

On Being Influenced: How an Alumni of Color Scholarship Program Invites Diverse Voices into Program Leadership



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In my practice as a sex therapist, I have begun to regularly ask my clients to experiment with what Dr. Kerner (2021) calls Willingness-Windows. These are moments when folks in relationship set aside time to show up with the willingness to “have a vulnerable conversation” or “be pushed out of your comfort zone in a way that’s important to your sexual development” (p. 293). I remember a session with a couple who immediately liked the idea of Willingness-Windows, but when I saw them the next week, the wife shared “I think that was much harder than either of us expected. I think we were scared.” This couple was simultaneously experiencing both desire and fear, wanting to meet each other with defenses down, yet terrified of truly opening to their own and the other’s vulnerability. In therapy, I am most passionate about this tension between fear and desire, and helping clients lean into these emotions as the pathway to deeper connection. In teaching, I am equally passionate about supporting my graduate students in learning to choreograph such vulnerable encounters, where the “internal drama moves into the interpersonal realm” and people in relationships truly sense and see each other (Johnson, 2019, p. 61). Facilitating my second year Couple/Marriage and Family Therapy (C/MFT) graduate students in guiding and structuring these intimate moments in relationship and sex counseling brings me great joy. However, I found a place in my own work as a professor and especially as director of clinical training, where I began to notice that familiar mixture of fear and desire in myself. This place inside myself had everything to do with my own intersecting identities as a white, heterosexual, cis gender female tenured faculty member. Specifically, I found myself feeling both desire and fear around my own willingness to be significantly influenced by diverse voices to make meaningful changes as a leader.

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1 Context and Identities

I had been teaching for nearly a decade in a small, predominantly white C/MFT department in the politically liberal Pacific Northwest at a historically white university that was becoming increasingly centered on social justice. However, I was collecting important feedback from our graduate students and alumni about the lack of contextually informed, culturally sensitive clinical training folks were receiving. At the time, almost half of our practicum students reported that their supervisors were not facilitating conversations about clients' intersecting identities as part of clinical supervision. As the Director of Clinical Training (DCT), I had significant work to do to move our clinical training program toward becoming more anti-racist, anti-homophobic, and anti-sexist. I identify as white: a descendant of more recent German immigrants as well as early British colonists. I am a cis gender, AFAB (assigned female at birth), heterosexual, middle aged wife, mother, stepmom, and a recent grandmother. I have a large extended family in New England, but was born in Hawaii where I grew up with my single mother actively participating in our LGBTQ affirming, multi-racial Episcopal church on Oahu. After graduating from a predominantly Asian high school in Hawaii, I spent 12 years in higher education, graduating from Harvard College, earning a Master of Arts as a Spiritual Director, finding my professional home as a C/MFT with a masters and doctorate, then becoming an American Association of Marriage and Family Therapy (AAMFT) approved supervisor and an American Association of Sexuality Educators, Counselors and Therapists (AASECT) certified sex therapist. With my background and specific intersecting identities, I hold a lot of privilege, and I felt both excited and scared to help lead the way toward a more socially just clinical training program. At times my internal voice seemed to scream: *You're not the one for this job. Just quit and hire a person with more marginalized identities. You're making too many mistakes that you often don't even see!* But I also heard that part of me desiring change and a program where all students, alumni, and clients felt a sense of inclusion and belonging. Sometimes just a whisper, that voice replied: *There needs to be a change. Use your privilege for good. Lead by example, repairing mistakes visibly.*

2 Launching an Alumni of Color Scholarship Program

In this context of awareness about needing to become more anti-racist, anti-homophobic, and anti-sexist, and alongside department changes led by our program director, I helped initiate a new scholarship designed to increase the number of supervisors of Color in our clinical training program and our state. Initially, if I am fully transparent, I was not aware that this scholarship program was also going to invite diverse voices into our program leadership. Only over time would I be confronted with the mix of my own fears and desires around staying open and

influenceable to these voices calling for change. At the beginning, the new program seemed simple enough: any alumni of Color from our program with 2 years post licensure could apply for the scholarship and the department would pay all the AAMFT Supervision Training fees including supervision of supervision as well as pay the alumni recipient to supervise up to two of our practicum students in our onsite university clinic. We contracted out the supervision of supervision, hiring a C/MFT of Color with decades of experience, and launched our scholarship program.

