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**The intersection of Identities in Supervision for Trauma Informed Practice:**

**Challenges and Strategies**

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# The Intersection of Identities in Supervision for Trauma Informed Practice:

# Challenges and Strategies

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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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# Intersection of Identities in Supervision for Trauma-Informed Practice:

# Challenges and Strategies

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 ( ) 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, ; Werbart, ).

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,

; Pfohl, ; Watts-Jones, ) and of supervision both in general and for trauma-

informed practice in particular (Berger & Quiros, , ). 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

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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, ). Each social identity carries with

it labels and stereotypical views about the groups of which individuals perceive themselves as

members (Phenice & Griffore, ). 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, ).

The nature, dynamics, and outcomes of the intersection of one’s identities have been

studied in diverse cultural contexts. For example, Mensah ( ) 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 ( ) studied the intersection of Blackness and

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smartness in African American third-grade girls and the role it played in their learning

mathematics. Burnes and Singh ( ) 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, ).

These identities may advantage or marginalize individuals and may be associated with inequality

and limited access to economic, political, and social power (Phenice & Griffore, ). 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, ;

Warner & Shields, ).

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, ), who has the authority to put

demands, allocate clients and tasks, and pass judgement on the supervisee’s performance (Hewson,

). This power organizes and orchestrates social interactions, which in turn shape ideas, values,

assumptions, and beliefs about the other (Beddoe, ; Kanter, ). Two types of structural power

have been conceptualized (Nye, ). “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

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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, ).

*Social affiliation-related differences.* Supervisors’ and supervisees’ socio-demographic

characteristics, including age, spiritual/religious affiliation, socio-economic and immigration

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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., ).

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

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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, ).

# 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, ). Core

principles of trauma-informed practice include understanding and recognition of trauma as both

interpersonal and sociopolitical (Berger & Quiros, ) 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, , p. ).

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, ).

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, ). 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, ; Bussey, ; Hansel, Osofsky, Steinberg, Brymer,

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Landis, Riise et. al., ; Joubert, Hocking, & Hampson, ; Kitchiner, Phillips, Neil &

Bisson, ; Pack, ).

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, ). 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, ). 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, , ). 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,

). 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

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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, ), 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

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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, ).

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, ).

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 ()

found that Black clinicians supervised by White supervisors reported feeling invalidated in supervision

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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.

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***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, ). Specifically, relative to trauma work, because social affiliations

affect how practitioners view and approach trauma and traumatized clients (Berger, ; Quiros &

Berger, ), 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., ).

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, ). 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

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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., )?

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, ). 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

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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., ). 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 () 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. ). 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

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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, ) 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, ). 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

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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, ). 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, ). 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, ). 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, ).

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, ; Geller & Foley, ;

Shahmoon-Shanok, ).

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

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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, ). 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, ), 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,

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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, ) and understanding trauma from a sociopolitical lens (Quiros &

Berger, ) 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, ; Pearlman & Saakvitne, ). 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, ), suggesting the supervisors’ critical role in enhancing the

translation of knowledge about self-care into action.

# Case Illustration

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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 -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, ). 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?

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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

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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

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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,

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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

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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?

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Researchers to date have addressed these and similar questions relative to supervisory

relationships and outcomes in general (e.g., Burkard, Knox, Schultz, & Hess, ; Kadan, Roer-

Strier & Bekerman, ). 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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