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Abstract

This article discusses and illustrates the role and impact of the intersection of supervisor's and supervisee's social identities and the associated power and privilege within the context of supervision for trauma-informed practice. Based on current theoretical, empirical, and practice literature, , challenges related to the supervisor's and supervisee's racial, ethnicity, gender, social class, and additional social affiliations are identified, as are strategies for addressing them within supervision for trauma-informed practice. A case example drawn from the authors' experiences illustrates the importance of attending to intersectionality in trauma-informed supervision Suggestions for future research efforts are offered.

Keywords: Intersection of identities, supervision, trauma-informed practice

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In this article, we focus on the intersection of identities in the context of supervision for trauma-informed practice. The idea that one's identities impact one's professional relationships and functioning in general, and the supervisory relationship in particular, is not new. For example, Falender, Shafranske, and Falicov (2014) identified race-related attitudes, values, and awareness as critical in clinical supervision, and emphasized the importance of attending to interpersonal dynamics and the invisibility of guilt, shame, and internalized racism. It has been argued that supervision involves three individuals (supervisor, supervisee, and client) and that the inner world of each (i.e., their identities) shape the supervisory process and outcomes (Watkins, 2011; Werbart, 2007).

Although supervision for trauma-informed practice shares with all types and fields of supervision issues related to the intersection of the identities of supervisor and supervisee, it also presents challenges that are unique to its specific foci and content. To date, scholars have addressed individually diverse aspects of the intersection of identities (Hernandez & McDowell, 2010; Pfohl, 2004; Watts-Jones, 2010) and of supervision both in general and for trauma-informed practice in particular (Berger & Quiros, 2014, 2016). However, issues of this intersection within the unique context of supervision for trauma-informed practice have not been addressed.

This article is designed to attend to this gap in the literature. Based on the limited available knowledge and on our practice experience, we focus on trauma-informed supervision with attention to intersectionality. We begin with brief reviews of current knowledge about the intersection of identities and about supervision for trauma-informed practice, followed by a

discussion and illustration via a case example of the nature, manifestation, and possible outcomes of intersection of the racial and ethnic, gender, sexual orientation, and other identities of the supervisor and supervisee in supervisory interactions for trauma-informed practice and strategies for effectively addressing identified issues. We conclude with directions for future research.

The Intersection of Identities

The intersection of identities is built on the view of identity as a complex, multi-faceted, and fluid concept, and the understanding that one has simultaneously multiple identities based on one's affiliations with social groups according to gender, race, social class, ethnicity, nationality, sexual orientation, age, religion, and the like (Crenshaw, 1991). Each social identity carries with it labels and stereotypical views about the groups of which individuals perceive themselves as members (Phenice & Griffore, 2000). Through a comparison between the image of one's own and other groups, individuals become aware of the social perception of their own groups, are given labels and social attributes based on this membership, and internalize the social perceptions of these groups. These socially constructed identities mutually constitute, reinforce, and normalize one another. Depending on the power and privilege associated with them, one's identities can have both negative and positive effects, creating both oppression and opportunity for the individual (Warner & Shields, 2013).

The nature, dynamics, and outcomes of the intersection of one's identities have been studied in diverse cultural contexts. For example, Mensah (2014) studied the polymorphous, constructed, and fluid identity and its formation in African immigrants to Canada to develop a nuanced understanding of this population group that had been previously viewed through homogenizing lens. Dancy and Jean-Marie (2014) studied the intersection of Blackness and

smartness in African American third-grade girls and the role it played in their learning mathematics. Burnes and Singh (2016) studied the intersection of lesbian, gay, bisexual, transgender, queer, questioning identity and social class.

One's different identities are constructed and negotiated in the context of interpersonal relationships within the different sociocultural worlds with which one is affiliated (Jones, 2009). These identities may advantage or marginalize individuals and may be associated with inequality and limited access to economic, political, and social power (Phenice & Griffore, 2000). Each social interaction involves an encounter among the diverse identities of the "players" and the internalized social perception of their groups of membership (Galliher & Kerpelman, 2012; Warner & Shields, 2013).

As in all interpersonal exchanges, the intersection of the personal and professional identities of supervisor and supervisee plays a role in their interaction. Specifically, relevant to the intersection identities in supervision are differences in power and privilege associated with supervisor's and supervisee's *role* and *social affiliations*.

