

## inSocialWork Podcast Series – Practitioner’s Voice: Racism and Mistreatment in the Mental Health Field

**Speaker 1** [00:00:01] And today and in social work, I feel your pain, but maybe not so much if you're black. Welcome back, I'm Peter Sobota. Social work is a profession that places high value on diversity and inclusion. Yet a number of people and scholars have mentioned the empathy gap when it comes to social work practice involving white social worker interactions with black clients. The gap suggests that empathy frequently gets practiced in degrees in which levels of empathy are kind of chosen differentially when it gets applied and who too. While we don't have a ton of literature on black males working with white social workers, it's growing. And when we do ask, they've been telling us things that appear to fall into patterns. Black men don't commonly access mental health services, especially those provided by social workers, and frequently when they do, it usually involves some kind of mandate. When asked how their experiences went, they routinely report feeling misunderstood and having their stories received with suspicion. Black men frequently report feelings of mistrust, and they aren't really convinced that social workers understand their unique history or the difficulty of their experiences. Maybe Ralph Ellison said it best in the opening lines of his 1952 novel *The Invisible Man*, who begins. I am an invisible man. I am a man of substance of flesh and bone, fiber and liquids, and I might even be said to possess a mind. I am invisible, understand simply because people refuse to see me when they approach me. They only see my surroundings themselves or figments of their imagination. Indeed, everything in anything except me. The National Association of Social Workers conceded that racism and white supremacy that's ingrained within American institutions and systems has affected social work, ideology and practice for generations. We've done a lot of good things, and social workers can help dismantle systems of oppression. Take action against white supremacy, culture and hopefully be leaders in the Movement for racial justice. Today, we are going to talk with a social worker on the frontlines of providing direct mental health services to black men and black folks at large. That's Danielle Hamner, MSW, a mental health social worker from Ohio. Danielle is a practitioner of 18 years experience, and she will describe what she's learning and experiencing in her professional interactions with her clients. Danielle, welcome to in social work.

**Speaker 2** [00:02:53] Hi, Peter, how are you this evening?

**Speaker 3** [00:02:55] I'm good. It's Friday afternoon. We should be in a good mood.

**Speaker 4** [00:02:58] Are you in a good mood? Yes, definitely. OK.

**Speaker 3** [00:03:01] Yeah, me too. Could we start our conversation by talking a little bit about you? Well, we already know that you have 18 years of experience,

**Speaker 4** [00:03:08] but how about the settings

**Speaker 3** [00:03:11] in which you've worked and above the folks you've been working with? Could you tell us a little bit about that?

**Speaker 2** [00:03:16] Yes, I have experience working in community-based settings, residential and outpatient settings.

**Speaker 4** [00:03:21] A lot of my

**Speaker 2** [00:03:22] experience has been with black

**Speaker 4** [00:03:24] men and black

**Speaker 2** [00:03:25] folks in general.

**Speaker 3** [00:03:27] If I could, I'd like to frame our discussion in your experiences. The social work profession and also the larger society in which this all kind of takes place. Before I ask you about your personal and professional experiences, I'd like to come in kind of hot and start with this. Are you ready? Yes.

**Speaker 4** [00:03:50] All right. Many would argue

**Speaker 3** [00:03:52] that social work, practice, education and policy initiatives are filtered through a kind of particular story. The story goes something like this social workers are an open hearted bunch, and they and the profession plays a high value on diversity and inclusion that's reflected in our mission, our code of ethics, our degree granting institutions and in the way people talk about us and the way we talk about ourselves. We are also

**Speaker 4** [00:04:22] a

**Speaker 3** [00:04:22] predominantly white

**Speaker 4** [00:04:23] profession that serves

**Speaker 3** [00:04:24] diverse, vulnerable and marginalized populations. Now, in your experience, is this story about social workers reality or myth, and based on what you were experiencing in your practice and your interactions with black folks. Do white social workers routinely express these values? Do they behave this way?

