

# BLACK LIKE ME

Case Study and Discussion Guide Series



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2022-2023 Society of Counseling Psychology (SCP) Presidential Initiative Task Force  
**Dismantling Anti-Black Racism with Unapologetic Boldness:**  
Redefining Our Values and Living Them Out Loud.

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# Black Like Me – Introduction

Welcome to the *Black Like Me* case study and discussion guide series!

In 2022, Dr. Shavonne Moore-Lobban, then President of the Society of Counseling Psychology (SCP), issued a powerful call to action. She urged the SCP community to dismantle anti-Black racism with unapologetic boldness. She called for two task forces: one focused on refining our SCP values and another dedicated to creating tools that empower us to embody those values in practice.

We, the Black Like Me task force, are proud to present this series as a tool for genuine understanding and action.

Black Like Me is a collection of reality-based vignettes paired with discussion guides. These resources are designed to cultivate awareness and equip you with strategies for dismantling anti-Black racism within counseling psychology, and beyond.

Grounded in critical consciousness and liberation psychology principles, these cases in this series will assist you in understanding and challenging how anti-Black racism and White Heterosexual Male Privilege (WHMP)<sup>1</sup> show up in our training programs, clinical settings, academic classrooms, collegial interactions, meetings, and more. Through the case studies and discussion guides, we hope to promote accountability and healing interventions aligned with our [SCP Mission & Values](#).

We invite you to use *Black Like Me* to facilitate dialogue about the experiences of Black students, faculty, and staff in counseling psychology programs. As Dr. Moore-Lobban mentioned in her 2023 Presidential Address, “[i]t is our goal that Black, non-Black POC, and white people in power can better support Black wellness in our academic, training, and overall counseling psychology community ([Moore-Lobban, 2022, pg 1143](#)).”

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<sup>1</sup> Resources to explore White Heterosexual Male Privilege (WHMP)  
Helms, J. E., (2017) [The Challenge of Making Whiteness Visible: Reactions to Four Whiteness Articles](#).  
The Counseling Psychologist, 45(5), 717-726.  
Helms J. E., (2024, February 29). ["WHMP" Lash: A Model for Revealing How Power and Privilege Contributes to Racial Injustice](#), [Address] APA's Society of Counseling Psychology Justice & Joy Lectures

Therefore, we encourage you to integrate these guides into various contexts:

- Classroom instruction and activities
- Small group reflection sessions for faculty, staff, and students
- Faculty and staff retreats
- Department meetings
- More...

We believe *Black Like Me* can be a valuable resource for everyone within counseling psychology and beyond.

As you embark on this journey with *Black Like Me*, we encourage you to think deeply about who you are and what you bring to the journey. We want to encourage you as you do so and let you know that we have done the same. We understand and appreciate that we all bring ourselves, and our intersecting identities, to the work that we do. Therefore, this guide also includes an Authors' Appendix where you will find the authors' collective statements about the process of writing their cases, as well as their positionality statements.

Our call to action is for you to center the [SCP Mission & Values](#), and be bold and unwavering in your pursuit of dismantling the harm that many of our community members face. Allow this tool to move us another step further in our collective pursuit of becoming a more liberated Counseling Psychology.

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# **CASE SYNOPSES**

## **Avalanche of Anti-Blackness in Academia**

### **Synopsis/Abstract**

This case shares the experience of Dr. Thomas, a Black, straight ciswoman who is working as a tenure track assistant professor in a counseling graduate program. The case explores the demands on Dr. Thomas as the only Black faculty member and the efforts she takes to support and advocate for students of color in the program as well as for herself. Further, the case recounts the reactions of her white colleagues, the department system and the university. Students' experiences, and reactions to Dr. Thomas, illustrate the entrenchment of WHMP culture and power in curriculum and process. As the case unfolds, Dr. Thomas's experiences of increased taxation and barriers tumble like an avalanche that grows in size and impact.

**Target Audience:** Any faculty, students or administrators in academic departments and programs regardless of experience level.

**Most Ideal Format:** Any format.

### **Additional Context to the Case**

State University is a medium-sized, predominantly white public institution and the department is predominantly white faculty and student body with a doctoral counseling psychology program and an affiliated masters in counseling program. Of the 12 tenured/tenure track faculty, Dr. Thomas is the only Black faculty member. There are two other faculty of color, one who identifies as Asian American and another who identifies as Latine. Seven faculty identify as white including the program director. Five faculty are pre-tenure, including all three faculty of color. The program admits 11 doctoral students each year and currently has a total of 57 doctoral students in the program, six of whom identify as Black students. The DEI committee on which Dr. Thomas has been asked to serve, reports to the Dean of the College through the chair of the committee and is made up of 5 other faculty members.

## **But Where Does it Say That?**

### **Synopsis/Abstract**

The case study follows the experiences of Anika, a 25-year-old Indian American doctoral student in counseling psychology enrolled in a predominately white institution (PWI) in the northeast. After a series of personal microaggressions and anti-Black racist incidents on campus, she becomes engaged in anti-Black racism advocacy efforts. Anika's counseling psychology program touts itself as one that values social justice training and values. However, Anika's resistance to anti-Black racism is unsupported by the counseling psychology faculty and subject to discipline by university administrators. The case highlights how institutional policies uphold white supremacy and act as a barrier to Anika's advocacy against anti-Black racism at her university. The case also highlights how respectability politics are used by university administrators and faculty to uphold white supremacy. Finally, despite the university and the counseling psychology program's value of social justice, this case highlights how the institution's refusal to acknowledge anti-Black racism on its campus negatively affects students engaged in activism against anti-Black racism. In summary, the case illustrates how Anika's advocacy was construed as problematic and subject to discipline.

### **Target Audience & Format**

This case study can be used within academia, specifically for university administrators, faculty, and students. This case can be presented during a workshop that will catalyze several dialogues between attendees about how university and program policies uphold white supremacy and typically discipline faculty and students who have been systematically oppressed in society. Finally, this case could be useful within faculty or class discussions.

## Case of Aria

### **Synopsis/Abstract:**

This case study describes the experiences of Aria (she | her), a mid-twenties African American woman enrolled in a Counseling Psychology doctoral program in the U.S. Midwest. Aria is taken aback by the stark contrast in felt sense of safety between first and second semester of her first year of practicum course instruction. The case includes discussion of clinical practice and risk assessment, as it moves us through the emotionally taxing process of giving and receiving feedback while Black. An interesting context is provided through the perspective of Aria's mentor and the program's practicum coordinator, Dr. Ballard. In a case of uncertainty, Dr. Ballard's inexperience and good intentions are highlighted to note the plight of many Black women academics.

### **Target audience:**

This case is likely to be helpful for practicum coordinating, practicum course instruction, supervision consultation, supervision of supervision, and group supervision. Any mental health professional who is providing training and supervision can likely learn from review of the case, and people receiving training and supervision might find themselves in similar scenarios and benefit from participation in the analysis.

### **Most ideal format:**

This case can be viewed in a variety of formats, including lecture for supervision courses, supervision of supervision training, faculty/supervisor onboarding, etc.



# **I Think You're Really Scary**

## **Synopsis/Abstract:**

Natasha is a graduate student in a program, which is geographically located in the midwest. She is currently on her first practicum experience. She receives supervision from her supervisor at her practicum site, as well as from a supervisor who is external to her practicum site. Natasha is struggling with her supervisor who is external to her practicum site, Dr. Shepherd. Dr. Shepherd reports that she is unable to give Natasha feedback about her clinical work, because there is just something about Natasha that prevents her from doing so. Natasha attempts to receive support from her program, but her program tells her she needs to be more professional is whatever it is that she is doing.

## **Target Audience & Format:**

This case study may be used in several settings, including but not limited to academia. In academia, it may be helpful for discussion between faculty and students, within class settings, including but not limited to practicum. It would also be helpful for faculty meetings or retreats where faculty are looking to better understand and disrupt anti-Black racism in their program.

## **Tyrone and White Women's Tears**

### **Synopsis/Abstract:**

This case shares the experience of Tyrone, an African American male, during his 1<sup>st</sup> year in a counseling psychology doctoral program. In his role as a Practicum Counselor at the University Training Clinic, a conflict ensues between Tyrone and the two doctoral-level White women, Samantha and Cynthia, who serve as the Co-Directors of the University Training Clinic regarding an unwritten policy. This conflict highlights issues of professionalism, racialized interactions, anti-Blackness, racism, racial stereotypes, and power dynamics among peer-to-peer relationships as well as student-faculty-supervisor relationships during graduate training.

### **Target Audience and Format:**

This case study may be used in clinical settings, including but not limited to higher education training programs, practicum and internships, etc. It may be helpful to utilize the case study for discussion and analyses among faculty, administrators, students, and clinical staff. It may be addressed in many counseling courses especially in practicum/internship but also in diversity, multiculturalism, and supervision courses. It would also be helpful for professional development (e.g., departmental/area meetings, training workshops, retreats, etc.) for faculty, administrators, and clinical staff as a means to better understand and disrupt anti-Black racism evidenced in their approaches to communicating expectations regarding professionalism.

# **You Need to Just Shut Your Mouth and Take It Because We All Had to Do It: A Case About Justin**

## **Synopsis/Abstract:**

This case study follows the experiences of Justin, a 28-year-old African American doctoral student in Counseling Psychology enrolled in a Predominately White Institution (PWI) in the South. Initially thriving in his program with notable research and clinical achievements, Justin's enthusiasm for community health is met with resistance when he begins his practicum at an advanced-level hospital during his second year of the program. Justin encounters barriers to pursuing his passion for serving African American clients, receives dismissiveness from his supervisor, Paula, and experiences discomfort witnessing racial dynamics within the clinic, including inappropriate remarks towards African American clients. Despite seeking advice and clinical support from his program advisor, Dr. Clark, Justin begins to notice that Dr. Clark is actively misunderstanding and not providing support. Justin's attempts to advocate for himself are met with further resistance and accusations of misconduct, exacerbating his feelings of isolation and frustration. As tensions escalate, Justin's persistence in seeking support leads to a faculty intervention, but his concerns are not adequately addressed. Ultimately, Justin seeks a change in advisor due to the need for more support and understanding of his experiences. This case highlights the complexities of navigating institutional challenges, racial dynamics, and power differentials in clinical training settings. It underscores why equitable support systems, such as culturally responsive mentorship practices, are needed to foster the success of racially minority students in predominantly White academic environments.

## **Target Audience & Format:**

This case study is targeted toward an audience of practicum students, practicum supervisors, clinical interns, and academic faculty. Discussions of this case can be presented in the form of a workshop during supervision, working groups in class and clinical settings, clinical colloquium lectures, and faculty meetings.

# **CASE STUDIES**

## Avalanche of Anti-Blackness in Academia

### Characters (in order of appearance)

**Dr. Thomas (she/her):** is a Black straight ciswoman who was raised in a working-class household. She is working in her second year as a tenure-track, assistant professor in a counseling psychology program at State University.

**Darrell (he/they):** is a Black genderqueer first-year doctoral student in the counseling psychology program. They are the first in their family to attend college. For their career, Darrell is interested in working with LGBTQ+ youth of color.

**Asha (she/her):** is a Black ciswoman in her second year of doctoral studies in the program. She immigrated to the U.S. as a young child from Nigeria, where her extended family continues to reside. For her career, Asha is interested in serving communities of color and in the prevention of interpersonal violence.

**Tiffany (she/her):** is a Black queer ciswoman in her first year of doctoral studies in the program. She is interested in pursuing an academic career to engage in research and train future aspiring mental health practitioners.

**Dr. Smith (he/him):** is a white straight cisman working as a tenured professor in the same program. He serves as the faculty advisor for Darrell, Asha, and Tiffany.

**Dr. Cole (she/her):** is a white queer ciswoman who is a tenured professor in the same program. She co-teaches graduate courses with Dr. Smith.

**Dr. Yale (he/him):** is a white straight cisman working as the chair of the department; he is also a tenured professor. He appears to be a close friend and colleague of Dr. Smith's.

**Dr. Powell (she/hers):** is a white straight ciswoman working as the program director; she is also a tenured professor.

### Case Narrative

Dr. Thomas, a pre-tenure counseling psychology faculty member, has two Black students and two non-Black Latine students in her research lab and for whom she also serves as faculty advisor. In the department, faculty work closely with the students in their lab but there is little collaboration across faculty in terms of research, curriculum, or programming. Of the 12 program faculty, Dr. Thomas is the only Black faculty member. Three Black students, Darrell,

Asha, and Tiffany frequently seek support and guidance from Dr. Thomas although they are officially in the research lab of another faculty member, Dr. Smith. They share that Dr. Smith does not understand their research interests and subtly, and not so subtly, encourages them to research topics that are more aligned with his area of expertise. As an example, one student shares that Dr. Smith has stated that Black fatherhood is “too specific” and would be better expanded to fatherhood more generally.

The students describe other incidents of microaggression that they have experienced in their lab or in other classes with Dr. Smith and other faculty members. Many of these microaggressions have been an invalidation of their experiences and contributions. For example, in the research methods and assessment courses, both co-taught by Dr. Smith and Dr. Cole, the students have noticed that the professors call on the white students more often. The Black students also observe that a couple of white students tend to take up a lot of space (e.g., answering a lot of the questions or talking at length during discussions), and their contributions tend to be affirmed and validated by the professors, whereas, when the Black students contribute, the professors seem anxious to move on to other students, divert the contribution of the Black student (i.e., “yes, but”), don’t affirm the contributions, and subtly dismiss the contributions (providing no verbal or nonverbal affirmations). Additionally, in the research methods course, when Black students have raised how eugenics and racism have been embedded in the science of psychology, Dr. Smith suggested that “this was a function of the times” and that “the scientific method is still our best tool against bias in the field.” In the assessment course, concerns raised by Black students about the ways in which psychological testing has primarily been developed for and normed on white people have been only cursorily acknowledged and met with, “this is no longer as much of an issue.” In each of these cases, the other students in the class (mostly white) seem to nod in agreement with the professors and the class moves on. Students note that this type of thing happens in many of the classes taught by white faculty but it is especially difficult with Dr. Smith since they are also working in his lab and he is their advisor.