Role related differences. Supervision is not egalitarian. Role related structural power is intrinsic to the supervisory relationship, where disproportionate social power is accorded to the supervisor (Jernigan, Green, Helms, Perez-Gualdron & Henze, 2010), who has the authority to put demands, allocate clients and tasks, and pass judgement on the supervisee's performance (Hewson, 1999). This power organizes and orchestrates social interactions, which in turn shape ideas, values, assumptions, and beliefs about the other (Beddoe, 2010; Kanter, 1993). Two types of structural power have been conceptualized (Nye, 2004). "Hard power" is coercive in nature and is the ability to influence behavior through physical, economic, and political force. It includes "carrots" such as a promise of economic gain through a possible job offer. "Soft power" operates through the creation of

hierarchies within the professions. The presence of hard power reinforces these hierarchies by threat of loss of privilege, status, and economic gain, and by coercing actors back into predetermined behaviors, attitudes, and thought processes that reinforce privileged values and discourses. The use of power in supervision is reinforced through education, training, the media, social discourse, and consumerism. Exercising structural power in supervision may be manifested when the supervisee accepts without question the views, opinions, and ideas of the supervisor. In turn, this may be reflected in a parallel process whereby the client acquiesces to the views and observations of the supervisee in their work together (Deering, 1994).

Social affiliation-related differences. Supervisors' and supervisees' socio-demographic characteristics, including age, spiritual/religious affiliation, socio-economic and immigration status, race, ethnicity, gender, and sexual orientation, affect their power. Supervision that involves supervisors with privileged identities and supervisees from traditionally marginalized social groups is particularly vulnerable to power dynamics that mirror power dominance in society at large, although power issues may also be apparent in supervisory dyads in which the individuals appear to be similar but hold different social identities (Jernigan et. al., 2010).

The role and personal social affiliation positions may agree, such as when a supervisor enjoys power due to gender, race and socio-economic status. Thus, a Black female supervisee may be at the intersection of mutually exacerbating multiple marginalized social identities due to her gender and racial affiliation and her role in the supervisory relationship. However, role-related and personal identities of supervisor and supervisee may not be consistent with power relationships that exist in society, such as a female lesbian Latina supervisor supervising a straight older man. The importance of intersection of social identities in supervision was supported by a recent study that showed an association between an open discussion in

supervision of supervisor's and supervisee's gender, race/ ethnicity, and sexual orientation and the quality of the working relationships, choice of interventions, and self-efficacy in trainees and interns in the helping professions (Phillips, Parent, Dozier & Jackson, 2017).

Supervision for Trauma-Informed Practice

As the number of clients who experience trauma following the exposure to natural or human-made stressors grows, so does the need for practitioners trained in trauma-informed practice. Trauma-informed practice means that practitioners working in settings which are likely to serve clients with histories of trauma, such as services related to addictions, mental health, child welfare, and corrections, remain sensitive to the possibility that, regardless of the presenting problem, their clients could have a history of trauma which may affect their current issues (Knight, 2015). Core principles of trauma-informed practice include understanding and recognition of trauma as both interpersonal and sociopolitical (Berger & Quiros, 2016) and "normalizing and validating clients' feelings and experiences; assisting them in understanding the past and its emotional impact; empowering survivors to better manage their current lives; and helping them understand current challenges in light of the past victimization" (Knight, 2015, p. 28).

To help supervisees become skilled at providing trauma-informed services, supervisors seek to enhance the supervisee's understanding the complexity, dynamics, and potential behavioral manifestations of trauma and aptitudes in addressing them (Berger & Quiros, 2016). Specifically, practitioners should be trained in fostering trustworthiness, empowerment, choice, collaboration, and safety in their interactions with clients and in the culture of the agencies where they practice (Harries & Fallot, 2001). Researchers have found that supervision focusing on trauma was positively associated with better outcomes for clients and practitioners in various fields of practice (Bober & Regeher, 2006; Bussey, 2008; Hansel, Osofsky, Steinberg, Brymer,

Landis, Riise et. al., 2011; Joubert, Hocking, & Hampson, 2013; Kitchiner, Phillips, Neil & Bisson, 2007; Pack, 2014).

