

## Overcoming Racial Battle Fatigue Through Dialogue: Voices of Three Counseling Psychologist Trainees

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The supervisory relationship is a complex process that entails the evolving identities, worldviews, and expectations of supervisors as well as supervisees. For trainees of Color engaged in racial justice work, issues of power, privilege, and oppression are salient—not only in clinical services but also in the supervisory dynamic. Racial Battle Fatigue (RBF) has been described as the “social-psychological stress responses (e.g., frustration, anger, exhaustion, physical avoidance, psychological or emotional withdrawal, escapism, acceptance of racist attributions)” (Smith, Allen, & Danley, 2007, pp. 552) associated with being a Person of Color and being the repeated target of systemic racial oppression. The current study is a community autoethnography focusing on the experiences of three counseling psychology doctoral-level students and our experiences of RBF in different supervisory processes during internship year. Each of us selected the internship site because of the training emphasis on multiculturalism and diversity, yet our supervisory experiences included support as well as challenges for engaging in racial justice dialogues. Our article reflects the perspective of two racial and ethnic minorities as well as a White ally committed to racial justice work. We describe the supervisory processes that contributed to our RBF and underscore the importance of having supervisors and peers who model and create the space to help us dialogue about privilege, power, identity, and oppression. We highlight the strengths of our internship site and provide recommendations to further enhance multicultural competency in the supervisory relationship. Implications for research, practice, and clinical training are provided.

### *Public Significance Statement*

This study provides the narratives of three counseling psychology trainees and their experience of coping with racial oppression during predoctoral internship training. Their stories detail the ways in which racial oppression influenced their clinical supervision to affect their personal and professional well-being. Recommendations are provided to underscore how supervisors and peers can model and create space to dialogue about privilege, power, identity, and oppression.

*Keywords:* racial battle fatigue, supervision, community autoethnography

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The dominance of an ethnocentric, European-American perspective in the field of psychology has been identified as a significant barrier in increasing diversity and one that affects the experiences of graduate students of Color seeking mobility (Vásquez et al., 2006). Racial Battle Fatigue (RBF) has been described as the “social-psychological stress responses (e.g., frustration, anger, exhaustion, physical avoidance, psychological or emotional withdrawal, escapism, acceptance of racist attributions)” associated with being a Person of Color and being the repeated target of systemic racial oppression (Smith, Allen, & Danley, 2007, pp. 552). RBF was first introduced by Smith (2004) in the field of higher education as a conceptual framework for understanding how universities operate from a dominant, White, hegemonic perspective that perpetuates racial microaggressions. In this context, People of Color must devote their energies to cope with the stresses of overt discrimination, as well as covert forms through everyday racial microaggressions that are described as: “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward People of Color” (Sue et al., 2007, p. 271). Over time, the accumulated effects of racial microaggressions can result in RBF via a host of psychological, physiological, and behavioral symptoms and expressions.

To date, RBF has not been discussed within clinical and supervisory training contexts, although a growing body of literature has highlighted the role and detrimental effects of microaggressions and limited multicultural competency in supervisory dyads (Constantine & Sue, 2007; Wong, Wong, & Ishiyama, 2013). For example, from qualitative interviews with 10 self-identified, Black doctoral-level supervisees in the field of counseling and clinical psychology, Constantine and Sue (2007) identified seven themes reflecting the types of microaggressions that supervisees perceived from their White supervisors. These themes included invalidation from the supervisor when discussing racial-cultural issues, supervisor reluctance to provide feedback because of their own fears of being seen as a racist, intrapsychic blame toward clients of Color rather than recognition of systemic issues, dealing with stereotypical assumptions about Black supervisees and Black clients, and receiving culturally insensitive treatment recommendations. This study highlights the damage that can be inflicted on supervisees’ personal and professional development during their supervisory experiences, including self-doubt and helplessness (Jernigan, Green, Helms, Perez-Gualdron, & Henze, 2010) as well as a lack of safety, respect, or feeling seen (Wong et al., 2013). Although this and other studies have captured the role of microaggressions in the supervisory context, less is known about the larger clinical environment surrounding these experiences, or the coping strategies that are successful, including external resources and supports available for trainees in their particular training environment.

