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Reflective Practices for Engaging in Trauma-Informed Culturally Competent Supervision

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ABSTRACT

Race, ethnicity, and culture are critical components that affect and shape the supervisory relationship, yet literature about ways to acknowledge and actively engage them from a trauma-informed approach has been limited. To enhance the discussion of this issue, this article first reviews leading theoretical aspects of supervision designed to train practitioners in the field of mental health, followed by a discussion of race, ethnicity, and culture in supervision and, finally, provides reflective practices for engaging in trauma-informed culturally competent supervision.

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There is an increasing recognition and understanding in social work practice of the impact of personal and collective traumatic events on the growth and development of individuals, families, and communities. Consequently, we have seen an exponential rise in the number of theories, empirical studies, practice manuals, and teaching models relative to diverse aspects of trauma-informed practice and efforts to effectively prepare practitioners to provide competent trauma-informed services (Abrams & Shapiro, 2014). A major vehicle for such preparation is supervision (Joubert, Hocking, & Hampson, 2013). Trauma-informed supervision is a lens through which the supervisor works and involves engaging the “principles that guide trauma-informed practice, safety, trustworthiness, choice, collaboration, and empowerment” (Berger & Quiros, 2014, p. 298). However, the discussion of sociocultural aspects of trauma-informed supervision has been significantly limited. Race, ethnicity, and culture are critical components that affect and shape the supervisory relationship (Hall & Spencer, 2017; Hair & O’Donoghue, 2009; McRoy, Freeman, Logan & Blackmon, 1986), yet acknowledging and actively-including race, ethnicity, and culture in this relationship within trauma-informed supervision remain limited. To address this issue, the authors first review leading theoretical aspects of trauma-informed supervision. Following is a discussion of race, ethnicity, and culture in supervision

for trauma-informed practice. Finally, tools for preparing culturally competent trauma-informed supervisors are discussed and illustrated.

Leading theoretical and empirical aspects of supervision for trauma-informed practice

A discussion of supervision for trauma-informed practice resides in the intersection of two bodies of professional knowledge related to trauma and to supervision. Traditionally, these two topics have been addressed individually. Only recently have a handful of attempts to focus on supervisory aspects of trauma-informed practice emerged (Berger & Quiros, 2014, 2016; Berkelear, n.d.; Furlonger & Taylor, 2013). Following are brief discussions of trauma-informed practice, supervision, and, specifically, supervision for trauma-informed practice.

Trauma-informed practice

The field of trauma is peppered with a plethora of diverse conceptualizations, explanations of the dynamics of trauma reactions, intervention models, and debates regarding best practices (Arroyo, Lundahl, Butters, Vanderloo, & Wood, 2017; Cohen, Mannarino, Greenberg, Padlo, & Shipley, 2002; Strand, Abramovitz, Layne, Robinson, & Way, 2014). Despite debates regarding the aforementioned issues, some consensus exists (Berger, 2015). Specifically, there is agreement regarding the multifaceted and complex nature of traumatic experiences, the importance of fostering safety, trustworthiness, choice, collaboration, and empowerment at all levels of service delivery (Harris & Fallot, 2001), and the critical role that the helping relationship plays in trauma practice. Leading theories in the field of trauma vary in complexity, breadth of focus, and frameworks on which they rely. These theories typically originate from psychobiology, psychology, sociology, psychiatry, social work, and anthropology. They include theories that are exclusively focused on individuals, those that are predominantly systemic, addressing families and communities, and some that apply to individuals and systems of all sizes.

Foundations for trauma theories originated with Pierre Janet, Freud and Breuer who viewed hysteria as caused by a traumatic event, which overwhelmed the mind of its victim and caused dissociation (Howell & Itzkowitz, 2016). These ideas were followed and developed by pioneers such as Lindemann (1944), Gerald Caplan (1964) and Lydia Rapoport (1962). Their work on crisis and crisis intervention was followed by Parad (1965) and Lazarus and Folkman's (1984) seminal theory of stress and coping. Later, the theoretical lens expanded to include models of resilience, hardiness, and posttraumatic growth (Berger, 2015; Garnezy & Rutter, 1983; Luthar &

Brown, 2007; Ungar, 2013). Contemporary trauma theories have increasingly emphasized biological aspects of trauma, specifically the role of genetic, neural, and psychosensory components (van der Kolk, 2003). Parallel to individual theories, conceptual frameworks developed regarding family and community trauma. Major among them are classic theories by Koos (1946), Hill (1949), McCubbin and Patterson (1982), Olson and McCubbin (1982) and, more recently, Boss (2001) and Hobfoll (2001).

The aforementioned conceptual frameworks informed two types of interventions. One is *trauma specific*, focusing on processing a particular traumatic experience; the other is *trauma informed*, which includes a lens and subsequent interventions that are sensitive to environmental elements in addition to personal and cultural factors. The leading approaches among trauma-specific practice models are crisis intervention (Roberts, 2002), cognitive behavior and exposure therapies, psychosensory interventions, and psychoeducation (Berger, 2015). While research strongly supported the effectiveness of cognitive behavioral therapy (CBT), no compelling evidence exists that any particular treatment approach is superior to others (Cloitre, 2015; Foa et al., 2005; Gerger et al., 2014). Focus on *trauma-informed* practice principles has recently begun to emerge in schools, healthcare facilities, mental health agencies, and other organizations. This approach encourages all members of an organization to have a comprehensive understanding of the effects and complexity of trauma, its potential behavioral manifestations, and principles for addressing the needs of traumatized clients. Furthermore, trauma-informed practice is ideally culturally sensitive as well as collaborative and promotes safety, trustworthiness, empowerment, and respect for clients' preferences (Berger & Quiros, 2016; Harris & Fallot, 2001).

