



# Attending to Race in Clinical Supervision: A focus on Racial Trauma

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Centering Equity in Education  
Columbia University Department of Psychiatry

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UNLEASH  
GREATNESS



# Acknowledgements

Ubuntu

“A person is a person because of other persons”

- Mentors, Students, Clients, Family, Son's



# Presenter's Subjectivities

- Professional Identities

- Educator, Training Director,
- Psychotherapist, Supervisor



- Personal Identities

- Black cisgender heterosexual male
- Father to three young Black men
- Partner, son, brother
- Immigrant and Citizen – US, NY, Albany



*My experience of race as a Black man having lived in various parts of the world informs what I bring to my study and teaching of race and racism*



Alex L. Pieterse @PieterseAlex · Jun 3, 2020



The appalling absurdity and urgent necessity of having to march with my son to remind the world that his Black life matters!!





# Personal Reflection

- What personal identity is salient for you this afternoon, and how is that identity informing or shaping your experience in this space
  - What you hear and do not hear
  - Who you see and do not see
  - What you feel and do not feel



# A moment of Accountability: APA's apology to Black, Indigenous, and People of Color

<https://www.psychiatry.org/newsroom/apa-apology-for-its-support-of-structural-racism-in-psychiatry>

- ...Since the APA's inception, practitioners have at times subjected persons of African descent and Indigenous people who suffered from mental illness to abusive treatment, experimentation, victimization in the name of "scientific evidence," ***along with racialized theories that attempted to confirm their deficit status***...These appalling past actions, as well as their harmful effects, are ***ingrained in the structure of psychiatric practice*** and continue to harm BIPOC's psychological well-being even today.

*American Psychiatric Association, January 18, 2021*



# Interpersonal Dynamics in Supervision

- Please respond to the following statement using the response options below:

Strongly disagree=1; Disagree =2; Not sure = 3

Agree = 4; Strongly Agree = 5

*In my role as a supervisor, I feel comfortable addressing interpersonal dynamics between a supervisee and myself*



# Racial Dynamics in Supervision

- Please respond to the following statement using the response options below:

Strongly disagree=1; Disagree =2; Not sure = 3

Agree = 4; Strongly Agree = 5

*In my role as a supervisor, I feel comfortable addressing racial dynamics between a supervisee and myself*





# Goals/Outline of Presentation

- Conceptual approaches to dealing with difference
- Racial Difference within Supervision
- Harmful Clinical Supervision
  - Focus on Racial Trauma
- Intervention/Prevention of racial trauma within supervision
- Reflections and Discussion



# Critical References – Race & Supervision

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## Race – in the service of Racism

- ‘race’ is a major organizing principle in everyday life and so the social reality of racism has a huge influence in the lives and relationships of us all

*Hardy, 2008*



# The importance of Attending to Difference

- Racial match is an aspect of supervision that not only influences the relationship between the supervisor and trainee, but also shapes the therapeutic alliance between the trainee and their client

*Eklund et al., 2014*



# Dealing with Racial Difference

- Learning from the Dynamics of Resistance
  - Novice therapists
    - Resistance is something to be overcome
  - Experienced clinicians
    - Resistance is something to be respected, understood and embraced
  
- *Racial difference in the therapeutic setting - both the clinical and supervisory encounter – is an opportunity, not a problem. Difference provides a context for deeper understanding and more effective working alliance*



# Paradigms of Racial Difference

- Inferiority Paradigm
  - Historical Position – Biological Inferiority
    - Eugenics (.e.g 1919, Terman – IQ testing)
- Social Deprivation Paradigm
  - Behavioral Deficits associated with social disadvantage
    - Civil Rights Era (Kardiner & Ovesy – 1950's; Patrick Moynihan – The Negro Family)
- Cultural Difference Paradigm
  - Multicultural movement
    - Sue & Sue – focus on racial /ethnic groups as somewhat homogenous groups
      - Racial Ethnic Identity – appreciates intragroup heterogeneity