### **Invisible Labor**

Dr. Thomas finds that she is often spending time meeting with Darrell, Asha, and Tiffany to provide support and guidance as well as a space for them to express their frustration. She has tried to create an open, empathic and welcoming space. Students have asked that their concerns not be shared directly with other faculty for fear of retribution. Dr. Thomas feels a responsibility, as the only Black faculty in the program, to provide support for the students but also worries about how to navigate the dynamics with other faculty, especially Dr. Smith, whose students frequently come to her for support.

Meanwhile, Dr. Yale, the chair of the department has asked Dr. Thomas to serve on the DEI committee for the college, because he “values the diverse perspective that Dr. Thomas can bring to enhance the DEI of the college and university.” Dr. Thomas is aware that Dr. Yale is a close

friend of Dr. Smith, and thus she is cautious about what support he can provide and how open she can be with him about concerns. Because the students' concerns and DEI issues are interrelated, she is aware that there are complicated dynamics serving in that capacity. She feels torn because she believes it is important to have representation of Black faculty on the DEI committee (the only other Black faculty member on that committee left the university the previous year). She also knows that serving on that committee will take a lot of emotional labor given the potential for microaggressions, time required given her other responsibilities, her pre-tenure status, and other issues. In addition to the faculty committee members, an Assistant Dean, an Associate Dean for the College, and Dr. Yale are formally on the committee. Dr. Thomas is not clear how the work of this committee is related to College and university policy and practice.

### **The Situation Unfolds**

At the beginning of her second year, Dr. Thomas consulted with the Program Director, Dr. Powell, about how to navigate these dynamics. Although Dr. Powell was sympathetic, she suggested that Dr. Thomas should "have a direct conversation with Dr. Smith about these challenges," as a first step. Dr. Thomas felt that Dr. Powell's advice may not have fully accounted for the power differential (in terms of rank and social position) between Dr. Thomas and Dr. Smith, and was wary of the risks associated with this conversation including her tenure review, general support for her in the department and the university.

Taking this direction, Dr. Thomas reached out to Dr. Smith and set up a meeting to discuss concerns in a general way given that students have asked for confidentiality and the problems have continued to persist. In the meeting, Dr. Smith asked Dr. Thomas to refer the students to talk with him directly if they have concerns and expressed frustration that she was having these conversations with students without including him. He "wondered aloud" whether it might be creating "triangulation" for her to provide the space for students to complain to her without talking directly to him. Dr. Thomas shared that she will continue to refer the students to him but knows that some feel uncomfortable given the power dynamics. Although Dr. Thomas is not surprised by Dr. Smith's reaction, she leaves the meeting feeling uncertain about how this might affect the way she is viewed by Dr. Smith, the other faculty he is aligned with, and whether Dr. Smith will share this with Dr. Yale, the chair. Dr. Thomas decides to continue keeping an open space with the students and considers how to support them in communicating with Dr. Smith. She also wonders about whether serving on the DEI committee would be helpful in this situation.

Over the next few weeks, Darrell and Asha, both Dr. Smith's advisees, ask Dr. Thomas if she would support them by becoming their advisor and lab supervisor.

## **Discussion and Reflection Questions**

We invite exploration of what health and wellness might be for the Black people identified in each scenario. Use the following questions and the discussion that each prompts to a) co-create a robust analysis of the scenario (i.e. detailing WHMP), b) identify frameworks and resources for liberatory basis of intervention approach, c) pinpoint domains/areas of potential intervention (i.e. classroom, lab/research, evaluation, etc.), and d) begin formulation of sample interventions at individual, program/department, training site, SCP/organizational, and/or APA/systemic levels.

### **Part One- Analysis & White Heterosexual Male Privilege (WHMP) Framework**

1. What do you think are the biggest challenges that Dr. Thomas is facing?
2. In what ways do you resonate with Dr. Thomas's experience as a Black ciswoman in a tenure track faculty role in a predominantly white institution and department? With the Black students who are navigating these challenges in graduate school? With navigating the challenges with Dr. Smith? With Dr. Yale, the department chair and Dr. Powell, the program director? Please include reflections on your emotional reactions.
  - a. How might their identities impact their experience?
  - b. How might your identities impact your understanding of their experience?
3. Begin an analysis of this scenario with WHMP and anti-Black racism as a framework.
  - a. What role is WHMP playing?
    - i. In the Black students' training experiences?
    - ii. In Dr. Thomas' amplified responsibility as a Black faculty member? In her navigation of students' concerns with colleagues and leadership? In her ability to thrive in the academic environment? In Dr. Smith's actions?
    - iii. In Dr. Powell's and Dr. Yale's actions?
  - b. What tools of white supremacy are in action?
  - c. What is Dr. Thomas being tasked with or used in order to maintain WHMP?
  - d. Who is working to protect WHMP and how?
  - e. Who is working to disrupt WHMP and how?

### **Part Two- Identifying Anti-Blackness in Professionalism**

4. What are the rules, implicit and explicit, that are embedded in this case? (Carlton's table)
  - a. Value: Worthiness and respect are conferred upon Black people to the degree that they conform to White norms.
    - i. In what ways is Dr. Thomas required to conform to white norms in order to be valued within the academic system?
    - ii. In what ways are Darrell, Asha, and Tiffany required to conform to white norms to be able to move through the program?
    - iii. In what ways is the rank and tenure process affirming of white norms and devaluing of Black labor?



- b. Vessel: Whiteness strips Black people's bodies, labor, and productivity of worth unless they serve the needs of Whiteness.
  - i. In what ways is Dr. Thomas required to put in disproportionate amounts of labor compared to her white colleagues?
  - ii. In what ways does her invisible labor affect her scholarly productivity and tenure process?
- c. Voice: Whiteness affirms Black expressiveness and contributions (i.e., class participation, scholarship, activism, theoretical orientation) that support White norms, while pathologizing or dismissing Black humanity.
  - i. In what ways is Dr. Thomas' voice dismissed or pathologized within the white academic setting?
  - ii. In what ways are the Black students' voices dismissed due to not supporting white norms?
  - iii. In what ways does the institution allow Dr. Thomas a voice only to the extent that it would serve white norms?
- d. Volition: Whiteness circumscribes Black peoples' choices and agency to the degree that Black creativity is stifled.
  - i. In what ways are the Black students' in Dr. Smith's lab stifled in their agency as researchers?
  - ii. In what ways are the requests and demands placed on Dr. Thomas within the white academic setting stifling her agency as a faculty member (i.e., in her teaching, research, and service roles)?
- e. Visibility: Whiteness only honors and amplifies Black peoples' presence when they satisfy diversity needs while simultaneously silencing Black people when it comes to pro-Blackness or healthy Black humanity.
  - i. In what ways is Dr. Thompson's Blackness only visible to satisfy diversity needs while not allowing her full Black humanity?
  - ii. In what ways is this limited visibility to serve diversity needs manifest in the Black students' experience?

### **Part Three- Domains & Interventions**

- 5. What are potential domains of intervention/support with regards to addressing WHMP?
  - a. What individual or interpersonal level focus could be made? (for example, addressing individual assumptions and support or lack thereof).
  - b. What department/college/university level focus could be made? (for example, What policies could disrupt the WHMP in this case and prevent similar cases in the future (e.g., tenure, committee appointments, hiring and retention, etc.)
  - c. What SCP/APA level focus could be made? (for example, what structures or avenues can be provided by professional associations)

6. What interventions/support would center/promote a healthy and well experience for Dr. Thomas, and for the Black graduate students?
  - a. What awareness work needs to happen or could be helpful?
  - b. Who is accountable for the violation of Dr. Thomas' wellness and what could accountability look like for them at the individual, program, site, SCP, and APA levels? What about for Black graduate students in this program?
  - c. What could be the physical, emotional, and/or spiritual effects of unmitigated anti-Blackness for Dr. Thomas and for the Black graduate students? What interventions/support might promote healing and liberation for Dr. Thomas and for the Black graduate students?
  - d. What resources should be in place to prevent someone having a similar experience at the site? Who should be responsible for this?
  - e. What ideas do you have about restoration and reconciliation at the individual, program, site, SCP, APA levels? What might that look like?

## But Where Does it Say That?

### List of characters and description

**Anika Devi (she/her):** Anika is a 25-year-old, Indian-American, heterosexual, cisgender female in her 2<sup>nd</sup> year of a Counseling Psychology doctoral program at a Jesuit university, Tepperdine University (TU). Anika co-founded a student organization that wanted to end institutional racism and provide support to students of color at TU.

**Charles Simon (he/him):** Charles is a 25-year old, Black-Dominican, cisgender, heterosexual male in his 2<sup>nd</sup> year of a Counseling Psychology doctoral program at a Jesuit university, Tepperdine University (TU). Charles co-founded a student organization that wanted to end institutional racism and provide support to students of color at TU.

**Claire Jordan (she/her):** Claire is a 27-year-old, White, heterosexual, cisgender heterosexual female in her 2<sup>nd</sup> year of a Counseling Psychology doctoral program at a Jesuit university, Tepperdine University (TU). Clair was a founding member of a student organization that wanted to end institutional racism and provide support to students of color at TU.

**Dr. Gary Jackson (he/him):** Dr. Jackson is a 52-year-old, White, cisgender male professor who taught Anika's class that focused on social justice issues in counseling psychology. He is a tenured faculty member of the counseling psychology doctoral program.

**Dr. Jack Smith (he/him):** Dr. Smith is a 50-year-old, White, European-American, cisgender male forensic psychologist who was invited to speak at a class. During his class presentation on his work in the legal system, he used a racial expletive multiple times while citing clients verbatim.

**Dr. Anna Martinez (she/her):** Dr. Martinez is a 47-year-old, White, Puerto Rican-American, cisgender female professor. She was Anika's advisor in the counseling psychology doctoral program.

**Dr. Bill Pritchard (he/him):** Bill is a 48-year-old, White, European-American, cisgender male. He was the dean of students who was involved in the discipline of the students.

**Dr. Arnold Williams (he/him):** Arnold is a 54-year-old, White, Irish-American, cisgender male. He was the university provost who met with the students about their on-campus activism.

**Carson Wilson (he/him):** Carson is a 54-year-old, White, Scottish-American, cisgender male. He was the university spokesperson who released statements about students' activism.

## **Narrative of the Case**

Anika is an Indian-American, 25-year-old, heterosexual, cisgender female in her 2<sup>nd</sup> year of a Counseling Psychology doctoral program at a Jesuit university, Tepperdine University (TU). Anika's institution is a predominantly White institution that serves more than 15,000 students; 38% of the student population identifies as of African, Hispanic, Asian, and Native American descent. The counseling psychology doctoral program that Anika attends espouses social justice principles and encourages students to integrate social justice advocacy into their pedagogy, clinical practice, and research.

Anika attended her clinical theories class, where her professor, Dr. Jackson had invited a speaker, Dr. Smith, a White, European-American, cisgender male. During Dr. Smith's presentation, he used a racial slur when quoting the clients he worked with. Anika was floored by the speaker's use of words rooted in hate; however, more appalling was the lack of a response by both the professor or students about the speaker's use of a racial expletive. Anika felt her face get flushed and vacillated between calling the speaker out during class—Anika simply froze and could not remember much about the remainder of class.

## **The Class and Follow-Up**

Anika scheduled a meeting with Dr. Jackson between classes. Anika spoke with him about Dr. Smith's use of a racial expletive during the class. Dr. Jackson said he did notice but chose not to address it because he worried that "the focus would shift to the speaker's choice of words, rather than the content." Dr. Jackson noted that he has a personal relationship with Dr. Smith, and knows him to be engaged in anti-racist work. That is, Dr. Jackson is not racist, despite using a racist word. Dr. Jackson also noted that no other students, including a Black, Haitian American female, seemed to have responded to the word. Anika noted that she does not believe it is up to Dr. Jackson, or any of the students, to decide whether the use of a racial expletive is permitted; she noted that people are offended by the racial expletive, and it should be addressed. Dr. Jackson decided that he would host a discussion about this during their next class.

During the next class, Dr. Jackson brought up the incident with Dr. Smith. Rather than describe the situation himself, he asked Anika to describe it to the class. Anika provided an overview of the situation and shared her feelings about it. Dr. Jackson noted that he spoke about it with Dr. Smith. Dr. Smith also realized his use of the racial expletive and recalled that he struggled about whether to apologize in the moment. Several students recalled hearing the racial expletive but shared their belief that because it was a verbatim quote of clients that Dr. Smith worked with, they did not think it was necessary to act. Again, Anika voiced her concerns about anyone in the room, students and faculty alike, determining whether the use of a racial expletive in an academic context warrants condemnation or not. Anika highlighted that each person in the class is well aware that many people find the racial expletive offensive and hurtful.

Anika struggled with this incident and thought about how subtle instances such as the aforementioned occur each day across her campus. She spoke with her friend, Charles, a 25-year old, Black-Dominican, cisgender, heterosexual male. Charles validated her experience and he also shared various examples of explicit and implicit racism that he encountered on their campus. Through their discussion, one thing became clear: these actions were grounded in a larger context. In other words, Charles and Anika did not think the racism they encountered was solely due to individual acts but rather a symptom of structural/institutional racism at their university. They believed that the university environment that fostered anti-Black racism. Anika and Charles created *Terminate TU Racism*, a student organization that wanted to end institutional racism at TU, as well as provide support to students of color who attended TU.