Supervision

Supervision has long been recognized in the helping professions as a major vehicle for providing knowledge and skills and for shaping competence to ensure professional development and service quality (Bearman et al., 2013; Kadushin & Harkness, 2002; Shulman, 2010). The interaction between an experienced practitioner and novice supervisee offers a safe and reflective space to explore alternative perspectives and to identify and implement the "best" interventions in particular client situations (Berger & Quiros, 2014). The supervisory interaction includes educational, supportive, and administrative functions. The *educational* function focuses on teaching the supervisee about relevant population groups, models of practice, and strategies for intervention and their theoretical roots. The *supportive* function provides emotional help for identifying personal and work-related challenges and for offering strategies for coping with them. The *administrative* function consists

of educating about the agency's policies, delegating assignments, and monitoring and evaluating practitioners' performance.

Research has supported the importance of supervision and its potential impact on staff retention, skills, and quality of care (Hoge, Migdole, Cannata, & Powell, 2014). Accordingly, its importance has been recognized by licensing bodies such as the NASW, the American Mental Health Counselors Association, and the American Psychological Association. In a critical review of the literature relative to clinical supervision since the 1990s, Watkins's (2014) main conclusions were that clinical supervision has become more globalized in nature, international supervision conferences are being organized, and collaborative research on supervision spans across multiple continents. Best practices for supervision include setting clear goals, accountability, and offering constructive, and accurate feedback within the context of a safe and mutually trusting supervisory relationship (Borders, 2014). To help develop a cadre of supervisors who can provide such effective supervision, there is a need for supervisor training programs, research relative to the transfer of training to actual practice, and supervision of supervision (Watkins, 2014).

Supervision for trauma-informed practice

Supervision for trauma work combines critical knowledge about trauma with an understanding of supervision. It focuses on the interrelationship between trauma, the practitioner, the helping and/or supervisory relationship, and the context in which the work is done. Supervision for trauma-informed practice addresses relevant personal attitudes as well as agency issues and is designed to enhance the performance of the practitioner, prevent or mitigate vicarious trauma, and improve the "trauma-informedness" of the agency (Berger & Quiros, 2014). Mirroring principles of trauma-informed direct practice, central to supervision for such practice is creating a supervisory environment that promotes emotional and physical safety, trustworthiness, choice, collaboration, and empowerment. Contributing to the creation of such an environment are personal characteristics of the supervisee and the supervisor, the nature of the supervisory relationships, and organizational aspects. Ideally, to be effective, a supervisor should be accessible, consistent, direct, deliberate, and affirming as well as self-reflective. Maintaining an open dialogue and viewing supervision as a collaborative process are essential. Using a trauma-informed lens, the supervisor responds to a supervisee's experience and provides guidance relative to available resources. Furthermore, agencies can support trauma-informed practices by offering trauma-specific training, effectively allocating caseloads, and providing opportunities for respite and self-care.

Race, ethnicity, and culture in supervision for trauma-informed practice

Trauma is intrinsically and systemically linked to experiences of racism, sexism, classism, ethnoreligious oppression, and homophobia (Quiros & Berger, 2015). Thus, if a supervisor is not able to ask supervisees about his or her identities or experiences with race, ethnicity or culture, he or she risks a superficial relationship, where the supervisees feel alienated or silenced. For example, when simply assuming a dark skin supervisee identifies as African American rather than as Dominican, the supervisor may miss out on how the supervisee is seen in this world and the lens by which she or he is practicing. This seemingly benign approach, where individual ethnic groups are amalgamated into a monolithic narrative of Blackness, ignores the complexity of the supervisee's individual and nuanced experiences of race in the U.S. context. How individuals see themselves and are seen by others varies strikingly by contexts and, thus, attending to racial, ethnic, and cultural aspects of identity is essential in effective clinical supervision (Watkins, 2014).

In her discussion of best practices in clinical supervision, Borders (2014) emphasized the importance for supervisors to initiate conversations about power and privilege, facilitate supervisees' multicultural knowledge and competence, use culturally sensitive interventions in supervision, and engage in self-assessment of their own identity. This may seem demanding, given the already intense tasks of supervision. Yet, if the complexities of identity are ignored, there are potentially damaging consequences for the supervisory relationship. Despite its importance, anecdotal data suggest that open acknowledgment and working with race, ethnicity, and culture within the supervisory relationship are still not routine practices in supervision. In the absence of systematic research in social work, the field of psychology offers insight into what happens when race, ethnicity, and culture are ignored in supervision. Constantine and Sue's (2007) study noted that many of their Black supervisees experienced their supervisors ignoring or avoiding discussions about race, ethnicity and culture because of the supervisor's own discomfort or lack of expertise with these issues. Yet these same supervisors engaged in behaviors such as stereotyping their supervisees or their supervisees' clients, not placing clients' individual problems within a systemic context and offering treatment suggestions that were devoid of any analysis of race, ethnicity, and culture. Furthermore, Toporek, Ortega-Villalobos, and Pope-Davis (2004) noted that it was only in the context of critical incidents when race, ethnicity, or culture was brought into the supervisory relationship. Finally, Phillips, Parent, Dozier, and Jackson (2016) found that the level of depth in discussions about race, ethnicity, and culture in addition to other social identities resulted in "less role conflict, less role ambiguity, and

stronger supervisory working alliances in the realm of rapport and helpfulness of the focus on clients” (p. 205).