# Difference, Social Location, and Systems of Oppression

- Difference is associated with social stratification (gender, race, sexuality, ability, religion etc.)
- Social stratification (social location) is associated with privilege and oppression – maintaining “dis-equality”
- Socialization processes associated with “dis-equality” establish dominance and subordination
  - “For example, men are assigned the role of dominant and woman are assigned the role of subordinator in the system of dis-equality based on gender....The socialization processes of the society works to insure that each person learns what they need to know to behave in ways that contribute to the maintenance and perpetuation of the existing system

*Barbara Love, 2000*





# Racial Categorization – Race and Biology

<https://academic.oup.com/bioscience/article/71/2/119/6101069>

- Modern genetics shows that roughly 94% of human genetic variation is found *within* populations, whereas only 6% is *between* populations (or “races”). Race, as it is now generally accepted by scientists, is not a biological attribute

Baker, 2021

- ...People attach significance to the concept of race and consider it a real and important division of humanity. And, as long as people believe that differences in selected [racial] traits are meaningful, they will act on those beliefs

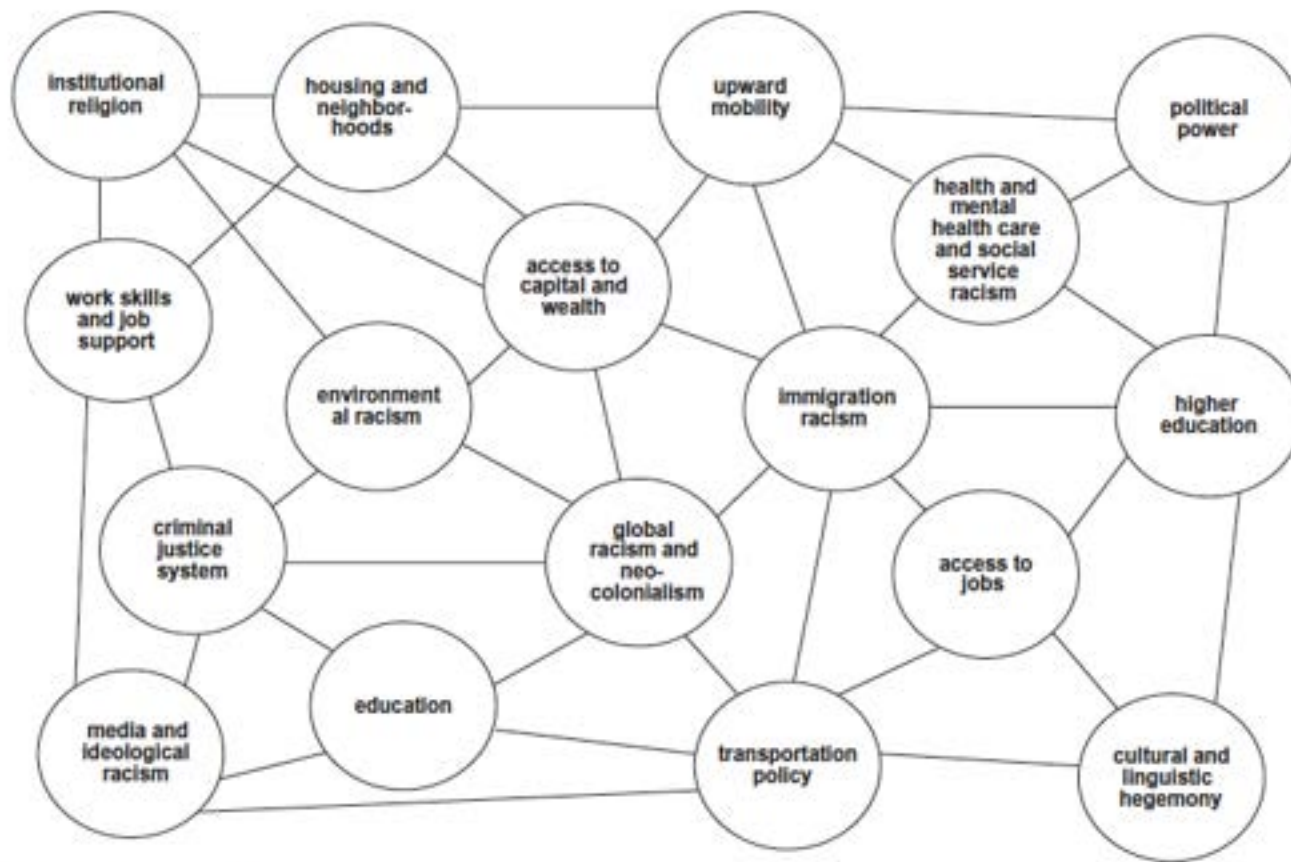
*Martin Merger (Sociologist)*



# Racism – Definition

*(Neville & Pieterse, 2009; Carter & Pieterse, 2005)*

- An intentional system based on an *ideology of racial superiority* which in turn *justifies discriminatory and prejudicial practices* targeting those who are viewed as racially inferior. These practices occur in the individual, institutional and cultural domains.
- Given current social structures racism can be viewed as a organizing principle of social structure (e.g. wealth distribution, health disparities etc.)



**FIGURE 1** Web of Institutional Racism.

Source: Connecting lines are arbitrary and for illustration; in reality, each form of institutional racism connects with each other form in multiple ways.

Miller, J., & Garran, A. M. (2017). *Racism in the United States: Implications for the helping professions*. Springer Publishing Company.

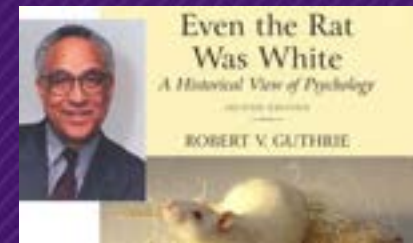


# The Racial Structure in the United States

## Interrogating Whiteness....

- Whiteness...
  - a dominant cultural space with enormous *political significance*, with the purpose to *keep others on the margin*
