

Chapter 10

A Case Study in Cross-Racial Practice and Supervision: Reflections in Black and White



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A Personal and Professional Journey

To be reflective and self-aware, two fundamentals important to the practice of Infant Mental Health have required me to take a long and difficult personal and professional journey. For one thing, I have struggled with uncertainty about my abilities. Then, as a Black woman, I have wondered if I would be accepted by other practitioners, primarily White professionals, in the infant mental health field. I took the fundamentals and the journey seriously. Many stories about families and relationships came to mind while writing this chapter, but one story was particularly life altering. A clinical story about a biracial baby and her family challenged the essence of who I was and forced me to take a deeper look within to find a part of me that I had long buried.

I learned to trust my reflective supervisor, a White male, with what I observed in my clinical work and the stories I heard, meeting for an hour every other week. We shared stories about families whose needs for guidance, emotional support, and infant–parent psychotherapy were extensive. It was within this reflective supervision relationship that I grew brave enough to explore my work, my own vulnerabilities, and my strengths. Up until this time, a pivotal point in my career, I had not thought that the color of my skin could influence my practice. I believed that if you were educated and skilled, clients would respect you. This is where the story begins.

First, a little about myself. A Black Woman, I have provided clinical services to infants, children, and families for over 30 years. I have worked for 23 of those years as an Infant Mental Health home visitor (Fraiberg, 1980; Weatherston & Ribaud, 2020) and have provided reflective supervision (Heller & Gilkerson, 2009; Wilson et al., 2018) to mental health professionals for 15 years. Privileged to work with a

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great variety of families, my work has taken me in and out of many homes. Some have made lasting marks, personally and professionally, causing me often to think and wonder about them. The case story that follows comes from one of those families. I am honored to share the story of Traci,¹ a young White mother who accepted services from me on behalf of her 9-month-old biracial baby, Shay; Shay's father, Robert, a Black young man; Charlie, Traci's White step-grandfather; and Bill, my White male supervisor. My hope for sharing the story with you is to share my road to greater self-awareness through reflective supervision.

Black Therapist/White Mother/Biracial Baby

Traci is the 25-year-old White mother of Shay, a 9-month-old, biracial baby girl. Born at 40 weeks' gestation, Shay appears to be a healthy baby. She has thick, dark hair and a light brown skin tone. She is responsive and enjoys interacting with her mother when her mother can pay attention to her. The two live alone in a low-income, subsidized, racially diverse housing unit in a large, urban mid-western city. Traci is of large stature with fair skin and thick, curly, red hair. Shay's father, Robert, is a 26-year-old Black man. He met Traci when he was visiting relatives in a neighboring unit. Early in their relationship, Traci became pregnant. Robert does not live with Traci, but he visits, spends the night, and leaves without notice or explanation. He does not provide economically for Shay or Traci. When he does come around, it is to see if Traci has any money and to eat whatever is in the fridge. The area where Traci and Shay live consists of many young White girls who have relationships and children with young Black men.

Beginnings

Shay and Traci were referred to Infant Mental Health Home Visiting (IMH-HV) services by a pediatric nurse who saw Traci and Shay at the well-child pediatric clinic when Shay was 6 months old. At that time, Traci was minimally responsive to Shay, she presented with a mild cognitive delay, and did not appear to have any natural support to help her in caring for Shay. She reported that she had delivered Shay alone. No one came to the hospital to be with her during delivery or following the baby's birth. While in the hospital, she had difficulty figuring out what Shay needed and let her cry in the bassinet, terrified of picking her up or holding her. Upon discharge, she had called a public car service to get home.

¹All names and other personal identifiers in the chapter have been changed to protect privacy and confidentiality.

I was the IMH-HV specialist who received the referral from the clinic nurse to work with Traci and her baby. At the time of this writing, I had been working with Traci and Shay for 3 months, meeting with them in their home every week for 2 h. The first few sessions consisted of paperwork and listening to the unraveling of their story. I kept in mind the words of my supervisor, William Schafer, “*You don’t build rapport by being nice, but by getting the story.*”