3 Early Lessons and Awareness of Privilege

3.1 Prioritizing Supervisor Choice and Relationships

One of the early lessons we learned was that just because a supervisor in training and their supervisor of supervision are both folks of Color does not mean that the working relationship will be supportive. This may seem obvious, but it helped us prioritize choice and relationships over sharing particular identities. We began to support our scholarship recipients in choosing their own supervisor of supervision from a select group of folks we worked with, including the faculty. While I never imagined myself, as a white woman, providing supervision of supervision to any of our alumni of Color, I found myself at times in just that position. And to my great surprise, even after folks earned their AAMFT Approved Supervisor status, some stayed in the supervision of supervision group with me, co-facilitating and supporting newer supervisors-in-training.

3.2 Centering Experiences of Racism

Another early lesson I realized, as the only white woman in a group of supervisors of Color, was the depth of support necessary for continuing to work interracially and the importance of collectively holding space to process experiences of ongoing racism and homophobia. I have participated in many supervision and consultation groups over the years. Sometimes these groups have been all white, and sometimes they have included one or two therapists of Color. This was my first experience as the only white therapist in a group, made more pronounced by my leadership role as the Approved Supervisor, and what stood out to me was the ability of group members to center their experiences of racism in our conversations. In one group session, a queer Indigenous member was in tears sharing a traumatizing experience of seeing a white police officer accost a homeless person of Color outside their office window as they were providing online supervision to a student therapist. As I took a one-down position, the supervisors-in-training supported this group member in processing their anger and grief, highlighting how this person was able to center themselves,

name the impact and injustice of overt racism, and lean on resources including relationships with each other.

3.3 Directly Addressing Racism and Sexism at All Levels

One more early lesson we learned was that students, and not just white students, held internalized biases against learning from supervisors of Color, and supervisors of Color with additional intersecting marginalized identities that included being female, queer, a non-native English speaker, or of a non-Christian religious background, that needed to be addressed directly. Unfortunately, I have more examples than I ever imagined of students dismissing the clinical feedback from our new scholarship recipients who joined us as supervisors-in-training. Again in full transparency, I at first tried to explain away the embedded racism in this dynamic by suggesting that perhaps students were reacting to the fact that their supervisor was in training. However, we had white supervisors-in-training at off-site clinics that were not receiving this dismissive and disrespectful treatment. When a white male student ignored his Latina supervisor's clinical advice and later phoned another white male supervisor for his advice, our supervision of supervision group processed how the male supervisor redirecting the student therapist back to his Latina supervisor was not enough. I had to face my own white discomfort around overtly naming the racism and not colluding with this white male supervisor in feeling it was enough to simply redirect the male student back to his supervisor of Color. Only by directly naming the dynamic for what it was, both racist and sexist, with everyone involved, were we able to make any change. The supervisor of Color named the racism and sexism with the white male student in supervision, inviting him to reflect on his internalized biases and supporting him in beginning to take ownership for his impact not just on her but on potential clients of Color. We also met together with the white male supervisor and named the racism I was tempted to be complicit with, and highlighted how he needed to not just redirect the student but directly name the implicit racism and sexism. Finally his Latina supervisor together with myself and another white faculty member met with the white male student to further process his ongoing deconstruction of internalized racism and support his commitment to culturally sensitive treatment of supervisors and clients of Color.