  - 'white' culture [Whiteness] is the *dominant culture* that sets the norms. Everybody else is then compared to that norm
  - In times of perceived threat, the normative group may well attempt to *reassert its normativity*

*Ruth Frankenberg, 1993*





# Aspects of Race in Supervision

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- **Racial Similarity/dissimilarity**
  - Jernigan, M. M., Green, C. E., Helms, J. E., Perez-Gualdron, L., & Henze, K. (2010)
- **Racial Microaggressions**
  - Proctor, S. L., Kyle, J., Lau, C., Fefer, K., & Fischetti, J. (2016)
- **Racial Identity**
  - Thrower, S. J., Helms, J. E., & Manosalvas, K. (2020).
- **Racial Trauma**
  - Pieterse, 2018; Ramírez Stege, A. M., Chin, M. Y., & Graham, S. R. (2019).



# Clinical Supervision: Definition, Goals and Functions

(Watkins, 2020. *Psychotherapy supervision: an ever-evolving signature pedagogy*, *World Psychiatry*)

- Psychotherapy supervision typically involves senior, professionally approved supervisors formally providing relationship-based, treatment-focused psychotherapy education and training to junior colleagues/trainees about their ongoing therapeutic work
- all supervision perspectives have come to increasingly grant primacy of place to the supervision relationship
- supervision has increasingly become a multi-culturally minded endeavor. All supervision in some respects is a triadic multicultural relationship. Thus, such variables as gender, race/ethnicity, sexual orientation and religion/spirituality, readily affecting the treatment experience, also readily affect the supervision experience



# Illustration

- Setting – Psychology Training Clinic
- Supervisee – White female, 2<sup>nd</sup> year doctoral student, viewed herself as culturally aware and racial conscious
- Supervisor – Black Male, Assistant Professor and Licensed Psychologist
- Client – African American Female ( 19, single Mom, 2 young children, lower SES, father of children incarcerated)
- The supervisee has not engaged a discussion of the client’s racial background which was surprising
- Supervision Focus
  - Building Therapeutic Alliance
  - Supervisee experienced as being tentative, cautious and less genuine in interactions with client, compared to her level of engagement with other clients
  - Supervisee disclosed perception that she thought was being evaluated (as a White person) on her interactions with her client (a Black Individual)
  - Had not engaged the client’s race as she did not want to be perceived as responding stereotypically