**Speaker 2** [00:04:48] At times, I have seen that there have been white social workers that adhere to the Code of Ethics about diversity and inclusion. They want to learn more about their clients. They want to learn more about their experiences of. Being marginalized population,

**Speaker 4** [00:05:02] however,

**Speaker 2** [00:05:02] other times I have seen that there is lip service in front of their clients. They sometimes act like they want to

**Speaker 4** [00:05:10] understand, but then

**Speaker 2** [00:05:11] also at the same time, they're passing judgment, they're passing judgment on their family life, they're passing judgment on their experiences and they're minimizing

**Speaker 4** [00:05:20] their traumas, which becomes

**Speaker 2** [00:05:22] problematic because when you're dealing with marginalized people,

**Speaker 4** [00:05:26] you have traumas, you

**Speaker 2** [00:05:27] have racial traumas, you have things like police

**Speaker 4** [00:05:29] brutality and things like

**Speaker 2** [00:05:31] that. So you have to have some

**Speaker 4** [00:05:33] type of empathy and

**Speaker 2** [00:05:34] understanding.

**Speaker 4** [00:05:35] And some of the social

**Speaker 2** [00:05:37] workers I have encountered

**Speaker 4** [00:05:38] will basically

**Speaker 2** [00:05:39] say, get over it. So that becomes problematic.

**Speaker 3** [00:05:44] Yeah. I'm so kind of get over your life experience, OK?

**Speaker 2** [00:05:48] Absolutely.

**Speaker 3** [00:05:49] Absolutely. Easier said than done. Well, I said I was coming in hot.

**Speaker 4** [00:05:53] So what have you

**Speaker 3** [00:05:54] been learning from your black clients as they describe, I would guess, previous encounters with white social workers? I mean, are they telling you stories?

**Speaker 2** [00:06:06] Yes, I have heard a lot of stories.

**Speaker 4** [00:06:08] They have

**Speaker 2** [00:06:09] encountered a lot of racism

**Speaker 4** [00:06:11] with

**Speaker 2** [00:06:11] some of the white social

**Speaker 4** [00:06:13] workers.

**Speaker 2** [00:06:13] I have a couple in particular that have been stories that have disturbed me

**Speaker 4** [00:06:19] where I had one black

**Speaker 2** [00:06:21] male tell me that

**Speaker 4** [00:06:22] a white

**Speaker 2** [00:06:22] social worker told him he would never be anything in life. He's a gang banger. Oh, he'll just die, but didn't realize that there was a lot of generational trauma, a lot of racial trauma and things like that that he encountered. And then, you know, when I'm talking to the social worker in

**Speaker 4** [00:06:38] general, it was

**Speaker 2** [00:06:39] just like he was there for a paycheck. There was no

**Speaker 4** [00:06:42] understanding. There was nothing.

**Speaker 2** [00:06:44] So I'm basically like, Well, why are you in this field? I mean, we know as social workers, we're not millionaires. So we have to come into this profession with passion.

**Speaker 4** [00:06:53] So there was no passion there.

**Speaker 2** [00:06:55] So I think it was just like going through the motions with him,

**Speaker 3** [00:06:58] you know, and listening to you. And I'm struck by I'm trying to picture this because a person is coming to you, you're a social worker. And that's hard enough. I mean, just that whole. Hello, how are you? You know that they're assessing you. You're assessing them

**Speaker 4** [00:07:15] the stuff that is so-called

**Speaker 3** [00:07:17] standard operating procedure. At what point and how? If you can talk about

**Speaker 4** [00:07:24] this, how

**Speaker 3** [00:07:25] does their previous experiences with social workers and especially white social workers, how does that come up?

**Speaker 2** [00:07:32] So usually it will come up when they come into my

**Speaker 4** [00:07:35] office and

**Speaker 2** [00:07:37] as soon as they come in my office and they see that I'm

**Speaker 4** [00:07:39] black and they say

**Speaker 2** [00:07:41] it is. I mean, seriously, they'll say, Oh, you're a black therapist, OK? And they'll say, OK, well, you look like me.

**Speaker 4** [00:07:48] I feel like you

**Speaker 2** [00:07:49] can understand me, and I'll say, OK, well, why is that? So I make them explain, you know, we can't generalize and we can't say every white therapist feels this way.

**Speaker 4** [00:07:59] We can't say

**Speaker 2** [00:07:59] that. So I go on and I ask them to explain their

**Speaker 4** [00:08:02] experience, and that's

**Speaker 2** [00:08:03] when the door is

**Speaker 4** [00:08:04] open. And that's when they

**Speaker 2** [00:08:06] feel comfortable to share everything that they've been through previously

**Speaker 4** [00:08:10] with their white social worker.

**Speaker 3** [00:08:12] So literally walking into your office and seeing you, the conversation can begin.

**Speaker 2** [00:08:18] Yes, absolutely.

**Speaker 3** [00:08:20] It's noteworthy that that is what has to happen before you even get into talking about why they came to see you. Well, that's a different kind of privileges that I guess. Yes.