In addition to core elements and strategies of all supervision, supervision for trauma-informed practice also has unique aspects. Trauma-informed supervision combines knowledge about trauma and about supervision, focusing on the characteristics of the interrelationship between the trauma, the practitioner, the helping relationship, and the context in which the work is done (Etherington, 2009). Specifically, parallel to creating an environment that is safe and feels safe for clients, trauma-informed supervision requires creating a physical and interpersonal supervisory environment that feels safe for the supervisee, as this will enhance the outcomes for the supervisee and the client (Toren, 2008). Supervision should reflect a non-judgmental, accepting, predictable strong working alliance between supervisor and supervisee built on trust and clear boundaries and expectations (Berger & Quiros, 2014, 2016). Although these elements are beneficial in all supervisory relationships, they are critical in supervision for trauma-informed practice because of their central role in providing trauma-informed services (Harries & Fallot, 2001). Supervision that emphasizes these elements enhances practitioners' skills for trauma-informed practice as it models to the practitioners, in the context of the supervisee-supervisor relationships, principles that can be emulated in the practitioner-client relationships in a parallel process. By participating in a supervisory process that emphasizes these elements, the supervisee learns experientially what their meaning and effects are and how they can be achieved.

To enhance the feeling of safety, it is critical that the supervisor foster a strong supervisory working alliance, assess the supervisees' vulnerabilities and resilience relative to trauma content, emphasize the importance of self-care, assign a trauma related caseload that is balanced in severity, number, and types of clients' trauma, as well as take into account

supervisees' length of professional experience and history of personal trauma. As issues of power (or lack thereof), independence, choice, trust, and control are key elements of trauma and trauma work, supervisees need to feel that their ideas matter, their preferences honored, and power is shared, such that decisions are made collaboratively rather than dictated unilaterally.

In a recent study (Berger & Quiros, 2016), supervisors who provide trauma-informed supervision identified that effective trauma-informed supervision is shaped by *personal* and professional characteristics of the supervisor and of the supervisee, and characteristics of the *supervisory relationship*. *Personal* characteristics of the supervisee included cultural orientation and identity, training, history in the agency and in supervision, theoretical approach, perceptions of challenges and support, skills, personal traumatic experiences, indirect trauma, and clinical skills. Characteristics of supervisors identified as important were their formal training and practice experience in general and in trauma work in particular; commitment to an expansive definition of trauma, including sociopolitical trauma; familiarity with trauma-related practice models and advocating for the application of these models; willingness to challenge within the agency notions that were not trauma-informed; and personal characteristics of modesty, cultural humility, and acknowledgment of own limitations.

Supervisory relationships viewed as effective for trauma-informed supervision included frequent and consistent supervisory meetings and a strong emphasis on a compassionate, caring, and supportive supervisory style. On the organizational level, it was suggested that both clinical and administrative supervision encourage supervisees to feel comfortable to discuss their clinical issues and concerns, uninhibited by logistic considerations and fear of judgment, and models that emphasize relational aspects of the therapeutic alliance be used. Team work and supervision for

all (clinical and other) staff involved in providing services to traumatized clients were recommended.

Challenges and Strategies Related to Intersection of Identities in Supervision for Trauma-Informed Practice

In supervision for trauma–informed practice, issues related to status, power, predictability, safety, vulnerability, and control that are at the essence of the experience of traumatized clients and trauma-informed practice correspond with the status and power aspects of the supervisory relationships. These issues impact how supervisors and supervisees define trauma, view its etiology and assign meaning to it, particularly as it relates to social conditions of poverty, racism, homophobia, antisemitism, sexism, and ableism, what they see as appropriate manifestations of trauma reactions, coping strategies that they deem effective, and interventions that they endorse (Berger, 2015). Consequently, challenges to the supervisor and the supervisee exist requiring strategies to address them.

Challenges. Supervisors' and supervisees' racial, cultural, gender, sexual orientation, class, and other social affiliations may constrain authenticity in the supervisory relationship. Research has shown that nonwhite supervisees reported negative experiences when supervisors did not include a discussion of racial issues in supervision (Jernigan, Green, Helms, Perez-Gualdron & Henze, 2010). Similarity and differences in social location in terms of gender, social class, immigration status, sexual orientation, race, and ethnicity of the parties in the supervisory dyad may impact how free the supervisee feels to ask questions and how free the supervisor feels to offer feedback. Will a Black supervisee feel safe asking a White supervisor questions without fear of being judged as unknowledgeable and thus confirming biases? Will a White supervisor hesitate to challenge a Black supervisee for fear of being viewed as politically incorrect or racist? Constantine and Wing (2007) found that Black clinicians supervised by White supervisors reported feeling invalidated in supervision

due to a lack of awareness of racial and cultural issues. Manifestations of the absence of awareness were primarily focusing on supervisee's clinical weaknesses, blaming clients of color for problems that reflected oppression, offering culturally insensitive treatment recommendations, making stereotypical assumptions about Black clients and Black supervisees, and avoiding negative feedback for fear of being viewed as racist. The same may potentially apply also to other social statuses such as gender, sexual orientation, disability, and social status.