# Supervisory Dynamics of Racial Difference

*Burkard et al, 2006;2014; 2019 TEPP (3) Special Issue on Supervision*

- SOC – experiencing microaggressions, Supervisor not addressing racial/cultural difference
  - Feeling shut down, Being on guard, not willing to authentically engage, less trusting, less disclosing
- SOC – racial cultural difference acknowledged and incorporated by supervisor
  - Feeling safe, experiencing a stronger bond, perceived improved clinical outcomes
- WS – Expecting cultural competence from supervisors of color
  - Feeling discomfort, feeling challenged, opportunities for growth, feeling a stronger alliance when racial considerations broached

WSP – White Supervisor; SOC – Supervisee of Color; WS – White supervisees; SPC = Supervisor of Color





# Supervisory Dynamics of Racial Difference

*Burkard et al, 2006;2014; 2019 TEPP (3) Special Issue on Supervision*

- SPC – experiencing overt discrimination, not having training in racial/cultural considerations – assumed cultural competence because of their race/ethnicity
- SPC – competence questioned, white supervisees resistant to feedback on culture and race, experiencing microaggression
- WSP – feeling uncomfortable providing corrective feedback to SOC, at times holding back for fear of being seen as culturally insensitive or ‘racist’; feeling less authorized to address race



# Illustration

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- Supervisor – Black Male, Assistant Professor and Licensed Psychologist
- Client – African American Female ( 19, single Mom, 2 young children, lower SES, father of children incarcerated)
- The supervisee has not engaged a discussion of the client’s racial background which was surprising
- Supervision Focus (early in the treatment)
  - Building Therapeutic Alliance
  - Assessment of client’s current distress and functionality
  - Supervisee experienced as being tentative, cautious and less genuine in interactions with client, compared to her level of engagement with other clients



# Trauma Supervision Competence Poll

- Please respond to the following statement using the response options below:

Strongly disagree=1; Disagree =2; Not sure = 3

Agree = 4; Strongly Agree = 5

*I feel comfortable providing supervision for clinical cases where the primary clinical presentation involves trauma*



# Supervisory Intervention – Case Illustration

- Observed the dynamic
  - What I was observing in the supervisees' interactions with her client ,
  - that she had not addressed the clients race with me as her supervisor
- Supervisee disclosed a heightened perception that she was being evaluated (as a White person) on her interactions with her client (a Black Individual)
- Had not engaged the client's race as she did not want to be perceived as responding to the client in a stereotypical manner



# Racial Trauma Supervision Competence Poll

- Please respond to the following statement using the response options below:

Strongly disagree=1; Disagree =2; Not sure = 3

Agree = 4; Strongly Agree = 5

*I feel comfortable providing supervision for clinical cases where the primary clinical presentation involves racial trauma*



# Racial Trauma and Supervision

- Thinking about Racial Trauma in the context of Harmful Clinical Supervision
  - “harmful supervision [are] supervisory practices that result in psychological, emotional, and/or physical harm or trauma to the supervisee

*Ellis et al., 2013*

- Racial trauma can provide both provide a context for supervision and can be enacted within the supervisory experience



# Racism and Psychological Functioning

*(Paradies et al., 2015; Carter et al., 2019; Pieterse et al., 2012)*

- Multiple meta-analytic studies indicate that experiences of racism are associated with adverse mental and physical health outcomes (depressive symptoms, anxiety, lowered self-esteem, trauma symptoms; obesity; hypertension)



# Definition of Racial Trauma / Race-Based Traumatic Stress

*Monica Williams; Thema-Bryant Davis; Robert T. Carter, Alex L. Pieterse*

## Racial Trauma

- “the experience of sustaining an emotional or psychological injury in response to a direct or indirect racist event”  
*Pieterse, 2020*
- Important to understand and appreciate the cumulative, intergenerational, and historical nature of racial trauma





*Historical trauma*

*cumulative emotional and  
psychological wounding*

*lifespan and across generations*

*massive group trauma*





# Racial Trauma - Stories





# Racial Trauma Reaction

- Reactions
  - Emotional and physiological Activation
  - Hypervigilance
  - Avoidance of perceived threat
  - Anger / being demoralized
- Imagine engaging my son in supervision
  - He will come into that space carrying his experience of race.
  - He will most likely engage strategies to assess his safety
  - If safety is not determined it is unlikely that he will introduce his racial experience



# Clinical Training For Racial Trauma

Hemmings, C., & Evans, A. M. (2018). Identifying and treating race-based trauma in counseling. *Journal of Multicultural Counseling and Development*, 46(1), 20-39.

