Chapter 4

Compassionate Confrontation and Empathic Exploration:

The Integration of Race-related Narratives in Clinical Supervision

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"Racial groups, based as they are on obvious physical characteristics, however flawed the categorization process, draw lines between those who are "me" or "like-me" and those who are "not-me" or "unlike-me". (Altman, 2000, p. 590)

Racial group designations remain a critical variable to consider in interpersonal relations generally, and in psychotherapy relationships more particularly (Brown, 2003; Parker & Lynn, 2002; West, 2001; Williams & Jackson, 2005). Supervision and training can help to enhance the ability of therapists to meaningfully consider race-related issues in the treatment of diverse populations. Both interracial and intraracial dynamics may directly affect the supervisory relationship, as well as the development and course of the supervisory alliance. The description of the supervision approach presented here emerges from a large body of theory and empirical research indicating that racial group categorizations have a powerful influence on both internal and interpersonal experience, as well as on behavior (Tummala-Narra, 2004). The approach draws upon a method of working with cultural meaning systems offered by Falicov (2003) which consists of naming, exploring contexts and experiences, reframing, and introducing future considerations. Similarly, the three steps for integrating race narratives into clinical supervision include: (1) the elicitation and disclosure of race narratives, (2) the deconstruction and unpacking of race narratives for meanings and emotions, and (3) an exploration of the clinical implications of race narratives with particular attention to developing race-related multicultural competence.

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The utilization of a narrative approach can help supervisees gain access to negative or unwanted feelings through connecting clinical or supervision material to their own stories about race, race relations, and racism. One of the central goals of the supervision approach is to facilitate a process that invites material experienced as unspeakable or unacceptable, a common characteristic of race-related issues, to be brought into awareness and discussion in both supervision and psychotherapy as appropriate.

Race is a problematic construct and clarification regarding how the term is used here is important. Race is conceptualized here as a pseudobiological social construction that divides human beings into groups based on the phenotypic expression of skin color, facial features, hair texture, and body shape (Harrell & Sloan-Pena, 2006). While the biological basis for dividing humans into distinct racial groups has been discredited (Smedley & Smedley, 2005), perceived and assigned racial group membership continues to have profound sociopolitical and interpersonal implications with respect to everyday life experiences, power, and privilege. Racial group categorization represents a complex sociopolitical and psychosocial variable that is a powerful correlate of quality of life, as well as impacting the nature of daily life experiences (Altman, 2000). The research literature has found that ascribed racial group membership will be one of the first interpersonal stimuli processed, actively and/or passively, in interpersonal encounters (Plant, Butz & Tatakovsky, 2008; Wilson, Lindsey & Schooler, 2000). In addition, recent research suggests that phenotypic preferences can be observed within the first six months of life (Baron & Banaji, 2006). Empirical studies conducted in psychology and related fields have consistently documented the impact of racial categorizations on perception, facial recognition, selective attention, memory, implicit cognitive processes, stereotypes, prejudice,

interpersonal behavior, and task performance (Hutchings & Haddock, 2008). While some of these impacts are normative and largely automatic, they occur in the context of the enduring and inescapable ideology of white superiority. As this dominant ideology infers meaning on racial group categorizations and associated psychological processes, racial prejudice and discrimination inevitably result. This process contributes to the development and maintenance of race-related social and economic asymmetries including racial disparities in health and health care (Williams and Jackson, 2005), as well as in education, employment, lending, home ownership, and criminal justice. Darker-skinned racial/ethnic groups including African Americans, Native Americans, Southeast Asians, Pacific Islanders, and some group of Latinos (e.g., Mexican, Puerto Rican, Central American) fare significantly worse than whites on multiple societal indicators. (Associated Press, 2006). These ongoing racial disparities occur in the historical context of multiple collective traumas perpetrated against non-white racial groups in the United States (e.g., African slavery, the Japanese internment, Native American displacement and genocide, exploitation of Chinese laborers, colonialism imposed on native Mexicans, Puerto Ricans, and Hawaiians) and co-exist with a national identity centered in the idea of "liberty and justice for all". This uneasy co-existence, the enduring presence of racism alongside values of equality and freedom (as seen in the popular election and subsequent vilification of Barack Obama, the first African-American president of the United States (Guinote, Willis, & Martellotta, 2010; Payne, Krosnick, Pasek, Lelks, Akhtar & Tompsom, 2010; Schmidt & Nosek, 2010), speaks to the complexity and our collective ambivalence around race, its meaning, and its effects.

Grounded in ecological theory and informed by existing empirical research in psychology on race-related constructs (e.g., racism, racial socialization, interracial interaction, and racial

identity), the focus of this chapter is on the presentation of a method for navigating the experiential and sociopolitical minefields of race within the clinical supervision process. An emphasis on the socially constructed nature of race through a narrative approach provides an opportunity to explore our "stories" about race and how our identity, perceptions, emotional reactions, behavior, and interpersonal interactions are affected by our race-related narratives. I have found it useful to describe the method as being directed by two core guiding principles: *compassionate confrontation* and *empathic exploration* (Harrell & Bissell 2009). Both supervisor and supervisee are tasked with confronting and exploring emotionally-charged subject matter while simultaneously maintaining an atmosphere of compassion and empathy for the anxiety, pain, ambivalence, and anger that can accompany the topic of race. These discussions can trigger strong affective and defensive reactions. Successful race-related dialogues require the ability to tolerate (1) the processing of unacknowledged or undiscovered material related to race-related feelings and experiences, and (2) feelings of uncertainty and unfamiliarity related to "the other" (Tummala-Narra, 2009). The act of non-judgmentally giving supervisees space to share their race-related narratives provides an in-vivo experience of strengthening interpersonal relationships. The importance of developing a clear and comprehensive approach to racial issues in clinical supervision is particularly critical given the almost inevitable experience of anxiety when race-related topics are raised in open discussion (Trawalter and Richeson, 2008).