The next few months were spent talking and sharing stories about Traci’s own childhood and how much she wanted life to be different for Shay. Traci spoke frankly about not wanting to be pregnant but felt that her boyfriend would leave her if she did not agree to have a baby. Many of her girlfriends who live in the same housing unit had children with Black men and she wanted to be a part of something, to belong. Shay appeared clean, healthy, and relatively well cared for by her mother. It was their relationship that seemed problematic. Traci held Shay in her arms for most of the home visiting sessions, but rarely talked to her or looked down at her face. I spoke with Traci about her hopes and desires for her and her baby. We also discussed her need to increase her natural supports. She shared that she has a few friends in her housing complex, but they also have needs, so they are unable to help. Traci shared that she needed larger clothes for Shay, because she was growing quickly. Traci was very proud of Shay’s size and weight. She was a pudgy little one with a beautiful round face. She was in the ninetieth percentile for weight and height. I was able to find a community resource near her home where we were able to secure clothes for Shay for the next 3–6 months. Toward the end of the first 3 months of our work together, I felt we were beginning the journey of building an alliance.

Reflective Supervision Across Race

Dr. William (Bill) Schafer,² a White male consultant, and I, a Black clinician, met years ago when I was beginning my work with families and young children in an Infant Mental Health home visiting program. I had no idea about the extent to which the impact of our work together would have on the rest of my career. While providing services to Traci and Shay, I was working for a Community Mental Health agency and Bill was the consultant who provided reflective group supervision (RSG) every 2 weeks to the IMH Home Visitor Team. Following each group supervision, he met with me, the IMH Team supervisor, for individual reflective supervision. What follows is a description of my supervision with Bill following an intensive home visit with Traci and Shay. I had been working with Traci and Shay for about 3 months.

²I am honored to include my experiences with Dr. William Schafer who died in 2019.

Reflective Supervision Same Day as the Home Visit

I began my supervision hour that day as I typically start each of our sessions, by relating what I observed, and the stories shared. At the time, I had been supervised by Bill for over a year. I felt it necessary to describe the family's physical appearance, because I wanted Bill to understand how race plays a major role in this family.

I admitted to Bill that I felt angry with Robert. "He is a Black man living with and taking advantage of a White girl with low cognitive ability and even lower self-esteem!" In supervision we explored my anger, attempting to get to the root of my feelings. Bill asked me, "*So who are you really mad at?*" I answered, "*What do you really mean?*" Bill was implying that Robert was bringing up some feeling for me and I needed to try and identify the trigger. My emotional response at first was to be offended, because he insinuated that my feelings toward Robert were not real and that I was allowing a personal feeling to get the way of helping my client. I recalled Bill's words, "*Reflection is being able to feel the feeling and then being able to describe it.*" It was apparent to him, but not to me, that Robert's behavior toward Traci was like someone in my personal life who was exhibiting the same arrogant behavior. I felt a little awkward, because I was talking to Bill, an older White man, about my anger and disappointment toward a client of my own race. It felt like betrayal.

I said, "Sometimes being a Black is hard because you can literally feel the weight of all Black people on your shoulders." I kept talking and Bill listened. He knew that I had four children around the same age as Traci and Robert. He wondered if my feelings stemmed from feelings toward my own children. I said, reluctantly, "Probably." I had shared with Bill in an earlier supervision that one of my sons was having problems working and felt that others should take care of him. Bill asked questions that led me to explore my feelings regarding my own son and how that could be contributing to my feelings about Robert. I responded, "*I feel embarrassed that my son is demonstrating some of the behaviors of a client.*" I struggled with sharing what I felt for my son and for these young Black men. I was angry because both Robert and my son fit the societal profile of young, lazy, Black boys who thought the world owed them. If I shared this with Bill would this reinforce beliefs that he had about Black boys and men? I was afraid that I might be selling out by sharing my feelings about these boys with a White man. I had trusted Bill up this point; he had never given me reason not to. The space between us felt safe. I shared my feelings with him about being a sellout. We continued to talk about my feelings toward Robert and how they stemmed from my feelings about my son. I could see the parallel between the two and it made me sad. "How could I have raised a child like that and why did he turn out that way?" I grew increasingly comfortable talking about these things in subsequent supervisions. I talked, and Bill listened.

Prior to reflective supervision, I had not made the correlation between Robert and my own son. "I didn't even realize that I had angry feelings toward my son!" Reflective supervision helped me become aware of my own feelings and how those feelings could affect my relationship with Traci and her family. I felt that if Bill had

not helped me make the correlation, I might have punished Robert for the things I saw in him that reminded me of my son. Through reflective supervision, I was able to acknowledge feelings of shame and embarrassment toward one of my own children, a Black man, and how these feelings were parallel to those I had toward the Black father of Traci's young child.

