

Exploring Diversity in Supervision and Practice

MARY CLAIRE HEFFRON, SARA GRUNSTEIN, and SHAWNIESE TILMON

Children's Hospital & Research Center Oakland, California

A home visitor ponders whether or not to mention a racially tinged piece of graffiti that glares from the wall of an apartment building where her clients are living. How will the family react if she mentions it? How can she manage her own indignation about the remark, which is also about her? Can she bring this up to her supervisor?

Another clinician wonders how to respond to a family's negative stereotyping of a neighbor who is a new immigrant. How does the stereotyping affect the clinician? What kind of support might help her manage her feelings? How might she help the family see their neighbor as an individual?

A clinician wonders if it is safe to talk with her supervisor about her unmanageable sadness due to memories of her own suffering in a family similar to one she is serving? Will talking about this sadness lessen the supervisor's confidence in the clinician's ability to do the work?

WHY IS DIVERSITY so difficult to talk about? The challenges inherent in having open, authentic, and useful discussions are a reflection of the tension and pain that accompany personal and public questions of racial equality, differing priorities, beliefs, languages, immigration issues, and widely varied lifestyles. Barriers to cultural sensitivity include

confusion, defensiveness, fear, ignorance, pain, and attachment to one's view. These feelings hinder exploration and a richer intercultural exchange.

Differences such as culture, class, race, ethnicity, gender, religion, sexuality, and even politics influence and shape reflective supervision as they do all relationships. These differences are an integral part of the context within which practitioners work with children and families. However, there is little guidance for supervisors or practitioners about integrating the multiple dimensions of diversity into the supervisory relationship or their work with families.

Taking a too-careful stance toward talking about diversity is usually driven by the worry of offending others. But this reluctance interferes with our wishes to explore, question, and underscore our differences. Unless we invite the tension and confusion related to exploring the cultural context of our work in a deliberate manner, we will miss important opportunities to enrich our understanding about how our differences influence our work with children and families.

When issues of diversity enter the supervisory relationship, they can create tension and distance if either party is uncomfortable or feels slighted. Supervisory partners or team members can be at differing levels of discovery and exploration in this area. However, if we can acknowledge our differences and value them as a way to understand our self and others, it can lead to enhanced trust in the supervisory relationship and more confidence in addressing these matters with clients.

Opening the Dialogue

OUR UNDERSTANDING of how our own differences have an impact on our work and the ability to discuss this with others is essential to building cultural sensitivity. As we planned the content of this article it became clear that although matters of difference were central to our work, too often discussions about diversity had been minimized or omitted entirely from supervisory and team discussions. Increasing cultural competency relies on a deliberate seeking out of knowledge, a willingness to

self-examine, and a desire to open a dialogue with others knowing that these experiences form a foundation for change.

None of us are completely satisfied with either the supervision we have received or the supervision we have provided in regard to our experiences and feelings related to race, class, culture, and difference. In an honest examination of our experiences—as supervisors, as clinicians receiving supervision, and as consultants to groups of supervisors—we found that issues of race, class, and difference have often evoked a multitude of challenges. Some were common to all of us, and some were idiosyncratic to a particular author. Some are current struggles and some are past issues that are no longer troublesome.

Understanding the Challenges

THE FOLLOWING is a list of challenges to addressing issues of diversity in supervision and clinical practice. Although this list is not comprehensive, we hope these ideas will encourage others to examine their own practices in the spirit of creating a more comprehensive and courageous approach to dealing with differences:

Abstract

Issues of diversity, such as culture, class, race, and ethnicity, affect all relationships. It can be difficult to explore these issues in supervision, but doing so is imperative to understanding and working effectively with each other and with families. This article explores the challenges associated with discussing issues of diversity, and provides guidelines for integrating these issues into relationships with supervisors, staff members, and families.

Copyright © 2007, ZERO TO THREE. Reproduced with permission of ZERO TO THREE.

- **Failing to identify issues of culture, class, and race.** A practicing African American clinician described how she often assumed the full burden of pursuing an issue of race, class, or culture because her supervisors did not seem to either notice the concern or be able to find a way to talk about it with her. Unless she took the initiative, issues of diversity were less likely to come up at all. Although this clinician regularly and tactfully brought up these topics to her supervisors of all backgrounds, she felt that it was a burden on her. She often longed to talk with other African American clinicians about this experience. She felt that she was often assumed to be the expert on her race. In reality, she longed to discuss the complexity of her African American identity, what it meant to her clients, and her own difficulties that emerged when clients idealized her achievements or distanced themselves from her because of her status as an educated middle-class clinician.

