

Dear Representatives:

I am writing to you to express my experience during my years of clinical supervision, and why having a clinical supervisor of color would have provided me the extra support that was needed. I worked at a day treatment during the time I was under supervision, and I did a few hours a week in an outpatient clinic. While in the outpatient clinic I had an experience that impacted me deeply. I was working with an African American male, who during session with his parents, jumped up and ran away. Parents called 911 with the hopes he had not gotten far from the clinic. As I stood outside, offering support to the parents you could see police cars in the area. At one point we saw the young man running, and a police car in close pursuit. The car stopped and you could hear the officer yelling for him to stop, he persisted. The officer got close and grabbed him by his hood and tossed him to the ground. It was alarming, and I found myself frozen in fear, thinking about the risks and potential harm that could have resulted. The recent media attention around the excessive force being used by officers and people of color made me feel sick. The officer, once he had the young man calm looked at me and apologized, thinking I was his mother (he was adopted by a white family). I was frozen. I had so many emotions around this situation, I questioned so much about every decision and step taken and then returned to my own paralyzing anxiety. My clinical supervisor was not a person of color, although she tried to guide and support me, even she recognized that the feelings I needed to process may have been best addressed by a supervisor of color.

The second incident occurred in the day treatment program, during some staffing changes, it was announced that aligning with the no hat policy, scarfs and other head wraps would not be allowed. I was immediately outraged and did not have anyone to process my concerns with, and at the time my clinical supervisor was part of the decision making around this policy. Again, I found myself struggling to process this, and my recourse was to reach out to other therapists of color.

Now that I am licensed and will be taking the course to become a clinical supervisor, I am hopeful that other BIPOC therapists will be encouraged and supported to take the steps to become clinical supervisors. Having a clinical supervisor that is connected that is not only therapeutically capable, but that is also able to relate to, recognize and honor some of the challenges endured is an invaluable experience while training in this profession. Similar to the academic world and the focus on having educators that look like the students, the same is critical in the world of mental health. Finding ways to encourage and support BIPOC therapists to become supervisors will benefit not only the trainee, it will also play a role in how the trainee is able to process and learn how to manage the day-to-day stressors that are a component of their role. With this support the hope would be that we see BIPOC therapists avoid burnout and remain in the field.

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