**Speaker 4** [00:08:35] According to the

**Speaker 3** [00:08:37] literature, black males are 30 percent more

**Speaker 4** [00:08:40] likely to report

**Speaker 3** [00:08:42] having a mental illness versus white men. Yet they are less likely the black men to receive a proper diagnosis and treatment. Now you've just given us some clues on to why that happens, and I'm assuming you're going to have a little bit more to say about that. But how does this happen?

**Speaker 2** [00:09:03] I think it's because they are afraid of the judgment that's passed on them,

**Speaker 4** [00:09:08] and it's a lot of mistrust in the community and

**Speaker 2** [00:09:11] they feel that their voice is being silenced. So they're seen as a

**Speaker 4** [00:09:17] threat at times.

**Speaker 2** [00:09:19] I have seen and diagnosed so

**Speaker 4** [00:09:22] many black

**Speaker 2** [00:09:23] men with anxiety and anxiety just for being a black man in the world. They are so anxious they're in fight or flight mode every day, every day. And then once they go

**Speaker 4** [00:09:38] somewhere and they try

**Speaker 2** [00:09:40] to express themselves, they're hit up against the wall of

**Speaker 4** [00:09:44] I'm being judged and being judged

**Speaker 2** [00:09:46] for my

**Speaker 4** [00:09:46] past. I'm being judged

**Speaker 2** [00:09:48] for who I can be in the future. I'm being judged by my home life.

**Speaker 4** [00:09:52] And I also have encounter and talking

**Speaker 2** [00:09:56] to my clients

**Speaker 4** [00:09:57] that they've

**Speaker 2** [00:09:58] told me. When they've dealt with some white social

**Speaker 4** [00:10:00] workers, they ask more

**Speaker 2** [00:10:01] intrusive questions. And, you know, we've been taught in graduate school. You only ask the minimum questions, you know, with assessments and

**Speaker 4** [00:10:07] things like that, because if you

**Speaker 2** [00:10:08] ask other questions, basically

**Speaker 4** [00:10:10] you're being nosy. You know, at

**Speaker 2** [00:10:11] some point you are. Some stuff

**Speaker 4** [00:10:13] is not relevant to the purpose

**Speaker 2** [00:10:15] that you're serving with

**Speaker 4** [00:10:16] the client, so they're

**Speaker 2** [00:10:17] asking more intrusive questions. So when they're telling me, Oh, they asked me this and they asked me that, I said, that has nothing to

**Speaker 4** [00:10:22] do with where you're

**Speaker 2** [00:10:23] coming in for services. Now they're being nosy at this point. So then they become such on guard and they're like, Well, I'm not going back.

**Speaker 3** [00:10:31] Well, and the connection

**Speaker 4** [00:10:33] to inaccurate diagnosis and subsequently

**Speaker 3** [00:10:37] poor

**Speaker 4** [00:10:37] treatment, it's because

**Speaker 3** [00:10:39] the assessment never had a chance.

**Speaker 4** [00:10:41] There's too many influences

**Speaker 3** [00:10:43] on the assessment process in and of itself. A similar statistic, and this is probably even more

**Speaker 4** [00:10:48] troubling is that black

**Speaker 3** [00:10:49] males are four times more likely to commit suicide than white men. I would imagine that that sense of isolation and mistrust is likely operating here as well.

**Speaker 2** [00:11:02] I believe so, and I think that there is, and this is from my personal

**Speaker 4** [00:11:05] experience that it's just

**Speaker 2** [00:11:07] like them against the world. You know this I have to be a superhero. I have to take care of my family. I have

**Speaker 4** [00:11:13] to not

**Speaker 2** [00:11:15] show my emotions so much. I have to do it all while also suffering in silence. And that's hard. Hmm. It's very difficult. So they're internalizing everything, internalizing everything to the point where they just snap and when they snap, everyone is just like, Oh my gosh, what happened?