The examination of intersecting identities of race, ethnicity, and culture within the supervisory relationship is important to professional education and training in the helping professions in general (Estrada, Frame, & Williams, 2004). In social work, acknowledging and interrogating the social identities of the supervisee and supervisor as well as their positions of privilege and oppression related to their race, ethnicity, and culture support the social justice mandate of the social work profession (NASW, 2008). Furthermore, supervision focused on social justice is supported by the code of ethics (Hair, 2015; O’Brien, 2011). The examination of supervisor’s and supervisee’s social identities may unveil the structural and relational power within the supervisory relationship, which affects its process and outcomes. This becomes even more important in supervision for trauma-informed practice, where issues of power are at the core of the supervisory experience and in light of documented evidence of racial and cultural affiliations shaping all aspects of trauma exposure (Berger, 2015; Quiros & Berger, 2015). In the next section, we provide suggestions for working with race, ethnicity, and culture in supervision, upholding the social justice mandate of the profession.

Tools for preparing culturally competent trauma-informed supervisors

Given the importance of including race, ethnicity, and culture in the supervisory relationship, the following is a discussion and illustration of engagement with a culturally competent approach to supervision. While the term “cultural competence” has been debated, it is used here because it is most recognized in social work literature. Culturally competent approaches to social work practice have been criticized for being essentializing or static, whereas culturally responsive, critical race theory, or social justice approaches have been characterized as engaging multilevel analysis, social constructivism, and/or intersectionality (Varghese, 2016). The NASW (2015) statement on cultural competency, which we draw on, is critical and expansive:

Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each (p. 13).

In practice, a culturally competent approach recognizes and acknowledges that issues of social identity, social location, and oppression are important to

the supervisor–supervisee and the supervisee–client relationships. Two reflective practices for addressing race, ethnicity, and culture in trauma-informed supervision are *locating oneself* (i.e., self-assessment of own social identities and social location) and *engaging in a dialogue* (i.e. deep listening, suspending judgments, identifying biases and assumptions, and reflection and inquiry). These practices uphold the principles of a trauma-informed approach, providing *choice*, encouraging *collaboration*, creating *safety*, supporting *empowerment*, and building *trust*.

Locating oneself

A first step in culturally competent trauma-informed supervision is thinking about one’s social identities and social location.

Social location is a way of expressing the core of a person’s existence in the social and political world and the lens in which we see the world and people in it. Furthermore, it places us in particular relationships to others, to the dominant culture of the United States, and to the rest of the world. It determines the kinds of power and privilege we have access to and can exercise, as well as situations in which we have less power and privilege” (Kirk & Okazawa-Rey, 2013, p. 15).

It is the responsibility of the supervisor to initiate and maintain a discussion of social identity and social oppression within the supervisory relationship. To do so effectively, supervisors must reflect on their own positionality in relation to supervisees. Kirk and Okazawa-Rey (2013) offer some preliminary questions for beginning this process. A supervisor should ask herself or himself: Where do I come from? Who am I? Who and what do societal and community institutions say that I am? How has my identity changed? How do I figure out my identity? Which parts of my identity do I emphasize? Which do I underplay? Why? How have my identities resulted in historic advantages or disadvantages? Who do I consider my “people”? My “home”? My “community”? This conversation is effective when it begins as an internal dialogue that is then translated into the supervisory relationship, while paying close attention to one’s own discomfort and challenges in locating oneself internally and externally. Such challenges and obstacles may occur due to differences between the social positionalities of supervisor and supervisee. In fact, “impasses can emerge in cross-cultural supervisory relationships when White supervisees view the supervisor in the context of historical objectifications” (Hall & Spencer, 2017, p. 238). For example, a Black supervisor may encounter difficulties with a White supervisee accepting and respecting the supervisor’s authority due to unconscious or implicit bias related to Black female archetypes. Paying close attention to these dynamics

is key to developing and supporting trauma-informed culturally competent supervision, particularly in building trust and creating safety.

Engaging in a dialogue

hooks (1994) posited that

To engage in dialogue is one of the simplest ways we can begin as [people], teachers, scholars and critical thinkers to cross boundaries, the barriers that may or may not be erected by race, gender, class, professional standing, and a host of other differences. (p. 130).

Dialogue, a form of communication, draws on the Greek words *dia* and *logos*, which translates into “flow of meaning” (Isaacs, 1999). Dialogue supports broadening the parties’ perspectives and developing a mutually shared meaning of situations, which are critical to supervision (Huang Nissen, 1999). Dialogue involves cognitive and emotional processes and allows for a deeper level of understanding through focused conversation (Romney, 2003). Dialogic inquiry and practice invite supervisors to create relationships that emphasize trauma-informed principles such as collaboration, trust, and empowerment. The learning happens “through dialogues that invite exchanges of thoughts, opinions, questions and feeling” (Hair & O’Donoghue, 2009, p. 76). Paying close attention to *how* conversations occur within the supervisory relationship is as important as the content of these conversations. For a dialogue about issues of race, ethnicity, and culture to take place, supervisors and supervisees must “engage in a collaborative, dialogic process of critical reflection and reflexivity (Hair, 2015, p. 351). Bohm (1990), a physicist and key writer and thinker in the field, offers four building blocks of a dialogue that support this level and type of engagement. They are *deep listening*, *suspension of judgment*, *identifying assumptions and biases*, and *reflection and inquiry*.