In the context of clinical training and supervision, scholars have described different types of supervisory relationships, the more concerning one being the regressive relationship, which refers to dyads in which the supervisee is more advanced than the supervisor in terms of racial identity development (Helms, 1990). However, missing in the literature is the emphasis on the larger context of supervision, such as the environment of the training program and dynamics within the clinical setting. Attending to the larger, systemic, institutional culture of a training program is important to

consider, given that RBF does not occur solely in one-on-one settings but is part of and a result of a larger climate of White hegemony.

The current article details the experiences of three Counseling Psychology doctoral-level students and our experiences of RBF in the context of our supervisory processes during our predoctoral clinical internship. We began writing this article during the second half of our internship training when we realized how validating and normalizing it was to be able to express our experiences to each other and how helpful it may be for other trainees to learn about our journeys. Our experiences seemed especially unique because of our collective efforts to engage in racial justice clinical work and because we specifically chose our internship site for its emphasis on multiculturalism and diversity. We therefore wrote about our experiences of RBF during our internship year. Since then, we have each moved forward in our own professional journeys (becoming an academic, starting clinical practices) until the opportunity arose for us to submit our experiences to an issue specific to trainee perspectives in supervision.

We frame our narratives based on the Critical Race Theory counterstory, which is a method of telling the stories of marginalized individuals and providing a space for the voices of those who are normally unheard (Smith, Yosso, & Yolórzano, 2006). We provide our narratives with the intention of highlighting RBF as a phenomenon that pervades not only the experiences of students and faculty in higher educational settings like the classroom or campus climate, but also in clinical supervision at the doctoral level of training.

In terms of our research method and writing style, we present our experiences using a community autoethnography, which is an “academically rigorous and socially responsive” (Stringer, 1997, p. 17) approach to centering our personal stories as data. The three of us were situated in a predoctoral internship in a large, public university in the counseling center over a 12-month period and the student population, and our clients were predominantly first-generation college students, working students in a large city. Meanwhile, our clinical setting was largely comprised of White American, heterosexual, cisgender, mental health professionals. In the sections below, we offer our individual experiences and conclude with a collective summary of our reflections as well offer recommendations for training, research, and practice.

## Method

Our study design is a community autoethnography (Toyosaki, Pensoneau-Conway, Wendt, & Leathers, 2009), which centers on the personal experiences of “researchers who participate in and coconstruct each other’s existence” (p. 59). This methodology is both a process and a product that centers on community building, particularly on emotionally charged and evocative issues around social and cultural issues that can contribute to facilitating relationships and relationship building. The narratives serve as an alternate expression of the existing theory and knowledge grounded in the personal experience by being in the field. Similar to the work of Toyosaki et al. (2009) and other scholars conducting autoethnographies, our work addresses the pervasiveness of Whiteness in education but specifically in the context of clinical training. We share our lived experiences with RBF in the supervisory context as racial justice advocates and seek to build on the

extant literature on multicultural supervision. In the sections below, we document each our respective journeys, followed by a collective reflection of our experiences and recommendations as a group.

Although it was half a decade ago that we decided to document our experiences for publication purposes, our experiences are still relevant today. The racial and ethnic diversity of our internship cohort was atypical to begin with because we were a cohort of four women from different countries of origin, races, class backgrounds, and graduate institutions in the United States. The three of us (Sherry C. Wang, Rebecca R. Hubbard, and Cristina Dorazio) decided to coauthor this submission to highlight the emotional toll that we experienced throughout our internship journey and to explicitly label our coping strategies and recommendations for surviving RBF. We were willing, even then, to take the professional risk to write about our experiences. We believed then as we do now that our experiences would offer a contribution to the literature on clinical training, using RBF as the framework for discussing the legitimacy of our experiences and providing suggestions about changes that can be made in supervisory processes and training.

### Hubbard

I identify as a Black-White biracial, German-American, heterosexual, spiritual woman of working-class background. Although I primarily identify as biracial, I experience myself as a Black woman in many contexts. I arrived to internship prepared to be a racial minority. To my relief, my intern cohort was racially and ethnically diverse. Despite feeling alone in my Black/biracial identity, I quickly found comfort in knowing that all of my cohort members had experienced negotiating their cultural identities.