**Speaker 4** [00:11:33] But no one

**Speaker 2** [00:11:33] saw the warning signs. No one saw the warning signs of, Hey, this

**Speaker 4** [00:11:36] person is working 10 12

**Speaker 2** [00:11:38] hours. This person is doing this, this person

**Speaker 4** [00:11:40] is doing that. Meanwhile, no one

**Speaker 2** [00:11:41] addressed the trauma that happened when he was five or

**Speaker 4** [00:11:44] 10 or 20 or

**Speaker 2** [00:11:46] witnessed a murder or things like that. No one's ever addressed that.

**Speaker 3** [00:11:49] That almost kind of fits with the empathy gap. And some of that literature that I mentioned in the intro. The other thing that struck me,

**Speaker 4** [00:11:57] Danielle, and

**Speaker 3** [00:11:59] I don't mean to kind of draw the attention to you. However, it literally occurred to me while you were speaking that you are

**Speaker 4** [00:12:07] speaking with black

**Speaker 3** [00:12:09] people

**Speaker 4** [00:12:09] about their

**Speaker 3** [00:12:11] historical and cultural trauma. You're in a helping role. You have expertise and you have knowledge,

**Speaker 4** [00:12:17] and at the same time, you are them. Yes. I'm not even sure what to

**Speaker 3** [00:12:23] ask you about that other than how do you manage that? And how do you

**Speaker 4** [00:12:28] remain in a position

**Speaker 3** [00:12:30] of being able to be empathic and compassionate and available and present to your clients?

**Speaker 2** [00:12:37] I do a lot of grounding with myself, and I did that recently because I had a client tell me something about some racism

**Speaker 4** [00:12:44] he encounter, and I've

**Speaker 2** [00:12:46] encountered

**Speaker 4** [00:12:46] racism as well. And so,

**Speaker 2** [00:12:48] you know, they can't see me under my desk. So I'm grounding my feet to the Earth per se just to keep myself in check because I was going there with anxiety of my own.

**Speaker 4** [00:12:59] Mm-Hmm. And at times, you know, as social

**Speaker 2** [00:13:01] workers, we share our experience.

**Speaker 4** [00:13:03] So down the

**Speaker 2** [00:13:04] line, I'll share something that I encountered as well to let them know that they're not alone in this fight.

**Speaker 4** [00:13:10] Yeah. So eventually, what I want to

**Speaker 3** [00:13:14] talk with you about and hear your opinions

**Speaker 4** [00:13:16] on is how can

**Speaker 3** [00:13:17] we just be better? How can we get better at this

**Speaker 4** [00:13:21] and to just move forward so that these obvious

**Speaker 3** [00:13:26] discrepancies and negative influences on their.

**Speaker 4** [00:13:30] Helping process take place.

**Speaker 3** [00:13:32] We just tell you this, I'm a faculty member in an MSW

**Speaker 4** [00:13:36] program, and

**Speaker 3** [00:13:37] according to the CCW, we the Council on Social Work

**Speaker 4** [00:13:40] Education in

**Speaker 3** [00:13:41] 2015, 70

**Speaker 4** [00:13:43] percent of the social

**Speaker 3** [00:13:45] workers who are seeking a degree were white people. I can share with you that it's not

**Speaker 4** [00:13:50] uncommon for me to hear from white

**Speaker 3** [00:13:54] MSW

**Speaker 4** [00:13:55] students that it

**Speaker 3** [00:13:56] was not until they entered an MSW program that they first

**Speaker 4** [00:14:00] thought or acknowledged

**Speaker 3** [00:14:02] themselves as

**Speaker 4** [00:14:03] members of the dominant race.

**Speaker 3** [00:14:06] I would imagine you don't find that surprising.

**Speaker 2** [00:14:09] I don't find it surprising because I feel like a lot of

**Speaker 4** [00:14:13] people have lived

**Speaker 2** [00:14:14] in a bubble and especially when it comes to the social work profession.

**Speaker 4** [00:14:18] I recall

**Speaker 2** [00:14:19] vividly one of

**Speaker 4** [00:14:20] my favorite

**Speaker 2** [00:14:22] professors in graduate

**Speaker 4** [00:14:23] school. We had a

**Speaker 2** [00:14:24] class on race and social problems. She made the class, read

**Speaker 4** [00:14:29] the first chapter and then she made

**Speaker 2** [00:14:32] them read the code of Ethics. And she said, If you don't like this first chapter and the Code of Ethics, you can walk out of my class. So I thought that was like very profound.