Discrepancies may exist between one's own identity and society's perception of it and shape how individuals perceive and process discrimination. A dark-skinned, self-identified Latina may be treated as African American and experience rejection from other Latinas because of her dark skin. A self-identified third-generation Holocaust survivor may be viewed by others primarily or solely as White. When this individual encounters an African American supervisor whose self-identity reflects a history of lynching, slavery, and racial discrimination, unspoken content regarding trauma, which is shaped by these self-identities, may play out in subtle and not-so-subtle ways in their supervisory discussions.

Supervisees' social positions may affect their ability to contain, refrain from judgment, and listen to clients' painful stories for long periods and understand the complexity of the stories. They also may feel rejected and frustrated by clients' reluctance to share details of their experience, leading to losing confidence in their abilities. Consequently, supervisees may avoid discussing in supervision detailed reports about clients' traumatic experiences and their own reactions to these stories. The situation may become especially challenging for supervisees with unaddressed histories of personal trauma, in that the feeling of powerlessness in their role as practitioners may reactivate their sense of powerlessness when they were traumatized and compromise their professional competence.

Strategies. Effective strategies in addressing challenges that stem from the interplay of trauma work and intersectionality are those that empower supervisees, attend to relational components in supervisory interactions, create a feeling of emotional and physical safety and support, address parallel process, emphasize knowledge, and advocate self-care. Such strategies are *self-exploration, an on-going open dialogue, flattening the power pyramid, creating relational safety,* and *sharing contemporary trauma knowledge.*

Self-exploration. Research and practice experience suggest that the dynamics and outcomes of the supervisory relationship are shaped by the social identities of the supervisor and the supervisee (Estrada, Frame, & Williams, 2004). Specifically, relative to trauma work, because social affiliations affect how practitioners view and approach trauma and traumatized clients (Berger, 2015; Quiros & Berger, 2013), it is of utmost importance to explore the supervisee's and supervisor's social identities and their related positions of privilege and oppression. For example, growing up in poverty may lead a practitioner to be less empathic to stress related to economic losses of a middle-class client. To help develop critical consciousness early on and throughout the supervisory relationship, it is useful to employ reflective questioning, in which both supervisee and supervisor search their own experience to recognize and challenge oppressive and dehumanizing political, economic, and social systems and their impact on their perspectives (Garcia et. al., 2009).

Contemporary American society privileges whiteness, European American culture, heterosexuality, middle and upper income status, maleness, US-born citizenship, able-ness, and the English language. These identities enhance formal and implied opportunities in education, employment, and social organizations (Hernandez & McDowell, 2010). To create a context that respects diverse identities within the supervisory relationship, it is essential to examine if and how the above privileged statuses and associated power or lack thereof are replicated in supervision. Such

exploration of the supervisor's and supervisee's experiences with traumatized people of different social affiliations, preconceptions, beliefs and values. For example, do the supervisor and supervisee come from cultural groups with different legacies of trauma, such as the collective historical trauma of the Holocaust for a Jewish supervisee and the collective historical trauma of slavery for an African American supervisor? Within same-race triads such as Black supervisor, supervisee, and client, do supervisor and supervisee share similar cultural identities (Jernigan et. al., 2010)?

The examination of social identities helps in unveiling structural and relational power within the supervisory relationships as well as the supervisor's and supervisee's approach to clients' trauma, raising awareness of their own identity in interaction with the identities of others and enhancing the effectiveness of service to clients. The omission of discussing intersecting identities and the relationship to power may create problems both in the supervision and in practice (Mitchell, 2016). If intersecting identities of a supervisor and a supervisee and their relationship to power are not discussed in supervision, a supervisee who feels in a less powerful position may refrain from authentically conveying and employing with clients his or her own knowledge of and reaction to trauma, and substitute it by automatically adopting the supervisor's perspective. For example, how do references to the Holocaust by a Jewish supervisor and the legacy of slavery and current Black lives matter ideology by a black supervisee impact their perceptions of and approach to each other and to clients?