Being a diverse cohort in a counseling center of majority White staff immediately created a pressure in me to justify the cultural importance and represent my group (Black Americans) at every opportunity. The most prominent example was our Intern Individual Outreach Project. I believed it was my duty to focus my project on African-American college students. This message was not verbally communicated by any supervisors or staff members, but I was concerned that I would feel guilty and people would evaluate me negatively if I did not select a project that was cultural in nature of my Black/biracial, woman identity. Through consultation with my cohort and the incredibly supportive supervisors and outreach coordinator, I found the courage to conduct my project with injured athletes. Working with athletes was always an interest but not a particular area of focus, and I was very fortunate to have the opportunity to develop this aspect of my professional identity. I credit relationships at the counseling center that helped me overcome the pressure to conduct a project based on race or culture and experience being seen holistically, not just for my race.

As invigorating and comforting as my Intern Individual Outreach Project experience was, my internship year also took a toll on my mental health. The pressure to speak to the Black/biracial experience seeped into various contexts. For example, in a discussion of interracial relationships in a multicultural staff meeting, I voiced that people were avoiding a candid discussion and not addressing the resistance in American culture to these unions. Stereotypes and the racism that influences this attitude in many Americans were omitted from the conversation. After this meeting,

I felt anxious and worried that I had made others uncomfortable. This anxiety was informed by my past experiences in majority White systems. The anxiety lasted for weeks as I ruminated over whether I had shared too much. Over the course of internship year, situations like the ones described caused me to feel anxious. I was also more exhausted after days with those interactions than on other days. Although I cannot make a causal link, I think it is no coincidence that I gained weight during my internship year. This experience was an important aspect of the last part of my graduate training. I am grateful for the support I received in coping with this racially based anxiety.

### Dorazio

I identify as a White, bicultural (i.e., Italian and American), first-generation college student, heterosexual, spiritual, and ally woman from a working-class background. Although I primarily identify as a White woman, the salience and intersections of all my identities inform how I experience people across settings. Whereas I arrived to internship prepared to be a part of a White majority staff and a part of a culturally diverse cohort, two main questions surfaced for me: (a) How will my cohort experience me, as I have many privileged identities and value multicultural work? and (b) Will I find other White antiracist allies with whom I can have discussions about the difficulties associated with doing multicultural work? In articulating these questions, I am reminded of the cost of oppression to all people. Although my personal and professional experiences on internship helped me address these questions, which ultimately promoted my growth, engaging in this work resulted in symptoms of anxiety and fatigue. Establishing authentic relationships within my cohort and supervisory experiences helped me balance these symptoms with invigoration, hope, and passion.

Being a part of the White majority on staff while simultaneously being the only White woman in my cohort facilitated this sense of accountability and responsibility to have difficult dialogues about difference. For example, although anxiety provoking at first, being able to have honest discussions about the intersections of my identities within my cohort created the trust I needed to challenge myself to bring these discussions to larger staff meetings. In doing so, I found myself becoming hyperaware of how others perceived me. Whereas I was excited to bring my activism and social justice education to a new system, I felt as if I had to prove my knowledge of oppression; how I take part in oppressive systems; and how I experience oppression myself. While engaging this process, I constantly asked myself, "Where is my accountability?" The pressure that I put on myself to do this work contributed to my fatigue. I usually found myself being very thoughtful about what activities to bring to the staff and felt responsible for other White supervisors' process of engagement in self-awareness and reflection. Furthermore, in experiencing my fatigue, I also felt unentitled to this experience because I am privileged in my racial identity and do not know what it is like to face oppression on a daily basis. This rationale I gave myself further perpetuated my anxiety.

In the same vein, being a part of staff that values social justice and multiculturalism empowered me to do the antiracist and ally work I value. I was supported by supervisors to conduct various multicultural activities during staff meetings, designed my own series of antioppression workshops for students on campus, and

was given the opportunity to process my reactions about doing this work with other White ally staff. The most valuable lesson I learned while going through this process was that I can be accountable and responsible for doing this work in collaboration with People of Color and White allies.