Black/White/Black: Another Powerful Home Visit

During another visit, I felt frustrated because Traci had not followed through on some of the very basics of care for Shay. I tried not to show it. Although there had begun to be genuine, nurturing exchanges between Shay and her mother, Traci was either neglecting or could not understand the importance of establishing a routine for on time feeding, bathing, changing diapers, and combing Shay's hair. I worried about this. When I arrived that day and walked through the door, I could smell that Shay had soiled her diaper. Traci was holding Shay who enjoyed being nestled in her mother's arms. When I found a place to sit on the couch, I noticed that Shay had several bottles on the table. They all had different levels of formula and none of them looked fresh nor did they have lids. Shay's hair was considerably thick and looked dry and matted. As the visit went on Shay remained in her mother's arms and Traci gazed at her, but I was not able to fully enjoy the exchange because of the strong pungent smell. I wondered why Traci did not smell Shay's diaper. I struggled trying to find the right words to ask Traci about Shay's diaper. I did not want to sound like I was reprimanding her, so I gently began to ask questions about Shay's feeding and elimination schedule. After listening patiently to Traci's responses, I quietly suggested that Traci check Shay's diaper. She responded quickly by changing Shay's diaper. The rest of the visit went well, and I was able to help Traci set another schedule to guide and support her in Shay's care.

Black/White Reflective Supervision Following the Home Visit

I arrived at my reflective supervision session in a relatively good mood. I began talking to Bill about Traci and Shay. He congratulated me for sticking with the case and trying to work through some of my own feelings about the family and caregiving at the same time. By now I felt comfortable sharing with Bill what I observed on my home visits, what I experienced, and the more personal thoughts and feelings that I was aware of. I felt we had established a strong, trusting working relationship despite our racial and cultural differences. I was able to talk with him about almost anything. Today, I talked about Shay's hair, describing it as "dry and matted." Bill was not familiar with the importance of hair in the Black community. After explaining some basics to him about how to care for Black hair, he seemed to understand.

He felt comfortable enough to ask detailed questions and was especially interested in dreadlocks and how they were created.

Bill and I laughed throughout the supervisory conversation, which made it easy to talk about hard things. I brought up White people caring for Black children and my frustration with how their skin is often ashy and dry. I had strong feelings regarding the care of Black children's hair when they were placed with a White family. I expressed my frustration saying, "Many White people do not understand how to care for a Black child's hair!" Together we brainstormed a way to help Traci care for Shay's hair. I admitted that the "Black mama bear" was coming out. I just wanted to go in with all my hair products and comb Shay's hair myself, but I knew that would not help the situation in the long term. Instead, I would have to initially explore with Shay what she knew about Black hair care, just as I was exploring with Bill. This whole subject was so unfamiliar to Bill that he was only able to listen supportively. Bill asked a few questions, inviting more information from me to help him understand the importance of hair in the black community. This conversation went far beyond the issue of Shay's hair into the historical context of Black hair combing, bringing us into a closer trusting relationship through our reflective supervision.

A Third IMH Home Visit

During the next visit, Robert was in attendance. I had never met him. I saw a strong resemblance between Robert and Shay. I also noticed that Robert never spoke to or acknowledged Shay or Traci when he entered the home but went into the kitchen first thing to get something to eat. When Traci introduced us, Robert said, "Hello." I invited him to join us, and he reluctantly agreed. Robert was over 6 ft tall, large in stature, with a very dark complexion, and black dreadlocks that came below his shoulders. When asked, Robert was very forthright with his feelings about fatherhood. It was as if he felt he had something to prove. He reported that he was happy to become a father and he supported Traci's decision to have the baby.

I noticed how much easier it was to talk to Traci when Robert was around. The three of us talked openly about Shay and what she had brought to their lives. Robert talked about his mother and how happy she was about the baby. He reported that he did not know his father. It was then that I found out that Traci's family disliked him and baby Shay, because they were Black. Traci had never mentioned this during previous sessions. Robert joked and went on to say, "Shay's hair is thick like mine and because Traci's hair is also very thick and curly, Shay did not even have a chance to have 'good hair'." I felt comfortable with the conversation, because I had worked for a long time with mixed-race couples. I was very secure in my own identity and felt confident in my own racial and culture awareness. The conversation was rich and gave me much more insight into the lives of Traci and her ability to care for Shay, as well as Robert's place in this family. I felt that our relationship was growing stronger.