- In a study of 106 Counseling Professionals:
  - Female 72%
  - Aged between 25 & 55 – 80%
  - 58 Masters Level; 42 5 Doctoral level
- 70 % reported working with clients who had endorsed racially traumatic events
- 70% reported receiving no clinical training for responding to racial trauma



# Racial Trauma within the Supervisory Experience

## ■ *Devaluing*

- Lack of appreciation for a BIPOC's experience within a social and historical context
  - Treating cultural mistrust as “resistance” or “defensiveness”

## ■ *Minimizing and Avoiding*

- Downplaying racial aspects of either the supervisory relationship or the clinical material
  - (e.g. processing emotional reactions as a personality attribute, as opposed to being a function of a racial dynamic)

## ■ *Practicing Whiteness*

- Engaging negative racial stereotypes. Performing microaggression; Viewing cultural difference as deficiency; assuming superiority



# Racial Trauma within the Supervisory Experience

## ■ *Imposing Whiteness*

- Not allowing for or exploring cultural experiences. Focusing on assimilation; encouraging supervisor to take on aspects of White culture (name, dress etc.)
- Exoticizing or fetishizing aspects of a supervisees' racial physicality and/or racial-cultural experience

## ■ *De-legitimizing experiences of racial discrimination or racism*

- Requiring that the supervisee "prove" experiences of racial discrimination/racism for self and client
  - "perhaps you misunderstood"; "I'm sure he did not mean it that way"; "Other (White) students have also had negative experiences with her"



# Racial Trauma within the Supervisory Experience

## ■ *Failure to Provide Safety*

- Failing to advocate on a supervisees' behalf after an experience of overt or subtle racism
  - "I guess we just need to learn to work with all types of people"
- Not attending to racial aspects of the supervisory relationship – or putting the onus on the supervisee to address race
  - Poor approach
    - Supervisor - "Can you tell me your thoughts or feelings about working with me a White Supervisor?"
  - Better approach
    - Supervisor - "I wonder if we can talk about how both of our racial/cultural histories might impact our work together"
    - Supervisor -" I am going to be attentive my own racial/cultural experience and how it might be influencing our work"



## Eklund et al., 2014

**Table 2** Questions to facilitate conversations about race

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Since conversations surrounding multicultural issues can be difficult to initiate, the following questions be used to help facilitate the dialogue of race and culture between a supervisor and the supervisee:

- How do you define yourself racially?
- What meaning(s) do you attach to who you are racially?
- What impact does your race have on your life, either morally, emotionally, or socially?
- How does your race facilitate or impede interactions with individuals who are from a different race?
- What is your family origin?
- How has your family background and experiences shaped your view of race and what impact might they have in developing relationships with your clients?
- Describe an instance in which you developed knowledge or understanding about individuals from different racial backgrounds.
- Describe your communication style. Have you ever engaged in a conversation with another person in which you felt that the conversation was unbalanced in terms of communication style? How did you react?





**Supervisees Quotation – taken from *Laura Dupiton’s 2019 Dissertation: Wearing a Mask to Supervision: A Phenomenological Exploration of Black Female Therapists and Covering in Cross- Racial Clinical Supervision***

- **Understanding, Acknowledging Racism and Providing safety**

- *...I had a lot of built up experiences with racism...I said I don’t trust my supervisor because she didn’t allow the space to be vulnerable or open up and when that happened, I got reprimanded. It was just like in the sessions, not having a voice with these white families and then coming back to a predominantly white work-space where I don’t have a voice there either. It’s like I tried to have a voice and it got shut down*



**Supervisees Quotation – taken from *Laura Dupiton’s 2019 Dissertation: Wearing a Mask to Supervision: A Phenomenological Exploration of Black Female Therapists and Covering in Cross- Racial Clinical Supervision***