### **Engaging in Activism**

In response to the string of murders of Black men by police, TU, after being silent for much of the year, wrote the student body a letter urging people to confront and uproot racism and create a culture of caring. *Terminate TU Racism* put together an infographic to evaluate how TU, as an institution, helped create a white supremacist culture. The infographic outlined three actions that TU could complete to end injustice and racism at the university: 1) an institutional commitment to address TU's role in perpetuating oppression; 2) interventions that target both systems and individuals; and 3) accountability through assigning responsibilities and evaluations. The group received support from students and prominent scholars alike for the infographic.

Anika, Charles, and Claire, a White, European-American heterosexual, cisgender female, decided that they would hang a banner that says #TepperdineUniversityRacism during a popular music concert at their university. They also decided that they would hand out informational fliers at this event to raise awareness and start a dialogue about institutional racism. They were immediately met with backlash by TU's police department (TUPD). TUPD surrounded Anika and others who were holding signs and fliers. TUPD went as far as to push Anika from behind and, when asked to stop touching her, they replied "this is private property, we can touch you as much as we want to." Then they forcefully took one of her signs, ripping it in the process. While all of this occurred, Claire was not confronted by TUPD and continued handing out fliers nearby.

### **Further Responding to Incidents**

Anika attempted to obtain information about policies and procedures regarding concerns with the TUPD. She wanted to report complaints about how the TUPD handled the situation, specifically their response to Anika after she said she did not want them touching her. She had to report this complaint to TUPD; TUPD responded to Anika and stated they were simply protecting her from drunk undergraduates at the concert. Anika later learned that TUPD and several TU administrators contacted the counseling psychology department and several of her professors. Anika and other *Terminate TU Racism* members received emails that warned them not to take any action because there was concern about their status as doctoral students at TU. Anika

realized that her safety was not the primary concern of the counseling psychology doctoral program, speaking out against TU was.

When *Terminate TU Racism* asked the counseling psychology department to support Anika and the larger movement following the interaction with TUPD, professors hesitated. Professors who study violence and social justice, like Dr. Jackson, informed Anika of their allegiance to TU. Professors who taught multiculturalism stated they “did not believe TC was a racist institution.” Other professors asked Anika what she did to provoke the TUPD, insinuating that she was *aggressive*. Finally, Anika turned to her advisor, Dr. Anna Martinez, for emotional support. Dr. Martinez was a tenured professor who expressed support for *Terminate TU Racism*, but noted she was not allowed to publicly support the students. However, Anika looked into the faculty handbook for TU, she did not see any policy that forbade university faculty from supporting students’ protests and social justice movements. Anika asked, “*Where does it say that?*” Dr. Martinez noted that Anika was right but still alluded to repercussions if she did openly support *Terminate TU Racism*. Anika and other members of *Terminate TU Racism* realized that they would have to navigate the consequences of their cause on their own.

This did not stop *Terminate TU Racism*. To promote an event for an upcoming lecture series on anti-racism, *Terminate TU Racism* collaborated with a university center dedicated to human rights. The university center wanted to use *Terminate TU Racism*’s three action infographic as a promotional flier. However, TU rejected the use of the flier to promote the event. Anika expressed frustration, saying that even when TU students and faculty try to follow TU policy, the institution can still evidently deny them the privilege to post anti-racism fliers or host events. This was followed up with *Terminate TU Racism* staging a silent protest during a visit from a popular race-relations author. The members attended the event with duct tape over their mouths with the words silenced and a banner that read End Racism at TU. *Terminate TU Racism* then posted fliers across campus that read “TU Silences Antiracism.”

### **Directions from Senior Administrators**

Top administrators at TU condemned *Terminate TU Racism*’s tactics in calling for institutional change. Dr. Bill Pritchard, Dean of Students, met with the leaders of *Terminate TU Racism* and informed them that if they were involved in unregistered demonstrations then they would be subject to conduct action. Dean Pritchard shared with the group, “You have the right to express yourselves, but demonstrations, as per University policy, need to be registered and approved. And I expect any future demonstrations to be registered and approved.”

TU’s provost, Arnold Williams, met with Anika and other leaders of *Terminate TU Racism* and believes the group prefers to work outside of university channels whereby change and progress has been brought to bear on TU’s campus. Provost Williams expressed his concerns that University resources should not be used to promote the message of “Terminate Tepperdine

University Racism,” which he believes diminishes the work of TU faculty who have focused their academic careers on fighting racism.

Similarly, university spokesperson, Carson Wilson, stated “The supposition that TU is an institutionally racist place is a difficult argument to make... I think that’s a false assumption, an unfair assumption, and impugns the integrity of so many good people on this campus who’ve joined this community precisely because they’re people of good will who oppose all elements of bigotry.” Carson Wilson noted that there are other organizations on campus with similar goals as *Terminate TU Racism* who have successfully made changes. Wilson noted that the “expectation is that they be respectful, civil, consistent with steadfast academic principles. So if they’re willing to work with us, we’re willing to work with them. But this policy with disruption at the expense of communication, at the expense of dialogue, we think, is unproductive.”

## **Protest**

Whereas Anika and members of *Terminate TU Racism* believed they increased awareness of a problem, for students, faculty, and administrators, there still were racist incidents on TU’s campus. For example, Black Lives Matter posters were defaced with the word *don’t* before the word *matter*. *Terminate TU Racism* believed that these incidents would continue unless the board of trustees decides this is an issue that needs to be addressed. The student group staged a protest during a TU Board of Trustees winter meeting. Outside of the building where the meeting was held, the students sang Christmas Carols with the lyrics altered to center the issue of racism. Both the TU board of trustees and administrators were displeased.

Meanwhile, the undergraduate government of Tepperdine University (UGTU) leadership were at the meeting, provided a presentation on institutional racism and inclusivity at TU, highlighted narratives from TU students of color, and shared facts from a campus climate survey. UGTU had been successful in presenting issues and proposals to the TU administration, but the undergraduates had a checkered history with follow-through on their proposals. Transitions in student leadership across the years sometimes meant that student-initiated ideas might not result in meaningful action.

Anika, Charles, and Claire were contacted by Dean Pritchard and asked to meet with him. The Dean cited the students for disruption and unregistered protesting. According to the TU student handbook, the citation appeared to be a warning without concrete sanctions. Dean Pritchard warned the students and informed them that if they conducted unregistered demonstrations again, it would be viewed as a violation of the code of student conduct, and they could face significant consequences. Dean Pritchard emphasized that per the student handbook, TU reserved the right to reject registration of demonstration and categorized demonstrations that disrupt the affairs of the university or its daily operations including “teaching, research, public presentations, administration, athletic or dramatic events, university-wide events, or alumni events” as unacceptable and can result in “conduct action.”

During the meeting with Dean Pritchard, Charles noted that most, if not all justice-related demonstrations, were intended to disrupt and bring awareness to an issue. He highlighted how TU's policy of rejecting requests appeared to be a contradiction in the eyes of the members of *Terminate TU Racism*, as they believed it ran contrary to the second Jesuit proposition of TU, "acting justly for the common good." Despite being warned, Claire shared that she would not stop protesting issues of institutional racism. Claire noted that in the past, *Terminate TU Racism* was not welcome to register its events on campus. TU's policies toward protests on campus have changed. Although not yet expressed in written policy, Claire said, TU is moving to allow unregistered groups, like *Terminate TU Racism*, to register protests on campus.

### **Discussion and Reflection Questions**

We invite exploration of what health and wellness might be for the Black people identified in each scenario. Use the following questions and the discussion that each prompts to a) co-create a robust analysis of the scenario (i.e. detailing WHMP), b) identify frameworks and resources for liberatory basis of intervention approach, c) pinpoint domains/areas of potential intervention (i.e. classroom, lab/research, evaluation, etc.), and d) begin formulation of sample interventions at individual, program/department, training site, SCP/organizational, and/or APA/systemic levels.

### **Part One-Analysis & White Heterosexual Male Privilege (WHMP) Framework**

1. In what ways do you resonate with Anika's and Charles' experiences as doctoral students and student activists? With Dr. Jackson as a professor? With Dr. Martinez as a faculty of color and advisor?
  1. How do you imagine their identities impacting their experience?
  2. How do you imagine your identities impacting your understanding of their experience?
2. Begin an analysis of this scenario with WHMP and anti-Black racism as a framework.
  1. Who is working to protect WHMP and how?
  2. Who is working to disrupt WHMP and how?
  3. What role is WHMP playing?
    1. In threatening Anika's humanity?
    2. In Dr. Jackson's actions?
    3. In Dr. Martinez's actions?
  4. What tools of white supremacy are in action?
  5. What is Anika being tasked with in order to maintain WHMP?



## Part 2 - Analysis of How Anti-Blackness Functions

**Vessel:** Whiteness strips Black people's bodies, labor, and productivity of worth unless they serve the needs of Whiteness.

- What are some of the barriers that Anika and Charles would have faced if they went through the appropriate university channels?
- What comments did Anika encounter that suggested her body was worthless?
- Regarding the incident with a TUPD officer pushing Anika, what are some of the implicit values or messages about Anika's body that were conveyed by the responses of TUPD, the TU administration, and/or the TU counseling psychology faculty?
- How are these values or messages likely to affect Anika?
- What labor is Anika being asked to do to support or comfort Whiteness?

**Value:** Worthiness and respect are conferred upon Black people to the degree that they conform to White norms.

- How do the policies of Tepperdine University limit or constrain students' abilities to challenge anti-Black racism?
- What perceptions are others (e.g., advisor, dean, professors) forming of Anika at the university and/or within the counseling psychology doctoral program?
- What might the disciplinary measures mean for Anika's professional development and academic standing?
- How can the combination of lack of support and disciplinary measures affect her future activism in challenging anti-Black racism?

**Voice:** Whiteness affirms Black expressiveness and contributions (i.e., class participation, scholarship, activism, theoretical orientation) that support White norms, while pathologizing or dismissing Black humanity.

- How can the characterization of Anika as "aggressive" be understood as a manifestation of anti-Blackness?
- How would you describe Dr. Jackson's handling of Dr. Smith's use of a racial expletive in class?
- How does the university spokesperson's comments about institutional racism advance anti-Black racism?
- How does UGTU's actions differ from Terminate TU Racism?
- What barriers does UGTU experience in initiating action towards confronting and uprooting anti-Black racism?
- What barriers does Terminate TU Racism experience in initiating action towards confronting and uprooting anti-Black racism?

**Volition:** Whiteness circumscribes Black peoples' choices and agency to the degree that Black creativity is stifled.

- How are the choices presented to Anika supportive of the status quo or White comfort?
- What values are the TUPD officers conveying about students' choices for challenging anti-Black racism?
- How could potential allies (e.g., Claire, Dr. Martinez, Dr. Jackson) have responded to Anika in a way that promoted her self-determination?

**Visibility:** Whiteness only honors and amplifies Black peoples' presence when they satisfy diversity needs while simultaneously silencing Black people when it comes to pro-Blackness or healthy Black humanity.

- How are the actions of the university administration (i.e., Dean Pritchard, Provost Williams, Spokesperson Wilson) focused on centering Whiteness?
- What could have been done differently to communicate an institutional value of pro-Blackness and/or healthy Black humanity?
- How does Dr. Martinez's actions coincide with limiting the visibility of anti-Black racism that affects students?

## Case of Aria

### List of Main Characters:

**Aria (she | her):** is an African-American woman in her mid-20's. Aria is a 2nd year Counseling Psychology doctoral student in the Midwest. Aria is completing her 2nd semester of a fall/spring practicum placement at a local university counseling center.

**Dr. Ballard (she | her):** is an African-American woman and nearing mid-career psychologist status. She is an associate clinical professor and practicum coordinator for the department, completing her first year on faculty. As a member of the core faculty, Dr. Ballard participates in the department's recruitment and annual evaluation and is expected to assist with student research. Dr. Ballard serves as a liaison for all practicum instructors, site training coordinators/directors, and individual site supervisors.

**Dr. Mcguire (she | her):** is a White middle aged woman who is a professor and holds a university-wide advocacy-based leadership role. Dr. Mcguire's faculty contract includes instructing one section of clinical practica each semester for the department, as well as serving on research committees. Though she attends monthly department faculty meetings, Dr. Mcguire does not attend core faculty meetings within the program.

**Cassie (she | her):** is an African-American woman and predoctoral psychology intern at Aria's practicum site. Cassie is Aria's primary supervisor, under supervision of the university counseling center's Training Director.

## Background & Context

### Practicum Coordinating

In her role as practicum coordinator, Dr. Ballard is responsible for placing students from both the masters and doctoral programs into a section of practicum. Following guidelines set by the program prior to assuming this role, each student is required to have a diversity of course instructors, and efforts are made to ensure diversity of students in each course with regard to clinical experience. Dr. Ballard had limited awareness of instructor style, experience, and background, and the program's training director was responsible for recruiting adjunct faculty for practicum courses.

Dr. Ballard was told that Dr. Mcguire and herself would always teach a section of practicum, per their contractual agreements with the program. Dr. Ballard being clinical faculty and practicum coordinator was the primary reason for the contractual obligation, being the only member of the

core faculty with full-time clinical experience. The reason for Dr. Mcguire's obligation was unclear to Dr. Ballard.

Dr. Ballard and Dr. Mcguire had periodic interactions with one another both generally in passing during school-wide faculty meetings and at checkpoints during the semester related to practicum course set-up and gathering feedback and evaluations as requested for practicum coordinating. Dr. Mcguire did not attend mid- and end-of-semester feedback meetings, though other practicum instructors were strongly encouraged to do so. Each semester Dr. Mcguire provided written feedback on each student and submitted required documentation and evaluation materials by the deadline. However, there was no other direct interactions, consultation, and support outside of email exchange between the two faculty members.