Conceptual and Empirical Grounding

Several bodies of conceptual and empirical work have informed the process described here. Literature on the psychological significance of narratives and a general constructivist methodology are central to the race-related narratives supervision approach (Polkinghorne, 1988;

Collins & Arthur, 2007; Tummala-Narra, 2004). Empirical research in social psychology and social cognition that illuminates the complexity of processes involved in racial attitudes and interracial interactions on topics such as contemporary expressions of racism (e.g., aversive racism) (Dovidio, Gaertner, Kawakami & Hodson, 2002) implicit prejudice and stereotypes (Wilson, Lindsey, & Schooler, 2000), and intergroup relations (Devine, 2001) has provided strong experimental support. Conceptual foundations have come from the growing body of theory and research in multicultural psychology, including the existing work on multicultural supervision (Daniel, Roysicar, Abeles, & Boyd, 2004). Interestingly, writings from the psychoanalytic tradition on the role of race and racism in psychotherapy have contributed critical perspectives on the psychological meaning of race, how racial dynamics are internalized and how these dynamics affect the psychotherapy relationship (Suchet, 2004; Leary, 1997; Altman, 2000; and Hamer 2002, 2006). Finally, the interdisciplinary framework of critical race theory provides the central pedagogical position. Its basic tenets include:(1) race as a social construction; racism as endemic to American life; (2) racism as maintaining the status quo of racial stratification; (3) the necessity of challenging the dominant social ideology of colorblindness and meritocracy; (4) racial stratification influences on racial identity; (5) an insistence on analysis of cultural, historical, and sociopolitical contexts; (6) the legitimacy and primacy of the lived experience of people of color in any analysis; and (7) the significance of within-group heterogeneity (Crenshaw, Gotanda, Peller & Thomas,1995; Delgado, 2000; Harrell and Pezeshkian, 2008).

While informed by these multiple bodies of work, it is ecological systems theory that provides the foundational frame for working effectively with race-related issues in supervision through its insistence on multiple levels of analysis (e.g., individual, microsystem, community,

organizational, macrosystem) (Harrell & Gallardo, 2008). Falicov's Multidimensional-Ecosystemic-Comparative Approach (MECA) is an especially useful framework that helps to ground an approach to race and supervision in the ecological context. It is based upon the fundamental assumption that we are all multicultural beings whose lives are impacted by the sociocultural and sociopolitical context (Falicov, 1995; 2003). Two ideas that emerge from MECA are particularly instructive.

First, the construct of ecological niche, the space where our multiple cultural locations intersect, is an important way of describing a client, therapist, and supervisor. Racial categorizations are inextricably tied to other core identity dimensions such that interpersonal interactions, ascribed characteristics, and cognitive-emotional associations are differentially influenced by different ecological niches. For example, the race-related dynamics between a 48 year-old Caucasian, atheist, high SES trainee and a racially "Asian" client may be very different with a recently immigrated 23 year old dark-skinned, Muslim, Thai male client living at a low SES compared with a third generation, 52 year-old white-skinned, Japanese, Christian female living at a high SES. It is suggested here that the specific ecological niche of race-ethnicity-gender-age-religion-SES is particularly important to consider when exploring the influence of racial categorization on perception, behavior, and relationships.

Second, these multiple cultural locations and identities speak to the significance of considering intragroup variability and challenging any assumption that people who are ascribed the same racial group categorization also share the same cultural values or worldview. Ecological considerations such as (1) familial and community racial socialization processes, (2) the racial composition of socialization contexts, (3) experiences of racial discrimination, and (4)

amount of interpersonal contact with persons of a different ascribed race, all contribute to variability on psychological variables such as racial identity and acculturation (Spencer, Dupree & Hartman, 1997). These constructs likely influence the nature of both interracial and intraracial encounters and race-related discussions (Jernigan, Green, Helms, Perez-Gauldron & Henze., 2010). For example, a supervisory dyad that shares the same racial group membership may still be problematic if the supervisor and supervisee are at different or conflicting racial identity statuses (Jernigan et al., 2010). Assumed similarities also pose challenges for the trainee in the expectations of being understood and possible assumptions of experiential commonalities and a minimization of differences that are experienced. The construct of racial identity (for both Whites and people of color) is foundational for understanding the dynamics of inter- and intra-racial encounters. Racial identity involves the salience of race, degree of racial group identification, meanings and beliefs about race, as well as the evaluative and affective judgments about race. Racial identity research has produced findings that suggest both direct and indirect relationships with indices of psychological well-being (Sellers, Caldwell, Schmeelk-Cone & Zimmerman, 2003). The social construct of race can be represented quite differently in terms of identity and meaning for individuals *within* the same racial group categorization. It is critical to avoid the assumption that it is only cross-race encounters where race-related multicultural competencies are relevant.

On a related note, conflictual interpersonal interactions between whites and people of color can be triggered by differences in the salience and meaning of race to personal identity. The construct of race is a more salient aspect of identity for visible racial-ethnic groups due to the life experiences, interpersonal encounters, and structural white privilege that can serve as frequent reminders that they are "the other" (Tatum, 2000; Altman, 2000; Curran, 2005; Hamer,

2002, 2006; Boyd, 2008; Boatright-Horowitz & Seoung, 2009). Therefore, clients, therapists, and supervisors whose phenotypic characteristics differ from "white" may notice race-related issues, as well as attribute more importance to racial issues than their white counterparts. Racial issues may be more experientially salient for people of color in supervision and therapy dyads (e.g., therapist-client, supervisor-supervisee), which has the potential to create tension and misunderstandings. In addition, the idea of "colorblindness" is likely to have a more positive and desirable connotation for whites as it facilitates an ability to ward off the anxiety that the topic of race can trigger. Part of exercising white privilege is being able to choose to minimize racial issues and affirm colorblindness as the "correct" way to approach issues of race. This is often accompanied with positive intentions but can have the potential effect of silencing, pathologizing, and creating an invalidating atmosphere when race-based experiences are shared. This privilege is reinforced by social distance and the relative racial homogeneity in the composition of our social contexts within neighborhoods, schools, places of worship, friendship and social groups with respect to race, ethnicity, and social class. (Plant et al., 2008; Curran, 2005). Additionally, significant reactivity in the form of defensiveness and denial can manifest for whites who claim colorblindness or who romanticize and idealize interactions and relationships with people of color, as well as for visible racial/ethnic group individuals who struggle with internalized racism which can provide the temporary anxiety-reducing benefit of minimizing race and racism.