- **Fear of misunderstanding others.** As supervisors, we may become paralyzed when issues of race and class surface in supervision. Will bringing up a difference of opinion be judged as culturally insensitive? For example, we might struggle with how to respond when a clinician tells us that a particular type of discipline that seems questionable to us is “just part of the culture.” Supervisors need to learn how to manage their own anxiety when a suggested intervention might be related to cultural differences. Opening a dialogue with sensitivity and respect can lead to constructive exchange.

- **Fear of doing or saying the wrong thing.** We have worried about our ability to bring up issues if we are from a different culture or background than the clinician or the family involved. Would talking about my discomfort with the housekeeping of a family of a particular race be offensive to a supervisee from the same background? Was a particular supervisee’s struggle with a family from the same background evocative of a personal struggle? We have worried that only a person of the same culture had the right to discuss cultural and racial issues. We wondered if our skills as supervisors were sufficient to explore, understand, and empathize with another’s experience without having had similar experiences. Worries about offending, opening racial or cultural wounds, or being criticized for insensitivity can plague the supervisory setting.

- **Fear of opening “Pandora’s box”.** We have worried that issues of diversity represent a Pandora’s box that, when opened, might overwhelm the time and resources available for supervision. Possibly endless talks



PHOTO: ANDREA BOOHER

and irresolvable differences about diversity could take away from the social-emotional needs of the child and family. This worry can cause even the most dedicated supervisor to steer conversations away from diversity or to keep conversations superficial. A challenge for supervisors is to open the “box,” embrace the dilemmas that emerge, and contain the emotions that follow. Such a dialogue allows the dilemmas to be integrated into the work of supporting the social-emotional needs of the child and family.

- **Fear of appearing critical of those who are different than we are.** Our concerns about how others perceive our motives can complicate an already complex clinical picture. For example, Maria, a heterosexual minority woman, is supervising Harriet, a gay clinician. Harriet is working with a young couple and their infant daughter but during her supervisory meetings she never mentions the father. Maria is worried that Harriet is not supportive of the father because she never talks about him. She is afraid to discuss this with Harriet for fear of being seen as homophobic. When Maria finally gathers her courage to talk with Harriet about it, she discovers that the father isn’t living with the family anymore. Harriet was relieved that her supervisor raised the issue because she worried that Maria might think Harriet wasn’t able to work effectively with fathers. Having an open dialogue allowed both of them to address their concerns about other’s perceptions.
- **Feeling ignorant about other cultures and about the influence of our own culture.** We worry about missing important details in supervision when discussing fam-

ilies whose particular beliefs or cultural background is unfamiliar. One supervisor admitted to having more difficulty remembering the details of the families of the supervisees if the families were of a different background than her own. In addition to missing important information, we recognize that our own cultural background influences us in unconscious ways. For example, an individual may have learned that it is not acceptable to talk about problems outside the family. It was not a frankly stated rule, but was taught by stern looks from across the room and by how adults negotiated life struggles within the family.

- **Actions or words that unintentionally communicate negative racial stereotypes.** A recent article (Wing Sue et al., 2007) detailed a list of such interactions, referred to as *racial microaggressions*, which included such things as unintentional singling out of minorities, assumptions made about one’s competence or qualifications for a position, or pathologizing cultural values or styles. These exchanges can be pervasive and subtle, creating racial tension and perpetuating racial stereotypes.
- **Differences in power between supervisor and supervisee.** Issues of diversity complicate the inherent power of the supervisor in supervision. (Gilkerson & Shahmoon Shanok, 2000). Supervisors who may not have examined their position of power can miss concerns about power based on race, class, or gender differences. For example, a Caucasian supervisor labeled her Asian supervisee as quiet and submissive, failing to consider the possibility that differences in age and race made it harder for the supervisee to engage fully in supervision.



A Latino supervisor, who was the first non-Caucasian staff person to be promoted to a supervisory position in her program, realized that it is hard to bring up areas of concern to her Caucasian supervisees. Upon her own self-examination she realized she was being overly firm about a point because she wished to make it clear that she is in charge.

- **Memories and feelings related to our cultural identity and how they affect us in our work.** Reflective supervision can help us identify and address personal issues that are activated in our professional relationships. For example, an experienced Jewish clinician was assigned to work with a divorcing Muslim couple and their son. The boy had witnessed several incidents of quarreling and domestic violence. The clinician began to identify and align with the child to such an extent that her communication with the parents became strained. The clinician was able to examine her feelings in supervision. She revealed how the parent's seemingly insensitive and assertive stance mirrored cultural and familial issues she had experienced in her life. The clinician also discussed with her supervisor whether the father could work effectively with a Jewish woman due to beliefs in the

Muslim culture about the role of women. Although the clinician hesitated to share her musings with her supervisor, the safety of the supervisory relationship provided an opportunity for self-reflection and professional growth.