## Wang

My most salient identities during internship year were being a woman of Color (i.e., Taiwanese/Chinese), an immigrant to the United States, and a graduate student. There were two instances during internship year during which all of these identities intersected and I felt especially vulnerable. The first instance was my involvement in the multicultural committee of the counseling center, which was a voluntary group of staff that met to organize monthly activities pertaining to multicultural competence. Planning the multicultural activities for staff was challenging because of the lack of consensus about its long-term purpose. What was most frustrating was that my involvement seemed to take the responsibility away from others' contributions to demonstrating multicultural competence. In one particular supervisory relationship, I was asked to teach, show, and demonstrate what it means to be culturally competent because I had a better understanding of the concept. Although I was grateful that my supervisor expressed humility to learn more about multiculturalism and diversity, this request inadvertently shifted the weight of supervision onto me so that I was responsible for my own supervisory process and for their learning.

In a separate instance, I helped to cofacilitate an activity that explored aspects of staff identities that are privileged and oppressed. This activity stemmed from my involvement in the multicultural committee and yet became an even more risky and anxiety-provoking process. Another intern and I were tasked with initiating difficult dialogues about power dynamics, in the hopes that this would strengthen our collective awareness about power differentials (the irony is that we were at the bottom of the power pyramid). Similarly, when I presented on the topic of feminist and multicultural supervision, it was a risk as well as a plea for the staff to address issues of power in the supervisory clinical relationship. I wanted to highlight the ways in which systemic and structural oppression were salient in individual relationships and to encourage dialogues that were not happening across all of the supervisory relationships. By presenting on these topics, I took significant risks by bringing to the forefront my lack of power in supervisory relationships and my needs as a woman of Color and a trainee with the least amount of power.

These events drained me. I realize now that in so many situations, I placed myself in circumstances that were professionally and personally perilous for me. It is no wonder I felt so exhausted and tearful during that time period. My involvement in multicultural activities took a substantial toll on my emotional health, especially in terms of anxiety, perhaps even bordering on paranoia. I wondered at length about how I was perceived when I was tasked to be the one to talk about power and privilege. I frequently wondered whether I was burning bridges and destroying my professional career. Throughout the remainder of that year, I was hypersensitive about the costs associated with my actions and the potential consequences (e.g., "Am I going to fail internship because I talked about taboo topics?").

Throughout these experiences, I was fortunate enough to have the support of some of the supervisors. They reminded me about the importance of self-preservation and told me that structural-level changes do not occur quickly. Such a verbal and overt acknowledgment helped me feel seen when I had felt so small, helpless, and invisible in a larger system. Such acknowledgment also helped attend to my feelings of being overly visible and overly seen when speaking up and about race, power, and privilege.

## Collective Reflections

The concept of intersectionality (Crenshaw, 1991) is important to introduce as a framework for understanding how multiple social identities intersect to reflect the interactions of systemic oppression (i.e., racism, sexism, classism, heterosexism). Power dynamics are central to understanding the ways in which the absence of power is exacerbated for those who experience multiple forms of marginalization. In our case, our salient identities included our race, gender, and trainee status among other identities that were important in each of our supervisory dynamics. In these contexts, we collectively felt the pressure to educate our supervisors about aspects of systemic oppression that were directly affecting us. We experienced rumination and anxiety associated with the fears of what the staff would think of us when we did provide psychoeducation as well as any potential repercussions because of the power differentials. The pressure we felt was further amplified by the sense (whether this is accurate or not is unknown) that our supervisors did not prioritize their own learning in regard to racism and racial justice. In these ways, our internal experiences were similar, even if some of our identities (e.g., race) differed from one another.

Across different supervisory relationships, some were more receptive to dialogues on multiculturalism and diversity than others. Certain conversations about microaggressions were met with understanding and support. However, not all supervisees shared this experience. The discrepancy translated into our need to have dialogues among ourselves because of how much variation there was across supervisory dyads. One of our supervisors was proactive in facilitating these conversations. Another supervisor did not see color but was open to learning more from the supervisee. In a third instance, a supervisor expressed being overwhelmed with the supervisee's needs and described her expression of RBF as too much to work with.