Race-related multicultural competence for both therapists and supervisors requires ongoing reflective practice given the multiple layers of sociopolitical, interpersonal, and intrapersonal meaning of race in the United States. This is further complicated by the current

situation in many training contexts where supervisors have had limited multicultural training, less interracial social experience, fewer open discussions about race, and can be less informed about current theory and research than their supervisees (Brown and Landrum-Brown, 1995; Tummala-Narra, 2004).

Race-related Multicultural Competencies in Therapy and Supervision

Specific race-related multicultural competencies can be identified and organized into the classic multicultural competence domains of awareness, knowledge and skills (APA, 2003; Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996; Collins & Arthur, 2007). These will be expanded here for the purpose of clarity and labeled *attitudes, values, and awareness* (AVA), *knowledge of theory and research* (KTR), and *interpersonal and professional skills* (IPS) (See Table 1). Adequate levels of achievement in each of these competency domains is a prerequisite for supervisors to be able to effectively train and evaluate supervisees in the area of race-related multicultural competence. It may be helpful to distinguish the different emphases of race-related vs. ethnicity-related competencies. Multicultural competencies associated with the diversity dimension of ethnicity focus on the particular ethnocultural group's ancestry, history, values, preferences, customs, worldview, etc. Multicultural competencies associated with race have a different emphasis such that issues of power, privilege, racism, and in-group/out-group dynamics are more central to the awareness, knowledge, and skills required. Both aspects of multicultural competence are important and should be distinguished in supervision.

Race-related Multicultural Competencies: Attitudes, Values, and Awareness (AVA)

There are two general competence goals of this area: (1) the development of a strong personal awareness of the role and meaning of race and racial content, and (2) the cultivation of a

set of professional attitudes and values related to racial material. Achieving these goals provides the foundation for the ongoing acquisition of an ever evolving set of knowledge and skills necessary to work competently with race-related clinical material. Eleven specific AVA competencies can be identified and are presented in Table 1. Five of these can be considered core competencies. The most important starting point on this dimension is the competency of *racial self-awareness,* understanding self and personal identity in the context of societal racial stratification. Another central attitudinal competency is *race-related empathy*, the feeling of compassion for the harm that racism has done, and continues to do, in the lives of people. A third attitudinal competency is *respect for race-related experiences*, valuing the life experiences and social perceptions of people with phenotypic expression different from one's own, particularly when those experiences and perceptions are unfamiliar. The fourth core AVA competency is *race-related bias awareness*, the ability to identify and process one's own racial stereotypes and prejudice. These four attitudinal competencies: racial self-awareness, race-related empathy, respect for race-related experiences, race-related bias awareness are foundational and should be considered necessary for race-related multicultural competence. Additional AVA competencies include: self-awareness of thoughts, needs, and internal processes during interracial and intraracial encounters; self-awareness of interpersonal behavior in both interracial and intraracial interactions; awareness of power and privilege dynamics in one's own relationships; awareness of ways that one colludes with the maintenance of racism and white privilege; awareness of attitudes and opinions on race-related topics; an attitude of openness to learning about and discussing race-related issues; and valuing the exploration of the relationship of race to psychological experience.

Race-related Multicultural Competencies: Knowledge of Theory and Research (KTR)

Theory and research on race within the field of psychology is quite large and diverse. However, there are particular bodies of work that can enhance the level of competence and sophistication with which race-related considerations are integrated into professional activities. Table 1 presents fourteen specific areas of theory and research that comprise the KTR competencies. Six of these should be considered necessary and foundational in order to effectively work with racial issues and diverse racial-ethnic groups. The six areas of theory and research that comprise the core KTR competencies include: racial identity, racial socialization, racism-related stress, internalized racism, white privilege, and the study of aversive racism, implicit prejudice, and in-group bias within the social cognition literature. (Boyd, 2008; Dovidio, et al., 2002, Burgess, van Ryn, Dovidio & Saha, 2007; Dovidio, 2001). Additional areas of theory and research that will enhance multicultural practice relevant to the construct of race include the following: intraracial heterogeneity, intergroup conflict, prejudice reduction and anti-racism strategies, critical race theory, liberation psychology, neuroscience of race, history of race in psychology, and ecological theory (Adams, 2009; Burgess et al., 2007; Comas-Diaz & Jacobsen, 1991).

Race-related Multicultural Competencies: Interpersonal and Professional Skills (IPS)

Identifying and managing the dynamics of difference within therapeutic and supervisory relationships represents a critical area of skill for all dimensions of diversity. However, because of the visible markers of race, racial differences are likely to be influential in the "like me" and "not like me" processing of both therapist and client, supervisor and supervisee. Consequently, interpersonal interactions and behaviors will necessarily be affected by the "racial baggage" of

the people involved. With this in mind, the eleven IPS competencies include: authenticity and genuineness in interracial interactions, demonstration of empathy when experiences of racism are reported, the ability to co-create a safe and open environment for discussion of race-related content, recognizing and attending to the specific impact of one's own race-related issues on the content and process of interactions, recognizing and processing the influence of the client's race-related experiences and perceptions on the therapeutic alliance, ability to work through and recover from race-related ruptures in the therapeutic relationship, inclusion of race-related inquiries during the intake process, integrating race-related considerations into case formulation, incorporation of racial content into psychotherapy interventions, and the ability to process any overt expressions of racism (see Table 1).

