Supervision and Support for the Lived Experience Peer Workforce

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Abstract

Employing peer workers alongside counsellors is increasingly bringing lived experience voices into therapeutic service provision in sectors such as mental health. This integration has meant considering how to best support peer workers in order to sustain them, without fully subsuming them into the system they are asked to challenge and change. This article will consider the importance of reflective supervision as one of the ways to support and revitalise lived-experience peer workers – those who have gained their expertise through their experiences as clients of the system, rather than through study or as employees. It will include consideration as to who is best placed to provide this supervision. It will argue that supervising the peer workforce requires additional knowledge and skills, whoever provides it, and that there are specific principles and values needing to be incorporated into the supervisory relationship.

Introduction

The supervision and reflective oversight of therapeutic work has long been recognised as important for professionals working in direct counselling and case management services. Supervision is also increasingly being recognised as important for non-clinical roles, where distressing material or systemic challenges may be faced. This paper suggests the sector needs to pay proactive attention to the specific supervision needs of lived-experience peer workers, who are increasingly part of the service offering and who have unique needs and risks. Literature around ensuring the longevity and inclusion of peer support workers within the mental health sector, who have had peer workers for some time, suggests that reflective supervision is a key component to addressing challenges experienced while implementing peer support services (Gates and Akabas, 2007; Delman and Klodnick, 2017). Counsellors and case managers are increasingly in roles where they are either providing such supervision or influencing its provision (Castles et al., 2023). There are a range of benefits for peer workers through the provision of supervision, including increased morale and improved retention, with assumed benefits also for the client or consumer. Research shows that supervision can also assist achieve the agency's objectives (Reddy, Wolf and Brown, 2020).

This paper uses the term reflective supervision to describe the time set aside between two individuals for examining

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practice in a reflective way, although it is recognised that the term clinical supervision is sometimes used interchangeably to describe this intentional interaction. It is recognised there is debate around these terms. The term "reflective supervision" has been chosen in this paper as the content proposed to be covered in the sessions goes beyond the remit of what some health and welfare professionals may consider clinical (i.e. client / case based discussion) to also include other areas of supervision, such as reflecting on organisational dynamics and mediating vicarious trauma.

Importance of supervision for peer workers

Literature around peer supervision (see Gates and Akabas, 2007; Fortuna *et al.*, 2020; Reddy, Wolf and Brown, 2020) outlines many benefits of supervision common to a range of welfare and health disciplines, but also identifies unique challenges arising specifically for peer workers. There are important distinctions made between the line management oversight of peer worker roles, and the provision of reflective supervision.

Line management meetings are a process of administrative supervision that focuses on ensuring that the worker is meeting the obligations and requirements of their role within the organisation, and during which both parties can identify opportunities for development (Ashley-Binge and Cousins, 2020). Reflective supervision is a more contemplative and analytical process that focuses on growing the skills and capacity of the peer worker both within and beyond their employed role. This includes supporting peer workers in their ability to connect with others who have a lived experience and understanding of "what it feels like" to engage with health and welfare services, and to ensure peer workers are able to empower the clients and consumers they are working with to take the next steps in their recovery journeys.

Reflective supervision provides opportunities for problem solving and navigating role challenges, and it can provide the opportunity to unpack the challenges that come from "walking alongside" another consumer, whilst also supporting the peer worker to maintain their own wellbeing (Reddy, Wolf and Brown, 2020).

A particular focus should be the supportive and restorative functions of supervision, as studies have shown that peer workers can leave their roles due to not feeling understood and from facing challenges in the workplace that are unique to their specific role (Reddy, Wolf and Brown, 2020; Poremski *et al.*, 2022; Prat Vigué *et al.*, 2022). A small 2023 study interviewing peer workers described a range of personal and organisational strategies for optimising the workers effectiveness and wellbeing, including self-care, and professional development with participants highlighting that they appreciated having

opportunities for peer mentoring and supervision. (Saad *et al.*, 2023). For the supervision to be effective, this study reported it needed to be with a competent peer mentor, accessible regularly and contemporaneously, as well as promoted so that staff knew such support was available and what to expect of it.