In a Major Contribution article addressing multicultural supervision, Falender, Burnes, and Ellis (2013) assert the importance of supervisors taking the responsibility to be aware of and initiate conversations about identity within the supervisory relationship as a means for promoting supportive, culturally competent supervision. They go on to explain that "the effectiveness of both multicultural and international supervision is enhanced by understanding both the supervisor's and supervisee's worldview, frame of reference, and views of tasks of supervision" (p.16). Because we did not always know about each of our supervisors' worldview, frames of reference, or expectations of supervision, the ambiguity generated a lot of unspoken expectations, fears, and anxieties about our intersectional identities: as racial and cultural beings, as interns, as women, as newcomers, and antiracist advocates who spoke up.

There are also specific aspects of our internship training program that helped us better cope with the effects of RBF. As mentioned in previous sections, our site's decision to select a diverse intern cohort is a testament to the value of multiculturalism. Although our agency was not immune from microaggressions or systemic levels of oppression, the expression of this value permeated several specific internship program components. For one, predoctoral interns spent 1 hour per week in the trainee support group, an informal time to vent, discuss shared and differing experiences, and support each other. Twice a month, our training director would also join us for part of this hour to check in about how we were doing. The time we spent in the trainee support group provided fertile ground for multicultural interactions as well as a safe space to feel normalized in sharing our collective narrative of "am I going crazy?" (cf. [Gildersleeve, Croom, & Vasquez, 2011](#)). Our willingness to take risks and share vulnerabilities in a safe context further allowed us to facilitate challenging dialogues for interpersonal learning. These conversations, conducted in the safety of our peer group, empowered us to take the dialogue to larger staff meetings and to our respective supervisory relationships.

Our internship program also included a required, year-long multicultural seminar that met on a weekly basis. The training provided an opportunity for us to understand ourselves as racial and cultural beings and not just the identities, experiences, and traumas of our clients. Each of us had opportunities to lead and present on topics of our choice and to provide scholarly readings to supplement processing with didactic learning. This built-in seminar serves as a testament to the commitment to training multiculturalism at our internship site and is not found across all clinical internship sites, thereby highlighting the strength of our program.

Altogether individual and small group support were critical aspects of our coping strategies and likely prevented more severe psychological consequences from manifesting. [Jenkins \(2015\)](#) has described the ways in which she was able to create hybrid spaces to be able to validate her own lived experiences of RBF. For us, it was healing to be able to do this each other by creating a collective hybrid space to see ourselves from multiple perspectives—particularly one that would validate our RBF with one another. Consistent with prior work examining the helpful and hindering events in group supervision ([Kaduvetoor et al., 2009](#)), our opportunities for peer vicarious learning were instrumental in how we developed and refined our own multicultural competence. More importantly, it was through our peer support and dialogues that we were able to overcome our RBF to be able to know how to proceed in internship journey and engage in the necessary self-care to be able to ultimately complete our training.

By synthesizing our own lived experiences with the literature on microaggressions and RBF, we believe that the symptoms of RBF are consistent with the long-lasting effects of microaggressions. Common responses to microaggressions have included constant vigilance, bodily arousal, and depletion of resources that can lead to medical conditions such as cardiovascular disease, hypertension, respiratory problems, cirrhosis of the liver, obesity, and diabetes ([Sue, 2010](#)). In addition to our day-to-day experiences within the counseling center, the effects of experiencing race-related stress contributed to our anticipation of future events, as described in the microaggression process model of stress proposed

by [Sue \(2010\)](#) and other work on anticipatory race-related stress ([Utsey et al., 2013](#)). The effects of witnessing racism and microaggressions also influenced the mental health of our White cohort member (coauthor [Cristina Dorazio](#)), underscoring the detrimental effects of racism for all people, and not just People of Color. Therefore, we underscore the importance of addressing race-related microaggressions not only for People of Color but also White allies.

Prior to our departure from the training site, we provided our feedback to our program and received the support of our training director to move forward with publishing our community autoethnography. Since then, we did not observe any systemic or programmatic changes, and the short-term nature of our internship makes it difficult to assess how whether or how our feedback led to long-term, organization change. What we can attest to, however, is individual support, understanding, and multicultural competence from select supervisors. Yet these individual interactions did not automatically translate into systems-level changes that could have stopped or prevented our individual and collective RBF.