Deep listening

This refers to the person identifying what helps them listen attentively, the degree of ease or discomfort they feel in being present or involved in diversity and social justice–related conversations, and the content within such conversation that is challenging to the self (Ellinor & Gerard, 1998). Deep listening means not only listening to others but listening to ourselves and paying attention and attending to our own reactions to what we have heard (Isaacs, 1999).

At the heart of dialogue is a simple but profound capacity to listen. Listening requires we not only hear the word, but also embrace, accept, and gradually let go of our inner clamoring (Isaacs, 1999, p. 83). Our capacity to listen puts us in contact with the wider dimensions of the world in which we live. It lets us connect

to it. Listening can open in us a door, a greater sense of participation in the world. (Isaacs, 1999, p. 87).

Deep listening allows hearing diverse viewpoints, ushering in new learning, and expanding one's worldview. It involves specific attitudes and skills. A listening attitude refers to having a "person-centered attitude based on empathy, congruence and unconditional positive regard, and listening skills [refers] to responses and techniques of promoting conversation" (Mineyama, Tsutsumi, Takao, Nishiuchi, & Kawakami, 2007, p. 81). The attitude and the skills are critical to building a strong relationship and working alliance between the supervisor and supervisee in trauma-informed supervision.

Suspension of judgments

This means "holding our positions more lightly" (i.e., holding onto judgments in a way that allows the creation of space for hearing other points of view and enhances an atmosphere of trust and safety in supervision) (Gerard, 2005, p. 343). Judgments were described by Bohm (1990) as thoughts deposited in our memory bank. These memories, when triggered, result in automatic thoughts, which we use to react or make meaning of a conversation or exchange. While we may not be able to stop judgments from occurring, we are able to notice the judgments that we and others make (Ellinor & Gerard, 1998) and the "mental models and maps that make up our habitual ways of thinking and making sense of reality" (Carroll, 2007, p. 38). Although judging can be useful, "it can limit our ability to see a whole picture, shut down our listening, and stifle ... our learning" (Ellinor & Gerard, 1998, p. 68). Supervisors and supervisees can get confined by what they think or believe relative to race, ethnicity, and culture, stifling the potential for a meaningful and profound supervisory relationship.

Identifying assumptions and biases

This connotes looking at one's own beliefs in an effort to make sense of what one believes and how one acts. Because assumptions are "transparent," recognizing them in the context of interpersonal interactions is challenging (Ellinor & Gerard, 1998). Thus, we may not realize that we are operating from an assumption until we hear someone say something based on an assumption. Many times, such statements are grounded in thoughts or beliefs opposite to our own (Bohm, 1990). It is not uncommon for the supervisor and supervisee to make assumptions about each other's respective social positionalities and then relate to each other based on those assumptions. To create authenticity in the supervisory relationship, it is critical to develop a process for enhancing awareness about such assumptions. This requires deliberate self-exploration by supervisor and supervisee of their own identification, the factors that shape their identities, and the effects that it may have on the supervisory relationship.

Reflection and inquiry

Reflection allows pausing and thinking about what one has heard as well as paying attention to the assumptions and biases that get in the way of *really* hearing what someone else has to say, whereas *inquiry* connotes asking questions or eliciting new information to enable the deepening of one's understanding (Ellinor & Gerard, 1998).

“Supervision is reflection-on-action, or indeed, reflection-for-action ... in opening our minds and hearts we begin to perceive, to see, to understand and to make sense of what has been and, in turn, we hope to learn what to do next” (Carroll, 2007, p. 36). The processes of reflection and inquiry are embedded within an analysis of power (Freire, 1972) and thus different social locations and statuses of power across rank, gender, race, class, or ethnoreligious identity impact the dialogic practice. This is particularly relevant to the situation of supervision, as it is embedded within a structural hierarchy of power and issues of diversity and social justice are part of the exchange. To address relevant aspects of positionality in the supervisory relationship, a supervisor should exercise deep listening, suspend assumptions, and embrace opportunities for dialogue. Applying Bohm's (1990) building blocks, a supervisor and supervisee can transform subject-to-object relationships into a relationship of partnership (Romney, 2003). The following vignettes reflect the ways in which a supervisor can engage in a cultural competent trauma-informed supervision.

Vignette 1

Philip is a 25-year-old African American supervisee who has been working in a multilevel hospital setting for 6 months. He comes into a supervisory session with his supervisor Kathy, a White 55-year-old woman, looking agitated. While checking in, he shares with Kathy that for the past couple of months, he has been stopped and asked to show his ID by security in the hospital. He reports feeling like he is being targeted but ends by saying, “Let's move on ... I don't want to talk about it.” While Kathy feels personally dismissed by his comment, she continues to listen [*deep listening; suspension of judgment*] and ask questions about what his experience has been in the hospital and how that affects his work with clients [*inquiry*]. She reflects on her very different experiences in the hospital with the security guards, all of whom she knows by name. She recognizes how she may get treated differently from Philip as a White, middle-aged woman [*reflection on positionality/locating oneself*]. Furthermore, she acknowledges her own assumptions when first meeting Philip in her office, that he was visiting a family member in the hospital, as opposed to being her supervisee [*identifying assumptions or biases*]. She responds to his comments about “moving on and not wanting to talk about it” and says, “I don't know what your experience has been, but understanding your experiences as a man of color is central to our

supervisory relationship.” She shares that in their work together, they had not yet discussed their own social identities and positionality. Kathy inquires if that is something Philip would like to do. She ends by asking if he would also like to collectively brainstorm ways to address the behaviors of the security guards that were making Philip feel potentially “unsafe” and that he did not “belong.”