The key expertise a peer support worker brings to their role is their own lived experience as a prior client or consumer of the service system. This experience is valued as having something to teach and add to the system - including for their professional colleagues. This means peer worker roles are unique in that they require the individual to utilise personal, and sometimes difficult or painful experiences and memories within their work. They will be faced with regular ethical choices about how, when and if they share their own experiences, as well as moments that may remind them of their own journey. They may also be witnessing others experiencing a journey not unlike their own, including experiences of discrimination and judgement. At the same time, peer workers may be routinely exposed to colleagues that observe them for signs of impending concern or "relapse". Added to this, peer workers may be carrying out their responsibilities in organisational cultures that stigmatise them as colleagues and individuals (Prat Vigué et al., 2022). These factors create some unique workplace dynamics with potential for harm. Therefore, peer workers need a space to discuss both the impacts of their lived experience expertise, and the workplace environment.

Reflective supervision for peer workers can provide a safe space to unpack frustrations, discuss difficult experiences and challenges, and consider how lived experience can be used in intentional ways in the work. This safe space, if achieved, can add legitimacy to the fact that peer workers need ongoing support to navigate how they can best use their own lived experience, whilst also allowing space to discuss ethical responsibilities and accountabilities. It recognises that the lived experience is both an essential tool of the work, but also an area of potential vulnerability, and encourages learning alongside the examination of challenges.

A 2023 scoping review (Castles et al., 2023) found a lack of clarity about both the definition and various purposes of supervision within the peer workforce literature, although there was general agreement supervision was needed. From an organisational perspective, there can be an intent through supervision to "socialise the peer worker" into understanding the professional systems; to ensure adherence to policy and procedural requirements; and to ensure a form of organisational risk management through the consideration of decision making and ethics. While from the view of the growing peer worker sector, reflective supervision can assist with adherence to the values and principles of peer work; allowing an opportunity for the peer worker to debrief and seek guidance, and to ensure there is not a drift toward more organisationally focussed approaches. Part of the role of a peer worker is to remain an advocate and agitator within the service system, to stand a little aside, and be able to critique and challenge as needed (See MHCSA, 2019). This is not an easy position to maintain. There is also an implied purpose within reflective supervision generally that it will improve practice and intervention for the client or consumer, although this assertion is untested in a fully evidenced way (Cousins, 2022). The definition of what is best for the client may at times be different for the peer worker as compared to the organisational or even the professional perspective, and supervision will be a place where these differences in opinion, and the goals of client work, can play out.

Who should provide peer supervision?

There are debates about who in the workplace should provide peer worker supervision, that are linked to differing views about the primary purpose of the supervision (Gates and Akabas, 2007; Foglesong et al., 2022; Poremski et al., 2022). If the purpose is primarily intended to be to socialise the peer worker into the ways of the broader therapeutic system, to help them understand the professional roles and boundaries so they can be better advocates, and to monitor this progress, then it can be concluded that reflective supervision can be provided by counsellors and professionals with skills in reflective practice and who bring a strong understanding of the sector. However, if the primary purpose is more to provide a reflective space to consider what it is like to be a peer worker and the associated challenges, then it is likely the supervisor should be a peer worker with additional training in how to provide reflective supervision. It could also be argued that either of these individuals can provide appropriate supervision to peer workers, if they themselves have appropriate training.

In a study of 837 supervisors of peer support workers in the USA (of mixed professions and backgrounds) (Foglesong *et al.*, 2022) found that many peer workers wanted to be supervised by others with lived experience. However, the researchers also found peer workers who were supervisors shared that they were often asked to provide supervision with little to no training or even understanding of what they were supposed to be doing in supervision. Many supervisors reported being unable to find time to research or even read about what supervision is or should be.

This leads to the question of whether experience as a peer support worker in and of itself is enough to equip this peer worker to provide reflective supervision, especially if they have not experienced quality reflective supervision or had any training.

When the intentions of reflective supervision are unpacked, it becomes apparent that it is quite a complex task, facilitating and holding a space where the supervisee can experience a reflective space in which they can be both supported and challenged, pushed and encouraged, around some key topics and also principles (Murray, 2011). Reflective supervision is not a simple co-worker chat. Rather there are principles, ethics, dilemmas, and worker and organisational needs that are expected to be discussed and examined within this interaction.