The discussion of intersection of identities becomes particularly relevant when supervisors' and supervisees' social identities differ and when clients share the supervisees' social affiliations. For example, a non-White female supervisor must question whether she views a White male supervisee as a representation of traditional oppressors and their current professional positions as a reversal of traditional gender and race-based relationships, and if the supervisory process and

outcomes for clients are affected. A White supervisor must examine if her assumptions about inferiority of non-Whites plays a role in the critique of the performance of a non-White supervisee. Such self-exploration can enhance the parties' ability to model meaningful relationships with people from all social groups and provide appropriate intervention strategies, as well as allow engagement in efforts to eradicate social and political manifestations of racism and oppression (Jernigan et. al., 2010). Rather than a one-time event, a discussion of supervisor's and supervisee's social identities and their role in supervision must be part of an ongoing conversation. For example, a supervisor implementing routinely in discussions of clients a question how (not if) supervisee's and client's similarity or difference in social affiliation affects their interaction and how the supervisee intends to raise the question with the client, educates the supervisee of the importance of the issue.

On-going open dialogue. Self-exploration requires an open dialogue between supervisor and supervisee about effects on their trauma work of their respective identities, and associated structural power and social and cultural capital. Hernandez and Rankin (2008) advocated "the co-construction of a dialogical context in which students and supervisees are able to raise questions, challenge points of view, ponder issues, confront opinions, articulate ideas, and express concerns. For those whose identities have been silenced by a lack of structural (material condition) or discursive (social discourses) privilege, this kind of dialogical context makes it possible to speak and consider the impact of what we do and say on others" (p. 33). It is the responsibility of the supervisor to identify opportunities for this dialogue. To allow the dialogue, supervisors must attend to the relational aspect of the supervisory relationship by discussing issues that bother supervisees in their own life and their experience relative to sessions with clients, while refraining from being intrusive or turning supervision into therapy. Important in

the dialogue is discussing countertransference content and parallel processes in the supervisor- and supervisee and supervisee-client relationships.

Specific to trauma-informed supervision, the dialogue should adopt a socio-political lens to recognize supervisor's and supervisee's exposure to traumatic circumstances due to their social affiliations and the social identities associated with them, and examine how these play a role in their supervisory interaction. Supervisors should initiate an exploration of supervisees trauma reactions to their own exposure to traumatic events, and to their indirect exposure by intensive work with traumatized clients, to allow the supervisee to gain in-depth understanding of what the client may feel. Supervisors' reactions to the report of supervisees' traumatic exposure may model for supervisees how to respond responses to their traumatized clients. For example, a supervisee with a trauma experience may report stress, nightmares, and diminished ability to enjoy activities he previously liked, symptoms suggesting the possibility of secondary traumatization. The supervisor can use principles of cognitive processing regarding the supervisee's experience (Berger, 2015) and discuss how the supervisee can apply the same to working with a client.

Flattening the power pyramid. Transparency, negotiation, and maximizing supervisee autonomy within the constraints of external requirements can minimize negative effects of structural power in supervision (Hewson, 1999). To facilitate growth for both and enhance supervisee's competence to establish an egalitarian, empowering relationship with clients, the supervisor should convey that none has exclusive ownership of knowledge, create opportunities for supervisees to share their knowledge and experience, empowering supervisees to take the supervisor's knowledge as falsifiable and plausible. Rather than unidirectional top down, understanding of the client situation and developing an appropriate intervention plan should be

conducted jointly and collaboratively between supervisor and supervisee. Structural and administrative conditions that augment supervisees' feelings of safety and triggers for feeling unsafe should be identified and minimized (Berger & Quiros, 2016). The mutuality of the process has special importance in the context of trauma-informed supervision because of issues of power are central in trauma work (Afuape, 2012). A major element in traumatic experiences is the loss of control and being victim to external power, whether this is a result of interpersonal victimization or a human-induced or natural disaster (Foster & Hagedorn, 2014). Realizing one's own powerlessness can evoke fear, vulnerability, and anxiety. Participation in supervision where supervisees feel respected, validated, and empowered helps improve their ability to create the same with traumatized clients who are also struggling with the feeling of powerlessness. This is especially important when the supervisee is affiliated with minority groups affected by socio-political traumatic circumstances (e.g., LGBTQ, has a disability), as the power relationship in supervision may feel ra eplication of power relationships in society (Quiros & Berger, 2015).

A collaborative process can be enhanced by encouraging supervisees to initiate agenda items and their self-identified preferences, acknowledging their ideas and knowledge, and supporting their professional development plan and working styles. Reflective supervision, a collaborative supervisory model arising largely from the field of early childhood mental health, offers a tool for flattening the power pyramid and has been advocated as effective in trauma-informed practice (Eggbeer, Shahmoon-Shanok & Clark, 2010; Geller & Foley, 2009; Shahmoon-Shanok, 2006).