- **Courage – Providing supervisees space to be**

- *As a supervisor you can’t be afraid when someone comes in to share their experiences with you. She couldn’t handle when I came in and said “I feel broken because I’m going to these houses and these people don’t like Black people and it hurts, and she couldn’t handle that, so it never got talked about.*



**Supervisees Quotation – taken from *Laura Dupiton’s 2019 Dissertation: Wearing a Mask to Supervision: A Phenomenological Exploration of Black Female Therapists and Covering in Cross- Racial Clinical Supervision***

- **Engaging and Practicing Authenticity**

- *Feeling that the supervisor is being their authentic self is a big deal, some of the supervisors are rich in content and they are very smart, and they have ways of looking at things or narratives that have helped me to look at things that have been really useful, but I really need a supervisor that has heart.*



# Clinical Outcomes – Racial Trauma in Supervision

- Client's experience of race and racism more likely to be overlooked or minimized if race is not being attended to in supervision
  - Trauma produces an inauthentic 'self' – in the experience of racial trauma a client is unable to bring their true self or their “entire experience” to the therapy space
  - Increased chance of misdiagnosis when racial/cultural experiences are not recognized, valued, or incorporated in supervision
- Parallel Process
  - Through the supervisee, a client might experience a projection of the supervisors' fragility around racial dynamics and therefore might experience blame, shame, or guilt for wanting to address their racial reality



# Supervisors....Step-Up!

- I argue that, firstly the supervisor needs to work to create a context within the supervisory relationship in which conversations about race and racism might take place

*Pendry, 2012*



# Ameliorating/Preventing Racial Trauma in Supervision

- Knowledge of Social Location
- Engaging your supervisee as a racial-cultural being and not a representative of a racial group
- Prioritizing the relational aspects of the supervisory process
- Practicing courageous humility
- Checking your Privilege (Whiteness) – challenging Whiteness as normative
  - Applies to other domains of difference as well



## Eklund et al., 2014

**Table 1** Best practice considerations in multicultural supervision

Discuss cultural similarities and differences

- Demonstrate respect and acceptance for individual variations in cultural values and norms
- Initiate and revisit diversity dialogues throughout the supervisory relationship
- Identify how culture may impact work with children, families, and schools

Show genuine interest in and respect for each other's unique culture

- Be proactive in learning more about each other's culture before issues arise
- Identify how previous experiences with prejudice and oppression may impact behaviors during supervision
- Initiate activities that will increase awareness and acceptance of cultural differences (e.g., cultural genograms, racial identity inventories)

Create a safe and inclusive setting

- Create an open, respectful, and accepting environment that will nurture personal and professional growth
- Supervisors should set the tone for supervision so supervisees understand feelings and opinions are respected and valued

Model and impart multicultural competencies

- Critically self-evaluate individual beliefs, values, and attitudes
- Engage in genuine experiences with culturally diverse individuals, groups, and settings
- Realize no one is perfect; be willing to share successes, failures, and questions