This vignette is an example of the ways in which supervision is the arena for acknowledging, identifying, and addressing complexities of race, ethnicity, and culture through a trauma-informed approach. Physical and emotional *safety* are critical to the practitioner–client relationship. Philip cannot effectively practice with his own clients from a trauma-informed approach if he feels silenced, dismissed, or unsafe in the agency or organization in which he interns. By engaging in an exploratory dialogue of her own social identities in relationship to Philip’s, Kathy is helping to build a “safe enough space” for Philip to examine what being asked to show his identification means for him. Furthermore, this exchange opens the door to a dialogue about what clients of color who come to that organization may experience and how Philip could use his experience in his own practice. Ideally, a supervisor would have set the stage for culturally competent trauma-informed supervision by reflecting on their own social location and then by having a conversation about social identities and positionality as part of the supervisor–supervisee relationship rather than having to bring it up in the context of a critical incident. However, there are always opportunities to engage in such reflective practices as long as the supervisor is aware of the importance of doing so and seeks such opportunities.

Philip’s ambivalence relative to exploring this critical incident is evident in his response to Kathy; however, she is able in her supervisory capacity to begin building *trust* in her relationship with Philip by asking questions and listening in a deep way. The supervisor in this vignette brings into the discussion *choice*, *collaboration*, and *empowerment* by acknowledging that the supervisee and she had not talked about their own identities in their supervisory relationship and by asking if Philip wanted to engage in a conversation about his and her identities and social location as part of their work together. Because supervisory relationships are embedded within systems, when critical incidents occur, they require responding in the context of the supervision and in the broader system in which the supervision resides. Through a dialogue with Philip, the supervisor offers him an opportunity to collaboratively respond to what has happened to him. In many cases, speaking up about what has happened can be empowering, and allows clients and workers alike the opportunity to feel that they have control of their environment and what happens to them, an important tenet of trauma-informed work. This vignette provides insight into the ways of locating oneself and engaging the building blocks of dialogue can

be useful supervision tools for a trauma-informed culturally competent approach.

Vignette 2

Nicole is a 35-year-old Puerto Rican supervisee who has been working for a month in a short-term rehabilitation center with older adults. She meets weekly for supervisory sessions with Miguel, a 60-year-old Puerto Rican man. In discussing one of her clients, Nicole bursts into tears and Miguel stops the session to check in with her. He notes her strong affect in the discussion of her case and asks her if she would like to talk about what is going on for her. He listens while she reports that she is having strong feelings working with her client, an older Puerto Rican woman [*deep listening*]. She shares that the client reminds her of her grandmother, whom she had cared for until her death. Nicole shares that she did not get the opportunity to grieve her grandmother whom she was very close to and she was not able to adequately contain her sadness and anxiety when meeting with this client. Miguel acknowledges what Nicole has shared and normalizes her reaction highlighting potentially unresolved grief [*suspension of judgment*]. In talking more about that relationship, Nicole discusses the “color politics” in her family and how as a “White”-passing Latina, her grandmother, who was much darker than her, grounded her in her Puerto Rican identity. Nicole shares that her grandmother affirmed that “I was a Boriqua.” Miguel, in listening to Nicole process her relationship, recognizes that she was not grieving the loss of her grandmother but someone who affirmed her racial/ethnic identity as a Latina. And while Miguel created time in supervision to talk about their similar racial/ethnic identities and the ways it impacted their supervisory relationship, he recognizes this as an opportunity to go deeper and unpack the complex relationship between skin color and racial/ethnicity identity as it relates to his own experience [*inquiry*] and the assumptions he had made about Nicole’s race/ethnicity [*reflection on positionality/locating oneself and identifying assumptions or biases*]. Phenotype and features play a crucial role in the experiences of Latinas of various skin tones that have implications for their early formation of racial and ethnic identity, as well as how women are identified and treated within their families of origin (Quiros & Araujo-Dawson, 2013). Thus, recognizing the effects of colorism on the Latino/a/x population is essential for culturally competent trauma-informed practice.

Miguel realizes that this is an opening to talk about the ways race and ethnicity show up in their supervisory relationship (as Nicole is light skinned and Miguel is dark skinned) and in the relationship between Nicole and her client [*identifying assumptions or biases*]. Miguel ends the supervision session by encouraging Nicole to obtain counseling to work through her grief as he is concerned about her countertransference feelings about her client.