**Speaker 4** [00:14:40] And the

**Speaker 2** [00:14:41] conversations in her class were

**Speaker 4** [00:14:43] amazing because a

**Speaker 2** [00:14:45] lot of

**Speaker 4** [00:14:46] the it was like white

**Speaker 2** [00:14:47] women. They had no idea about the black experience.

**Speaker 4** [00:14:51] They had no idea

**Speaker 2** [00:14:52] about racism and different things that we've encountered. It was then that I they had to realize about their privilege. And I got my MSW and my bachelor's from the University of Pittsburgh, and we had a center for race and social problems. They did a lot of work on talking about racism in

**Speaker 4** [00:15:10] diversity and white

**Speaker 2** [00:15:12] privilege before it was the white privilege conversations that we're talking about

**Speaker 4** [00:15:16] now.

**Speaker 2** [00:15:17] So they, you know, my doctor, Larry Davis, he passed away like a year and a half.

**Speaker 3** [00:15:22] Yeah, a giant among all markers.

**Speaker 2** [00:15:25] Yeah, amazing. He's amazing. Dr. Davis was amazing. And, you know, he found the Center for Race and Social Problems. So he was having those conversations for years, for years. And I did

**Speaker 4** [00:15:36] research with him

**Speaker 2** [00:15:38] and Dr. Hyde Mahtani, and he retired as

**Speaker 4** [00:15:41] well.

**Speaker 2** [00:15:41] So we were constantly having these conversations that people were just so in shock and unaware of that. Hey, these are our experiences.

**Speaker 4** [00:15:50] And hey, you can go

**Speaker 2** [00:15:51] to the store and you won't be followed and I can go to the store and I'm followed and I'm question. And then they're like, Really?

**Speaker 4** [00:16:00] Oh, that's your expert.

**Speaker 2** [00:16:01] Yes, that's my experience.

**Speaker 3** [00:16:03] Yeah. Different worlds. Yeah. You mentioned this earlier,

**Speaker 4** [00:16:07] and I didn't

**Speaker 3** [00:16:08] follow up on it back then, but I will

**Speaker 4** [00:16:10] now in

**Speaker 3** [00:16:12] the work that you've been doing. How has,

**Speaker 4** [00:16:15] in your

**Speaker 3** [00:16:15] opinion, again, what has been the impact of racial

**Speaker 4** [00:16:19] trauma in terms of

**Speaker 3** [00:16:20] its effect on black men in the mental health counseling setting?

**Speaker 4** [00:16:25] Do you think that that's embedded into

**Speaker 3** [00:16:28] the service delivery model? Is it being addressed

**Speaker 4** [00:16:31] or is it left

**Speaker 3** [00:16:33] up to each individual clinician, probably clinicians of color to address it?

**Speaker 2** [00:16:39] I think it's it's up to every clinician of color that I feel is being addressed, but I feel like every other clinicians should

**Speaker 4** [00:16:46] address it because I

**Speaker 2** [00:16:48] don't see my white colleagues talking about racial trauma. And then when I bring it up, it's like that aha moment like, Oh, really? Did you? That's really that. That's really happening. I'm like, Yes, that's happening.

**Speaker 4** [00:17:00] And if we don't

**Speaker 2** [00:17:01] talk about racial

**Speaker 4** [00:17:02] trauma with black

**Speaker 2** [00:17:03] clients, how are we going to talk about regular

**Speaker 4** [00:17:06] trauma because this

**Speaker 2** [00:17:07] happens all the time? There is a concept in poorly vagal theory. It's the dorsal vaiko. Have you ever heard of dorsal Vega?

**Speaker 3** [00:17:17] Yes, I've heard of it, but honestly, I don't know much about it. My limited understanding it's related to mind, body connection and fight and flight freeze, but it's more like shutting down in response to stress.

**Speaker 2** [00:17:31] Yes, definitely. The dorsal vagal theory is like a collapse. It's like, I can't take this. I'm this depressed

**Speaker 4** [00:17:38] slump, and there's so much that I can't

**Speaker 2** [00:17:41] take, and I feel like

**Speaker 4** [00:17:42] that's an example of

**Speaker 2** [00:17:44] the racial trauma that black people experience of. Like, it's so much. The world has beaten me

**Speaker 4** [00:17:49] down that I'm

**Speaker 2** [00:17:50] in this mode and it's so difficult to get out of. It's so difficult to get out of that. So we have to acknowledge that and we have to acknowledge that it happens. And we also have to