The literature identifies specific challenges experienced by peer supervisors of peer workers (Gates and Akabas, 2007; Knox *et al.*, 2011; Foglesong *et al.*, 2022) that can be summarised as arising from:

- A lack of training and experience with providing supervision and instead offering a relationship based on friendship
- Not knowing how to advocate within the service system to bring about change
- A potential lack of knowledge by peer supervisors about peer principles and approaches
- A tendency to share their own experience than focussing on the supervisee

Tuija et.al. (Viking and Nilsson, 2022) suggest that peer workers should be supervised by other peer workers with clear role delineation and training, which they note would also provide a professional career path for peer support specialists. Backing this, Scanlan et al. (2020) found that peer workers who received supervision from a senior peer worker or peer team leader were more satisfied than those who did not (in Saad et al., 2023). However Tuija et.al. (Viking and Nilsson, 2022) note a significant challenge is that there are not enough senior peer workers ready, trained and skilled to offer this supervision support. This means other professionals will likely continue to be used in this space.

There are a range of challenges identified in the existing literature (Gates and Akabas, 2007; Reddy, Wolf and

Brown, 2020; Poremski et al., 2022) for non-peer experienced supervisors to overcome. These can be summarised as arising from:

- A lack of experience and working knowledge of peer practice and principles
- Narrow and / or traditional clinical approaches to how services should be delivered (approaches being challenged by the peer workforce)
- A risk of trying to "professionalise" or teach supervisees the "right" ways while eroding the agitator and critiquing intention of the peer worker role; and
- Feeling the need to monitor the well-being of the peer worker, and providing more of a clinical or counselling service to them than supervision

This would suggest that where supervision is provided by other professionals – such as counsellors and case managers in the workplace – they need to have a strong value for the role of peer workers and an understanding of the principles and practices of peer support. This would suggest they too may need some specific training, despite no specific training existing.

Specific challenges influencing supervision

Whether to establish peer work as a discipline

Asad & Chreim (2016) and Castle (2023) identify that there is debate about whether peer work should be establishing itself as a discipline or profession in order to gain the standing and professional respect that comes from this recognition. Arguments for more professional recognition include that it would lead to greater consistency in practice and role clarity for the peer workers, as well as the clinicians, managers and consumers they work with. Gillard et al (2013) state that "only when there is consensus about what constitutes a body of peer practice will Peer Workers have confidence to apply that practice in their work knowing that they will be supported and valued by colleagues and managers in doing so".

The provision of reflective supervision can be seen as part of the professionalisation of peer work toward gaining discipline status. However, some argue that moving toward peer work being a discipline or profession runs the risk of losing the essence of the consumer perspective and becoming regulated in a way that will compromise the principles of peer work. These proponents (Tisdale et al., 2021; Poremski et al., 2022) argue for a much less formal type of supervision that tends towards peer support, leaving the organisation to provide just line management supervision rather than a reflective space.

Lived experience as a knowledge base

Lived experience is the term used to specify knowledge "that is gained by personal experience, as opposed to learned via study or employment and elates to a personal experience" (Childs, 2021). Watson (2019) further describes a lived experience knowledge base as the combination of the peer worker's own personal lived experience and the knowledge gained from the broader consumer perspective framework, and emphasises that this includes the experiences and perspectives of other consumers and consumer workers. A consumer perspective framework is gained through reading research and literature, learning from peers and developing an understanding that the peer worker's own perspectives may not apply to all the people that the peer worker is working with. It is suggested this broader focus of peer knowledge, and being able to assess where the personal is useful to the client or consumer, and when it may be less useful, is an area for review in reflective supervision.

The interface with counselling

In reflective supervision, and even in line management, there can sometimes be a difficult boundary when discussing a personal matter that impacts work, and it has become too personal and is more suitable for counselling than supervision or a management discussion. It can be appropriate for all professionals to discuss in reflective supervision how a personal issue is impacting engagement with the team and/or clinical decision making, although not all supervisors feel confident in these discussions. Yet for peer workers, where their lived experience is the very essence of their professional knowledge, seeking clarity around this boundary seems crucial. The literature about supervision for peer workers appears to offer little to supervisors on how to navigate the ethics and boundaries of this complexity, other than to sometimes point it out as a dilemma.

In peer work, the supervisee and potentially supervisor are likely to have been in case counselling types of roles previously, as participant and provider, meaning this can be a familiar experience for them both, sometimes more familiar than the reflective supervision experience. This could lead to a replication of this role and dynamic within supervision if unexamined. It is suggested that further specific clarity around this issue is needed for the peer workforce and providers of supervision going forward.