This vignette illuminates the ways that discussions of race, ethnicity, and culture should be ongoing in the supervisory–supervisee relationship. Although Miguel acknowledged his and Nicole’s racial or ethnic identities at the beginning of the relationship, he recognizes that one’s awareness about racial/ethnic identity development develops or deepens in interpersonal relationships. He and Nicole could use this as an opportunity to examine or reexamine their own relationships to ethnic/racial identity through the prism of skin color, inviting *collaboration* and *trustworthiness*. By offering the space for Nicole to begin processing her feelings and allowing her the opportunity to disclose how her grandmother’s death affected her, Miguel is addressing *safety* and *choice*, principles of a trauma-informed approach. Finally, encouraging Nicole to seek counseling while simultaneously continue their supervision illustrates *empowerment* in that Nicole can make a choice about how she wants to process her unresolved feelings about her grandmother. This vignette highlights the ways that a culturally competent trauma-informed approach is useful to interracial and intraracial supervisor–supervisee relationships.

Discussion

Social work practitioners regularly encounter individuals, families, and communities who are profoundly affected by trauma. Trauma more commonly describes varied psychological responses to war, sexual assault, and/or domestic violence (Herman, 1997).

“Traumatic experiences take many forms, but they typically involve an unexpected event outside of a person’s control such as criminal victimization, accident, natural disaster, war, or exposure to community or family violence” (Levenson, 2017, p. 105). This article offers a more complex framework and broadens the use of trauma to include responses to racism, sexism, classism, and ethnoreligious oppression (Quiros & Berger, 2015), which is supported by research that links discrimination to traumatic symptoms (Watson, Langrehr, DeBlaere, Zelaya, & Flores, 2016). Furthermore, we link trauma-informed principles such as creating safety, inviting collaboration, offering choice, establishing trustworthiness, and supporting empowerment with the supervisory process and a critical awareness of the role that race, ethnicity, and culture play in the supervisor–supervisee relationship. Supervisors are instrumental in training social work practitioners, and, thus, we have introduced and illustrated what it means to have a trauma-informed culturally competent approach to supervision, attention to social identity and social location, and engagement in dialogue, using dialogic behaviors such as deep listening, suspension of judgments, identifying assumptions and biases, and inquiry and reflection. Although Berger, Quiros, and Benavidez-Hatzis (2017) recently examined the intersection of social identities of the supervisor

and supervisees for supervision for trauma-informed practice, future research is needed to further expand professional knowledge about a culturally competent trauma-informed approach to supervision.

Notes on contributors

Rani Varghese, MSW, EdD, is an assistant professor at the School of Social Work at Adelphi University. Dr. Varghese's clinical experience has been in the context of college campuses supporting survivors of gender-based violence. Her research focuses on the intersections of social work education, clinical social work, and social justice practices and principles. She is also involved in studying the impact of intergroup dialogue on participants and facilitators who have been trained in this model.

Laura Quiros, PhD, is an associate professor and Assistant Dean of Academic Affairs at Adelphi University School of Social Work. Dr. Quiros' research and scholarly interests include the social construction of racial and ethnic identity, social justice in higher education, and trauma-informed practice. The common thread in her service, teaching, and scholarship is elevating complexity and furthering the social work mission of social justice.

Roni Berger, PhD, is a professor at the School of Social Work at Adelphi University. Her areas of expertise include trauma, specifically cultural aspects of trauma, supervision and posttraumatic growth, international social work education, the application of evidence-based practice in field education, and clinical supervision. Her clinical practice has been with families, specifically nontraditional families, immigrants, and refugees, as well as groups.

References

- Abrams, J., & Shapiro, M. (2014). Teaching trauma theory and practice in MSW programs: A clinically focused, case-based method. *Clinical Social Work Journal*, 42(4), 408–418. doi:10.1007/s10615-013-0472-z
- Arroyo, K., Lundahl, B., Butters, R., Vanderloo, M., & Wood, D. S. (2017). Short-term interventions for survivors of intimate partner violence: A systematic review and meta-analysis. *Trauma, Violence & Abuse*, 18(2), 155–171. doi:10.1177/1524838015602736
- Bearman, S. K., Weisz, J. R., Chorpita, B. F., Hoagwood, K., Ward, A., Ugueto, A. M., & Bernstein, A. (2013). More practice, less preach? The role of supervision processes and therapist characteristics in EBP implementation. *Administration and Policy in Mental Health and Mental Health Services Research*, 40(6), 518–529. doi:10.1007/s10488-013-0485-5
- Berger, R. (2015). *Stress, trauma and posttraumatic growth: Social context, environment and identities*. New York, NY: Routledge.
- Berger, R., & Quiros, L. (2014). Supervision for trauma informed practice. *Traumatology*, 20(4), 296–301. doi:10.1037/h0099835
- Berger, R., & Quiros, L. (2016). Best practices for training trauma informed practitioners: Using a qualitative approach to elevate supervisors' voice. *Traumatology*, 22(2), 145–154. doi:10.1037/trm0000076
- Berger, R., Quiros, L., & Benavidez-Hatzis, J. R. (2017). The intersection of identities in supervision for trauma informed practice: Challenges and strategies. *The Clinical Supervisor*. doi:10.1080/07325223.2017.1376299