**Speaker 4** [00:18:01] acknowledge that when

**Speaker 2** [00:18:03] we have black

**Speaker 4** [00:18:04] clients that come

**Speaker 2** [00:18:06] from

**Speaker 4** [00:18:06] other social

**Speaker 2** [00:18:08] workers

**Speaker 4** [00:18:09] and they

**Speaker 2** [00:18:09] have had a terrible

**Speaker 4** [00:18:11] experience, we have to validate that we cannot

**Speaker 2** [00:18:14] minimize that

**Speaker 3** [00:18:15] even traumatizing, perhaps.

**Speaker 2** [00:18:17] Absolutely. Because Peter, they become retraumatize.

**Speaker 4** [00:18:21] Their experiences are not validated.

**Speaker 2** [00:18:24] So you have that the social worker, that's always questioning

**Speaker 4** [00:18:28] them on top of

**Speaker 2** [00:18:29] them constantly. In this fight or

**Speaker 4** [00:18:31] flight mode of trying to find

**Speaker 2** [00:18:33] their place in the

**Speaker 4** [00:18:33] world, and it's

**Speaker 2** [00:18:35] too much

**Speaker 4** [00:18:35] for them, that's why they're in this anxious

**Speaker 2** [00:18:38] state of mind all

**Speaker 4** [00:18:40] the time. And that's why they're

**Speaker 2** [00:18:41] like, OK, well, I'm not going to therapy. Why do I want to go to therapy? I'm not going to do that.

**Speaker 4** [00:18:46] Danielle, do you

**Speaker 3** [00:18:47] have some ideas on how a white social workers could

**Speaker 4** [00:18:52] validate black males

**Speaker 3** [00:18:54] experience while at the same time acknowledging their own privilege? Can you speak to that?

**Speaker 2** [00:19:01] I think that the white social workers need to check their biases at the door. I think they need to be open.

**Speaker 4** [00:19:07] They need to

**Speaker 2** [00:19:07] not see the black clients as a threat to society. They need to be open.

**Speaker 4** [00:19:14] They need to have

**Speaker 2** [00:19:15] the conversation of saying what brings you into therapy and let them talk and let them share what they want to share.

**Speaker 3** [00:19:24] It sounds like in some ways, shut up and listen. Yes. Yes. Listen. Yeah. I mean, you don't stop

**Speaker 4** [00:19:34] talking and

**Speaker 3** [00:19:35] literally

**Speaker 4** [00:19:36] listen to what your

**Speaker 3** [00:19:37] client is saying. Yeah, that's what I heard. Yeah.

**Speaker 2** [00:19:40] And I think Peter, that goes to

**Speaker 4** [00:19:42] better aligns with privilege. And I think

**Speaker 2** [00:19:44] when you are a

**Speaker 4** [00:19:45] privilege race, you want to

**Speaker 2** [00:19:48] just put your ideology before anyone

**Speaker 4** [00:19:51] else's and you don't want to listen

**Speaker 2** [00:19:53] to anyone else's ideas or any experiences

**Speaker 4** [00:19:56] you want to

**Speaker 2** [00:19:57] come in with your own agenda when your privilege and you feel like anyone else's doesn't matter. So they have to check their privilege when they're working with black clients.

**Speaker 3** [00:20:08] Yeah. You know, part of the privilege, especially of being

**Speaker 4** [00:20:11] white, is that

**Speaker 3** [00:20:13] it's really not your

**Speaker 4** [00:20:14] opinion. It is

**Speaker 3** [00:20:15] simply

**Speaker 4** [00:20:16] the opinion.

**Speaker 3** [00:20:18] So where is the you know, where is the prompt, for

**Speaker 4** [00:20:21] example, for

**Speaker 3** [00:20:23] a white social worker to even do some self-reflection

**Speaker 4** [00:20:27] because there is

**Speaker 3** [00:20:29] the way and it's the way that I see it? So it almost sounds to me like the responsibility

**Speaker 4** [00:20:36] of becoming more

**Speaker 3** [00:20:38] open and more sensitive to the needs of, in this context,

**Speaker 4** [00:20:43] black clients.

**Speaker 3** [00:20:45] Part of that responsibility rests

**Speaker 4** [00:20:47] with the social worker.

**Speaker 3** [00:20:49] I'm thinking back on my own experiences as a practitioner before I went into academia. And I know the value of good

**Speaker 4** [00:20:57] supervision, and I know

**Speaker 3** [00:20:59] the price that I paid when I had really lousy supervision. So I would also think that supervision quality supervision with a trusted supervisor might be one of the ways that white social

**Speaker 4** [00:21:11] workers could really

**Speaker 3** [00:21:12] increase their insight and their responsiveness. I don't know if you had thoughts about that. I don't know if you supervise people or receive supervision, but I thought I would just run that by.