3.4 Empowering Supervisor Growth Through Mentorship

Another important lesson we learned was how to better support supervisor growth through mentorship. Some of our alumni of Color had graduated as many as 10 years before returning as clinical supervisors-in-training. In addition to processing personal and professional experiences of racism and countering students' implicit racial biases, these new supervisors also were figuring out new policies in our

university clinic, navigating a new world of supervision via telehealth, and learning how to be supervisors for the first time. What we found was that our supervisors-in-training benefited from a mentorship program where they partnered with another AAMFT Approved supervisor and did co-supervision for one semester before working on their own. Again we supported our scholarship recipients in choosing the Approved Supervisor they wanted to partner with, and then supported the Approved Supervisor in mentoring, co-leading, and eventually, by the end of the semester, taking a one-down position as the supervisor-in-training primarily led supervision. This model has proved much more supportive of supervisor growth. However, additional dynamics of power and privilege emerged, especially for supervisors of Color who partnered with white Approved Supervisors, as I will describe in the following text.

4 Repairing Relational Ruptures

I have come to deeply appreciate these moments of rupture and repair as the heart of my work as a therapist, professor, supervisor, and most basically as a human being. Over the years I have learned to gather up and treasure these stories of relational repair. I have many of them in many different contexts, but the moments I seem to learn the most from are the ones where I am at the center of unintentionally causing the hurt. Through much self-reflection on such moments, I have come to hold the following four aspects of repair as essential: (1) not being shocked at myself for making a mistake and giving myself grace for being human (which prevents becoming defensive or going into a shame spiral); (2) staying open and listening deeply to the other person's experience and feedback; (3) taking responsibility by directly naming my wrong and the impact I had on the other; (4) genuinely extending care with an open heart to what the other person needs. Practicing and modeling these four aspects of repair are a core part of what it means to be an influenceable leader.

4.1 Repair Number One

Following our mentorship model, I had the honor of co-facilitating a practicum group with a Chinese American cis gender female supervisor-in-training, who I will refer to by the pseudonym Fen. Our supervision group consisted of four white, cis gender female therapists, two of whom identified as queer, and one as polyamorous. During our semester together, we experienced two significant moments of processing rupture and repair. The first moment occurred near the beginning of the semester after Fen and I completed our second co-supervision session together. We had decided to meet for 30 min after each weekly supervision session to debrief together. During this particular supervision debriefing session, we began with me checking in

on our co-supervision relationship. It is important to note that Fen had actually been a former student of mine and one of my earliest supervisees.

Elisabeth: I wanted to start today and check in with you about how you felt we did today collaborating and co-leading?

Fen: I was glad you started the session so I could see how you checked in with each person. And I didn't know some of their documentation and clinic-specific questions, so that was helpful having you answer those. I felt a little nervous when you handed over some of the clinical supervision to me but I liked stepping in and helping students with their cases.

Elisabeth: I really appreciated how you helped Angel with her biracial couples case. The questions you offered her to help discuss the impact of their racial and cultural differences really seemed to not just help her but also the other students.

Fen: Thanks. It felt good to hear their feedback that I was helping them, and it also felt like here I am, the one non-white therapist in the room, and the only one really pointing out that the couple's cultural differences needed to be integrated into their therapy.

At this point I felt myself feeling embarrassed and also a bit defensive thinking that I would have also asked Angel about the couple's cultural differences if I wasn't trying to give Fen space to supervise. However, the point was that Fen had been the one to address their racial identities first, and the impact on her was negative.

Elisabeth: That's true, you were the first one to highlight their cultural differences. I imagine as the only person of color in the group that felt like either no one else noticed their differences or were waiting for you to do the work of noticing.

Fen: I kind of felt that way when I was a student here too.

I really felt my stomach sink at this point. I intuitively knew I had to not only address her experience as a former student in our department, but specifically her experience with me as her former supervisor. I imagined what the relational and clinical impact had been on her of having me as her supervisor almost a decade ago. I had been a young white professor new to teaching and supervising and certainly even less aware at the time of directly integrating racial identities into treatment.