Areas for focus within peer supervision

There are certain areas in peer work that need particular focus, while also appearing in other counselling related professions. Kadushin and Harkness (2002) identified three functions of supervision: administrative (promoting adherence organisational policies and processes); educational (development of knowledge and skills); and supportive (providing practical and emotional support, in (Castles et al., 2023), while other models highlight a stronger focus on the client experience and decision making. All four functions, as described in Figure 1, are appropriate to supervision for peer workers. Each peer worker, however, will have particular needs, with the potential to focus more on the left hand quadrants of the restorative and organisational areas of supervision than with clinical teams, who are more likely to focus more heavily on the right. Figure 1 is offered to assist supervisors describe to peer workers the various functions of supervision and how these can be structured around a peer specific value set.

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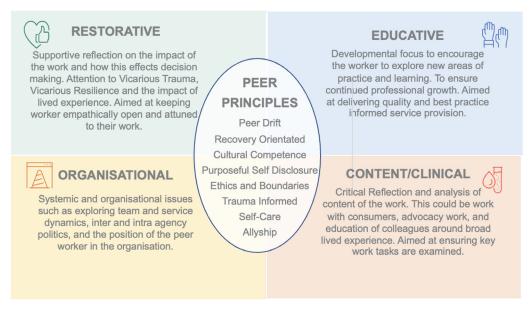


Figure 1: Suggested areas for focus (Author's own diagram)

It is suggested that reflective supervision is not value neutral in that it aims to help hold the worker accountable to suitable values and approaches specific to their role. With supervision for peer workers, it is suggested that the following values apply:

Peer drift

Peer drift is the term used in much of the literature for what can occur when peer workers begin to drift from core peer worker values (see for example Foglesong et al., 2022). This is potentially more common in services where a bio-medical model is dominant, or in teams where lived experience and/or the peer role is less valued.

When a worker has a strong peer or lived experience identity, they are comfortable with personal disclosure and will have self-confidence and pride identifying as a peer. These peer workers may not feel as much need to be accepted by other professionals as part of the rest of the team. They will feel safe to use their peer role to influence for change. However, where a peer worker is experiencing peer drift, they may feel uncomfortable or avoid sharing their personal lived experience, or fail to use opportunities to influence for change, wanting instead to be accepted as part of the treating team. The nuances of these pulls and this drift is a key area to cover and re-visit often in reflective supervision.

Trauma informed and recovery orientated practices

Peer workers use their personal lived experience of recovery to provide hope for other clients and consumers who may not currently have hope for a recovery journey themselves. This means peer workers are role-modelling their own recovery and that of others they have supported to show that a positive future is possible. Yet a lived experience of mental ill health, violence or oppression usually includes experiences of significant trauma. Because of this, peer workers may need a supportive supervisory environment in which to re-consider their own first-hand experience of trauma and adversity, with reference to potential triggers, to trauma informed principles and to recovery orientated practices. This is likely to be both an educative and

restorative part of reflective supervision, exploring how to ensure trauma-informed principles and safety remain present in their work for themselves and those they are supporting.

Cultural competence

There are two types of cultural competence required by peer workers. The first is ensuring the peer worker can tolerate differences, reduce prejudice, and support others in using their voice, no matter what their cultural or ethnic background. This is cultural competence in the sense of being professional in all interactions and behaving with cultural humility (Zhang et al., 2022).

Depending on the life and work experience of a peer worker, they may already have a good understanding of the expected practices around inclusivity toward people from different cultural backgrounds from their own, or they may need assistance to understand these requirements and challenge their own prejudices through training and reflective supervision. It is suggested that identified First Nations peer roles should also be afforded cultural supervision as a separate and additional offering (Deroy and Schütze, 2019).

The second cultural competence is in understanding and negotiating the organisational culture in workplace systems. Reflective supervision can help develop competency around the culture of care systems, understanding how they operate and how to act within them as a colleague, rather than a client or consumer.

Purposeful self-disclosure

A key element of being a peer worker is being willing to share your own experience through purposeful self-disclosure. When a peer worker shares something from their own personal journey and recovery, it can provide hope for others in relation to their own recovery (Firmin et al., 2019). Childs (2021) outlines how "purposeful disclosure can help the peer practitioner to build connection or establish rapport, to be with the person where they are at, to validate the other person's experiences, to reduce stigma, to inspire hope and to demonstrate empathy".