Efforts to understand and address issues of power in trauma-informed supervision is critical throughout the process, and needs to be adjusted with the shifting nature of power at different points. At the start of the supervisory relationship, experience and knowledge allow the

supervisor to occupy a position of power. As the supervisee grows in knowledge and experience, this power differential shifts. Supervisors should be aware that they may feel discomfort as supervisees become more secure and may challenge the supervisory authority, and take deliberate actions to address their discomfort, such as discussing with the supervisee the impact of the changes in power differential and seeking peer consultation from other supervisors.

Creating relational safety. Supervisees who feel safe in the relationship with the supervisor are better equipped to identify their own trauma-related triggers, develop strategies for addressing their trauma reactions, and enhance their ability to provide effective services to traumatized clients (Berger & Quiros, 2016). A supervisee who shares a client's traumatic experience may try to avoid discussing the experience because it reignites painful memories and reactivates the practitioner's own trauma reactions. Practitioners might also assume that coping skills that helped them heal may be equally appropriate for a client. Safe space in supervision does not mean absence of conflict, nor is it a permanent state. Rather, allowing conflict to occur and be processed has the potential to enhance trust and openness (Beddoe, 2010), sharing, exploring, and attending to personal traumatic experiences of supervisees, as these affect their professional performance and approach to traumatized clients.

Sharing contemporary trauma knowledge. Both supervisor and supervisee bring to supervision their trauma-related knowledge. The supervisor typically brings familiarity with theories and empirical knowledge about trauma in diverse cultural contexts, and expertise in application of diverse practice models to serving traumatized clients. The supervisee may bring basic knowledge about trauma acquired in professional education, continuing education training, and possibly previous and current practice experiences. Both may also have access to tacit knowledge based on their personal affiliations and history. The supervisory relationship becomes an arena for the mutual sharing of expertise,

knowledge, and experiences to enhance the provision of the best services to traumatized clients. It is the responsibility of the supervisor to seek on-going training and remain informed about trauma research and practice. Sharing knowledge about social stress and trauma that are related to living circumstances such as residing in a poor neighborhood (Wadsworth, Rindlaub, Hurwich-Reiss, Rienks, Bianco, & Markman, 2013) and understanding trauma from a sociopolitical lens (Quiros & Berger, 2015) are especially important when the client, supervisor, and/or supervisee are affiliated with groups that differ in their socio-cultural background and status.

It is particularly important for supervisors to share with supervisees knowledge about symptoms of indirect trauma, including over involvement with clients and excessive preoccupation with their issues; withdrawal from the relationships with the client, with the supervisor, or from other interpersonal connections (Bledsoe, 2012; Pearlman & Saakvitne, 1995). It is also important to make supervisees aware of how their own social affiliations may impact on these symptoms and guide them in employing strategies for self-care. It is imperative that supervisors be deliberately aware of their own tendencies to become a rescuer of supervisees and develop a sense of grandiosity, just like the supervisee tries to do for the client.

Strategies for self-care advocated by supervisors may include managing workload by pacing and sequencing clients (e.g., avoid "crowding" all severely traumatized clients in one day), taking breaks for respite, and using cognitive strategies to separate work from personal life (not to "take home" one's clients and "tune out" work-related thoughts). Researchers have found that even practitioners aware of the usefulness of evidence-supported strategies for self-care failed to engage in self-care activities (Bober & Regehr, 2006), suggesting the supervisors' critical role in enhancing the translation of knowledge about self-care into action.

Case Illustration

The third author trained in an agency serving clients with traumatic experiences, concrete needs for housing, employment, and financial assistance, and often substance-related problems. Practitioners were social workers, psychologists, and mental health counselors, with a slightly larger number of males than females. The agency used a psychiatry-grounded biomedical trauma conceptualization, emphasized intrapsychic-focused interventions, and viewed exposure protocol as necessary for traumatized clients' recovery. An inherent unstated perception was that trainees in psychology were better suited for working with trauma survivors and the dominant view was that "good teaching cases," desired by all trainees, were individuals with a specific traumatic experience (e.g., accident, a death of a loved one, or a rape). Being assigned such clients offered the benefits of supervision by a renowned American White male trauma expert and better prospects for continued training, securing a full-time job, and gaining social and professional recognition. The view of a supervisor as "the best" reflects the dominant epistemology of power holders, often with limited input from supervisees and clients on whom structural power is exerted, and is a product of a socially constructed process of negotiating a hierarchical system of the stratification of the professional ladder.