Elisabeth: Fen, I am so sorry. It is especially not the responsibility of a student to feel they need to bring up cultural issues in supervision. I'm wondering if you'd like to process your experience of supervision with me when you were a student here with me?

Fen: I think that'd be helpful.

Elisabeth: Would you like to share first or have me share first?

Fen: You can start.

Elisabeth: I never told you this as a student, and thinking about it today, it may have helped if I had told you. But at the time, I think I felt embarrassed that I wasn't doing a good job. I knew I wasn't understanding you or how you were doing therapy but I didn't name the cultural gap between us, a white female supervisor and a Chinese American therapist. I actually consulted with an older supervisor of Color who eventually became a mentor of mine. She was helpful in slowing me down and noticing how you were practicing therapy out of your intersecting identities. But I

don't think I ever communicated this effectively to you, and I imagine you felt like I didn't see you or understand you in supervision.

Fen: I didn't feel supported in the program or in supervision with you. It was really hard feeling like I didn't belong in the clinic and I didn't see anyone who looked like me doing therapy like me. I spent a long time even after graduation doubting myself. I really struggled to even accept this scholarship, but I knew I wanted to help other students of Color not feel the way I did back then.

Elisabeth: I know I didn't provide what you needed and I really want to try to make this experience of working together again different – as much as I can.

Fen: It feels really different just talking about this. I'm in a different place today. And I'm glad you recognize you weren't there for me.

Elisabeth: As hard as it is, I hold our supervision experience as a reminder of how much I want to work at directly naming differences and making space to talk about intersecting identities.

Fen: Yeah, I saw that last week. It felt really different in our first co-supervision group when we all introduced ourselves and you asked us to talk about our different intersecting identities and the identities most important to us. I wasn't sure at first if you would have done that if I wasn't there. But it was nice hearing students share that they've done this before and liked learning new things about each other each time they reintroduced themselves. It's sort of amazing to be back and feel like maybe some of the hurt can finally start to heal.

4.2 *Repair Number Two*

This conversation felt like the beginning of that healing process for Fen with me, and also within the program at large. Her voice would grow to be one of the diverse voices that would lead to significant program changes. But there was still one more important moment of rupture and repair from later that semester worth sharing. Our supervision group included four white cis women: Angel, who identified as polyamorous, Sue and Sami, who identified as queer, and Kat, who identified as heterosexual (all pseudonyms). Over halfway through the semester, an Asian hate crime occurred in a nearby city which received both news and social media coverage. At the start of our next group supervision 3 days after the hate crime, I began with our typical opening of inviting everyone to start with a check in. I did not bring up the tragedy of the hate crime. Angel, Sue, Sami, and Kat all shared, none of them mentioning the Asian hate crime. Sometimes after the students shared, Fen and I would briefly share a check in.

Angel: Fen or Elisabeth, do you want to check in today too?

Fen: Sure. I can share briefly. It's been a really hard few days for me with the news.

Elisabeth: [I paused and waited. When Fen didn't say more I felt that she didn't want to process her feelings with the supervision group. I made note to check in with her during our post supervision debrief.] Thanks Fen for letting us

know. I'm doing ok today. Let's move to discussing cases. Who wants to share first?

After our supervision session Fen and I met for half an hour and I asked her how she was doing in processing the recent hate crimes. We talked about how she was reaching out to resources in her family and community. We discussed a couple of student cases and planned on checking in next time with Kat who seemed hesitant about bringing up cases in group. The next day, shortly before our supervision of supervision group, Fen forwarded me an email from Angel and Sami:

Email: Dear Fen, We want to apologize that we didn't ask you how you were doing. After you shared, we felt really uncomfortable that Elisabeth moved us directly to cases without inviting you to process and share more. We didn't speak up and felt like we were dismissing you and your pain. We apologize for this microaggression and not being more sensitive in supervision. Please let us know if you want to talk about this with us. Sincerely, Angel and Sami.