**Speaker 2** [00:21:22] Yes, I think that's important.

**Speaker 4** [00:21:23] I also think that having

**Speaker 2** [00:21:25] supervision from a diverse perspective, I would suggest people have supervision with diverse populations.

**Speaker 4** [00:21:37] You know, if

**Speaker 2** [00:21:37] you have a one on one,

**Speaker 4** [00:21:38] that's fine. But if you have

**Speaker 2** [00:21:40] supervision

**Speaker 4** [00:21:40] from people that

**Speaker 2** [00:21:42] may look different than you, that may share a different experience with different

**Speaker 4** [00:21:47] clients. I think that

**Speaker 2** [00:21:48] that will be so helpful

**Speaker 4** [00:21:50] and that would build you clinically

**Speaker 2** [00:21:52] think that's so important.

**Speaker 3** [00:21:54] Mm hmm. All right. We are getting close, I think, to the end of our time. So I would just like to push out a little bit our conversation into more of a kind of

organizational aspect and see if you'd like to make some comments on this. Obviously, we all social workers, all most of us who work within the context of an agency or an organization. So what I wanted to ask you was how do you think agencies or organizations with more than likely predominantly white board

**Speaker 4** [00:22:24] members and probably predominantly white social

**Speaker 3** [00:22:28] work staff? How do they change their narrative while serving black folks and their client population?

**Speaker 2** [00:22:35] I think what they need to do is

**Speaker 4** [00:22:37] diversify their board.

**Speaker 2** [00:22:41] They do. They need to diversify their board

**Speaker 4** [00:22:44] to have

**Speaker 2** [00:22:46] the people that they serve. I think it's problematic when you have an organization that is

**Speaker 4** [00:22:51] serving minority

**Speaker 2** [00:22:53] clients with an all white board and you are not catering to the needs of your black

**Speaker 4** [00:22:59] clients as far

**Speaker 2** [00:23:01] as the cultural differences with black clients. I think it's important that we diversify boards so we can have an understanding of the cultural

**Speaker 4** [00:23:11] differences that everyone

**Speaker 2** [00:23:13] can share, because I think it's problematic when you have

**Speaker 4** [00:23:17] just a white board of directors

**Speaker 2** [00:23:19] serving all black population of people. It's not an equal playing field.

**Speaker 3** [00:23:24] Well, it's very interesting as you were giving your response there. My own thinking swung back to the very beginning of our conversation when I asked you, how does it come up when your clients talk about their

**Speaker 4** [00:23:36] experiences with white

**Speaker 3** [00:23:38] social workers?

**Speaker 4** [00:23:40] You said when they walk in the door and see

**Speaker 3** [00:23:43] who I am and I think that level of. Representation seems to be incredibly important at the individual

**Speaker 4** [00:23:50] level, and it sounds like

**Speaker 3** [00:23:51] it obviously plays out tremendously at the macro level as well. It's kind of a full circle here. Well, I want to thank you so much for joining us.

**Speaker 4** [00:24:02] It has been so delightful to hear from

**Speaker 3** [00:24:05] somebody in the field who is actually trying to

**Speaker 4** [00:24:08] implement what we talk about in many of our

**Speaker 3** [00:24:11] podcasts and in the articles, in the books we read.

**Speaker 4** [00:24:15] So I'm really appreciative

**Speaker 3** [00:24:17] that you came on and talked about your experiences. I'm really grateful. Thank you.

**Speaker 1** [00:24:22] Thank you. You've been listening to Danielle Hamner.. Our podcast is brought to you by the University at Buffalo School of Social Work. Our crew is chair and overlord. Steve Sturman, graduate production assistant, content contributor and guest booker, Cate Bearss and me, Peter Sobota. We worked hard on our new website and we will be crushed if you don't let us know what you think. Consider this a plea from the universe. Any way you can please tell us how we were doing and what you would like to hear more about on our podcast. Don't make us come to your house. See you next time, everybody.