Aria and other students view Dr. Ballard as a mentor, particularly as a practicing clinician with a justice and liberation psychology lens. Dr. Ballard was Aria's first practicum supervisor and is familiar with Aria's clinical work and her overall performance as a student.

### **Introduction to Case**

During doctoral students' first year of practicum at the university, students are required to participate in intensive supervision consisting of a variety of supervision. An "off-site" supervisor, typically a member of the core faculty, is assigned via the academic program for the full year, in addition to enrollment in a 3 hour practicum course each semester for group supervision. This is in addition to site required weekly supervision and training, which for Aria included 1-hour weekly individual supervision, 1-hour weekly group supervision, 1-hour didactic seminar, and .5-hour group therapy supervision. The academic program also strongly encourages students to have a variety of off-site supervisory experiences, where possible, so practicum course instructors/supervision changes each semester. The practicum course instructor serves as supervisor and liaison to the practicum coordinator.

Aria is enrolled in Dr. Mcguire's practicum course for the current semester. Aria's "off-site" core faculty supervisor did not change. Dr. Ballard served as Aria's practicum course instructor/supervisor in the prior semester. Dr. Ballard was familiar with Aria's clinical work and her overall performance as a student. Aria successfully completed her first semester of practicum and received feedback from the program practicum instructor, "off-site" core faculty supervisor, and all site supervisors that her clinical skills and professionalism were above average.

During the first class meeting for practicum class, Dr. Mcguire asked all of the students to share about their previous supervision experiences. All students were asked to share pros and cons of their prior experiences as well as something they hope to keep from those previous interactions

as they move into this new space together. Dr. Mcguire then spent the rest of the 3 hour class meeting reviewing her syllabus, expectations for engagement in the course, and her tracking system for course participation (i.e. noting when students share feedback and what order they shared in).

The class size for each practicum section is small and includes a diversity of students from both masters and doctoral programs within the department. There were 8 other students in Dr. Mcguire's section this semester. All students, except for Aria, identify as White cisgender women in their 2nd or 3rd practicum placement. There was the standard structure of group supervision, including expectation for each student to show video samples of their work to receive consultation, feedback, support, and suggestions for improved clinical outcomes. Dr. Mcguire's supervision style was very different from what Aria had experienced in her first practicum course. Most notably, Dr. Mcguire's participation expectations were formulated and required students to focus on the quantity and order of feedback, whereas Aria's previous practicum course instructor focused on more qualitative feedback (i.e. strength-based, cultural humility, etc.).

Aria and peers would often talk about the impact Dr. Mcguire's style had on their sense of safety in providing and receiving feedback. Students shared with one another amongst themselves that course participation, including showing video of clinical work for feedback, was often anxiety provoking and uncomfortable. Students would often make additional meetings with other supervisors to have a safe space to share tape and obtain feedback.

## **The Case**

Over the course of her training so far, Aria had come to value feedback and was working to hone risk assessment skills, which was developmentally appropriate given that this was Aria's second semester of clinical training. Aria took the opportunity in practicum class to share a clip of clinical work where she conducted a risk assessment. After the clip was viewed by all, Dr. Mcguire requested feedback, as was typical. Students were encouraged to provide feedback first, which was largely positive and affirming. For example, the students applauded Aria's attention to the underlying emotion and use of the relationship to assess risk in ways that were disarming for the client. Dr. Mcguire shared her feedback last. Dr. Mcguire shared that she felt that Aria was not proficient in performing a risk assessment and that she feared that the client would harm themselves because of Aria's lack of care. After receiving these comments, Aria remained silent for the duration of the class period. Aria felt panicked and confused by this feedback, so after class she reached out to Cassie, her individual supervisor at the university counseling center. Cassie and the training director have access to the tape Aria showed during practicum class, so Aria requested that they watch it and check over client progress notes in case Aria had missed

something. Cassie and the training director were very accommodating and stated that they would review the client's file.

The next day, in primary supervision at the university counseling center, Cassie heard Aria's concerns and they reviewed the tape together with the training director. Both gave feedback on this tape that the student followed the policies correctly and that they had no concern for this client as it relates to suicide-related behaviors or any self-harm behaviors. After continued consultation and support from the supervisors at her practicum site, Aria felt safe and empowered to advocate for herself in the practicum course.

After a few weeks, Dr. McGuire reported that something "felt off" in the class and decided that Aria and her peers would all be required to share feedback on how the class has been conducted so far. During this exchange, the instructor started off by saying "since Aria always has things to share, how about she go first and give her feedback."

Aria began sharing feedback and told the instructor that while she appreciates different teaching styles and ways to engage in supervision; this class felt like an uncomfortable place to share due to the current structure. Aria discussed that she's been in other supervision spaces prior to this that felt safer to make mistakes. Aria offered a list of suggestions to make the class a more inviting environment to support herself and her peers. After finishing feedback the instructor told Aria and her peers that Aria's feedback would not be implemented in the course. Dr. McGuire then asked if anyone else would like to share, and everyone else remained silent. They moved on with the rest of the class as normal.

Feeling stuck and anxious due to the apparent power differential, Aria decided to reach out to her mentor, Dr. Ballard. Dr. Ballard offered to meet with Aria to discuss her concerns. Some of the themes related to Aria's concerns included the practicum evaluation, passing the course, and being able to get her clinical needs met. Aria shared a variety of situations that happened in this course that made it feel unsafe to share including being singled out repeatedly in front of other students in the classroom as well as her confusion with getting such positive feedback in all other supervision spaces except for with Dr. McGuire. Dr. Ballard and Aria discussed the situation and Dr. Ballard assured Aria that she would be supported with discretion, so as to avoid and/or minimize negative impact on the trajectory of Aria's doctoral education.

### **Follow-up & Outcome**

In terms of practicum course instruction, Dr. Ballard had received feedback from students that her authenticity, warmth, affirmation, and collegial style of group supervision was not common to every practicum course. This reflection often accompanied Dr. Ballard's encouragement of more free-flowing dialogue amongst classmates and not requiring forced responses from each

student during student presentations. Hearing Aria's experience in detail provided Dr. Ballard additional context for the feedback that had been offered by other students, and Dr. Ballard felt compelled to advocate on Aria's and other students' behalf and confident that doing so was within her role as practicum coordinator.

Dr. Ballard provided feedback to the program's training director about the experience, which was met with reminders of contractual obligations for Dr. McGuire. The obligation was framed as unmovable and connected to historical context within the department. Though Dr. Ballard understood this to be an issue of equity for students and faculty, as each semester other core faculty who wanted to teach practicum were turned down. This created tensions within the core faculty, and Dr. Ballard regularly made reference to the privilege of Dr. McGuire's position within the university as creating conflict of interest.

Moving forward, Dr. Ballard made efforts to consider the identity and developmental needs of each student during the placement process for practicum courses. However, the bind and inequity of this and other student-centered concerns weighed heavily on Dr. Ballard. She reported this and other concerns to the department chair, who offered assurances that things would get better with time and planned adjustments to the programs' administration. The wealth of concerns inspired Dr. Ballard to begin formalizing mentorship with Black, Indigenous, and other People of Color, including Black community listserv and gatherings for students and the other Black faculty member in the program. Dr. Ballard also encouraged similar programming among faculty for non-Black POC and white students. Though the efforts were appreciated amongst students, tensions within the faculty and amongst faculty and students in the program grew unsustainable, and Dr. Ballard eventually resigned from her position. Dr. McGuire continues to teach a section of practicum.

### **Discussion and Reflection Questions:**

We invite exploration of what health and wellness might be for the Black people identified in each case. Use the following questions and the discussion that each prompts to a) co-create a robust analysis of the scenario (i.e. detailing WHMP), b) identify frameworks and resources for liberatory basis of intervention approach, c) pinpoint domains/areas of potential intervention (i.e. classroom, lab/research, evaluation, etc.), and d) begin formulation of sample interventions at individual, program/department, training site, SCP/organizational, and/or APA/systemic levels.

### **Part One- Analysis & White Heterosexual Male Privilege (WHMP) Framework**

1. In what ways do you resonate with Aria's experience as a trainee, practicum therapist, supervisee, doctoral student? with Dr. Ballard as a mentor? with Dr. Ballard as a

practicum coordinator, colleague? with Cassie as a supervisor? Dr. McGuire as a group supervisor?

- a. How do you imagine their identities impacting their experience?
  - b. How do you imagine your identities impacting your understanding of their experience?
2. Begin an analysis of this scenario with WHMP and anti-Black racism as a framework.
- a. Who is working to protect WHMP and how?
  - b. Who is working to disrupt WHMP and how?
  - c. What role is WHMP playing?
    - i. In threatening Aria's humanity?
    - ii. In Dr. Ballard's actions and attempts at advocacy?
    - iii. In Dr. McGuire's actions?
  - d. What tools of white supremacy are in action?
  - e. What is Aria being tasked with in order to maintain WHMP?
    - i. How were Cassie and Dr. Ballard being used to maintain WHMP?

## Part Two- Identifying Anti-Blackness in Professionalism

<b>Whiteness as Professionalism</b> Value, affirmation, and opportunity are earned by adhering to explicit and implicit rules and expectations governing individual's comportment, appearance, and dispositions in professional roles	<b>Anti-Blackness in Professionalism</b> Attitudes and behaviors that devalue and dehumanize Black people, who are assessed as failing to meet standards of comportment, appearance, and disposition as defined by historically White professions
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**Value:** Worthiness and respect are conferred upon Black people to the degree that they conform to White norms.

- How is Aria being asked to disregard or sacrifice her own self-determining perspective?
- What is Aria being asked to do to be favored or be perceived as a good student?
- What perceptions of Aria are forming amongst others in the context?
- What might these perceptions mean for how Aria is evaluated or offered opportunities?

**Vessel:** Whiteness strips Black people's bodies, labor, and productivity of worth unless they serve the needs of Whiteness.

- What needs, implicit or explicit, of Black people are being overlooked or minimized?
- How is Aria being asked to ignore his own pain or hurt?
- What attitudes or comments might suggest that Aria is being perceived as deviant or dangerous?
- What labor is Aria being asked to do to support or comfort Whiteness?
- How might perceptions of Aria's labor affect her evaluation and future opportunities?



**Voice:** Whiteness affirms Black expressiveness and contributions (i.e., class participation, scholarship, activism, theoretical orientation) that support White norms, while pathologizing or dismissing Blackness.

- How is Aria being silenced or being asked to be silent?
- How is Aria being asked to support the status quo?
- What perceptions are being used to negatively characterize Aria's communication or expressiveness?
- How are the perceptions of Aria likely to influence future opportunities for Aria?

**Volition:** Whiteness circumscribes Black peoples' choices and agency to the degree that Black creativity is stifled.

- How are Aria's choices being pathologized or being identified as inappropriate?
- What options are being presented to Aria that seem inconsistent with his self-determining choices?
- How are the choices presented to Aria supportive of the status quo or White comfort?
- How might Aria's choices for self-determination influence how he is assessed and considered for other opportunities?

**Visibility:** Whiteness only honors and amplifies Black peoples' presence when they satisfy diversity needs while simultaneously silencing Black people when it comes to pro-Blackness or healthy Black humanity.

- How is Aria being asked to negate his own experience in support of Whiteness or White comfort?
- What attitudes and sentiments are being used to identify Aria as "the problem?"
- How is Aria being rewarded or punished for his choices?

### **Part Three- Domains & Interventions**

3. What are potential domains of intervention with regards to addressing WHMP?
  - a. What individual level focus could be made?
  - b. What department/site level focus could be made?
  - c. What SCP/APA level focus could be made?
4. What interventions would center/promote a healthy and well experience for Aria?
  - a. What awareness work needs to happen or could be helpful?
  - b. Who is accountable for the violation of Aria's wellness and what could accountability look like for them at the individual, program, site, SCP, and APA levels?
5. What interventions might promote healing and liberation for Aria?
  - a. What resources would you have in place to prevent someone having a similar experience at the site?
  - b. What ideas do you have about restoration and reconciliation at the individual, program, site, SCP, APA levels?

# I Think You're Really Scary

## Main Characters (in order of appearance)

**Natasha (she/her):** Black, cisgender, woman in her mid-20s, who is from a middle-class background. She is a 2nd year doctoral student completing her 1st practicum. Her program is geographically located in a mid-western, predominantly white area.

**Dr. Shepherd (she/her):** white, cisgender, woman, in her mid-60s. She is a recently retired, licensed psychologist who provides clinical supervision for graduate students.

**Dr. Bunn (she/her):** Black, cisgender, woman, in her mid-50s. She is the Chair of Natasha's program. As Chair, she has the final say on all aspects of the academic and clinical training connected to the program. Dr. Bunn also leads the research team that Natasha is a part of.

**Ashley (she/her):** white, cisgender, woman in her mid-20s, who comes from a middle-class background. She is a 2nd year doctoral student completing her 1st practicum.

## **Natasha's Experience**

Natasha is a 2nd-year doctoral student who is excited about the prospect of becoming a psychologist. She identifies as a Black, cisgender, woman, who uses she and her pronouns. She is in her mid-20s. She comes from a middle-class background and was raised in a culturally diverse area. She has wanted to be a psychologist for as long as she can remember. She is eager to learn how to support others and provide care in some of the most challenging times of a person's life.

Although Natasha is in her 2nd year of her program, she is in her 1st practicum because that is when the program begins practicum training. Natasha's program also requires that all first-time practicum students have an "external supervisor," which is defined as a licensed psychologist who works in the surrounding community, but who does not work within the academic program nor at the training site where students are completing their practicum. The academic program identifies the external supervisor, assigns them to the student(s), and periodically checks on the supervision progress. Students are responsible for their own transportation to the supervisors' office, where supervision must be in-person.

