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Dismantling Microaggressions in Clinical Settings: A Guide for Teaching CSD Student Clinicians

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Microaggressions are defined as brief, commonplace, daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults and may have harmful psychological effects on individuals or groups (Sue et al., 2007). Microaggressions are pervasive in both clinical and academic environments and often manifest as subtle, yet harmful expressions of bias directed toward individuals from historically marginalized groups.

Within speech-language pathology and audiology programs, faculty and clinical educators have increasingly engaged in critical conversations about how to support students who experience microaggressions from peers, faculty, and supervisors. Far less attention, however, has been given to how student clinicians are prepared to respond when microaggressions originate from the very clients and patients they are training to serve. While the field has begun to explore strategies for identifying and dismantling microaggressions, these discussions are frequently confined to stand-alone coursework (e.g., multicultural issues courses) or to organization-sponsored webinars rather than systematically embedded in clinical methods and supervision curricula. As a result, student clinicians are often left without explicit guidance until an incident occurs in practice.

The medical education literature demonstrates that hate speech and microaggressions directed at clinicians by patients are not isolated events, but rather common occurrences, underscoring the need for proactive training. Cultural responsiveness, therefore, must be understood as a reciprocal process: one that not only prepares clinicians to deliver equitable and respectful care but also equips them with the skills to interrupt and address microaggressions encountered in clinical interactions. Accordingly, clinical supervisors must be prepared to explicitly teach and model these skills.

To address this gap, the framework proposed by Acholonu et al. (2020), originally developed to train medical students to respond to patient-directed bias, is applied here to the preparation of student clinicians in speech-language pathology and audiology. The sections below outline this framework and illustrate how it can be adapted to support student clinicians and guide clinical supervisors in preparing for and responding to microaggressions in practice.

Recognition: Naming the Microaggression in Clinical Context

The intent of recognition is to teach students to identify biased or discriminatory language or behaviors as they occur. Student clinicians must be able to recognize the various types of microaggressions embedded within clinical encounters. Clinical supervisors can use pre-clinic priming and case-based discussions to normalize these experiences and help student clinicians name them as microaggressions rather than internalizing them as personal failures or isolated incidents.

Pause and Assess: Prioritizing safety, Power, and Context

This component encourages student clinicians to pause before responding and to assess situational dynamics, including safety, power differentials, and clinical context. Students must be explicitly taught how to evaluate when and how to respond. Instructions may include guided discussions, structured decision-making tools, and role-play activities. Clinical supervisors should also clarify when students are expected to respond independently and when supervisory intervention is appropriate, thereby reducing ambiguity and fear of retaliation.

Respond: Interrupting the Microaggression

Responding to microaggressions is often the most challenging step for student clinicians. The intent of this practice is to move the student from being a passive recipient or bystander to an empowered professional who can address bias directly and appropriately. Providing students with concrete, professionally aligned language supports their ability to interrupt microaggressions while maintaining therapeutic rapport. Clinical supervisors should engage students in role-play, simulations, and reflective rehearsal prior to clinical exposure, similar to training used for counseling and difficult conversations.

Debrief and Reflect: Processing the Experience

Debriefing is a cornerstone of effective clinical supervision and is equally critical following experiences of microaggressions. Structured debriefing allows student clinicians to process emotions, reflect on the encounter, and connect individual experiences to broader systemic patterns of bias. Clinical supervisors should intentionally frame these discussions as core teaching moments. Strategies may include guided reflective journals, post-session debrief meetings, and targeted reflective questions.

Report and Support: Institutional Responsibility

This component of the framework reinforces that addressing bias is not solely the responsibility of the student clinician. Institutions must establish clear protocols for documenting patient-directed discrimination in clinical logs and provide assurance that students will not be penalized for reporting concerns or disrupted sessions. Clinical supervisors must be prepared to advocate for students, intervene when necessary, and model institutional accountability and support.

In conclusion, when adapted for speech-language pathology and audiology, this framework shifts responsibility away from individual student resilience and toward intentional clinical pedagogy and supervisory competence. Embedding these components within clinical education ensures that student clinicians are not only culturally responsive providers but also protected, supported, and empowered professionals in training.

References

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