Knowing when, why and what to disclose purposefully is an important aspect of the peer worker role. This includes being aware of and examining the purpose for each disclosure in the moment, and considering what the possible or likely outcomes may be. This is especially important when sharing traumatic or adverse experiences where it may be difficult for the peer worker to know what the impact of the self-disclosure could be. Purposeful self-disclosure includes making the decision not to share sometimes, because it may not benefit a client in that moment, and being able to assess that in real time.

Self-disclosure can assist the peer worker to build connection and establish rapport with the client they are supporting, as well as validate the other person's experiences. It can reduce stigma, inspire a sense of hope and offer empathy (Knox et al., 2011). Peer workers may also share a part of their personal lived experience with colleagues or management to educate them or inform their decision making, providing a firsthand perspective.

However there are risks with self-disclosure. It can be distressing or overwhelming for the client or consumer, and their reaction, as well as the potential reaction of colleagues, can retraumatise the peer worker themselves. Self-disclosure can risk the client or consumer feeling like the conversation is no longer about them, or that they are being asked to support the peer worker in return (Balon, 2007). A further risk is that personal stories can also imply the client or consumer should follow the steps the peer worker undertook rather than finding their own path.

These complications suggest that peer worker's reflective supervision should allow them to explore the decisions they make around purposeful disclosure and its impacts. Reflecting on self-disclosure is crucial both for personal and professional development, and for ensuring trauma informed, person-centred practice.

Ethics and boundaries

The personal self-disclosure involved in peer work can leave the peer worker more open to boundary challenges than other professionals might experience, and peer workers need to ensure they demonstrate clear ethical behaviour to the service system. Reflective supervision can allow the peer worker to continually reflect on the ethical dilemmas in the decisions they need to make. This can build capacity for self-reflection and in the moment insight. A peer worker's life experience may not have exposed them to an understanding of the ethical standards that the care workforce takes for granted. Reviews of organisational policy and procedures, as well as the principles and expectations of peer workers in relation to boundaries, are important areas for exploration, especially early on in reflective supervision.

Self-care

As people with a lived experience of service provision, it would be hoped that peer workers will be aware of the importance of self-care and have skills and resources to maintain their own wellbeing. However all reflective supervision involves a restorative element of watching for signs of vicarious trauma, and this supervision is no different. A recent (2023) study found that self-care was a key strategy identified by peer workers as effective for remaining in the work (Saad et al., 2023).

Discussing the peer worker's well-being risks a sense of over-surveillance for the peer worker, given they were once a client or consumer, if this is not explicitly discussed as a standard part of reflective supervision. Supervisors need to be open to also being challenged if the peer worker feels there is over surveillance in this area.

Allyship

Reddy et al., (2020) highlight the importance of being an ally as a peer worker, being within the care system, but also advocating against it. This includes addressing "discrimination that can cause isolation and alienation within agencies and community" (Reddy, Wolf and Brown, 2020). For clients and consumers, having a peer worker gives them an ally with a greater voice, who can highlight stigma and discrimination and point out the "othering" in the system, while also elevating the voice of the client. Reflective supervision can examine how a peer worker can be an advocate and agitator in the system, whilst also building and gaining professional respect from fellow professionals. This requires mutual respect, and balancing advocacy with understanding.

Conclusion

Providing the peer workforce with reflective supervision is crucial to supporting those employed for the value of their lived experience to remain and thrive in their roles. Yet, there are nuances and areas of consideration different to those raised in supervision of other roles. Quality peer supervision can provide peer workers a space to reflect regularly on their complex roles and positioning within the care system, so they are best able to advocate for service provision which incorporates client and consumer perspectives. This paper has raised questions for further exploration about whether reflective supervision for peer workers is best provided by more senior peer workers or by counselling professionals and line managers, with benefits and challenges discussed for whoever provides the supervision. It has suggested that reflective supervision for the peer workforce requires some additional knowledge and skills. The paper has also outlined how the core functions of reflective supervision can be purposefully applied in supervision for peer workers, whilst suggesting specific principles and values - some that are unique to the peer workforce - for ongoing reference across the life of the supervisory relationship.

References

Ashley-Binge, S. and Cousins, C. (2020) 'Individual and Organisational Practices Addressing Social Workers' Experiences of Vicarious Trauma', *Practice*, 32(3), pp. 191–207. doi: 10.1080/09503153.2019.1620201.

Balon, R. (2007) 'Self-disclosure in Psychotherapy', *Annals of Clinical Psychiatry*, 19(3). doi: 10.1080/10401230701557727. Castles, C. *et al.* (2023) 'Supervision of the mental health lived

experience workforce in Australia: A scoping review', *International Journal of Mental Health Nursing*. doi: 10.1111/inm.13207.