No supervision after this session

A Black Home Visitor in a White Neighborhood: The Fourth Home Visit

For this visit, Traci asked me to meet her with Shay at her mother's house. I wondered why she wanted me to meet her there and what else I might come to understand. I agreed to meet them at her mother's home in a more rural part of town, in a poorly kept trailer park. I felt apprehensive getting out of my car. Although I had worked many years in different neighborhoods, I felt particularly anxious because of the conversations I had had with Robert and Traci last week. Handling prejudice and racism is part of the job when you are meeting with clients in diverse communities, but for me, this felt different. I looked around and felt alone, vulnerable in this neighborhood where I had never been before.

Traci met me at the door and offered me a seat. Shay was on the floor playing with toys. Shay looked better, her clothes were clean, but her hair was the same, dry, and matted. As the session commenced, I wondered who else was in the house. Traci shared that her mother and her step-grandfather were in the other room. In the middle of the session, Traci's step-grandfather, Charlie, came out of the other room. He was a tall and very thin White man. His hair was pulled back in a long ponytail and the top of his head was bald. He was unshaven and had his shirt unbuttoned. I was surprised, because he looked younger than expected. He entered the room and did not acknowledge Traci, Shay, or me. I became increasingly uncomfortable and decided to break the tension by saying hello. He nodded his head and sat in the chair where the session was taking place. The conversation continued, but with caution. It was apparent that Traci was becoming uncomfortable. I wondered why Traci had not just cancelled or changed the day of the appointment. Curious, I wondered to myself what she wanted me to understand about her family and her relationship with them. When Traci blurted out, "I didn't know how hard it was going to be raising a child!" Charlie responded, "I told you not to have that 'N...' baby, you didn't need a baby! You cannot even take care of yourself." It happened so quickly and was so unexpected that it took me a minute to realize what he had said. Charlie must have realized this and followed up, "No offense to you, ma'am." I was so overwhelmed that I could not respond. I began to feel anxious and warm. I knew I had to leave the house but waited about 15 min before gathering my things to leave. I tried hard not to let my feelings show. I got in the car, left the trailer park, pulled into a nearby restaurant parking lot, and cried, for myself, and for Shay. I remembered Bill's words to me during one of our supervisions, "*Your goal is not about the people in the relationship, it is about the relationship.*"

Reflective Supervision Immediately Following the Home Visit

I pulled myself together and went straight to the office where I waited for 2 h until it was time for my reflective supervision with Bill. I was simply undone. I had a difficult time telling him that I had been in the presence of a man who referenced

someone as “N...”. Bill said thoughtfully, “*Words leave actual scars on a person’s body,*” and then he was speechless.

I felt for Bill, because he looked so sad and ashamed. We had talked about many things in our time together, but not White guilt. I felt as though all the air had been sucked out of the room. I felt guilty for bringing this kind of overt racism to Bill, a White male, simply because even though we had a good relationship, this was more than we had ever tackled together. My feelings were all over the place. I needed to talk to him about feeling ambushed, disrespected, dishonored, and afraid. I found myself wondering how many times he had heard that term within his own family or with his friends. He grew up in the 1940 and 1950s when overt racism was more common. This was not a typical session.

Bill admitted that this was the first time that he really understood the pure ugliness of racism and its effects on Black people. He reported that he was so ashamed and felt so bad. I was careful that our session did not turn into me helping Bill to feel better. We continued to talk about the incident. I shared that I struggled with Shay being called a “N...” and asked, “What will that mean for her for the rest of her life?” I also thought about Robert’s remarks about Shay never having a chance to have “good hair.” I know just from being Black myself that Black people can be ashamed of their own hair texture, and they feel that White hair is “better.”

I wondered aloud what messages Shay would receive about her hair from the Black side of her family. Bill and I continued to discuss the visit in Traci’s mother’s house and what that session must have meant to Traci. “If the step-grandfather felt so comfortable that he used that racist term in front of me, what must he be saying to Traci about her child? What messages is she receiving from the rest of her family about her child?”

This brought up so much for me. I realized then that it was not only my race, but my age and personal experiences that made working with this family so difficult. I also realized that for the first time in my social work career, I was afraid.