The author, a novice Latina social worker, was assigned a 41-year-old Black/Latina client diagnosed with PTSD following a history of multiple traumatic experiences. After eighteen months of work with the client, focusing on creating safety and stabilization, she became the first client with whom the worker was to independently utilize an exposure protocol (Foa, Keane, Friedman, & Cohen, 2009). The worker began to self-doubt: Was the client ready for the exposure process or had she agreed to it to please the worker? Would the client go through the motions rather than experience a genuine therapeutic change? Was the worker projecting onto the client her own uncertainty about her readiness to effectively guide the client through an exposure treatment?

The worker took her concerns to the well-known supervisor, who responded by asking how long she intended to allow her own lack of confidence to cause the client to suffer from PTSD symptoms. While stunned by the supervisor's response (was she really hurting the client by "allowing her to suffer"?), it never occurred to the worker to question the supervisor's reaction. This interaction created a relational rupture between the supervisor and the worker, leaving her concerns about her own performance and feelings of responsibility for the client unexplored in supervision. Unlike previously, the client began to miss appointments, further delaying the opportunity to use the exposure protocol for addressing her trauma. The worker acknowledged to herself that she had been trying to avoid the supervisor (like the client avoided her). To preserve future training and employment opportunities, she decided to ignore the supervisor's attributing to her the responsibility for the client's suffering and discuss the "safer" topic of the client's missed appointments. The supervisor inquired if the worker had been avoiding him.

His question opened the door for an exploration of issues previously left unaddressed in supervision, such as whether the client's statement that "being black, Latina, and a woman, hell, I am not even considered a human being," and her new behavior of missing appointments might be related to the worker's concern that the client was performing for her. Given her position on the intersection of being Latina, black, and a woman, and her trauma history, the client experienced limited self-agency and diminished feelings of self-worth. These feelings were augmented by her family's expectation that, to avoid embarrassing them, she "be a good daughter," return to her assaultive husband, and be a "good wife," submitting to his sexual demands, irrespective of how degrading or painful to her.

The worker had discussed using exposure therapy with her client; however, she did not address with the client nor the supervisor the possibility that the discussion might induce in the

client fear, a sense of loss of control, and worries about being retraumatized. The worker also worried that the client had agreed to the treatment protocol because she had to be a "good patient" like she was expected to be a "good wife." The worker's interpretation of her client's missing appointments as an attempt to restore agency and regain control was lauded by the supervisor, who inquired why it was not brought up previously. The worker related her hesitation and the accompanying feelings of a loss of control and anger to the supervisor's implying that she was responsible for the client's continued suffering, which led to her questioning her own competence. She further discussed feeling stuck by the supervisor's statement that women clinicians, more than their male counterparts, hesitate to implement exposure treatments and are more likely to "collude" with their clients, particularly around treatments pertaining to sexual assault. She questioned discussing her client's suspected superficial agreement with a supervisor who believed that women practitioners and clients colluded to avoid certain topics. Did her feeling of being stuck indeed indicate that she was colluding with her client?

To get herself unstuck and resolve the discrepancy between the supervisor's statements, fear of his disappointment in her, and her own beliefs and experience with the client, the worker chose to examine an alternate interpretation. Might the collusion represent a symbolic refusal both by the client (to treatment) and by herself (to learning what the supervisor tried to teach her)? Although both client and worker had been historically highly motivated, the client began to feel pressured by expectations to agree to the treatment; the worker began to feel the same about supervision. Consequently, each sought to regain control of their participation in the respective processes. These struggles were manifested in the client's ambivalence about the protocol and missed appointments, and in the worker's hesitation to follow the supervisor's explicit and the agency's implicit expectations that she begin the protocol. This situation illustrates the parallel

process when worker and client are "trapped" in a powerless position in an encounter with an "other" whose social positioning renders authority and control.

The worker further questioned whether the supervisor's reaction attributing the client's suffering to the worker's hesitation may have been a response to her symbolic refusal of his authority. The supervisor expressed appreciation for the suggested interpretation, opening the road to a dialogue about the client's prior experiences leading her to treatment, the interaction between the client and the worker, the worker's potential ambivalence about the protocol and her experience in supervision and in the agency's milieu. The worker and her supervisor discussed the opposite sex dynamic between them and its potential contribution to their impasse. By incorporating the worker's input to understanding of the situation, the supervisor made a space that felt safer for her and reinforced her ability to choose how to proceed. This interaction illustrates how gender and role position may shape the supervisory relationships and its impact on the work with the traumatized client.