Guidelines for Practice

AT ITS BEST, reflective supervision serves as a refueling station that actively invites the integration of race, culture, and difference into our work in a way that is honest, natural, and comfortable. The supervisory relationship offers a reliable connection built on nurturance, empathy, validation, and joint experience. Such a relationship can guide how individuals integrate diversity and difference into their work in more meaningful ways (Gilkerson & Shahmoon Shanook, 2000).

Discussions about diversity and difference enrich infant and family support and intervention services provided to families. These discussions help us understand how the universal needs of infants, young children, and families are met through a myriad of cultural differences. Furthermore, honest discussions about diversity help professionals to understand themselves in relationship to the families with whom they work.

The ideas below are intended to enhance the integration of race, class, culture, and difference into discussions between a supervisor and supervisee, during team meetings with program staff, or as part of your own professional growth and development:

- It is important for supervisors and supervisees to discuss in detail how they will work together. Talking about what has been helpful in past supervisory experiences and about perceived power or influence can encourage discussion about many kinds of diversity and differences. The supervisor should create a safe environment to invite thoughtful discussion of race, culture, ethnicity, class, and so forth: *"It is important for each of us to be aware of how culture impacts our own feelings and perceptions, as well as our work with very young children and families. I hope we will be able to talk about this as we go along."* *"Let's talk about how we each think issues of race, class, and diversity might play out in our work together. Are there issues you are concerned about?"* *"If I make some kind of a blunder about anything, or in particular something about race or culture that makes you uncomfortable, I hope you will let me know I have done so."*
- During supervision it can be helpful to notice and name the dilemmas that arise related to issues of diversity and differences of all kinds:

Supervisor: *"I noticed that when I asked about Pedro's mom and her participation in the preschool, you drew back a little bit. Is there something I missed?"*

Supervisee: *"I think you made the assumption she would come in like the other moms, but because she is limited in her English and easily overwhelmed by the staff, I feel sometimes you don't get that Head Start can be a scary place for an immigrant parent."*

Supervisor: *"I am thinking most about Pedro and forgetting his mom's need to build trust with our staff. You have done a good job creating a sense of safety with her, and it must seem like I'm pushing you to make more happen too quickly."*

Supervisee: *"Yes, it is a big deal for this family to venture outside of their comfort zone."*

Supervisor: *"I really missed that in my push to make sure she was taking full advantage of the program."*

- Supervisors should ask questions that include the context of race, culture, and difference when trying to understand the behavior of others: *"How do you suppose her views on discipline are different than yours or mine? Do you think you could talk about this?"* *"Where do you suppose she learned to discipline her child in that way?"* *"How do you feel*

when she disciplines using physical force?” “What might be a way to talk about whether or not the discipline works for her?”” In supervision and other settings, wonder openly about how issues of race, injustice, or difference might be affecting a family or the dynamic between a family and a clinician. “I think we are missing something here about this family’s belief system. I hear we are all annoyed because the family has not sought more aggressive medical care, but I am wondering what kinds of fears, beliefs, or prior experiences might be in the way.”

- Learn to listen carefully and address racial remarks, unwitting or intentional slurs or stereotyping, or unintentional or intentional injustices at a personal, programmatic, or systems level. Discussions of race, culture, and diversity are not the sole responsibility of those in the minority. Support staff to notice and take on these issues on behalf of clients.
- As a supervisor who is encouraging others to be reflective, examine your own feelings, sensitivities, blind spots, and worries. Model your own vulnerability by sharing your thoughts about your own race, culture, and difference with others. Keep in mind that the journey to a more inclusive intercultural exchange starts with self-awareness, the ability to question your own beliefs, and lack of knowledge. Understand how supervisees can differ in their own growth and development around understanding one’s own background and working with those who are different.
- Never expect any supervisee or supervisor to be the voice for a particular group, race,



PHOTO: ANDREA BOOHER

or set of beliefs. Recognize that each family has their own “culture” even as you inform yourself about practices of different cultural groups.