Natasha completed her first practicum in a residential facility for teens, who were removed from their home because of abuse, neglect, or continuous truancy issues. Her role was to provide therapy to the teens as they went through a process of either separation from or reunification with their families. Natasha enjoyed this work. She received positive feedback from her supervisor within the site, as well as constructive suggestions about areas where she could improve. She

also received positive and constructive feedback from her practicum seminar leader within her program, during practicum class where she and her peers reviewed their session tapes and transcripts with their professor. She appreciated the opportunities to grow and overall, things were going well at her site and within her program. In fact, during her first year in the program, she received two program awards for professionalism and academic excellence.

### **Trouble on the Horizon**

Unfortunately, Natasha's experience with her external supervisor was not positive, and at first, she couldn't figure out why. Natasha was assigned to meet with Dr. Shepherd, who identified as a White, woman, in her mid-60s. Natasha didn't know any more about Dr. Shepherd's identities or experience with diverse cultures as they never spoke about these topics. Natasha knew most about Dr. Shepherd's recent retirement from providing full-time therapy in her own private practice, as well as her adult son, because those were the things Dr. Shepherd spoke about on a weekly basis. They often spent their supervision discussing Dr. Shepherd's sadness regarding her retirement, the clients that she missed working with, and challenges that her adult son was having. Natasha tried to be supportive and listen to the experiences that Dr. Shepherd shared, especially as it related to her clients as there could be clinical information (e.g., skills, interventions, assessing and diagnosing) she could learn from. Still, Natasha was struggling because she had a challenging caseload that she didn't get to talk much about. When Natasha did speak about her clients, Dr. Shepherd praised her and told her she was doing an excellent job. Although Natasha valued the positive feedback, she also grew concerned that Dr. Shepherd would never give her constructive feedback, even when she asked for it directly. As a first-time practicum student, she was worried that her supervision wasn't providing information to help her grow.

### **Seeking Support**

Natasha approached a peer, Ashley, in her program, who also met weekly with Dr. Shepherd, to inquire about her experience and see if they were similar or different. Ashley, who identified as a White, cisgender, woman, in her mid-20s, reported that she was having similar experiences. Natasha and Ashley experienced that Dr. Shepherd spent the majority of their supervision talking about her retirement and her son, in a way that was not clinically helpful to them. A difference in their experience was that Natasha's peer noted that Dr. Shepherd provided a mix of positive and constructive feedback to her. Still, they both shared that they typically didn't have time to discuss their clients because any client that was brought up led to a story about Dr. Shepherd's previous clinical work.

Natasha and Ashley tried to talk with Dr. Shepherd during their respective supervisions. They requested more time and structure around reviewing their clinical cases. Natasha, in particular, asked for more constructive feedback because she was struggling to see how everything she did with a client was correct, and she would like to have Dr. Shepherd's perspective on areas she can

improve. Dr. Shepherd agreed with everything that was requested, but after weeks of additional supervision, nothing changed.

After a research team meeting, which was led by Dr. Bunn, the program Chair, Natasha and Ashley decided to voice their concerns. They explained to Dr. Bunn, who identifies as a Black, cisgender, woman in her late-50s, that they were not getting a lot from their supervision with their external supervisor. They both shared that Dr. Shepherd spends most of their supervision discussing her retirement and her son, and that they spend little to no time talking about their clients. They both also stated that they do not believe they are getting helpful feedback about their clinical work. They asked for support and guidance in addressing it, and they shared the conversations they already attempted with Dr. Shepherd. The program Chair heard their concerns and stated that she would talk with the rest of the faculty about it.

### **What's the Resolution?**

A couple of days later, the program Chair met with Natasha and Ashley to further respond to their concerns. Dr. Bunn stated that she spoke with the faculty and met with Dr. Shepherd, and everyone agreed that Natasha and Ashley needed to be more open to learning from Dr. Shepherd's stories about her retirement and previous clients. Natasha and Ashley agreed to listen to Dr. Shepherd's stories with more attentiveness to what they could learn from them, but also requested that Dr. Bunn support them in getting more time to talk about their clinical cases. Dr. Bunn responded that they should trust Dr. Shepherd's process and stop pretending to know more than her.

Dr. Bunn further stated that Dr. Shepherd reported that she does not give Natasha constructive feedback because Natasha is "really scary." Dr. Bunn encouraged Natasha to think about the environment she is creating in her supervision with Dr. Shepherd. Natasha felt stuck and said that she wasn't sure how to respond to that. She asked Dr. Bunn for examples of what Dr. Shepherd perceived as scary. Dr. Bunn responded that Dr. Shepherd said Natasha's overall demeanor is intimidating. Natasha stated that this information was confusing because she is professional with Dr. Shepherd, just as she is with all of her faculty and her on-site supervisor. She doesn't have any issues with others around her, including her peers. Dr. Bunn agreed and then, again, encouraged Natasha to think deeper about how she presents with Dr. Shepherd, specifically. Dr. Bunn said, "Dr. Shepherd thinks this for some reason, Natasha, and it's your role as a trainee to figure out how to work with your supervisor. That is professionalism and you will be evaluated on it." Natasha agreed to give this consideration and asked that if nothing changes by the end of the 1<sup>st</sup> semester, if she could change external supervisors, especially given that Dr. Shepherd is "scared" of her. The program Chair responded that Natasha and Ashley will both complete the full year with Dr. Shepherd and no changes will be granted.

The following week, Natasha had supervision with Dr. Shepherd, and Dr. Shepherd did not bring up any information surrounding the conversation with Dr. Bunn. When Natasha attempted to

bring it up, Dr. Shepherd responded that it is “just something about you that it is hard to give you feedback,” and that it’s “no big deal.” Dr. Shepherd told Natasha she is doing a nice job overall, and then changed the subject.

The following week, Natasha and Ashley spoke with their practicum instructor who asked how their external supervision was going, following the recent conversation with the program Chair. The practicum instructor/faculty member, who identified as a White, cisgender man, in his mid-40s, apologized for their experience and asked what he could do to support them. Natasha’s peer stated that she would continue the year with Dr. Shepherd and just “listen to her stories,” which ultimately “weren’t that bad.” Natasha said that she was concerned about working with a supervisor who is scared of her, and who doesn’t want to give her feedback. Natasha said that it is a challenging experience to navigate and she is worried every time she pulls into the parking lot of Dr. Shepherd’s office. Natasha said she would prefer to switch, if possible, or at least to revisit the conversation about the perception that she is scary. Natasha’s instructor said he understood and thought it was interesting because no one else has provided feedback about Natasha being scary or having any problems in the program. He found Natasha to be an excellent student.

A few days later, the program Chair called Natasha into her office and expressed her disappointment that Natasha spoke with her practicum instructor. She handed Natasha two letters of recommendation, which notably, Natasha did not ask for. The program Chair handed the first letter to Natasha and said “this is a positive letter about everything you have done in the program. You are an excellent student with great clinical skills, and this letter will get you an internship.” She then handed Natasha a second letter and said “this is not a positive letter and if you don’t stop this behavior, this is what you are getting for internship.” She insisted that Natasha read both letters in her office, and then respond with the one she wanted to receive later on. She then asked Natasha if she was going to move forward with the professionalism that is expected of her, or not.

Natasha chose the positive letter, continued the year of supervision with Dr. Shepherd, and kept her head down in her program until she graduated.

### **Discussion and Reflection Questions**

We invite exploration of what health and wellness might be for the Black people identified in each scenario. Use the following questions and the discussion that each prompts to a) co-create a robust analysis of the scenario (i.e. detailing WHMP), b) identify frameworks and resources for liberatory basis of intervention approach, c) pinpoint domains/areas of potential intervention (i.e. classroom, lab/research, evaluation, etc.), and d) begin formulation of sample interventions at individual, program/department, training site, SCP/organizational, and/or APA/systemic levels.

## **Part One- Analysis & White Heterosexual Male Privilege (WHMP) Framework**

1. In what ways do you resonate with Natasha's experience as a trainee, practicum therapist, supervisee, doctoral student? with Dr. Shepherd as a supervisor? with Dr. Bunn as a leader, chair, etc.?
  - a. How do you imagine their identities impacting their experience?
  - b. How do you imagine your identities impacting your understanding of their experience?
2. Begin an analysis of this scenario with WHMP and anti-Black racism as a framework.
  - a. Who is working to protect WHMP and how?
  - b. Who is working to disrupt WHMP and how?
  - c. What role is WHMP playing?
    - i. In threatening Natasha's humanity?
    - ii. In Dr. Shepherd's actions?
    - iii. In Dr. Bunn's actions?
  - d. What tools of white supremacy are in action?
  - e. What is Natasha being tasked with in order to maintain WHMP?

## **Part 2 - Analysis of How Anti-Blackness Functions**

**Vessel:** Whiteness strips Black people's bodies, labor, and productivity of worth unless they serve the needs of Whiteness.

- What are the implicit and explicit messages that Natasha is receiving about her training and supervision needs?
- What attitudes or comments might suggest that Natasha is being perceived as deviant or unprofessional?
- How are these messages likely to affect Natasha?
- What is Natasha being asked to do that seems counter to her own self-determining perspective?
- What labor is Natasha being asked to do to support or comfort Whiteness?

**Value:** Worthiness and respect are conferred upon Black people to the degree that they conform to White norms.

- What all is Natasha being asked to do to be favored or be perceived as a good student?
- What perceptions are others (e.g., external supervisor, program chair) forming of Natasha in her different contexts ?
- What might these perceptions mean for Natasha's professional development and her evaluation?

**Voice:** Whiteness affirms Black expressiveness and contributions (i.e., class participation, scholarship, activism, theoretical orientation) that support White norms, while pathologizing or dismissing Black humanity.

- How can the characterization of Natasha as “really scary” be understood as a manifestation of anti-Blackness?
- How are Natasha’s efforts for self advocacy being characterized?

**Volition:** Whiteness circumscribes Black peoples’ choices and agency to the degree that Black creativity is stifled.

- How are Natasha’s choices being pathologized or being identified as inappropriate?
- What options are being presented to Natasha that seem inconsistent with her self-determining choices?
- How are the choices presented to Natasha supportive of the status quo or White comfort?
- How might Natasha’s choices for self-determination influence how she is assessed and considered for other opportunities?
- How might others respond to Natasha in a way that promoted her self-determining agency?

**Visibility:** Whiteness only honors and amplifies Black peoples’ presence when they satisfy diversity needs while simultaneously silencing Black people when it comes to pro-Blackness or healthy Black humanity.

- What attitudes and sentiments are being used to identify Natasha as “the problem?”
- How is Natasha being rewarded or punished for her choices?

## Tyrone and White Women Tears

**Main Characters** (in order of appearance):

**Tyrone (he/him/his):** is an African-American, 26-year-old, gay, man in his 1<sup>st</sup> year of a Counseling Psychology doctoral program. Tyrone is in an 7-member student graduate cohort with Cynthia which includes 3 African American students and 4 White students.

**Cynthia (she/her):** is a White, 42-year-old, lesbian, woman in her 1<sup>st</sup> year of the Counseling Psychology doctoral program. Cynthia is in an 8-member student graduate cohort with Tyrone which includes 3 African American students and 4 White students.

**Samantha (she/her):** is a Jewish, 36-year-old, woman in her 3<sup>rd</sup> year of the Counseling Psychology doctoral program. Her student graduate cohort consists of all White students including one man and 7 women.

**Dr. Sullivan (she/her):** is a White, cisgender, woman in her mid-30's and serves as the faculty on-campus clinical supervisor for Tyrone in the Counseling Psychology doctoral program. This is Dr. Sullivan's second year as a tenure-track assistant professor.

**Dr. Smith (he/him):** is a White, cisgender, man in his mid-50s who is a part-time faculty member with administrative responsibility for overseeing the University Training Clinic in the Counseling Psychology doctoral program.

**Dr. Jackson (he/him):** is an African American, cisgender man in his late 50s. He is the Counseling Psychology Department Chair and strongly advocates for multicultural competence and social justice among the department faculty, staff and students.

**Institutional setting and Context:** The counseling psychology doctoral program is situated in a historically, predominantly White institution of higher education in the Midwest with approximately 30,000 undergraduate students. Among this population, there are approximately 1,000 Black or African American undergraduate students on the campus. Doctoral students in the program are assigned graduate assistantships. For their graduate assistantships, Cynthia and Samantha, have been assigned to serve as graduate-level administrative co-directors of the on-campus, University Training Clinic for graduate students. They are responsible for managing the day-to-day tasks and operations of the clinic. Graduate and master-level graduate trainees serve as counselors for undergraduate students seeking individual counseling at the university.



## **Narrative of the case**

### **Being a Doctoral-Level Practicum Counselor**

Tyrone, as an African-American, gay, male in his 1<sup>st</sup> year of the Counseling Psychology doctoral program is excited about being a doctoral-level Practicum counselor for undergraduate students on his campus. The clinical component of his training complements his 20-hours per week graduate research assistantship in the department. He has been enjoying meeting his clients in the reception waiting room of the university training clinic associated with his department. It reminds him of his year-long clinical experience in a community-based mental health agency where he had a caseload of 33 clients during his masters' level internship training. As a doctoral-level practicum counselor Tyrone has a caseload of 5 clients who are all white, undergraduate students.

Cynthia is also a 1<sup>st</sup> year doctoral-level Practicum counselor similar to Tyrone and has a caseload of 5 clients. She has a dual role in the clinic. For her graduate assistantship, Cynthia devotes 20 hours per week in serving as the graduate-level administrative co-director within the on-campus University Training Clinic in collaboration with Samantha, a 3<sup>rd</sup> year student in the Counseling Psychology doctoral program.