The Supervision Approach: Using Race Narratives as an Organizing Framework

It is suggested here that the development of race-related multicultural competence is facilitated by a process that is able to incorporate attention to the emotional, cognitive, and contextual issues related to managing the dynamics and issues related to race and racism. It is critical for therapists to be able to be fully "present" in the room with the client. Strategies to reduce the race fog that prevents the therapist from being present with themselves and with the client are important. Research suggests that we are better able to manage emotions etc. when we have a coherent narrative about our lives (McAdams, 2006). Working through emotional reactivity and reducing cognitive dissonance are two important goals that can be achieved through processing our narratives (Burgess et al., 2007; Wilson, Lindsey & Schooler, 2000). A *race narrative* is a story that we have involving the construct of race, attributes of racial groups, race relations, and/or racism (Harrell & Bissell, 2009). Each of us has multiple race narratives

that emerge from a variety of life contexts. Personal, familial, cultural, collective, and dominant societal narratives each have strong influences on our meaning systems, memory, identity, values, relationship, and community (Rappaport, 1995). Social constructivist narrative theory would suggest that our stories are not only created by our lives, but simultaneously contribute to creating our lives (McAdams, 2006). The narratives that we hear and those that we author are influenced strongly by the dynamics of power and privilege. Some narratives are silenced while others are amplified. We have differential access to some narratives because of our sociocultural locations. The sociopolitical nature of our narrative constructions is profound, making understanding deconstructions of diverse race narratives particularly critical in the process of unmasking the influence of race in clinical supervision and the psychotherapeutic process. In addition, one of the cornerstones of narrative practice is an emphasis on the individual separating the "problem" from the "self" (Hays, Chang, & Havice, 2008). A narrative-centered process can facilitate an understanding that an issue can be constructed in a variety of ways and that the stories we tell about the issue reflect something about ourselves. Processing issues of race and racism through this lens can facilitate empowerment and provides a method to work through racial issues without engaging in the "blame and shame game".

It is proposed here that a narrative approach facilitates the integration of the cognitive, affective, and behavioral elements through the use of story. Tummala-Narra (2009) suggests that it is the tendency to separate the cognitive and affective aspects of racial issues that make race a particularly challenging issue to discuss and contends that both cognitive and emotional insight is necessary. She further suggests that we need to direct more attention to affective and interpersonal processes in issues of race and racism that arise in treatment and supervision.

Working with narratives can deepen the processing of race and racism related content in supervision in the service of building clinical and multicultural competence. The approach can be organized into four general phases: (1) Laying the Groundwork; (2) Timing and Opportunity; (3) Implementation of the 3-Process Supervision Strategy; and (4) Evaluation.

Phase I: Laying the Groundwork

Before describing and illustrating the three supervision processes in more depth, it is important to discuss the conditions necessary for the race narrative approach to be effective. These include the preparation and competence of the supervisor, the establishment of multicultural competence as part of the supervisory agreement, and the creation of an open and emotionally safe supervision atmosphere. Ideally, some groundwork has been laid from the beginning of the supervisory relationship regarding expectations of supervision generally, the challenges of processing diversity-related clinical material (e.g., discomfort, minimization, marginalization, etc.), and acknowledgement of the power differentials in the supervisory relationship. It is important to note that a strong and positive supervisory alliance is both a condition for, and an outcome of, processing racial and other multicultural content. A solid supervisory alliance is a prerequisite to doing this work in a manner that has depth and meaning. At the same time, lack of attention to important racial and multicultural dynamics can block or interfere with the development of a strong supervisory alliance. As the supervisory relationship deepens, the ability to process race-related content will be enhanced. As race-related content is more meaningfully processed, the supervisory relationship will deepen. These processes occur simultaneously and work together over time to create an optimal space for learning, clinical development, and for deepening the way in which multicultural competence is demonstrated in the care of the client.

Difference is the one of the fundamental dynamics operating at the intersection of diversity and psychotherapy (Greene, 2008). Supervisor alertness to signals that race-related differences are impacting the supervisory or therapeutic relationship can help inform the integration of race narratives into the supervision process. Harrell (1995) identified five common strategies that are manifested in everyday interactions in the service of managing the discomfort, anxiety, and other various internal experiences associated with difference experiences. The "Five D's of Difference" continuously operate in interracial encounters and include: denial, distancing, defensiveness, devaluing, and discovery. The *denial* strategy involves a selective focus on sameness that minimizes the existence or significance of differences and allows dimensions of diversity to be overlooked. The *defensiveness* strategy involves externalizing negative actions and feelings in order to maintain one's sense of self as an ally of marginalized or stigmatized communities. The *devaluing* strategy involves the often unacknowledged dynamics of power and privilege and functions to maintain the status quo with respect to normality, superiority, and status hierarchies. The *distancing* strategy involves physical, intellectual, and/or emotional separation from diverse communities and can provide protection from meaningful connection to the painful experiences of oppressed groups. Ultimately, these first four approaches to difference can create tensions as they define for others what is acceptable or important enough to consider. Finally, the *discovery* strategy involves embracing diversity challenges and approaching them as opportunities for learning and growth. Differences are seen, acknowledged, and explored in relationship to self and to the larger sociopolitical context. Awareness of these dynamics can serve as an organizing frame for supervisors to assess the appropriate time for integration of the race-related narrative approach to more deeply process issues of race.

Phase II: Timing and Opportunity

There are multiple issues related to client care, treatment strategies, and therapist development as well as numerous moments of an observed psychotherapy session that can be explored in any given supervision meeting. An important question then, is *when* should a supervisor pay particular attention to race-related issues and dynamics. Certainly, when the supervisee brings race-related content to supervision, the supervisor can incorporate race narratives into the processing of that content. However, opportunities arise through various stimulus issues that occur in supervision related to client content, client conceptualization and treatment planning, in-session therapy behaviors, therapeutic alliance issues, and/or supervision process issues.

A synthesis of the literature on multicultural issues in psychotherapy and supervision (Adams, 2009; Collins & Arthur, 2007; Gloria, Hird & Tao, 2008; Jernigan et al., 2010; Tummala-Narra, 2009) resulted in the identification of ten indicators of a potential need to pay specific attention to race-related multicultural competence and/or racial dynamics in supervision. Table 3 presents common race-related issues that can manifest in supervision, as well as examples of verbalizations that reflect the issue. These can be experienced as microaggressions (Jernigan et al., 2010; Tummala-Narra, 2004; 2009) by the trainee and/or the supervisor and can accumulate to such an extent as to affect the supervision. Alertness to the expression of these issues is way of assessing whether the quality of supervision and/or treatment would benefit from increased attention to race and culture.