- Berkelear, A. (n.d.). Using reflective supervision to support trauma-informed systems for children. Retrieved from <http://www.multiplyingconnections.org/become-trauma-informed/using-reflective-supervision-support-trauma-informed-systems-children>
- Bohm, D. (1990). *On dialogue*. Ojai, CA: David Bohm Seminars.
- Borders, L. D. (2014). Best practices in clinical supervision: Another step in delineating effective supervision practice. *American Journal of Psychotherapy*, 68(2), 151–162.
- Boss, P. (2001). *Family stress management: A contextual approach* (2nd ed.). Newberry Park, CA: Sage.
- Caplan, D. (1964). *Principles of preventative psychiatry*. New York, NY: Basic Books, Inc.
- Carroll, M. (2007). One more time: What is supervision? *Psychotherapy in Australia*, 13(3), 34–40.
- Cloitre, M. (2015). The “one size fits all” approach to trauma treatment: Should we be satisfied? *European Journal of Psychotraumatology*, 6(1), 1–8. doi:10.3402/ejpt.v6.27344
- Cohen, J., Mannarino, A., Greenberg, T., Padlo, S., & Shipley, C. (2002). Childhood traumatic grief: Concepts and controversies. *Trauma, Violence, and Abuse*, 3(4), 307–327. doi:10.1177/1524838002237332
- Constantine, M. G., & Sue, D. W. (2007). Perceptions of racial microaggressions among black supervisees in cross-racial dyads. *Journal of Counseling Psychology*, 54, 142–153. doi:10.1037/0022-0167.54.2.142
- Ellinor, L., & Gerard, G. (1998). *Dialogue: Rediscover the transforming power of conversation*. New York, NY: John Wiley & Sons.
- Estrada, D., Frame, M. W., & Williams, C. B. (2004). Cross-cultural supervision: Guiding the conversation toward race and ethnicity. *Journal of Multicultural Counseling and Development*, 32(extra), 307–319.
- Foa, E. B., Cahill, S. P., Boscarino, J. A., Hobfoll, S. E., Lahad, M., McNally, R. J., & Solomon, Z. (2005). Social, psychological, and psychiatric interventions following terrorist attacks: Recommendations for practice and research. *Neuropsychopharmacology: Official Publication of the American College of Neuropsychopharmacology*, 30(10), 1806–1817. doi:10.1038/sj.npp.1300815
- Freire, P. (1972). *Pedagogy of the oppressed*. Harmondsworth, UK: Penguin Books.
- Furlonger, B., & Taylor, W. (2013). Supervision and the management of vicarious traumatization among Australian telephone and online counsellors. *Australian Journal of Guidance and Counselling*, 23(1), 82–94. doi:10.1017/jgc.2013.3
- Garmez, N., & Rutter, M. (1983). *Stress, coping and development in children*. New York, NY: McGraw-Hill.
- Gerard, G. (2005). Dialogue and improvisation: Developing capability for highly effective conversation. In B. H. Banathy & P. M. Jenlink (Eds.), *Dialogue as a means of collective communication* (pp. 335–356). New York, NY: Kluwer Academic Publishers.
- Gerger, H., Munder, T., Gemperli, A., Nüesch, E., Trelle, S., Jüni, P., & Barth, J. (2014). Integrating fragmented evidence by network meta-analysis: Relative effectiveness of psychological interventions for adults with post-traumatic stress disorder. *Psychological Medicine*, 44(15), 3151–3164. doi:10.1017/S0033291714000853
- Hair, H. (2015). Supervision conversations about social justice and social work practice. *Journal of Social Work*, 15(4), 349–370. doi:10.1177/1468017314539082
- Hair, H., & O’Donoghue, K. (2009). Culturally relevant, socially just social work supervision: Becoming visible through a social constructionist lens. *Journal of Ethnic & Cultural Diversity in Social Work*, 18(1–2), 70–88. doi:10.1080/15313200902874979
- Hall, C., & Spencer, R. (2017). Illuminating the phenomenological challenges of cross-cultural supervision. *Smith Studies in Social Work*, 87(2–3), 238–253. doi:10.1080/00377317.2017.1324108

- Harris, M., & Falloot, R. D. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. *New Directions for Mental Health Services*, 89, 3–22. doi:10.1002/yd.23320018903
- Herman, J. (1997). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York, NY: Basic Books.
- Hill, R. (1949). *Families under stress*. New York, NY: Harper.
- Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. *Applied Psychology: An International Review*, 50, 337–421. doi:10.1111/1464-0597.00062
- Hoge, M. A., Migdole, S., Cannata, E., & Powell, D. J. (2014). Strengthening supervision in systems of care: Exemplary practices in empirically supported treatments. *Clinical Social Work Journal*, 42(2), 171–181. doi:10.1007/s10615-013-0466-x
- hooks, b. (1994). *Teaching to transgress*. New York, NY: Routledge.
- Howell, E. F., & Itzkowitz, S. (2016). From trauma-analysis to psycho-analysis and back again. In E. F. Howell & S. Itzkowitz (Eds.), *Relational perspectives book series. The dissociative mind in psychoanalysis: Understanding and working with trauma* (pp. 20–32). New York, NY: Routledge/Taylor & Francis.
- Huang Nissen, S. (1999). *Defining the principles of dialogue. Dialogue groups: A practical guide to facilitate diversity conversations* (pp. 10–22). Blue Hill, ME: Medicine Bear.
- Isaacs, W. (1999). *Dialogue and the art of thinking together: A pioneering approach to communicating in business and in life*. New York, NY: Crown Business.
- Joubert, L., Hocking, A., & Hampson, R. (2013). Social work in oncology—managing vicarious trauma—the positive impact of professional supervision. *Social Work in Health Care*, 52(2–3), 296–310. doi:10.1080/00981389.2012.737902
- Kadushin, D., & Harkness, D. (2002). *Supervision in social work* (4th ed.). New York, NY: Columbia University Press.
- Kirk, G., & Okazawa-Rey, M. (2013). Identities and social locations: Who am I? Who are my people? In M. Adams, W. J. Blumenfeld, C. Casteneda, H. Hackman, M. Peters, & X. Zúñiga (Eds.), *Readings for diversity and social justice* (pp. 9–15). New York, NY: Routledge.
- Koos, E. L. (1946). *Families in trouble*. New York, NY: King's Crown.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer.
- Levenson, J. (2017). Trauma-informed social work practice. *Social Work*, 62(1), 105–113.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141–148. doi:10.1176/ajp.101.2.141
- Luthar, S. S., & Brown, P. J. (2007). Maximizing resilience through diverse levels of inquiry: Prevailing paradigms, possibilities, and priorities for the future. *Development and Psychopathology*, 19(3), 931–955. doi:10.1017/S0954579407000454
- McCubbin, H. L., & Patterson, J. M. (1982). Family adaptation to crises. In H. L. McCubbin, E. Cauble, & J. M. Patterson (Eds.), *Family stress, coping, and social support* (pp. 26–47). Springfield, IL: Charles C. Thomas.
- McRoy, R., Freeman, E. M., & Logan, S. L., & Blackmon, B. (1986). Cross-cultural field supervision: Implications for social work education. *Journal of Social Work Education*, 22(1), 50–56.
- Mineyama, S., Tsutsumi, A., Takao, S., Nishiuchi, K., & Kawakami, N. (2007). Supervisors' attitudes and skills for active listening with regard to working conditions and psychological stress reactions among subordinate workers. *Journal of Occupational Health*, 49(2), 81–87. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/17429164>