- Inform yourself about oppression and struggles in your community. Work in the infant–family field provides many opportunities to address social inequalities and issues of injustice.
- Practice humility and self-awareness. Become aware and able to speak about your own privilege whether it is that of race, class, or education. Portray yourself as someone who wants to understand, practice compassion, and be helpful, but who

make not always “get it.” Be willing to let others shine light on your omissions, lack of understanding, faux pas, or rigidities. Studies on infant–parent interaction have highlighted the important concept of repair in early relationships. Extending this notion to relationships in general helps us more boldly embrace a stance of curiosity and exploration about diversity and difference in a way that can ultimately strengthen relationships and build understanding.

- Provide time for professional development about diversity. Important topics that are frequently misunderstood include second language acquisition, immigration, and biracial identity. Consider using team meetings to look at a video with an eye to culture and class, or to discuss an article that talks about culture in a provocative way. Consider an organization self-assessment related to culture and class. Take time to expand your own horizons through reading, discussion, and reflection.

The 2000 US Census Bureau stated that by 2053, 53% of the population would be non-white. We already see the increasing impact of diversity on agencies and communities as the number of immigrants increases in urban, suburban, and rural areas. It is imperative that we create organizations that better support diversity. Reflective supervision provides a powerful opportunity to explore and understand the array of differences present in staff, families, and communities. In the context of the supervisory relationship, both supervisor and supervisee can embrace, validate, and expand their own world views as they develop a greater understanding and compassion for others. 🦋

Learn More

SKILLED DIALOGUE: STRATEGIES FOR RESPONDING TO CULTURAL DIVERSITY IN EARLY CHILDHOOD EDUCATION

Isaura Barrera with Robert Corso and Dianne Macpherson 2003
Baltimore. Brookes.

This book helps practitioners understand diversity and provides specific guidance on how to develop cultural competence. The authors provide vignettes and reproducible forms for readers to apply their knowledge in their work in early childhood assessment and intervention.

COMMUNICATING BETWEEN CULTURES

(Video) Available from Child Development Media
1-800-405-8942

This video explores the impediments to communication between different cultures in the same country. It suggests guidelines for intercultural communication and uses dramatizations of

common encounters in the United States, such as an interaction between an “Anglo” and a Hispanic, a misunderstanding at an Asian restaurant, and a conflict over differing values for the behavior of women.

SERVING BIRACIAL AND MULTIETHNIC CHILDREN AND THEIR FAMILIES

(Video) Available from Child Development Media
1-800-405-8942

This videotape and accompanying Educator’s Guide are designed to assist child-care providers in integrating activities and materials that focus on biracial and multiethnic children with an already-existing multicultural curriculum. Topics include (1) Stages of Racial Identity Development, (2) Identifying and Responding to the Unique Experiences of Biracial and Transracially Adopted Children, (3) Racial and Ethnic Labeling, (4) The Impact of Environmental Factors on Biracial and Multiethnic Children, and (5) Ensuring Cultural Competency in Child Care.

MARY CLAIRE HEFFRON, PhD, is the clinical director of the Early Childhood Mental Health Program at Children's Hospital and Research Center Oakland. She is also the director of the Harris Early Childhood Mental Health Training Program. She is interested in developing reflective supervision approaches that help practitioners develop their capacities to work in complex multicultural settings.

SARA GRUNSTEIN, LCSW, is a mental health team leader at the Early Childhood Mental Health Program at Children's Hospital and Research Center Oakland. She was born and raised in Mex-

ico City in an immigrant Jewish family. She lived in Israel prior to immigrating to the USA as a MSW student at UC Berkeley. Sara is interested in integrated contemporary psychoanalytic principles with a multi-cultural perspective.

SHAWNIESE TILMON, PhD, is a clinician for the Early Childhood Mental Health Program at Children's Hospital & Research Center at Oakland. Shawnieese has previously worked in Community Mental Health Agencies providing individual and family therapy to children in the foster care system. Her interests include working with teens, working with grandmothers, and the issue of discipline in African American families.

References

- GILKERSON, L., & SHAHMOON-SHANOK, R. (2000). Relationships for growth: Cultivating reflective practice in infant, toddler, and preschool programs. In J. Osofsky & H. Fitzgerald (Eds.) *WAIMH handbook of infant mental health. Vol. 2: Early intervention, evaluation, and assessment*. New York: John Wiley & Sons.
- U.S. CENSUS BUREAU. (2000). Census Bureau predicts doubling of nation's population by 2010 Retrieved October 19, 2007, from www.census.gov/Press-Release/www/2000/cbo0-05.html
- WING SUE, D., CAPODILUPO, C., TORINO, G., BUCCERI, J., HOLDER, A., NADAL, K., & ESQUILIN, M. (2007). Racial microaggressions in everyday life. *American Psychologist*, 62(4), 271-286.