A brief example illustrates the potentially negative impact that an avoidance of discussing race-related content can have on the supervisory relationship. A 32 year-old female African American trainee at a local homeless shelter had been seeing an African-American male client

under the supervision of a 54 year-old white male Jewish psychologist. When discussing this case, the trainee experienced the supervisor as frequently making comments about race that he seemed to feel were appropriate but which she felt were offensive. During one meeting, the supervisor, attempting to explore the intraracial dynamics in the therapeutic relationship, stated that "it's clear that the client thinks you are an 'oreo'". During my consultation with this trainee, she disclosed that she felt like he was trying to show his multicultural competence and seemed to really want her to like him and think he was "cool". However, the statement, and the broader context of his interactions with the trainee, reinforced her feeling that the supervisor had unexamined racial stereotypes and assumptions about African Americans and thus could not be trusted. The supervisee recognized that she "shut down" to exploring any potential countertransference issues to her client in supervision and maintained a distanced posture with the supervisor. Consequently, at mid-year evaluation, she received low ratings on "reflective practice". The rupture to the supervisory relationship may be linked possibly to the manifestation of the supervisor's anxiety regarding the difference between himself and the supervisee (by trying "too hard"), as well as expressions of oversimplification and superficiality (#6 in Table 3) when discussing African Americans. In this example, the supervisor's apparent neglect to examine his own potential contribution to the rupture in the supervisory relationship and the absence of processing it with the student resulted in a negative evaluation of the supervisee. In addition, the supervisee's management of her own race-related anxiety through distancing

behaviors prevented her from bringing up her concerns directly with the supervisor. Unfortunately, the lack of exploration of racial dynamics contributed to the deterioration of the supervisory relationship over time. By the time the student reached out to consult with me, the relationship was nearly beyond repair. Early identification and seizing the opportunity to process the interracial and intraracial dynamics that surfaced may have been beneficial to both the supervisory relationship and to the trainee's clinical work and development.

Phase III: Implementing the 3-Step Supervision Strategy

The supervision strategy recommended here requires that either the supervisor or the trainee initiate a discussion of race-related content or process. Once the supervisee has opened the door to discussion of racial issues, or the supervisor sees an opportunity to more deeply process racial content, the strategy of working with race-related narratives can be helpful in providing a systematic supervision approach. The three steps for incorporating the race narratives approach will be described and an illustrative example from a supervision session will be presented for each step.

Step 1: Elicitation/Disclosure. The first step in the process involves eliciting relevant narratives by inviting the supervisee to process the stimulus issue more deeply. The goal of the first step is to facilitate the uncovering and sharing of narratives associated with the stimulus issue. The principle of *compassionate confrontation* should operate strongly here. Invitations to process race-related material may be met with socially-desirable, superficial, or defensive responses. The skill of the supervisor in normalizing reactivity to the topic of race, acknowledging the emotionally charged nature of racial issues, and gently pushing the supervisee to begin making connections will impact the quality of the disclosure. I have found it useful to be explicit about the clinical value of the process and the connection to clinical skill

development. I have also found it useful, particularly for beginning therapists, to provide an "I wonder" statement that can help the supervisee connect to a potentially central theme such as avoidance of conflict, minimization, maintenance of self-image, overidentification with client, etc. (e.g., "I wonder if you've had any experiences where you might have felt that race was being overly emphasized or someone was playing the race card"). The identification of relevant narratives can also be facilitated by inviting the supervisee to share what stands out for them about what they have heard, observed, or been told related to the particular issue. This can help to elicit family, cultural, and dominant social narratives that have been internalized and interact with personal narratives to influence reactions and behavior in the therapeutic context. As the supervisee begins to make connections to their own experiences and observations, the supervisor should assist the supervisee in structuring the disclosure as a "story" with a beginning, middle, and end. This can be accomplished by asking questions like "what happened before that?", "why do you think it happened that way?", or "what is your understanding of how that ended up?".

During this step is important for the supervisor to provide encouraging, validating, and reflective comments in order to maintain an atmosphere of safety and compassion. It may sometimes be appropriate for the supervisor to briefly share elements of their own narrative to model the process or help the supervisee make connections. The following excerpt provides an example of the elicitation process. The trainee therapist is an upper-middle class 33 year-old white American female of Greek ancestry, the client is a 32 year-old working class, African American woman whose parents were born in Belize, and the supervisor is a 46 year-old upper-middle

class African American female. The therapy took place at a university-based community clinic in a large urban area.

Supervisor: Thank you so much for sharing some of what came up for you in that session. Let's pause for a moment and explore your impatience with your client's job searching process. Where do you think that's coming from for you?

Supervisee: I feel like she's not doing enough, like she's just wants to take the easy way out. I guess I'm disappointed in her.

Supervisor: What's the easy way out mean?

Supervisee: I don't' know, like go on welfare or something, like giving up. I mean I like her so much and I thought she was different.

Supervisor: Different from what?

Supervisee: (uncomfortable laugh) I don't think I know what you mean…

Supervisor: You said you thought your client was different, so I was just wondering different from what?

Supervisee: (silence) I don't know…

Supervisor: It seems like you may have thought about something that you are hesitant to say. I just want to invite you to explore it as it may have important implications for your work with this client.

Supervisee: (puts her hands over her face) I just caught myself. I'm so embarrassed. I guess I put her in some category of being "different" from other Black people. This reminds me of something we talked about in the Cross-Cultural class in the first year, how we can hold on to negative stereotypes even if we have close relationships with people of that group. I mean on an intellectual level I know everybody has stereotypes and I know that includes me. But…I don't know…I feel like I have done a lot of thinking about white privilege and challenging my assumptions.

Supervisor: I know racial issues can be hard stuff to explore but I'm thinking it's really important to your treatment with her. It was very courageous of you to say this out loud. Is it ok with you if we go a little deeper into what you just recognized about your stereotyping?

Supervisee: Sure…but I don't want you to hate me (uncomfortable laugh)

Supervisor: I promise I won't hate you…but I am wondering how this makes you feel about yourself. Race is such a sensitive issue and can bring up a lot for people. What do you think?

Supervisee: I just want to crawl out of my skin right now I feel so embarrassed. I mean I really like you and really like my client and I feel like I have done good work with her. I guess maybe I hope my client doesn't hate me too! I just want her to know that I'm not one of "those" white people.