## Recommendations

By situating our experiences in the extant literature on clinical supervision, microaggressions, and RBF, our community autoethnography offers implications for clinical training and research. We provide suggestions in each of these domains and contextualize them by first stating the limitations of this study. To begin, our community autoethnography is based on the perspectives of three women, and it is therefore gendered in terms of our shared identities and socializations as cisgender women. Had our internship cohort been any different, our experiences would have varied. Additionally, we did not include any of our supervisors' perspectives, and having a supervisory perspective could certainly triangulate and add another dimension to our study. Finally, it is important to acknowledge that we wrote about our experiences during the end of our internship experience and are now revising it for publication because of the opportunity to submit about our training experiences. The passage of time and our own evolution as individuals and professionals undoubtedly have an impact on us. Nevertheless, we believe our qualitative inquiry contributes to transferability of our study findings, and we hope that readers can apply our experiences to people, places, and dynamics that are relevant.

In terms of our recommendations for internship training, we find it important for trainees to have a safe space to have honest and difficult dialogues about cultural differences via built-in, ongoing, weekly support groups. It is imperative for trainees to have the opportunity to speak to the anxiety and fatigue associated with engaging in multicultural work and to discuss not only feelings of marginalization but also how we inadvertently marginalize others and should work to improve our own lifelong multicultural fluency. This recommendation is consistent with prior work that has emphasized the importance of group process and peer interactions in having discussions and being able to facilitate multicultural learning and growing ([Gainor & Constantine, 2002](#); [Kaduvetoor et al., 2009](#)).

We also find it beneficial for interns to have difficult dialogues within affinity groups (i.e., groups that consist of people from the similar racial/cultural backgrounds) as a way of ameliorating

symptoms of RBF. Having difficult dialogues cross-racially can, at times, be retraumatizing for People of Color and simultaneously guilt inducing for White people. Co-author Cristina Dorazio's experience was that she needed role modeling from other White allies on staff to feel supported in her responsibility to do antioppression work, which is consistent with findings from Smith and Redington's (2010) study exploring the experiences of White antiracist activists. These authors noted the importance of White activists knowing where they can find support and how they can use their privilege to overcome oppressive systems. Thus, if issues of multiculturalism and diversity are already missing or avoided in supervisory relationships, peer supervision outside affinity groups can further exacerbate trainee RBF by compounding feelings of helplessness and marginalization.

Our recommendations are consistent with research that suggests that the multicultural training needs are different for ethnic minority and White trainees and affected by previous experiences of multicultural counseling training (Chao, Wei, Good, & Flores, 2011). Chao et al. (2011) found that increased training significantly improved the multicultural of White trainees but had no effect on trainees of Color. Specifically, at lower levels of training, trainees of Color reported greater multicultural awareness than their White peers, whereas at higher levels of training, there were no racial or ethnic differences. These findings therefore underscore the differing training needs of White trainees and trainees of Color, particularly with regard to enhancing color-blindness. We therefore believe that by having affinity groups based on racial identity and racial identity development, conversations specific to White identity development can be addressed for White people to learn to transcend their guilt and learn to use their power to take responsibility for undoing racism. This includes helping White trainees understand their emotional and educational journey (Todd & Abrams, 2011). In this way, People of Color would not be burdened with the responsibility of having to educate in supervisory relationships in which supervisees should be learning rather than teaching.

Helms (1990) has highlighted the detrimental effects of regressive supervisory relationships, which refer to the types of relationships in which supervisors are less advanced in their racial identity development than their trainees. These relationships contrast progressive dyads in which supervisors are able to guide their supervisees' professional development by understanding racial factors in the supervisory dynamic and in case conceptualization (Helms, 1990). If progressive dyads are not possible, we recommend soliciting additional resources outside the training setting via technology (e.g., student listservs, supervisory listservs, webinars offering specialized content) to connect students and supervisors to other venues of training and support. In circumstances with supervisory conflict surrounding issues pertaining to a multicultural event, research has shown that supervisees will want increased supervisor involvement and interpersonal sensitivity in addition to greater integration of multicultural issues (Kaduvetoor et al., 2009). The provision of both are important, and it would not be sufficient to provide only one part without the other.