On reading the email I immediately saw how my not checking in with Fen during our supervision group was a microaggression. I already knew from our debrief that I had read her correctly, but I also was aware that if I had been wrong, the impact could have been very hurtful. At the beginning of supervision, I checked in with Fen to see if she was open to processing the email and my response in our group with me and the other supervisors of Color.

Fen: Yes, I do want to process the email. [She read the email to the group.] I was honestly surprised to receive their email. I'm touched that they were really sensitive to how I was doing even though I really didn't want to discuss it in group with them.

Elisabeth: How does it fit for you to think of me not checking in with you as a microaggression?

Fen: I don't think I would have thought of that. Really, if I'd wanted to say more, I would have.

Elisabeth: And while I also made the assumption that you would say more if you wanted to, I appreciate the students noticing that I didn't ask you. And what if I was wrong, and in that moment you needed to be invited to share more, especially as the only Asian American in the room, and as the supervisor-in-training.

Fen: I guess I hadn't thought about it that way. But yeah, I can see how that could be a microaggression and how it'd be nice to be the one to say "I'm done talking, your turn Elisabeth."

We continued to process this rupture of a microaggression with the other supervisors of Color and planned on addressing Angel and Sami's email with our supervision group next week. Fen led the discussion the following week, shared her experience of our last supervision group, and then I took ownership, acknowledged that my making an assumption about Fen was a microaggression, and thanked Angel and Sami for bringing this to our attention. Fen followed up by sharing how healing co-leading this supervision group had been for her by working with students who were so aware and sensitive to her cultural context.

4.3 Reflections on Relational Repair

Early on, repairing with one person was hard enough for me without an “audience.” However, I also know that we learn in the context of relationships, that relational ruptures need relational repair, and that repair can actually deepen attachment security (Fishbane, 2007; Makinen & Johnson, 2006; Tronick, 1989). Today, I treasure such moments of repair, like with Fen, and share them regularly and transparently in class and supervision, modeling possible pathways for repair through my own mistakes. As demonstrated in the first repair attempt in the preceding text, we can hold both hurts and the possibility for healing even after many, many years. The second example of repair shows some growth in how I try to model repair attempts in real time and collectively. Processing my microaggression alone with Fen would have been a missed opportunity that deepened our understanding of repair as we shared this experience in our supervision of supervision group. Because my mistake happened in Fen’s and my supervision group, processing the repair collectively with Angel, Sami, Kat, and Sue was essential. I also have learned that modeling repair for racial ruptures, while absolutely necessary, is not sufficient for being a contextually sensitive leader.

5 Beyond Anti-racist Policy to Follow Through

Simply stated, repair without follow through and new action does not create lasting change. The depth of this truth became apparent to me through staying open to the influence of our Supervisors of Color. Sometimes a moment of relational rupture simply needs to be addressed directly, but at other times, policy must be followed or created to prevent continued damage. One of the huge benefits of our mentorship model of co-leading supervision groups and then processing with other Supervisors of Color in our supervision of supervision group was a more collaborative model of discussing and following through on policy issues. Over the years of our scholarship program we had several student issues arise that in the past would have led to extra student meetings or a note in the student’s file. However, one of the places where I found myself significantly opening up to being influenced by the leadership of our Supervisors of Color was in recognizing important ways I had not enforced our policy, to the detriment of student learning and our program’s well-being. The following example shows the overall benefit to students and the clinical program of intentionally and thoroughly following through on anti-racist clinical training policy.