Supervisor: It seems like you have some ideas about white people and black people that may be connected to your life experiences or observations. Do your feelings now remind you of any other situations?

Supervisee: Hmmmm…I don't know if this fits but it makes me think about when I was in elementary school and the only girl that would be friends with me was an African American girl. There weren't many African Americans in my school. Other kids teased me because I brought weird Greek food for lunch and they said the food smelled funny and I smelled funny. They teased her too because she wore her hair in like these like 5 or 6 short braids with ribbons and these round hair ornaments that looked like marbles or something. Anyway, we decided that we didn't like white people and that they were kind of rude and stupid.

Supervisor: Wow. That's powerful stuff. How did this situation turn out?

Supervisee: Well, my friend Candace and I pretty much kept to ourselves socially. It didn't help that we were both like "the smart kids". We were like each other's refuge, even through junior high school. Both of us were rather

socially awkward. It's not like we stopped liking each other or being friends, it's just that we went to different high schools and kind of lost touch.

Supervisor: If I can ask, what did your family think of your friendship?

Supervisee: Well, they always wanted me to make some more friends. It's not that they didn't like her, I just think they didn't want me to be the target of discrimination because of my association with her. I mean, Candace spent a lot of time at my house and I spent a lot of time at her house too. They were nice to her because she was my friend, but they sometimes put down Black people as a whole. And I hated that. I hated when they would say something negative about Black people. They weren't like racist but I do think they had some stereotypes about Black people that were negative.

The supervisor recognizes that there is something going on that needs to be examined. The trainee is initially hesitant to disclose but the supervisor pushes gently. The disclosure of the personal narrative involving her childhood friend, and the family narrative about African Americans brought some important issues to the forefront relevant to what was triggered for the trainee in working with an African American client. If time is an issue, as in a supervision group, the supervisor can proceed to facilitate the trainee processing the implications for her work with her client. However, the issues are very complex, sensitive, and tempting to move away from. Engaging in steps 2 and 3 of the supervision process can yield greater awareness, learning, and therapeutic implications.

Step 2: Deconstruction/Analysis. The second step involves a process of deconstructing the narrative by facilitating connections to the supervisee's internal experience and exploring race-related issues embedded in the narrative (e.g., identity, stigma, privilege, etc.). The process of deconstruction may be particularly challenging as it may bring up feelings such as fear, shame, guilt, and anger. The principle of *empathic exploration* can provide grounding for the supervisor as she guides the trainee therapist through the deconstruction process. This step includes identifying the origins of the narrative, associations with the narrative, unpacking the meaning of the narrative, and exploring how it has impacted in-session reactions and behaviors as well as the development of the therapeutic alliance. It is sometimes helpful to frame exploration of the narrative's meaning in terms of "take-aways" or "lessons" to emphasize the active process of constructing meaning and laying the groundwork for reconstructing the narrative and meaning-making in the last step. The supervisor can assist the trainee in identifying both the general and specific triggers for the activation of the narrative in the clinical situation. This step helps to heighten the supervisee's self-awareness and ability to anticipate and identify triggers related to client characteristics, issues, and behavior. The deconstruction process also contributes to helping the supervisee develop the reflective practice skills necessary for developing meta-competence related to race and other multicultural issues. The following excerpt provides an example of the deconstruction step.

Supervisor: So let's continue to look at how your relationship with your client and how your reaction to your client relates to your own experiences with African Americans, particularly your friend Candace. What I have heard so far in

your personal narrative about your experience with your friend Candace, you said you didn't want me or your client to think of you as one of "those" white people.

Supervisee: Wow! So many things are coming together for me now. I mean I knew I wanted Candace to like me, and I knew that I feel a special connection to African American women and that had something to do with Candace. But what is really hitting me now is how as a child I didn't really think about myself as "white" and I think it was really hard for me when around high school I realized the world saw me as a white girl.

Supervisor: And maybe Candace started seeing you as a white girl too?

Supervisee: And I remember not really understanding why we weren't as close as we got older. I thought I might have done or said something to offend her and maybe she thought that I was like the white girls that were so mean. And it was especially hard for me because I never felt like I fit in with the white girls at my high school or college…or even now…but I know that women of color don't see me as one of them.

Supervisor: What would it have meant if you had said something to offend Candace?

Supervisee: I don't know…

Supervisor: I wonder if you ever worried that <u>you</u> had done something to put distance between you and Candace?

Supervisee: I can't stand that thought! I hate the idea that maybe, in Candace's eyes, I WAS a white girl.

Supervisor: There are a lot of layers here in your associations with your narrative about Candace…I'm hearing some possible shame, some racial identity issues that you might look at, and other things. What are your thoughts?

Supervisee: I agree. It's so strange…I really wasn't thinking about this stuff but it clearly is part of what is going on with me. I really need to think about how it all affects how I am with African American women.

Supervisor: It seems that a trigger may have been when you felt some frustration with the client regarding her job situation.

Supervisee: Yeah…I just felt like I wanted her to take more responsibility with this whole job thing. I don't want her to be an unemployed African American woman. Maybe I so much didn't want her to fit a stereotype that it became more about my reaction than about her experience with looking for a job. Now I feel bad that I wasn't present and did not empathize with what SHE is going through!

Supervisor: (Smiles) And what makes you think you are so different from all of us other therapists who are sometimes not as present with our clients' experience as we wish to be?

Supervisee: (Laughter) Or like somehow I'm immune from having stereotypes or getting lost of my own stuff! OK…I get it. This is part of my struggle…I have to be less reactive to having a negative thought about an African American woman. Wow!