### **Tyrone Changes an Appointment**

At the end of one of his client sessions, Tyrone was in the University Training Clinic Office and his client asked if they could change their regularly scheduled appointment the following week. Tyrone responded, "Yes" and grabbed the clinic scheduling book on the desk and changed the appointment time for next week. As he was completing this task, Cynthia walked into the University Training Clinic Office. As soon as Tyrone's client left the reception office, Cynthia told Tyrone that he was not allowed to make changes to the clinic scheduling book. Cynthia seemed upset by Tyrone's behavior. Tyrone replied that he did not recall being informed of this situation in their orientation training. Cynthia replied that it is the policy of the University Training Clinic. Tyrone responded that he was confused as to why he would not be able to make a change to the scheduling book for his client. Again, Cynthia simply stated it was policy.

Later in the week, Samantha approached Tyrone and shared that she had talked with Cynthia and then proceeded to reprimand Tyrone for writing in the scheduling book. Samantha, too, stated that this was the policy of the University Training Clinic. Tyrone asked Samantha to show him where this is written in the policy. Because it was a Friday, Samantha stated that she did not have time to review the policy with Tyrone because she needed to leave campus immediately so she would be home in time to observe the Jewish shabbat. Tyrone shared that he understood and they both parted from the hallway outside the University Training Clinic.

### **Supervision with Dr. Sullivan**

During his individual supervision the next week with Dr. Sullivan, a White female assistant professor in her mid-30's, Tyrone shared the situation regarding writing in the client scheduling book. Tyrone further stated that he had reviewed the University Training Clinic policy manual

and could not locate any section which stated that a Practicum Counselor could not reschedule their client. Dr. Sullivan agreed with Tyrone and shared that she understood his concern about the directive from Cynthia and Samantha. Dr. Sullivan stated that she would remain on the sideline as Tyrone resolved the issue with the two graduate-level Co-Directors of the clinic.

### **Tyrone Seeks Policy Clarity**

As a result, Tyrone emailed Cynthia and Samantha noting that the University Training Clinic policy manual did not stipulate that Practicum Counselors are not able to reschedule their clients. During the next day or so as Tyrone was walking through the hallway next to the University Training Clinic, he ran into Cynthia. In their brief exchange, Cynthia again emphasized that Tyrone needed to follow the policy. Tyrone firmly stated to Cynthia that there is no such written policy based on his review; however, he invited her to show him where it was written if he somehow missed it. At this point, Cynthia informed Tyrone that she and Samantha had discussed the issue with Dr. Smith who was the faculty member responsible for overseeing the University Training Clinic. Cynthia stated that Tyrone would need to talk with Dr. Smith. Dr. Smith was a part-time faculty in the Counseling Psychology department and was a full-time, practicing professional counselor.

Tyrone emailed Dr. Smith to request to meet with him about the situation after the directive from Cynthia. However, Tyrone did not hear from him after almost two weeks. One day as Tyrone was leaving the downtown Post Office, he remembered that Dr. Smith's private practice office was across the street. Feeling frustrated that Dr. Smith had not responded to his email, Tyrone decided to stop by Dr. Smith's office. As Tyrone was speaking with the receptionist and stating his name and the reason for his request to see Dr. Smith, Tyrone heard someone say: "My! You're a persistent one, aren't you?" Tyrone turned around and saw Dr. Smith standing behind him. Dr. Smith did not offer any additional guidance about the situation.

### **Dr. Sullivan: White Women Tears**

In returning to supervision with Dr. Sullivan about 3 weeks after this situation began, she shared with Tyrone that a meeting with all parties involved was being called to discuss the matter with the department chair, Dr. Jackson who was an African American, male full professor in his mid-50s. At this time, Dr. Sullivan stated that she understood that Tyrone was "right" in this situation as a matter of both policy and principle, however, she asked if he could just simply "let the situation go." Then, Dr. Sullivan began to cry.

Tyrone immediately felt a momentary sense of paralysis. He thought to himself, "How do I respond to Dr. Sullivan's request while she is crying? Do I have to take responsibility for 'taking care of her' at this moment?" Tyrone recalled almost one year ago sitting with his White female supervisor in student affairs during his master's degree program who started crying when Tyrone expressed frustration and disapproval that several upper-middle class, White males were not being disciplined after causing physical damage and destruction to the university owned-townhouses they lived in because one of their father's had made a large donation to the university.

As he thought to himself, Dr. Sullivan stated “I really don’t want to have a meeting with Dr. Jackson.” Tyrone calmly stated: “Dr. Sullivan, I’m sorry that you’re feeling upset at this moment about the situation. However, I am not going to let this go, knowing that there is no such policy and that what Cynthia and Samantha were demanding I do is unjustified. What I’m being asked to do is not appropriate nor fair.” Dr. Sullivan collected herself and said that she understood Tyrone’s point.

### **Resolution Meeting with the African American Department Chair**

During the meeting with Dr. Jackson, the department chair, as the situation was reviewed, Cynthia recalled her interaction with Tyrone in the hallway outside of the University Training Clinic and stated: “I had never seen Tyrone look so upset and angry. His lips were quivering as he was talking to me.” Tyrone agreed that he was upset and assertive about his position since there was no written policy which addressed what he was being told that he could not do. However, Tyrone strongly pushed back on being characterized as being “angry” knowing the stereotype of the “Black angry man.” Dr. Sullivan and Samantha both sat quietly in the meeting with Dr. Jackson and said very little. Finally, Dr. Jackson stated that if there is no written policy then Tyrone’s response seems appropriate. However, if the graduate-level co-Directors and Dr. Smith wanted to establish such a policy, they could do so and implement it next year.

### **Tyrone’s Final Practicum Evaluation**

At the end of the semester, as Tyrone was meeting with Dr. Sullivan for his final doctoral practicum evaluation, she offered positive feedback about his growth and development of clinical skills, capacity to establish rapport and engage with clients, to facilitate change and achieve progress towards clients’ meeting their treatment goals. Then, she commented: “In regards to the University Training Clinic incident regarding its policies, and the issue with rescheduling of the client, ***I feel good about how the situation ultimately was resolved, so I didn’t think I needed to include it in your final evaluation.***”

Tyrone immediately thought to himself: “**Oh! So, if the situation had not been resolved in a way in which she felt good about it**, then it would have been included in my final written evaluation and more than likely not reflect well on me.” In that moment, Tyrone remembered wisdom shared by two African American mentors during his senior year of high school -- Mr. & Mrs. Witherspoon told Tyrone as he went off to college to remember “the power of the pen.” They said: “Remember, White faculty and supervisors have the power to write evaluations about your performance which will either promote or block your academic and/or career progress and success.”

### **One Year Later**

During his second year in the doctoral program, Tyrone learned that Dr. Sullivan had been experiencing intense conflicts, disagreements, and racial tensions in her relationship with Dr. Jackson, the African American department chair. Tyrone surmised that this may have been

what caused Dr. Sullivan to cry, why she did not want to meet with Dr. Jackson, and her request for Tyrone to let go of the policy situation regarding the University Training Clinic.

**Discussion and Reflection Questions**

We invite exploration of what health and wellness might be for the Black people identified in each scenario. Use the following questions and the discussion facilitative prompts to a) co-create a robust analysis of the scenario (i.e., detailing WHMP), b) identify frameworks and resources for liberatory basis of intervention approach, c) pinpoint domains/areas of potential intervention (i.e. classroom, lab/research, evaluation, etc.), and d) begin formulation of sample interventions at individual, program/department, training site, SCP/organizational, and/or APA/systemic levels as deemed appropriate.

**Part One- Analysis & White Heterosexual Male Privilege (WHMP) Framework**

1. In what ways do you resonate with Tyrone’s experience as a trainee, practicum counselor, supervisee, and/or doctoral student? with Cynthia and Samantha as peers, one with clinic administrative roles and other with more clinical experience? with Dr. Sullivan as a supervisor and/or colleague? with Dr. Jackson as a leader, chair, etc.?
  - a. How do you imagine their identities impacting their experience?
  - b. How do you imagine your identities impacting your understanding of their experience?
  
2. Begin an analysis of this scenario with WHMP and anti-Black racism as a framework.
  - a. Who is working to protect WHMP and how?
  - b. Who is working to disrupt WHMP and how?
  - c. What role is WHMP playing?
    - i. In threatening Tyrone’s humanity?
    - ii. In Samantha and Cynthia’s actions?
    - iii. In Dr. Sullivan’s actions?
  - d. What tools of white supremacy are in action?
  - e. What is Tyrone being tasked with in order to maintain WHMP?
    - i. How were Samantha and Cynthia being used to maintain WHMP?

**Part Two- Identifying Anti-Blackness in Professionalism**

<p><b>Whiteness as Professionalism</b>          Value, affirmation, and opportunity are earned by adhering to explicit and implicit rules and expectations governing individual’s comportment, appearance, and dispositions in professional roles</p>	<p><b>Anti-Blackness in Professionalism</b>          Attitudes and behaviors that devalue and dehumanize Black people, who are assessed as failing to meet standards of comportment, appearance, and disposition as defined by historically White professions</p>
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3. Within the context of anti-blackness in professionalism, to what extent are the 5 Vs: Value, Vessel, Voice, Volition and Visibility – influencing Tyrone’s experiences in this case?

**Value:** Worthiness and respect are conferred upon Black people to the degree that they conform to White norms.

- How is Tyrone being asked to disregard or sacrifice his own self-determining perspective?
- What is Tyrone being asked to do to be favored or be perceived as a good, compliant student?
- What perceptions of Tyrone are forming amongst others in the context?
- What might these perceptions mean for how Tyrone is evaluated or offered opportunities in the future?

**Vessel:** Whiteness strips Black people’s bodies, labor, and productivity of worth unless they serve the needs of Whiteness.

- What needs, implicit or explicit, of Black people are being overlooked or minimized?
- How is “the problem” being located in Tyrone and his choices?
- How is Tyrone being asked to ignore his own pain, hurt, or frustrations in this context?
- What attitudes or comments might suggest that Tyrone is being perceived as deviant or dangerous?
- What labor is Tyrone being asked to do to support or comfort Whiteness?
- How might perceptions of Tyrone’s labor affect his evaluation and future opportunities?

**Voice:** Whiteness affirms Black expressiveness and contributions (i.e., class participation, scholarship, activism, theoretical orientation) that support White norms, while pathologizing or dismissing Blackness.

- How is Tyrone being silenced or being asked to be silent?
- How is Tyrone being asked to support the status quo?
- What perceptions are being used to negatively characterize Tyrone’s behaviors, communication style or expressiveness?
- How are the perceptions of Tyrone likely to influence future opportunities?

**Volition:** Whiteness circumscribes Black peoples’ choices and agency to the degree that Black creativity is stifled.

- How are Tyrone’s choices being pathologized or being identified as inappropriate?
- What options are being presented to Tyrone that seem inconsistent with his self-determining choices?
- How are the choices presented to Tyrone supportive of the status quo or White comfort?
- How might Tyrone’s choices for self-determination influence how he is assessed and considered for other opportunities?

**Visibility:** Whiteness only honors and amplifies Black peoples’ presence when they satisfy diversity needs while simultaneously silencing Black people when it comes to pro-Blackness or healthy Black humanity.

- How is Tyrone being asked to negate his own experience in support of Whiteness or White comfort?

- What attitudes and sentiments are being used to identify Tyrone as “the problem?”
- How is Tyrone being rewarded or punished for his choices?
- How might coalitions of Whiteness form to support other’s perspectives?
- How do these coalitions function to protect White standards of professionalism and reify anti-Blackness?
- How racial solidarity might be at play in this case study?

### **Part Three- Domains & Interventions**

4. What are potential domains of intervention with regards to addressing WHMP?
  - a. What individual level focus could be made?
  - b. What department/site level focus could be made?
  - c. What SCP/APA level focus could be made?
5. What interventions would center/promote a healthy and well experience for Tyrone?
  - a. What awareness work needs to happen or could be helpful?
  - b. Who is accountable for the violation of Tyrone’s wellness and what could accountability look like for them at the individual, program, site, SCP, and/or APA levels?
6. What interventions might promote healing and liberation for Tyrone?
  - a. What resources would you have in place to prevent someone having a similar experience at the site?
  - b. What ideas do you have about restoration and reconciliation at the individual, program, site, SCP, and/or APA levels?

# **You Need to Just Shut Your Mouth and Take It Because We All Had to Do It: A Case About Justin**

## **Main Characters (in order of appearance)**

**Justin Woods (he/him):** Justin Woods is a 28-year-old African American heterosexual, cisgender man born and raised in the Southern Region of the U.S. He is a 2<sup>nd</sup> year counseling psychology doctoral student and holds a master's degree in counseling. Justin also holds a clinical national fellowship and has been awarded two research traineeships.

**Paula Smith (she/her):** Paula Smith is a 45-year-old White heterosexual, cisgender woman born and raised in the Southern Region of the U.S. She holds a master's degree in counseling and is a Licensed Professional Counselor. She is the lead counselor on the research track in the hospital clinic and oversees the training and scheduling for doctoral and master's level practicum trainees in the clinic.

**Dr. Sherry Lay (she/her):** Dr. Sherry Lay is a 48-year-old Black heterosexual, cisgender woman born and raised in the Southern Region of the U.S. She holds a Ph.D. in counseling psychology and is a licensed psychologist. She is the lead psychologist on the hospital's community health track, supervises doctoral-level practicum trainees assigned to the track, and is Justin's assigned supervisor.

**Dr. Tyler Clark (he/him):** Dr. Tyler Clark is a 48-year-old White gay, cisgender man born and raised in the Southern Region of the U.S. He holds a doctoral degree in counseling psychology. He is the chair of the counseling psychology department and Justin's research and program advisor. Additionally, Dr. Clark is a licensed psychologist and a practicum supervisor.

**Dr. Ethan Rodriguez (he/him):** Dr. Ethan Rodriguez is a 43-year-old Hispanic American heterosexual, cisgender man born and raised in the Northeast Region of the U.S. He holds a doctoral degree in counseling psychology and is a licensed psychologist. He is the practicum coordinator and supervisor for the program.