5.1 *Holding Students Accountable*

Every semester, supervisors complete a clinical competency evaluation for each student in clinical practicum. One of the competency expectations is that a student therapist “initiates dialogue and demonstrates sensitivity regarding contextual consciousness throughout the session.” What we found through live and video observation was that particularly white students with more privilege were not *initiating* clinical conversations about race. An important step toward anti-racist policy follow through for me occurred in supervision of supervision as we discussed the impact (or lack of impact) of simply marking students “below expected” on this particular competency, semester after semester. At the time, supervision of supervision consisted of Kalisha, a multi-racial Black cis female heterosexual supervisor, Chenoa, an Indigenous cis female heterosexual supervisor, and Mariana, a Latina non-binary, queer supervisor. We were near the end of the semester and discussing two white, cis gender, heterosexual students likely to receive “below expected” for the contextual consciousness competency: Daniel, an intern in his first practicum supervised by Kalisha, and Summer, an intern in her last practicum supervised by Chenoa. Chenoa had just informed us that in her last live supervision of a new intake with a multiracial couple, Summer did not initiate dialogue about intersecting identities.

Elisabeth: It sounds like Summer is still not meeting this competency, and is likely going to receive “below expected” yet again.

Chenoa: We say that contextual consciousness and culturally sensitive therapy is one of our core program learning outcomes. Yet it sounds like it’s possible for a student to graduate without ever demonstrating this competency. I’m curious, what’s the point of “below expected?”

These moments of realization, highlighting patterns of white privilege that perpetuate an unacceptable level of clinical incompetence, are painful. Noticing my own pain internally helps me catch myself from either becoming defensive or going down a shame spiral. I internally held my pain with gentle hands and recognized this moment as an opportunity for change.

Elisabeth: Wow. It feels really obvious as you say that, Chenoa, that you’re right. What we’ve been doing so far really isn’t helping Summer become a better therapist.

Chenoa: It just seems like we’re repeating last semester. Despite my conversations with Summer in supervision about her needing to initiate conversations about race with her clients, I didn’t see change. I gave her “below expected” at the end of the semester; then you and the other core faculty met with her together. And yet I’m not seeing the necessary change now in her last semester.

Kalisha: I wonder what would be different for Summer if after receiving “below expected” she met with me, a Black woman, and with you Chenoa, an Indigenous woman, and with Mariana, a queer Latina, instead of with an all-white faculty? I just question how much she’s really feeling challenged.

Mariana: I hear you Kalisha, and I also don’t know if it’s just talking with white faculty versus supervisors of Color. I think it goes beyond that to actually having and following through with anti-racist policy. Elisabeth, do we have policies that

could help us require some significant changes for Summer? Could we hold her back from graduating in a few months to repeat a practicum?

I honestly had to pause at this point. I appreciated the nuance Mariana made around Kalisha's question: highlighting that the real question, beyond our different intersecting identities, was "How are we being anti-racist in our leadership?" I also had to admit that, yes, we had policies in place to prevent a student from passing practicum or require a student to take an additional semester of practicum if not meeting a core clinical competency. And, if I was honest with myself, our faculty had failed former students for not meeting competencies around ethical issues of confidentiality and paperwork, but never for ethical issues of contextual consciousness. Again I held my emotions with gentle hands and leaned into transparency and accountability.

Elisabeth: Thank you for these necessary and challenging questions. Yes, we have policies in place to require Summer to take another practicum. I need to own my own lack of leadership in following through with our policies, especially in this area of cultural competence. And that's not okay, and needs to change.

5.2 High Standards Benefit All

We spent time discussing the specific policy follow through that would most benefit Summer. We also talked about the benefit not just to Summer and her clients, but to current students in the program watching Summer's sessions, and to future students who will enter a program actually upholding rigorous standards for contextually conscious, culturally sensitive practice. In the end, both Summer and Daniel repeated practicum along with written, reading, and process-based requirements to examine their implicit biases and increase anti-racist practices. These requirements eventually became mandatory for all students with privileged identities, through the format of a monthly process group. We experienced many unexpected benefits as a result of having a required cross-cohort space where more privileged students were facilitated by alumni of our program in processing their internal racial biases without a supervisor or faculty member and without being graded. As we began to follow through with our anti-racist policies, we initially saw several students repeating practicum, though in time those numbers decreased.