Step 3: Reconstruction /Integration. The final step in the process is guided by the idea that intentional meaning-making of race-related narratives can reduce race-related anxiety and result in therapist behaviors that are productive in the management and incorporation of race-related content. The process of reconstructing the psychotherapy or supervision narrative that (1) incorporates a reflective normalization of race-related issues, (2) integrates insights from the deconstruction process, and (3) is consistent with values and self-image can contribute to both personal and professional growth and development. Both compassionate confrontation and empathic exploration are important guiding principles. Identifying the connection between supervisee narratives and therapeutic behavior and the therapist-client alliance requires compassion for the shame or embarrassment or fear of judgment likely experienced by the supervisee related to issues of race, while simultaneously pushing the supervisee to reflect meaningfully on the racial dynamics involved. Expressing appreciation and gratitude for disclosures and risk-taking, as well as insuring confidentiality of the content shared is important. The supervisee is likely to come away with a positive experience if the supervisor assists the trainee in identifying learning and insights related to both general clinical competence and

multicultural competence. The ability to for the supervisee to effectively consider and integrate therapist variables, client variables, and contextual variables so that a coherent "story" of the therapeutic event can be told is the ultimate goal. During this phase the supervisor also facilitates the exploration of the issues raised in the context of implications for clinical practice with respect to ongoing self-assessment and development of increased meta-competence. Discussions of clinical follow-up, implications for ongoing work with the current client and future clients, as well as monitoring the impact on the supervisory relationship are also strongly recommended. The following excerpt from a supervision meeting illustrates the implementation of this phase of the process.

Supervisor: So, given what we have been discussing, how are you understanding what is happening in the therapy with you and your client? Let's start with the context of the treatment and the therapist-client relationship generally.

Supervisee: Mmmm…well, we've been working on her depression and ways to help her be less depressed. Recently, we have been talking a lot about her being unemployed and how that feels.

Supervisor: And the therapeutic relationship?

Supervisee: I feel like we have a strong relationship. We've been working together for almost six months. She comes regularly and seems to trust me. I think we've done really good work. She's less depressed now. But the last couple of sessions it has felt different somehow, like we aren't as connected…it has

been more superficial and I felt like we weren't really getting anywhere. And I have felt frustrated with her for the first time since she started therapy.

Supervisor: And so how do you understand your frustration with your client from the perspective of the racial dynamics?

Supervisee: Well, I generally feel a connection with African American women, and I think that has something to do with my friendship with Candace growing up. It's sort of embarrassing to admit, but I like that women of color seem to accept me…I guess I'm sort of proud of it. I feel like it has helped me build a strong relationship with my client. But I feel like my experience with Candace has also contributed to maybe me being overinvested in that whole thing and that I got wrapped up in who I wanted to be and who I wanted her to be. It's like I got distracted from really listening to what her experience is.

Supervisor: So your friendship with Candace contributed to some strengths you bring to developing relationships with African American women but also may have created some blind spots.

Supervisee: Yeah, I always thought it was just positive…but like I'm realizing that I guess my ego is involved too.

Supervisor: So what do you think this means for your work with your client?

Supervisee: I'm definitely going to be more aware of how my needs might sometimes prevent me from being empathic with her struggles. Do you think I should bring any of this up with her?

Supervisor: What do you think?

Supervisee: I don't know. I mean what would I say?

Supervisor: I'm thinking it would be useful to look at the DVDs of your last two sessions and see what you observe in terms of the process. This might give you some ideas about how you might want to follow-up.

Phase IV: Evaluation

Consistent with a competency-based approach, evaluation should be guided by observation of indicators of professional behaviors, expressed attitudes, and demonstrated knowledge of the supervisee on the race-related multicultural competencies identified earlier. In addition, the achievement of meta-competence, the ability to assess what we know and what we don't know (Falender & Shafranske, 2007) is particularly important for issues of race-related multicultural competence. In this context, meta-competence involves ongoing reflective practice related to race, interracial interactions, racial issues, and racial identity. With respect to formal evaluation, Table 1 provides specific competencies that can be incorporated into both a self-assessment process with the trainee as well as in oral and/or written feedback. However, evaluation and self-assessment of race-related knowledge, skills, and attitudes is complicated by the emotionality that may be associated with race. Social desirability and the motivation to appear nonracist or "colorblind" may interfere with the identification and remediation of race-

related competencies that need further development. Supervisors and supervisees may collude to avoid race-related meta-competence conversations to guard against perceptions of being racist, naïve, having a chip on one's shoulder, "playing the race card" and other unwanted attributes.

Because of these dynamics, it may be particularly challenging for supervisors to provide feedback to trainees who do not demonstrate expected levels of the competencies listed in Table 1. It is suggested that supervisors seek consultation from colleagues who have expertise in multicultural issues in order to process ways to deal with challenging race-related dynamics with trainees. Institutional support can be provided through consultation groups for supervisors that focus on multicultural issues and challenges in supervision.

Concluding Remarks

The central purpose of integrating race narratives into supervision is to facilitate the meaningful consideration of race-related material in the process of therapy, supervision, and professional relationships more generally. To that end, it is this author's experience that there is significant value in the approach described here. Exploring race narratives provides an opportunity to go beyond identification of racial differences and similarities and more deeply understand the *meaning* of race that has emerged from each person's multiple cultural locations and life experiences. Compassionate confrontation of race-related issues that emerge in clinical development and practice creates a safe space in supervision for processing content that may be experienced as dangerous and threatening. Empathic exploration of the emergent race narratives allows the supervisee to experience an ally in the sometimes painful process of looking directly at multicultural and sociopolitical dynamics that may be inhibiting effective therapy with clients. Supervisees get in-vivo training in the process of reflective practice, which is an essential

competency for professional psychology (Fouad, Grus, Hatcher, Kaslow, Hutchings, Madson, Collins, & Crossman, 2009). However, supervisors should be mindful of some of the inevitable challenges of implementing this approach.

One of the central challenges for supervisors integrating racial material into the supervision process is the sensitivity and defensiveness that frequently comes with the subject matter. When race is spoken about, it is often in racially homogeneous settings or within groups of like-minded others so that it is common to have increased anxiety when talking about race "in mixed company" (Tatum, 1992; Tummala-Narra, 2009). Many supervisors and supervisees will be unaccustomed to open discussions on the subject of race as it applies to their own internal and interpersonal process, and may have never previously explored or discussed their own race narratives. The trainee's stories about interracial and intraracial encounters and relationships, racial identity development, beliefs about race and racial groups, and experiences and understandings of racism are going to strongly influence their willingness to engage in the processing of race-related content, their assessment of the value of spending supervision time on the process, the depth and authenticity of their disclosures, and the effect on clinical practice.