Childs, B. (2021) Mind's peer work framework.

Cousins, C. (2022) 'Ensuring an Attuned Workforce: Individual and Systemic Factors Impacting Trauma Professionals', *Practice*, pp. 1–16. doi: 10.1080/09503153.2022.2155946.

Delman, J. and Klodnick, V. V. (2017) 'Factors Supporting the Employment of Young Adult Peer Providers: Perspectives of Peers and Supervisors', *Community Mental Health Journal*, 53(7). doi: 10.1007/s10597-016-0059-6.

Deroy, S. and Schütze, H. (2019) 'Factors supporting retention of aboriginal health and wellbeing staff in Aboriginal health services: A comprehensive review of the literature', *International Journal for Equity in Health*. doi: 10.1186/s12939-019-0968-4.

Firmin, R. L. *et al.* (2019) 'Peer support specialists' experiences of microaggressions', *Psychological Services*, 16(3). doi: 10.1037/ser0000297.

Foglesong, D. et al. (2022) 'Perceptions of Supervisors of Peer Support Workers (PSW) in Behavioral Health: Results from a

National Survey', *Community Mental Health Journal*, 58(3). doi: 10.1007/s10597-021-00837-2.

Fortuna, K. L. *et al.* (2020) 'Strategies to increase peer support specialists' capacity to use digital technology in the era of COVID-19: Pre-post study', *JMIR Mental Health*, 7(7). doi: 10.2196/20429.

Gates, L. B. and Akabas, S. H. (2007) 'Developing strategies to integrate peer providers into the staff of mental health agencies', *Administration and Policy in Mental Health and Mental Health Services Research*, 34(3). doi: 10.1007/s10488-006-0109-4.

Gillard, S. G. et al. (2013) 'Introducing peer worker roles into UK mental health service teams: A qualitative analysis of the organisational benefits and challenges', *BMC Health Services Research*, 13(1). doi: 10.1186/1472-6963-13-188.

Knox, S. et al. (2011) 'Supervisor self-disclosure: Supervisees' experiences and perspectives', *Psychotherapy*, 48(4). doi: 10.1037/a0022067.

Mental Health Coalition of South Australia (MHCSA) (2019) *Mental health peer supervision framework*. Available from: https://mhcsa.org.au/wp-content/uploads/2022/02/LEWP-Peer-Supervision-Framework-140222.pdf

Murray, J. (2011) 'Work discussion: Learning from reflective practice in work with children and families', *Psychoanalytic Psychotherapy*, 25(1). doi: 10.1080/02668734.2010.526335.

Poremski, D. et al. (2022) 'The impact of peer support work on the mental health of peer support specialists', *International Journal of Mental Health Systems*, 16(1). doi: 10.1186/s13033-022-00561-8.

Prat Vigué, G. *et al.* (2022) 'Training Peer Support Workers in Mental Health Care: A Mixed Methods Study in Central Catalonia', *Frontiers in Psychiatry*, 13. doi: 10.3389/fpsyt.2022.791724.

Reddy, S. B., Wolf, J. and Brown, L. D. (2020) 'Capacity-building in the peer workforce: A systems-level approach', *Psychiatric Services*. doi: 10.1176/appi.ps.71301.

Saad, G. et al. (2023) 'Strategies and supports used by mental health peer workers to facilitate role performance and satisfaction', Advances in Mental Health. doi: 10.1080/18387357.2023.2237135.

Tisdale, C. et al. (2021) 'Youth Mental Health Peer Support Work: A Qualitative Study Exploring the Impacts and Challenges of Operating in a Peer Support Role', *Adolescents*, 1(4). doi: 10.3390/adolescents1040030.

Viking, T. and Nilsson, L. (2022) 'Ideas of how peer support workers facilitate interprofessional learning in mental health care teamwork: conceptual paper', *Mental Health and Social Inclusion*. doi: 10.1108/MHSI-01-2022-0004.

Watson, E. (2019) 'The mechanisms underpinning peer support: a literature review', *Journal of Mental Health*. doi: 10.1080/09638237.2017.1417559.

Zhang, H. et al. (2022) 'Cultural humility in psychotherapy and clinical supervision: A research review', Counselling and Psychotherapy Research. doi: 10.1002/capr.12481.