Value ongoing professional development opportunities

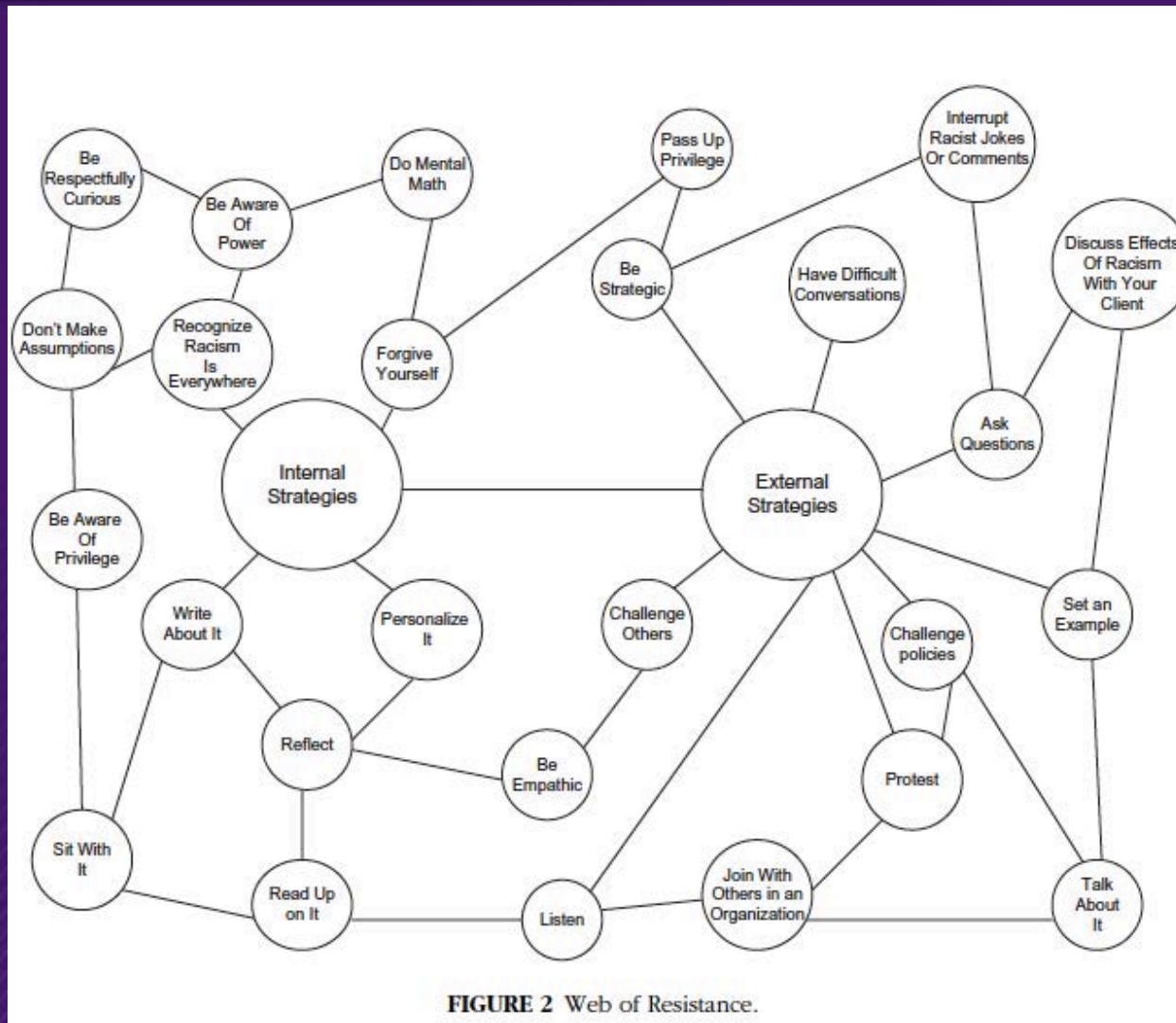
- Engage in trainings on becoming a more culturally competent practitioner
- Seek out diverse supervisory and internship experiences to expand learning opportunities
- Educate one another on new developments in research and practice



# Anti-Racism

- Anti-racism is the practice of identifying, challenging, and changing the values, structures and behaviors that perpetuate [systemic] racism (Ontario Anti-Racism Secretariat)





Miller, J., & Garran, A. M. (2017). *Racism in the United States: Implications for the helping professions*. Springer Publishing Company.



# Committing to Anti-Racist Practice

- Legha, R. K., & Miranda, J. (2020). An anti-racist approach to achieving mental health equity in clinical care. *Psychiatric Clinics*, 43(3), 451-469.
  - People are racist when endorsing or supporting racist ideas and policies, and, conversely, they are antiracist when endorsing ideas and policies that promote racial equity [Kendi].... Everyone, every day, through action or inaction, speech or silence, is choosing in each moment to be racist or antiracist. (pg. 453)
- What will I do/How will I be in this supervision hour, or in this supervisory relationship that will convey to my supervisee that I am committed to anti-racist practice?



# Thank you

- Q & A's
- [apieterse@albany.edu](mailto:apieterse@albany.edu)
- Resistracism365.org
  - @PieterseAlex



# Concluding Thought

- “In a racist society it’s not enough to be non-racist...we must be anti-racist”

*Angela Davis*