Relatedly, we emphasize the importance of hiring more People of Color in positions of power. During our internship year, there was only one Person of Color on the staff, and she was the newest addition to the counseling center. Therefore, it was impossible to form an affinity group to dialogue about the experience of being

minorities across varying levels of power and representation. The need for more People of Color staff also underscores the importance of considering hierarchical microaggressions in the workplace, given that those who are newly hired tend to be the least systemically valued. The same microaggressions that perpetuate day-to-day life will also pervade the workplace to "communicate systemic valuing (or devaluing) of a person because of the institutional role held by that person" (Young, Anderson, & Stewart, 2015, p. 61). Our recommendations therefore highlight the systemic and institutional barriers faced by People of Color in workplace settings by highlighting the intersectionality of being a racial and ethnic minority with the least institutional familiarity and status. We do not believe that our particular training site had any malicious or overt intentions to discriminate or to perpetuate systemic oppression, and yet it is clear that color blindness is a concern in workplace settings that are more pervasive for non-Hispanic Whites than racial and ethnic minorities (Offermann et al., 2014). The racial and ethnic constellation of staff in any workplace is therefore critical to consider as a context for perpetuating microaggressions and subsequent RBF for trainees and staff alike.

In terms of clinical implications, we believe that it is important for supervisors to know how to facilitate dialogues around privilege, power, and oppression with supervisees. The demographics of higher education (the majority being non-Hispanic White American) underscore that continued education for supervisors and administrators is necessary to ensure competence in having dialogues about race, power, and privilege and how it infiltrates the supervisory relationship (Falender et al., 2013). This is no small feat, given the lack of evidence-based training guidelines for cultural competency trainings (Benuto, Casas, & O'Donohue, 2018), but it is one that should be continuously assessed and monitored. Because "all supervision is multicultural" (Chopra, 2013, p. 335) due to the unique constellation of assumptions, values, attitudes, and social identities of each supervisory dyad, it is even more pertinent and ethical for supervisors to be able to address issues of culture in the supervisory relationship.

When supervisors address issues of power and diversity, research has shown that supervisees tend to report satisfaction with supervision and enhanced learning outcomes (Green & Dekkers, 2012). For supervisors who are unfamiliar with how to do this, a growing number of resources are becoming available. For example, the power dynamics in supervision scale is an assessment that can be useful for eliciting dialogues regarding supervisee experiences in supervision, such as: perceiving a sense of power from supervisors, feeling empowered, willing to be vulnerable, and having healthy boundaries in the supervisory relationship (Cook, McKibben, & Wind, 2018). Although individual supervisors may already do this, we recommend a formal, institutional policy that expects all supervisors to conduct regular assessments of power dynamics in supervision as this could be a step toward translating individual support into systemic change.

Regarding future research, we believe that it is important to examine RBF beyond academic settings and to include more experiences of people not of Color (Gershon & Helfenbein, 2015) to capture the ubiquitous nature of White supremacy. The expansion of this scholarship would acknowledge White hegemony in contexts like health care settings and with White allies who are working against racial hegemony. Expanding this scholarship

takes the burden away from People of Color and from educators of Color to have to find individual-level solutions to systemic forms of oppression (e.g., Jenkins, 2015). To date, the experiences of RBF have primarily been studied with Black male college students and expanded to include the experiences of female college students as well as faculty of Color climbing up the ranks of tenure and promotion and deans and university administrators in higher education (Fasching-Warner, Albert, Mitchell, & Allen, 2015). However, less is known about the experiences of other racial and ethnic minorities and White allies within or outside the academic context.

Altogether, our collective experiences of RBF in our supervisory experiences seem to be the first publication to capture the shared elements of RBF for a diverse group of predoctoral interns, in a clinical context, and with suggestions and recommendations for advancing research, practice, and training. Our efforts in publishing our experiences are not to tarnish the reputation or efforts of our predoctoral program but to highlight the transferability of our experiences for other training sites and programs that face similar issues. Our intention of writing a community autoethnography allowed us to examine Whiteness using a methodology that centers our narratives and voices (Toyosaki et al., 2009) to shed light on the ways in which RBF affected our clinical training and to highlight the need for more collective dialogue to promote the coping, healing, and growth of trainees of Color and White allies.

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