**Dr. Michelle Carr (she/her):** Dr. Michelle Carr is a 55-year-old White heterosexual, cisgender woman born and raised in the Southern Region of the U.S. She holds a doctoral degree in clinical psychology and is a licensed psychologist. She is the director of the hospital clinic.

## **Who is Justin?**

Justin is an African American, 28-year-old, cisgender, heterosexual man in his 2<sup>nd</sup> year of a Counseling Psychology doctoral program in the Southern region of the U.S. at historically White institution (HWI). Before beginning his doctoral studies, Justin was a counseling master's student at an HWI in the northeast region of the U.S. during the aftermath of George Floyd's murder, Black Lives Matter protests, and the COVID-19 pandemic. Noticing that in many spaces, he found himself as the only African American student, the pervasiveness of Whiteness in the classroom made it uncomfortable to advocate for himself and his African American clients, who were impacted by these injustices. Justin took the initiative to find an African American mentor with whom he could have support and engage in meaningful conversations

about his identity in the academy. Clinically, Justin's training had been with White clients predominantly, and he sought to continue his training in counseling psychology in the South to connect more with the African American community as a counselor and researcher. Justin succeeded in his research and clinical endeavors during his first year as a doctoral student, earning him many national and local awards. In the doctoral program, Justin is known for his clinical and research skills and his collaborative spirit.

## **Navigating Subtle Racism in Clinical Practicum Supervision**

### **Week 1**

Justin started his first advanced-level practicum as a counseling psychology doctoral student at a prestigious hospital. During his interview with the lead counselor, Paula Smith, a White, 45-year-old, cisgender, heterosexual woman who oversaw the clinic's research agenda, Justin expressed that his interests and passion lie in working in the African American community and providing therapeutic services. With Paula's supportive reaction, she offered Justin a position on the team and confirmed that he would be assigned to the community health track. On the first day, he met Paula in her office. Paula oversaw Justin's training and orientation to the clinic and its procedures. She explained that the work hours were 8:00 AM - 2:00 PM. Noting that some days can be slower, she stated that he was free to leave prior to or after, depending on the scheduling of clients. Paula gave Justin a large binder with training on the clinic's psychological assessment protocol for research and invited Justin to the morning meetings that included discussing the clinical research agenda for the day. Justin asked excitedly for more information about the community health track and if he would begin meeting with the team, including Dr. Sherry Lay, his assigned supervisor. Paula looked at Justin with confusion and discussed that there was no need to meet with the licensed supervisor. She clarified that his role had changed from community health to the research track. Justin expressed that if there were still an opportunity to be a part of the community health track to please let him know. Still looking concerned, Paula assured Justin she would talk to the supervisor and instructed Justin to read the research training binder.

### **Week 2**

The following week, Justin met with his program advisor, Dr. Tyler Clark, who is a White, 48-year-old, cisgender, gay man, to discuss his initial interaction with Paula and the switch in his practicum track without being notified earlier. He expressed that he was disappointed that he would no longer be able to work in the community health track and would no longer provide in-depth therapeutic services. Concerned about acquiring sufficient clinical hours for his internship application, Justin added that he might only accrue 1-2 direct hours a week of clinical intervention while on the research track versus the 6-10 direct hours on the community health track. Dr. Clark did not react much to Justin's explanation and suggested that Justin talk to the practicum coordinator, Dr. Ethan Rodriguez, because the matter was outside his role as chair of the department. He continued to add that he could not do anything for Justin and that he should write an email to Dr. Rodriguez. Disappointed in his response, Justin reached out to Dr. Rodriguez to schedule a meeting and patiently waited a week for his response.

During his initial two weeks in the clinic, Justin was feeling uncomfortable. He noticed the separation of African American and White staff in the clinic and hearing clients who represented the African diaspora be culturally misunderstood and called "liars" by White



clinicians in group supervision. Additionally, Paula approached Justin with more information about his clinical practicum and suggested that Justin engage in writing manuscripts and presenting research posters so he can get more out of the research track. Justin affirmed that Paula's suggestion was of interest, and he shared that he had yet to meet or have 1:1 supervision with Dr. Lay, his assigned supervisor. Justin indicated that he would like to talk with her. With a concerned look, Paula explained that Justin would have to wait to meet with Dr. Lay, because he does not have any clients on his caseload. Paula stated that she would get a case on his schedule so he could meet with Dr. Lay.

After advocating for the community health track in his various meetings with Paula, Justin received his first community health case and was scheduled to meet with them the following week. Justin met with Paula to ask if he needed to record his sessions and upload them to the community health drive, as discussed in the clinical research protocol. Paula answered, "No," and explained to Justin that he would only be getting one community health case during his training year.

### **Week 3**

Justin and Dr. Rodriguez met after the practicum course, and Justin explained what was going on at the practicum site. Justin discussed the inappropriate statements about clients of color that were said in supervision, not being able to meet with Dr. Lay, the segregation and belittling of staff of color, and the difficulties with being able to work on the community health track. Justin asked Dr. Rodriguez if he could support advocating to be fully switched back to the community health track and meeting with his supervisor. Dr. Rodriguez assured Justin that he would investigate the issues discussed.

### **Week 5**

Two weeks passed, and Justin began to feel worried because he had not heard from Dr. Rodriguez and his advisor, Dr. Clark, after emailing them to schedule a meeting about his practicum experience. He felt that having a meeting together would minimize any miscommunication and eliminate the possibility of going back and forth between parties. While at the hospital, Justin received a call from Paula, who asked if he was available to meet with her and Dr. Michelle Carr, the clinical director, at 1:00 PM. Excited to finally have a supervision meeting, Justin agreed to meet because he had not met with a supervisor about his new case from two weeks ago. He also asked if Dr. Lay would attend the meeting because he had yet to meet her. Paula explained that this is the only time that works, and Dr. Lay will not join the meeting due to conflicting schedules.

Justin met Paula and Dr. Carr in a conference room. Paula began the meeting by explaining that Justin had been leaving the clinic at 2:00 PM, which was against the clinic's policy. She explained to Justin that he should be leaving the clinic at 4:30 PM, and Dr. Carr was present to ensure that Justin understood the policies. Justin was confused and explained that Paula instructed Justin to leave before or after 2:00 PM depending on client schedules. Justin stated that he was okay with leaving at 4:30 PM and wanted to ensure he followed the clinic's policy. He added that there may be miscommunications about his schedule and that Paula had offered other research practicum days, which conflicted with his class schedule. Paula and Dr. Carr looked at each other, handed Justin a document listing hours that he should arrive and leave the clinic, and asked him to sign.

After the discussion, Justin felt upset that Paula may have led him to fail in this matter. The next day, Justin asked Dr. Carr if they could meet 1:1 to discuss a few things. Meeting in Dr. Carr's office, Justin expressed his concerns about the recent meeting with Paula, as well as not having met with Dr. Lay yet for supervision. Dr. Carr looked at Justin angrily and began to raise her voice, stating, "You should talk to Paula about this. I am not sure why and what you are confused about." Justin calmly explained that he had been waiting to talk to Dr. Lay, so that he could have support from a licensed psychologist, which is relevant to his successfully completing his doctoral practicum hours. Dr. Carr continued loudly, "Why would you need to meet with us? I do not understand what you want from us. You should have a better understanding of this clinic from yesterday." Justin felt his heart racing fast and expressed that the current interaction feels uncomfortable and unprofessional. Justin politely excused himself from the tension and went back to his desk.

Justin went to his African American colleagues in the clinic to share his experiences. Baffled at what was going on, they empathized with Justin and explained that this had been an ongoing issue on top of other issues, such as overworking clinicians of color, being dismissive toward the staff, and falsely reporting behaviors to supervisors. They continued to suggest that Justin should be cautious with whom he talks and that he should get in contact with Dr. Lay immediately, because she may be able to protect him during his time there.

## **Week 6**

Paula and Dr. Carr contacted Dr. Clark and Dr. Rodriguez about Justin and his behavior in the clinic. They explained that Justin had attendance problems and lacked compliance with the sites' policies, such as not recording his sessions with his client, not engaging in group supervision, and not being open to the research track. After this discussion, Dr. Rodriguez and Dr. Clark reached out to Justin to set up a meeting to discuss the practicum. Feeling relieved to get an answer and a meeting scheduled to discuss his experiences, Justin accepted the meeting in the hope of finding a meaningful resolution. At the beginning of the meeting, Dr. Rodriguez explained that the meeting was to discuss what the clinic told him. Justin felt upset that his voice and perspective have not been heard or taken seriously over the past six weeks. Justin shared that he had begun to feel unsupported and like a failure in his attempts to meet with faculty. Dr. Rodriguez replied, "Students should always advocate for themselves first and then come to me for support." While Justin noted that he had done just that, Dr. Rodriguez suggested that he had not done it properly.

Dr. Clark joined the conversation and added, "Justin, you can't just go around being rude and yelling '*YOU'RE SO UNPROFESSIONAL*' at people. You are being aggressive." Justin explained that he did not express himself in that manner when meeting with Dr. Carr and provided more context about his experience with her and the clinic. Dr. Clark continued, "Sometimes you need to just shut your mouth and take it because we all had to do it, even if it is a bad site." Dr. Rodriguez nodded in agreement and told Justin that these incidents brought up by the clinic must be discussed with the program faculty. Justin stated that he understood and asked Dr. Clark if they could meet next week. Dr. Clark agreed to the meeting.

## Week 7

While reflecting on the meeting, Justin was concerned about his perceptions of Dr. Clark's lack of support and advocacy. Justin also felt that Dr. Clark had been harmful with his words and tones during the meeting. Justin was most disheartened with being stereotypically characterized as aggressive by Dr. Clark. In the subsequent meeting with Dr. Clark, Justin suggested a change in advisors, and Dr. Clark agreed to this change. Justin contacted an African American faculty member in the health department to be his advisor. The advisor switch was completed, and Justin felt relieved as his new advisor explained that they would support and advocate for him as much as possible.

The next day, Dr. Clark emailed Justin a “Professional Behavior Remediation Plan,” which was suggested by Dr. Rodriguez and approved by the program faculty. Drs. Clark and Rodriguez noted the following about Justin in the remediation document:

- *Has an attitude and approach towards doctoral training that is inconsistent with an openness to continued professional growth and development.*
- *Poor judgment and a lack of awareness about the potential consequences of decisions and actions, including a lack of sensitivity.*
- *Confrontational interpersonal, verbal exchanges with supervisors.*
- *Evasive responses when faculty have pointed out problem areas.*

Justin was heartbroken, felt betrayed, and began to cry. “How could my program say this about me? What did I do wrong?” Justin expressed to himself. He read the plan repeatedly to ensure that he was reading it correctly, and he began to feel discriminated against by his clinical site and program. Justin felt he had been painted as the “angry” Black man, especially given Dr. Clark’s impersonation of Justin. Justin felt this was retaliation for switching advisors and asked himself, “Why did Dr. Clark not mention this beforehand? We met so many times.” Justin was told to leave the practicum site immediately and withdraw from his practicum course with Dr. Rodriguez.

Justin met with Dr. Lay on his last day and explained what had occurred. Dr. Lay explained that she was unaware of what had happened. Additionally, Paula had reportedly told Dr. Lay that everything was fine and supervision meetings were being scheduled. This statement did not reassure Justin, and he expressed disappointment that he had not meet with her earlier. Dr. Lay agreed and added that she hoped Justin would continue to engage in clinical work and apologized for the obstacles placed in front of Justin. Justin was still left with many wounds, leaving him uncomfortable. He began contemplating no longer pursuing doctoral training.

### **Discussion and Reflection Questions**

We invite exploration of what health and wellness might be for the Black people identified in each scenario. Use the following questions and the discussion that each prompts to a) co-create a robust analysis of the scenario (i.e. detailing WHMP), b) identify frameworks and resources for liberatory basis of intervention approach, c) pinpoint domains/areas of potential intervention (i.e. classroom, lab/research, evaluation, etc.), and d) begin formulation of sample interventions at individual, program/department, training site, SCP/organizational, and/or APA/systemic levels.

## Part One- Analysis & White Heterosexual Male Privilege (WHMP) Framework

1. In what ways do you resonate with Justin's experience as a trainee, practicum therapist, supervisee, doctoral student? with Dr. Lay as a supervisor, Dr. Clark as the advisor, etc.?
  - a. How do you imagine their identities impacting their experience?
  - b. Considering the dynamics between Justin and his supervisors, what role does Whiteness play in shaping the power dynamics among them?
  - c. What are the discriminatory and racist behaviors you notice in Justin's case?
  - d. How do you imagine your identities impacting your understanding of their experience?
    - i. Which behaviors are you able to quickly identify as anti-Black?
    - ii. Which behaviors are more difficult for you to understand as anti-Black?
2. Begin an analysis of this scenario with WHMP and anti-Black racism as a framework.
  - a. Who is working to protect WHMP and how?
  - b. Who is working to disrupt WHMP and how?
  - c. What role is WHMP playing?
    - i. In threatening Justin's humanity?
    - ii. In Paula's actions?
    - iii. In Dr. Clark's actions?
    - iv. In Dr. Rodriguez's actions?
    - v. In Dr. Lay's actions?
      1. How might Justin's experience have been different if he had met with Dr. Lay earlier?
  - d. What tools of white supremacy are in action?
  - e. What is Justin being tasked with in order to maintain WHMP?
  - f. Reflecting on Justin's experience, how might institutional structures and policies support WHMP within clinical training environments?
  - g. How can training programs create racially responsive policies that protect Black students from racism during their clinical practicum experiences?