6 Recommendations and Takeaways for Programmatic Change

Collectively as a department, in collaboration with our Supervisors of Color, and in my leadership role as the Director of Clinical Training, we are still growing, learning, repairing ruptures, gathering feedback, making mistakes, and making

improvements in becoming more inclusive and socially just. Transitioning toward an anti-racist, anti-homophobic, and anti-sexist clinical training program often feels messy, at times overwhelming and exhausting, and simultaneously moving to be involved in such intentional healing and change. In conclusion, I tentatively offer a brief list of recommendations for replicating similar programmatic change. I want to honor that every program is unique and the changes needed depend on the specific compilation of faculty, supervisors, students, and the populations of clients served. Honoring the uniqueness of each program, I offer the following takeaways that have helped guide us in the hopes that some may be useful to others.

6.1 Assessment and Feedback

At the heart of our commitment to staying open to influence, we deliberately and intentionally created a culture of bi-directional feedback. As faculty and as supervisors, we supported each other in remaining accountable to not only providing regular and specific feedback, but also giving students and supervisees regular opportunities to provide both verbal and written feedback to us. We supported students in using this bi-directional model with their clients, requiring the regular use of written client feedback at the end of every session.

6.2 Listening to Diverse Voices by Challenging Dominant Perspectives

For our specific program, centering diverse voices was only possible after first taking accountability for the historic legacy of being part of predominantly white, male institutions embedded with patriarchal, misogynistic, racist, homophobic practices. Only then were we able to understand how dominant culture values impacted our own training and teaching. We took responsibility for pursuing our own development in deconstructing privilege and all the discriminatory ideologies. We also challenged dominant perspectives by increasingly centering the different voices, perspectives, values, and beliefs of our supervisors of Color to help expand contextually aware, socially just practices (Scarborough, 2017).

6.3 Becoming Influenceable Leaders Through Awareness of Impact

How, in our privilege, do we strive to become an ally, and learn to be aware of the invisible, that is, microaggressions, and dominant cultural dynamics? Part of becoming an influenceable leader involves letting go of “being right” or even “getting it

right” and learning to be aware of our impact. We notice our impact on others to the degree that we can set aside the need to prove or defend our good intentions, and instead privilege the experience of the other.

6.4 Policy in Action: Addressing Racism and Deconstructing Privilege

Some of the examples in this chapter highlighted specific moments in our program where we honestly confronted how we were not following through and putting policy into action. First we must undergo the hard work of reviewing and rewriting our programmatic policies. However, even socially just policies are only helpful to the degree that we put policy into action through continuously and actively naming and rejecting the influence of dominant, oppressive discourses.

6.5 Empowering Marginalized Community Members

How do we as leaders empower marginalized community members? This journey involves learning to collaborate not dominate, to embrace diversity not sameness, to engage relationally not hierarchically. It may be helpful to ponder: to what degree am I open to valuing different sources of knowledge, different research methods, different structures of leadership, different decision-making processes? True empowerment comes as we recognize our need for each other.

6.6 Creating a Culture Care, an Ethics of Care, a Politics of Care

Early in the development of our program we were excited to build a culture of feedback, and our commitment to being open to student feedback, integrating suggestions from graduates, and willing to collaborate and make changes was a huge strength. However, openness to feedback alone was not enough. As we began making changes, we found that we had to care for ourselves as leaders, both faculty and supervisors, modeling boundaries and creating enough margin for rest, and then modeling this for students and building in such margin in our curriculum, assignments, and clinical caseloads for students. However, caring for ourselves and our students was also not enough. We realized we had to foster a culture of care for our clients that went beyond clinical compassion toward an ethics of care and a politics of care that challenges the very economic and political systems perpetuating oppression (Watson et al., [2020](#)).

6.7 *Diverse Voices Throughout Curriculum*

As educators, we must commit to regularly and rigorously revising and expanding our curriculum to include new perspectives. To do this we must move beyond our professionally siloed networks and engage across disciplines as well as outside of traditionally academic structures. We must embrace a willingness to disrupt the status quo by truly allowing ourselves to be radically influenced.

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