	Open-ended online questionnaire survey; discovery-oriented qualitative approach	N = 102 78% women; 22% men; 1 person unknown; 68% identified racially as European American; 88% identified as heterosexual Ages : 22-67	Trainees (interns) in Master or Doctoral programs in counselling psychology, clinical psychology, counselor education, social work, marriage and family therapy	Practicum ranged from 4 to 24 months	N/A Clinical supervision with no specific focus on minority sensitiveness

Table 2

Clusters and category titles and the number of studies that contributed meaning units to each.

Clusters	Categories
Cluster 1: Supervision fosters therapists' self-awareness towards minority clients (6)	Category 1.1. Supervision helps to increase awareness about supervisee's own minority/majority background and biases towards minority/majority clients in therapy (5) Category 1.2. Supervision helps to recognize and address personal limitations in meeting minority clients (3)
Cluster 2: Supervision deepens the understanding of minority clients (4)	Category 2.1. Supervision helps to include minority characteristics in the therapy (4) Category 2.2. Supervision fosters a more empathic understanding of the minority clients' specificities (3)
Cluster 3: Supervision stimulates a minority-adapted therapeutic approach (6)	Category 3.1. Supervision stimulates the discussion of minority-related issues (5) Category 3.2. Supervision stimulates the adaptation of interventions to minority clients (6)
<i>Note.</i> Numbers refer to the number of studies that contributed to that particular category.	