## Part 2 - Analysis of How Anti-Blackness Functions

**Vessel:** Whiteness strips Black people's bodies, labor, and productivity of worth unless they serve the needs of Whiteness.

- What are the implicit and explicit messages that Justin is receiving about his training and supervision needs?
- What attitudes or comments might suggest that Justin is being perceived as deviant or unprofessional?
- How are these messages likely to affect Justin?
- What is Justin being asked to do that seems counter to his self-determining perspective?
- What labor is Justin being asked to do to support or comfort Whiteness?
- How might Justin's experiences of discrimination and marginalization impact his physical and mental health, both during his training and in his future career as a counselor?

- Considering the challenges Justin faced in advocating for himself, what strategies could be implemented in academic settings to empower Black students to care for themselves as they navigate anti-Black racism?

**Value:** Worthiness and respect are conferred upon Black people to the degree that they conform to White norms.

- What all is Justin being asked to do to be favored or be perceived as a good student?
- What perceptions are others (e.g., Paula; Drs. Clark, Rodriguez, Carr, and Lay) forming of Justin in his different contexts?
- What might these perceptions mean for Justin's professional development and his evaluation?
- How does the lack of representation and support for Black students, like Justin, impact their sense of belonging and well-being within historically white academic spaces?

**Voice:** Whiteness affirms Black expressiveness and contributions (i.e., class participation, scholarship, activism, theoretical orientation) that support White norms, while pathologizing or dismissing Black humanity.

- How can the characterization of Justin as “aggressive” and “confrontational” be understood as a manifestation of anti-Blackness?
- How are Justin's efforts for self-advocacy being characterized?

**Volition:** Whiteness circumscribes Black peoples' choices and agency to the degree that Black creativity is stifled.

- How are Justin's choices being pathologized or being identified as inappropriate?
- What options are being presented to Justin that seem inconsistent with his self-determining choices?
- How are the choices presented to Justin supportive of the status quo or White comfort?
- How might Justin's choices for self-determination influence how he is assessed and considered for other opportunities?
- How could the advisor, practicum coordinator, and supervisors responded differently to Justin's advocacy to support his choices and nurture his creativity?

**Visibility:** Whiteness only honors and amplifies Black peoples' presence when they satisfy diversity needs while simultaneously silencing Black people when it comes to pro-Blackness or healthy Black humanity.

- What attitudes and sentiments are being used to identify Justin as “the problem?”
- How is Justin being rewarded or punished for his choices?
- How might the comments in the remediation plan impact Justin's clinical, academic, and personal development?
- In light of Justin's contemplation of quitting the program, what responsibilities do academic institutions have in addressing and rectifying instances of discrimination and mistreatment of their Black students?
- How could faculty and supervisors be more responsive to Justin's clinical and research accomplishments to promote his humanity?

## **AUTHORS' APPENDIX**

## Authors' Positionality Collective Process Statements

*In Alphabetical Order*

**Carlton E. Green (he/him):** I am a southern-born Black cisgender gay man. Being a Black person in the United States context has shaped how I view the world, broadly, and academia, more specifically. I have spent much of my educational and professional trajectories in historically White institutional spaces. I have been involved in advocating for racial justice issues dating back to 5<sup>th</sup> grade. As such, I have seen how Black students, faculty, and staff have consistently been maltreated by educational systems that were never created with us mind. It has been my experience that Black people are asked to assimilate and divest ourselves of what is deemed unacceptable to Whiteness. In this vein, Whiteness and racism are killing us. I believe that our capacity to embrace and walk proudly in our Blackness is what will save us and make us healthy. I supported by my colleagues with “But Where Does it Say That” and “You Need to Just Shut Your Mouth and Take It Because We All Had to Do It: A Case About Justin.” Discussions about cases often went in multiple directions. I want to highlight a few important details of our collective process. It is necessary to acknowledge that Black people in academia often readily take on racial justice-related labor, because we are deeply invested in the institutions where we matriculate and work. We challenge in historically White institutions, because we care about people being treated fairly, and we want to see the institutions realize their potential. While doing that work, we often sacrifice too much, and our physical and psychological wellbeing can suffer. Additionally, we can also become afraid when we are working to survive Anti-Black Racism and dismantle White Heterosexual Male Power and Privilege. We can be afraid of losing our jobs, being kicked out of programs, being labeled as “difficult to work with,” and having our careers sabotaged. However, because our humanity is often devalued, our fear, anxiety, and dread are often overlooked. I am hoping that the cases will help counseling psychology programs begin to see the humanity and dignity of Black people. I hope that our colleagues will grapple earnestly with how false generosity thrown at Black people will never actually address the real problem—Whiteness and its many weapons. I hope that using the case studies will provide validation for diverse Black experiences and stimulate brave self-determination among Black students and faculty.

**Jonathan Sepulveda (he/him):** I am a white, Puerto Rican, heterosexual, cisgender male who grew up in the Bronx. I have a bachelor's and master's degree in psychology and mental health counseling, respectively, from Baruch College. I obtained my PhD in counseling psychology from Boston College—I returned for my doctorate with a focus on advancing research on Black and Latinx populations. I have taught at Felician University for three years, and will begin a new position as assistant professor at Lehigh University. My clinical work examines the impact of systems on clients' lived experiences. My research interests are primarily related to ethnic-racial identity development and purpose; however, I am also interested in the role of contexts on individuals' ethnic racial identity development. My clinical and research interests stem from my personal experiences as a Puerto Rican teenager whose intrapersonal and intrapsychic experience was influenced by various policies in New York, such as the stop and frisk policy. For the case of Anika, I used a combination of personal experiences, experiences that affected my friends, the university newspaper, and a blog to illustrate how *professionalism* and institutional policies uphold white supremacy and negatively impact students of color through violence, disciplinary actions, and microaggressions. Personally, I have been an advocate of transparency about my own personal, professional, and academic experiences in order to disrupt existing systems of oppression and initiate critical dialogue and action.

**KaLynn Glasper (she/her):** I am a Black cisgender woman residing in the United States, currently pursuing a Ph.D. in Counseling Psychology. I joined this project as the Social Justice Graduate Assistant for Division 17: Society of Counseling Psychology (SCP). In collaboration with this team, I contributed to the creation of this casebook which is informed by our collective experiences and the experiences of our colleagues. It is my hope that this casebook will be approached with an open mind, thoughtful consideration, and a commitment to supporting individuals on their journey from student to psychologist.

**Kimberly Burdine (she/her):** I received early socialization in the Midwest region of the states as a cishet African American girl with working class family values. I was reared to value relationships, work, and education as vessels for freedom and stability, and I continue to move with the spirit of my mother, grandmother, and great grandmother in as much of my purpose as possible. As a young person, I found a sense of home in classrooms under the guise of learning.



Most of the people I called teachers served me well, especially as a child, which made academia and training in psychology a perfect match for my early adulthood and career as a psychologist. As I experienced the beauty of transformation and healing, I have come to know myself as a queer, Black woman and femme, and I remain in the Midwest. While I continue to find home in learning and teaching, I understand my current role in the dance for our collective freedom to be that of a healer, connector, truth-teller, and budding creator. I joined this initiative with a slither of hope that our collective work, and my contribution to it in co-creating the *Case of Aria*, could usher in insight and facilitate lasting change in counseling psychology training. Isolation as a longstanding tool of WHMP is one theme I hope is highlighted, and I invite your help in reimagining administration of our training programs that is rooted in community. I hope that a few counseling psychologists will experience this resource as generative in their learning and teaching, such that they are made more free to expand their notions of humanity and the meaning we make of it as people who claim to value human life. Our students, colleagues, and the humans they serve deserve a counseling psychology that demands justice and uses every manner known to us as a field to cultivate and protect it.

**Michael Mobley (he/him/his):** As an African American gay, cisgender man, I was raised in the Northeast region of the United States (U.S.). I currently serve as a training director of a masters' level clinical mental health counseling program and Special Assistant to the President for Diversity, Equity, and Inclusion. Since being an undergraduate resident assistant, I have always been passionate about the promotion of diversity of ideas, identities, experiences, and ways of being. As a professor, trainer, administrator and human being, it is crucial that we seek to empower, liberate and celebrate diversity in ourselves and others. In the development of the case, *Black Like Me: Tyrone and White Women Tears*, I have reflected upon the several occasions when I have personally experienced such racialized interactions within academic communities similar to Tyrone. In the late 1980s, I read an article that included within its title the words: Black Males in College – An Endangered Species. Sometimes the presence of Black males in society triggers countless stereotypes, anxieties, and fears in predominantly white spaces and white bodies. It is not uncommon for members of white society to seek to control the fate of Black males through various institutions – education, health systems, criminal justice system, religious communities, policing, workforce development, etc. Within higher education, and

graduate level training, in particular, such efforts to control not only Black men but all BIPOC individuals, often occurs through the indoctrination process of “professionalism.” Predominantly and historically white institutions of higher education – pervasive spaces of anti-Blackness – seek to reform and mold Black and other racialized bodies into becoming more and more White as a litmus test of acceptance and approval. However, in the case of Tyrone, when Black males use their agency and voice to disrupt Whiteness and anti-Blackness in the expressed expectations of professionalism, there is an increased effort to not only control them, but also to silence and ostracize their presence within such white spaces. In this case, Tyrone assertively pushes back on such anti-Blackness and holds his ground to be respected, valued, and affirmed for his principled position in being asked – or more so, -- being directed to adhere to a practice which in actuality is not a written policy. It is hoped that this case involving Tyrone may offer a light for other Black people (as well as other marginalized individuals) to find their voice as they seek ways to maintain their health and wellness in white spaces where anti-Blackness permeates.

**Minsun Lee (she/her)** is a Korean American cisgender woman who has navigated her gendered cultural and gendered racial positioning throughout her life, informed by the historic and current sociopolitical experiences of her ethnic and racial diasporas. She is currently an associate professor and program director in a counseling psychology doctoral program at a private university. These experiences inform her positioning as an Asian woman in an anti-Black, white supremacist context and inform her perspective on how anti-Blackness manifests in the colonial, white supremacist, capitalist academic system. (*Reflection on Avalanche of Anti-Blackness in Academia below.*)

**Mun Yuk Chin (she/they)** is a queer, able-bodied, Chinese person who was born in Malaysia. She was a first-generation college student and currently works as an assistant professor at the University of Nebraska-Lincoln. Their learning and evolving experiences of marginalization and privilege (across space and time) have continuously contributed to their perspectives and actions on redressing issues of oppression, including anti-Blackness in our profession. (*Reflection on Avalanche of Anti-Blackness in Academia below.*)

**Rebecca Toporek (she/they)** is a white, cis-gender, older woman who was born in Canada and spent most of her life in the United States. She is currently a counselor educator and department chair in a master's counseling program at a public university in California. Throughout her career, first as a community college counselor, then psychologist and counselor educator, her work has focused on multicultural and social justice advocacy perspective. Her main focus within social justice advocacy is in anti-racism and economic justice. (*Reflection on Avalanche of Anti-Blackness in Academia below.*)

**Avalanche of Anti-Blackness in Academia case study** emerged from discussions of our (**Mun Yuk, Chin, Rebecca Toporek, and Minsun Lee**) lived experiences in academic settings within counseling/counseling psychology in the U.S. As authors, we collectively expressed our mindfulness that none of us is Black, and therefore are not subjected to anti-Blackness in the ways that affect our protagonist Dr. Thomas and the Black students. The case narrative also reflects our shared graduate training in counseling psychology and shared work roles in academic settings. We also reflected on how our different experiences (e.g., different social positions, career phases, leadership experiences) allowed us to contribute differently in developing this case study. In particular, our intent was to highlight the intra- and interpersonal toll of systemic anti-Black racism and oppression within an academic setting. Our writing was continuously shaped by conversations with our leaders and peers and we sought to integrate feedback from the broader team to ensure that we were elucidating main constructs using the WHMP framework via our case study. Additionally, our initial writing and rewriting of the case was informed by the experiences and expertise of our colleagues and loved ones who have direct experience as Black academics.

**Shavonne J. Moore-Lobban (she/her):** I am a Black, cisgender woman, raised in the Midwest region of the United States (U.S.). I am a licensed and board-certified counseling psychologist, who feels a deep connection to our profession. My practice, research, and advocacy center on supporting and affirming culturally appropriate healing for marginalized and traumatized communities. As I thought about developing the case, *I Think You're Really Scary*, I was reminded of the collective experiences of so many colleagues that I have known, including my

own experiences. It felt important to highlight the complexity of anti-Black racism and how it shows up in ways that become internalized for Black people. In this case, I wanted to highlight how notions of *professionalism* can be weaponized against Black people in ways that silence their attempts to seek support. In writing this case, I felt the frustration of Natasha, as she struggled to advocate for the very thing she came to her program for, which is the opportunity to become a competent clinician. I have experienced many times where power, fear, stereotypes, and discrimination have oppressed me and the opportunities that are before me. My heart breaks for Natasha as she experiences this and I hoped that the case would illuminate this so others don't experience it as well.

**Ty A. Robinson (he/him):** As I offer contributions to this case book present the case of Justin, it is important to state that I am an African American gay, cisgender man born and raised in the southern region of the United States (U.S.) and am pursuing a Ph.D. in counseling psychology. Much of my professional experience has focused on providing health, wellness, and educational services to communities of color and engaging in service opportunities within the field of psychology that address policies that have prevented Black psychologists from healing and living their authentic selves. My educational and personal journey by no means has been linear and has faced many obstacles related to the discriminatory, racist, and Eurocentric practices in academia. For the case I contributed of Justin, I drew upon my past and present experiences to share how racism, oppression, and discrimination within academia can impact the health, well-being, and future of an African American clinical trainee. In turn, I hope my contribution to Justin's case can provide moments of validation and healing for those who may relate to his story. I acknowledge that my positionality and academic experiences have contributed to the development of this case.