The strengths and limitations of the approach will be strongly influenced by the supervisor's metacompetence relevant to multicultural content generally and race-related content in particular. Supervisors must be familiar enough with the multicultural competence literature so that they are able to accurately assess their own limitations and gaps in knowledge and skills. One of the biggest barriers to facilitating supervisee multicultural competence is the reluctance and/or inability of supervisors to identify race-related material and bring the issues to the

supervisee's attention. The willingness and readiness of both supervisor and supervisee to process sensitive racial issues requires an atmosphere of trust and safety, openness to the possible emergence of unexpected memories or unforeseen vulnerabilities, and, most importantly, the prior establishment of a supervisory agreement where personal exploration of sensitive topics is included. Traveling the path of exploring race narratives with a supervisee requires that the supervisor has engaged in, and continues to engage, the process of examining their own race narratives, including racial identity, racism and privilege, interracial encounters and relationships, and beliefs about race and racial groups. Supervisors should be aware that processing race-related narratives may trigger unanticipated reactions and potentially expose the supervisor's own vulnerability around these issues. The quantity and quality of the supervisor's previous experience discussing race in both professional and personal contexts is also an important factor influencing the implementation of the supervision approach described here. Effective supervision and evaluation of supervisees on the racial dimension of multicultural competence is not possible without the ongoing reflective practice and self-assessment of the supervisor.

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Table 1. Race-related Multicultural Competencies

Racial self-awareness	**Racial identity theory**	**Authenticity and genuineness in interracial interactions**
Race-related empathy	**Racial Socialization**	**Creates a safe environment for and demonstrates openness during race-related discussions**
Respect for different race-related experiences	**White privilege**	**Can identify and manage difference dynamics in professional relationships**
Awareness of racial biases, stereotypes, and prejudices	**Racism-related stress and mental health**	**Recognizes the impact of one's own race-related issues on professional and clinical relationships**
Attitude of openness to learning about and discussing race-related issues	**Internalized racism and colorism**	**Integrates race-related considerations into case conceptualization**
Self-awareness of thoughts, needs, and internal processes during interracial and intraracial encounters	**Intraracial heterogeneity, intersectionality, and multiple identities**	Ability to recognize and process the influence of race on the therapeutic alliance
Awareness of interpersonal behavior in both interracial and intraracial interpersonal interactions	Aversive and contemporary racism, implicit prejudice and stereotypes, ingroup bias	Ability to process and recover from race-related ruptures in the therapeutic relationship
Awareness of attitudes and opinions on race-related topics	Intergroup conflict and conflict resolution	Integrates race-related inquiries during intake process
Awareness of race-related power and privilege dynamics in own relationships	Prejudice reduction and anti-racism strategies	Incorporates race-related content into psychological interventions as appropriate
Values the exploration of the relationship of race to psychological experience	Critical race theory	Integrates attention to resilience, strengths, positive development in the context of racism or race-related stress
Awareness of collusion with white privilege and the maintenance of racism	Liberation psychology	Ability to process client's overtly expressed racism
	Ecological levels of analysis and ecological theory	
	History of race in psychology and psychotherapy	
	Neuroscience of racial perceptions and interracial interactions	

Table 2. The three steps of incorporating race narratives into clinical supervision (Phase 3).

Phase	*Description*	*Illustrative Intervention*
1. Elicitation and Disclosure	Invitation to share personal, family, cultural, or dominant social narratives related to the construct of race; supervisee (and sometimes supervisor) disclosure and description of narratives associated with the stimulus issue or event	"I'm thinking it would be a good idea to pause for a moment and focus in on what happened in the session when_____. I'd like to invite you to take a moment and try to connect any personal experiences involving race that are associated with _____."
2. Deconstruction and Analysis	Exploration of the narrative with respect to the supervisee's internal experience, multicultural issues such as power and privilege, identity, bias, etc., and impact of these on the therapy and/or supervisory process	"I'm wondering if you notice any similarities between your thoughts and feelings associated with your experience and what happened in the session". "Let's explore a bit more about your experience with respect to the role of race in your sense of self and identity as it may have been reflected in your work with this client."
3. Reconstruction and Integration	Facilitation of the supervisee's process of integrating self variables, client variables, and contextual variables (and possibly supervisor variables) to form a coherent narrative of the therapy or supervisory event or issue and the supervisee's developmental process	"Let's take a step back now and look at what happened in session in the context of some of what we just processed". "How might you describe your process from the session to now with respect to the theme of race"?

Table 3. Indicators that suggest attention is needed to race-related content or dynamics

Indicator	*Description*	*Example*
1. Gaps in self-awareness	Race and privilege are unexplored areas of identity and experience	"I don't really think of myself in terms of race."
2. Reactivity	Strong emotional reaction to racial material that may be expressed as defensiveness	"I feel like you are attacking me."
3. Minimization or devaluing the significance of race	Race-related content and/or process is dismissed as irrelevant or unimportant	"There are so many other more significant things going on here."
4. Interpersonal dynamics	Anxiety, lack of empathy, distancing, and/or aggression manifested in interpersonal interactions	"I feel like he is making too big of a deal out of this."
5. Unfamiliarity, inexperience and lack of knowledge	Limited knowledge of, and life experience with, people from diverse racial categorizations	"I've never really talked to anyone who is like this person before."
6. Oversimplification or superficiality	Making broad generalizations about race and racial issues without critical analysis; lack of sophistication in understanding racial dynamics	"African Americans make too much of a big deal out of racism."
7. Invisibility of race	Absence of race as a consideration or topic for exploration, particularly when racial content is obvious	"I didn't even see race as a difference between us because I identify so much with her as a woman."
8. Guilt, shame, or internalized racism	Self or group deprecating remarks and sentiments	"White people have just done so much damage to people of color". (white person speaking)
9. Context minimization error ("blaming the victim")	Attributing race-related issues to problems or pathology of groups and individuals	"They just want to come over here and take advantage of handouts."
10. Naïve, idealizing	Expressions of colorblindness, sentiments that racism is gone, and/or romanticizing of interracial interactions	"I get along with everybody. Like MLK said, it's better not to even see race."