This case example illustrates how the identities of the individuals involved and the associated structural power shaped the dynamics of the supervisory process and its outcomes. Soft power was exercised by the supervisor and the agency through unilaterally imposing a bio-medical conceptualization of trauma, creating a perception of what constituted a "good case." The supervisee internalized this perception of power, which led her to refrain from questioning the supervisor's authority and expertise, and forestalled a reasoned and thorough examination of the various factors impacting the client and her treatment. The supervisory relationships and the culture of the agency left no room for a critical discussion in supervision of the respective identities of supervisor and supervisee and of the assumption that the supervisor's assessments,

which were reflected in the declarative nature of his statements, were not to be questioned because he occupied a privileged position due to his gender, race, experience, and reputation.

Consequently, a dissonance developed between the privileged epistemology represented by the supervisor and the supervisee's experience of herself and her client. The worker's resisting the supervisor and his supervision helped her assert some social power while simultaneously depriving her of getting the supervision she needed, potentially compromising the quality of her work with the client. Although the supervisee and her client shared a gender identity, though differed in race and professional standing, the supervisee and her supervisor differed in ethnicity, gender, professional authority, and organizational status in the agency, all of which impacted on the nature of the supervisory interaction. The case further illustrates a parallel process related to social positions. The supervisor's reactions reinforced the practitioner's self-doubt, anxiety, and feelings of loss of control. She, in turn, prompted these same reactions in her therapeutic encounters with her client, who complied with the supervisee's intent to utilize exposure therapy without questioning this decision.

Although the role of race was not readily apparent at the time of the interactions described in the case illustration, it became clear years later when the worker was in a supervisory role herself. She had a Black supervisee who was providing services to a Black teenager whose mother had kicked her out of her home numerous times and fled the country when she learned that Child Protective Services had been contacted. The client was placed temporarily in a foster home and expressed a desire to go back to live with her mother, who had since returned to the U.S. In supervision, the supervisee advocated for an aftercare plan, involving returning the client to her mother's care, consistent with the young woman's wishes in spite the concern of both the supervisor and supervisee that the client might be struggling with complex trauma resulting from

chronic abuse and neglect. The supervisor realized that she and the supervisee disagreed about the meaning the mother held for the client and decided to address this directly. The conversation revealed a culturally-ingrained difference between the meaning assigned to family by the Latina supervisor, who applied a Western-European perspective, and the Black supervisee, whose frame of reference was shaped by the legacy of disruption of Black families by White slave holders. The supervisor acknowledged that she may have been unintentionally using her position of structural power to impose a "White" perspective of the mother as an abuser and betrayer.

Implications for Future Research

In this article, we discussed and illustrated challenges and strategies related to the intersection of social identities of the supervisor and supervisee in supervision for trauma-informed practice. Future researchers should examine the suggested strategies in the context of training for trauma-informed practice. Specifically, there is need for more nuanced empirical knowledge about differential processes and outcomes of supervision for trauma-informed practice in the context of diverse combinations of supervisor and supervisee in terms of their social positions and experience as they impact their approach to traumatized clients. For example, how do the dynamics of supervisory power play out in supervision for trauma-informed practice when the supervisor is non-White and the supervisee is White? When both are non-Whites? When the supervisor is a male and supervisee female and vice versa? When a supervisor from a modest socio-economic background supervises a supervisee who comes from economic privilege? When the supervisor has a disability and the supervisee in able-bodied? When the supervisor is an immigrant and the supervisee US born? When the supervisor is LGBTQ and the supervisee is not? When the supervisee is significantly older than the supervisor?

Researchers to date have addressed these and similar questions relative to supervisory relationships and outcomes in general (e.g., Burkard, Knox, Schultz, & Hess, 2009; Kadan, Roer-Strier & Bekerman, 2017). However, the same is not true for supervision for trauma-informed practice. The question remains as to the unique nature of supervisory relationships and outcomes in the context of supervision in the specific field of trauma practice, which is particularly vulnerable to issues of power. The following example illustrates the importance of such research. The first author was a recent immigrant from Israel while supervising a group of social workers comprised of US born and educated professionals and recent immigrants from the former Soviet Union, all of whom worked with adolescent immigrants and their families. Both clients and non-US born workers had considerable immigration-related traumatic experiences. On a certain occasion, one of the Russian supervisees turned to the supervisor and said with a mix of astonishment and appreciation in his voice, "It is amazing. You are newer in this country than I am. Your accent is heavier than mine. And yet, the Americans accept you as a knowledgeable authority figure and listen to you. This is so empowering." Researchers can help us deconstruct the power dynamics involved in supervision for trauma-informed practice and develop and test effective strategies to provide better supervision.

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