It took me a while to sort this out. I wondered what it must have been like for Traci living in a family that rejected her as soon as they found out she was pregnant with a Black child? Traci had reported that prior to her pregnancy, she spent every day with her family even though she had moved out of the house. Her family would shop, cook, eat, and hang out everyday either at her grandparents’ home or at her house. When they found out that she was pregnant by a Black man, they begged her to have an abortion and when she refused, they stopped calling her and any interactions she had with them led to violent arguments. She told me that her family was racist, but she thought that they would eventually accept her back into the house and her baby into the family. Now, they no longer came to her house to visit and when she went to their house, they barely talked to her. I remembered Bill’s words, “*When you are in a family that does not want you, then you are just lingering, and you are not safe.*” It was then that I realized my fears sitting with her family mirrored Traci’s fears, leaving her feeling unsafe with family members who were racist, had rejected her baby, and withdrawn their support.

I felt guilty because I had focused so much on my own feelings following the home visit, not realizing that Traci must have felt afraid, too, in addition to feeling

unwanted and unloved by her family. At least I could leave and seek support. This was the life that Traci and Shay live every day and will continue to live for the rest of their lives. Bill asked me why I felt guilty for having those feelings. I answered, "I am supposed to put my client's feelings first." Bill asked, "Where is that written? Your feelings are important, too." I smiled. This was a moment in time where I felt so understood and supported. "Reflection takes two. I need your awareness of me to become more self-aware."

Reflecting on an Important Relationship

Writing this case story has evoked many strong feelings. My 30-year adventure with my Reflective Supervisor, William (Bill) Schafer, came to a physical end, but not a psychological end, a few years ago when he died. Through our reflective supervision hours, he helped me to find out where I fit personally and professionally in the world of Infant Mental Health. In supervision, I had found it difficult to put on the mask that I often wore around my IMH colleagues. Bill saw through my façade, seeing and accepting the authentic me. As time went on, we met biweekly, and our relationship became reciprocal as he became comfortable in reaching out to me to make sure he was being racially and culturally respectful in different situations. The irony of it is that there were times when he was far off the mark in his thinking about Black people. Please don't get me wrong; there were missteps on my part, too. Without knowing it, this older White gentleman and I created a trusting bond that transcends time. Early in our supervisor-supervisee relationship, we bravely began to have honest conversations about racism, what it looked like for him, and what it looked like for me as a person of color. I think he appreciated my frankness and honesty as I did his. Years of working in foster care taught me to not shy away from hard conversations. I must put in this short story that will hopefully help in understanding the relationship that Bill and I built.

My mom died and I was out for several months. Bill provided reflective supervision to my team every 2 weeks, continuing to support them while I was away. When I returned, I knew it would be difficult. We were to meet for supervision, and I knew I would see Bill. I entered the conference room, but he was not there. I searched for him, going in and out of offices and other rooms. I remembered to check the playroom and that is where I found him. He was sitting calmly in a chair, alone, and had pulled up another chair next to him. He looked at me and said quietly, "Stefanie, I was waiting for you."

At that moment, the relationship shifted for me. It became personal and professional. Through the years, we had talked about our lives, but this was different. We talked about death, and I listened to his philosophy of life after death. We sat there for a long time. I realized that he had become my safe base, the person I turned to in difficult times with my work and now, with my life.

Bill's passing has led me on yet another journey to deeper self-reflection and awareness. I have had to "figure it out on my own" so to speak, but I talk with him

often, and can hear his voice, his laughter. He continues to push me along. Bill was older, and his experience with racism was very different from mine. We managed to begin bridging the gap by having hard conversations in a safe and trusting reflective supervisory environment. His presence on this earth helped me to realize that race is just a thing we use to group ourselves into different categories. Our time together gave me faith that if this older White man and this younger Black woman could forge a bond that transcended race and prejudice, there is hope for us all.

Reflective Questions

1. Think deeply about these words: *Words leave actual scars on a person's body*. Have you ever experienced a hurtful racial slur or microaggression that left a deep wound? How might the experience affect you, personally and professionally? What leads to healing the hurt carried or restoring one's sense of self and well-being?
2. Have you ever engaged in supervision with a person of another culture, ethnicity, or race? What were some of the barriers experienced? What made it work?
3. What surprised you about this personal and professional case story? What are you still curious about?
4. In reflecting on the story about this reflective supervisory relationship, what story might you tell about someone with whom you have worked across race, Black-White?

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