- National Association of Social Workers (NASW). (2015). *Standards and indicators for cultural competence in social work practice*. Retrieved from <https://www.socialworkers.org/LinkClick.aspx?fileticket=7dVckZAYUmk%3D&portalid=0>
- National Association of Social Workers (NASW) Delegate Assembly. (2008). *Code of ethics of the National Association of Social Workers*. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>
- O'Brien, M. (2011). Equality and fairness: Linking social justice and social work practice. *Journal of Social Work, 11*(2), 143–158. doi:10.1177/1468017310386834
- Olson, D. H., & McCubbin, H. I. (1982). Circumplex model of marital and family systems: Application to family stress and crises intervention. In H. I. McCubbin, A. E. Cauble, & J. M. Patterson (Eds.), *Family stress, coping, and social support* (pp. 48–68). Springfield, IL: Charles C Thomas.
- Parad, H. J. (1965). *Crisis intervention: Selected readings*. New York, NY: Family Service Association of America.
- Phillips, J. C., Parent, M. C., Dozier, C., & Jackson, P. L. (2016). Depth of discussion of multicultural identities in supervision and supervisory outcomes. *Counseling Psychology Quarterly, 30*(2), 188–210. doi:10.1080/09515070.2016.1169995
- Quiros, L., & Araujo-Dawson, A. B. (2013). The color paradigm: The impact of colorism on the racial identity and identification of Latinas. *Journal of Human Behavior in the Social Environment, 23*(3), 287–297. doi:10.1080/10911359.2012.740342
- Quiros, L., & Berger, R. (2015). Responding to the sociopolitical complexity of trauma: An integration of theory and practice. *Loss and Trauma, 20*(2), 149–159. doi:10.1080/15325024.2013.836353
- Rapoport, L. (1962). The state of crisis: Some theoretical considerations. *Social Service Review, 36*, 211–217. doi:10.1086/641243
- Roberts, A. R. (2002). Assessment, crisis intervention, and trauma treatment: The integrative ACT intervention model. *Brief Treatment Crisis Intervention, 2*(1), 1–22. doi:10.1093/brief-treatment/2.1.1
- Romney, P. (2003). The art of dialogue. *Animating Democracy*. Retrieved from http://animatingdemocracy.org/sites/default/files/documents/reading_room/art_of_dialogue.pdf
- Shulman, L. (2010). *Interactional supervision* (3rd ed.). Washington, DC: NASW Press.
- Strand, V. C., Abramovitz, R., Layne, C. M., Robinson, H., & Way, I. (2014). Meeting the critical need for trauma education in social work: A problem-based learning approach. *Journal of Social Work Education, 50*(1), 120–135.
- Toporek, R. L., Ortega-Villalobos, & Pope-Davis. (2004). Critical incidents in multicultural supervision: Exploring supervisees' and supervisors' experience. *Journal of Multicultural Counseling and Development, 32*(2), 66–83. doi:10.1002/j.2161-1912.2004.tb00362.x
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence, & Abuse, 14*(3), 255–266. doi:10.1177/1524838013487805
- van der Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinic of North America, 12*(2), 293–317. doi:10.1016/S1056-4993(03)00003-8
- Varghese, R. (2016). Teaching to transform? Addressing race and racism in the teaching of clinical social work practice. *Journal of Social Work Education, 52*(1), 134–147.
- Watkins, C. E. (2014). Clinical supervision in the 21st century: Revisiting pressing needs and impressing possibilities. *American Journal of Psychotherapy, 68*(2), 251–272.
- Watson, L., Langrehr, K., DeBlaere, C., Zelaya, D. G., & Flores, M. (2016). The influence of multiple oppressions on women of color's experience with insidious trauma. *Journal of Counseling Psychology, 63*(6), 656–667. doi:10.1037/cou0000165