

A SIMPLE STATEMENT ABOUT A COMPLEX THING

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It was a simple statement: “She’s not white, she’s light skinned.” I was a clinician working in an adolescent Mommy and Me program. Those words were firmly but proudly stated by a client in an attempt to defend me, after another client insulted the dyadic mother-and-child activity I planned by identifying it as a “white person’s game.”

I had never disclosed my racial heritage, but it only took an hour for everyone, clients and staff alike, to become aware of, or at least accurately perceive, me as a mixed-race clinician. The shift in my role was nearly visceral and I soon became privy to the unmet needs of minority clients and staff.

Client attendance increased in both my groups and individual sessions. Frontline staff members who identified as minority were suddenly responding to my emails, providing feedback and suggestions, and participating in groups and milieu sessions. Clients were asking for extra sessions or just coming to my office to chat.

This change in how people saw and received me changed me as well. I started to notice, ask about, and listen to concerns and challenges that I had never previously taken the time to hear, see, or speak about. Most significant to me was the expressed feeling of not being an integral part of the organization. Minority staff and clients expressed feeling unheard, uncomfortable, and unwelcome in a system where they were subordinate to management who all appeared to be of majority presentation. They shared that they felt too triggered or disempowered to speak up. This should be an obvious, easy to spot, systemic challenge, but it is one that is rarely outwardly acknowledged or addressed outside of literature.

I started noticing more and more. Outcome assessment measures, therapeutic interventions, and program rules and procedures, were all largely created or selected without input from those of the clients’ cultural backgrounds. Regardless of the intent, potential success of these tools and resources, or their backing by scientific research, this generated little buy in from minority clients or staff. And then there were all the small details, almost intangibles when considered individually, but that taken collectively really added up: clients experienced recreation choices, staffing selection, facility décor and artwork, music played by program staff in public spaces, even the brands and types of hygiene products available, as all being tailored to majority needs, interests, and values.

I spoke to colleagues, staff, and friends who identify as in the majority-- in this setting Caucasian-- to get their thoughts and opinions. They were honest about not noticing, not talking about, and not knowing what they could do about their role in the systemic oppression, subtle or not, that clients and staff were feeling. They felt uncomfortable. What’s more, they were able to admit that until I started bringing up my own observations, they didn’t believe

there was a systemic issue. They had never looked beyond the surface level attempts to promote diversity, such as trainings and occasional multicultural events.

The majority beliefs, ideas, values, needs, and interests are thread throughout micro and macro levels of virtually all institutions in contemporary society, from elementary schools to eldercare facilities. Residential programs are sadly no exception. I learned in the year that followed that although many attempts are made to encourage diversity, voices are far too often still quiet on the floor and behind office doors.

The most integral change that promoted longer term success in engaging minority staff and clients was not everyone figuring out I was biracial. Rather, it was having the courage to use that opportunity to find my voice and to try and empower every other person I meet to find their voice too. This includes empowering those who identify themselves as the majority to reflect and explore their individual and collective roles and responsibilities. Above all, it requires creating and safeguarding spaces and structures for minority staff and clients to speak up with the knowledge that they are in a system in which they will genuinely be heard, and where action will follow.

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Kaitlyn Marie Wilson dedicates her professional career to ensuring access to education and effective treatment for diverse populations impacted by complex trauma and the treatment providers caring for them. As a Resource Development and Training Associate for the [Foundation Trust](#), she shares her passion and perspective by developing resources and providing information related to complex trauma that is accessible to and usable by all individuals.

Additional resources are available at www.complext trauma.org. A curated collection of books, videos, articles and more to educate consumers, caregivers and professionals about Complex Trauma.