

Raising Critical Consciousness in Family Therapy Supervision

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Although family therapy literature reflects an increased consideration of cultural and contextual issues, there is little guidance on how to address intersecting forms of oppression and privilege within the supervisory system. In this article, we show the importance of critical consciousness in addressing these issues. Additionally, we provide concrete suggestions and tools for developing critical consciousness through supervision. The practices and tools we provide resulted from ongoing and deliberate discussions of an inquiry group that consisted of supervisor candidates and supervisors of supervision. Our goal in writing this article is to describe the strategies that we have found to be crucial in becoming more competent supervisors and therapists.

KEYWORDS social justice, supervision, critical consciousness, contextual issues

In recent years, greater attention has been paid to cultural and contextual issues in family therapy supervision. Researchers have explored the role of supervisor multicultural competence in supervisory process and outcome

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(Inman, 2006); the dynamics of gender, race, ethnicity, and culture in supervision (Lawless, Gale, & Bacigalupe, 2001; McGoldrick et al., 1999; Zimmerman & Haddock, 2001); therapists' and supervisors' experiences of cross-cultural supervision (Hernandez, Taylor, & McDowell, 2008; Killian, 2001; Marshall & Wieling, 2003; Wieling & Marshall, 1999); and supervision that promotes the development of skills necessary to address systems of privilege and oppression (Hernandez, 2003; Prouty, 2001). In fact, it has become increasingly clear that the failure to address diversity and social justice issues (Cook, 1994; Stone Fish, Harvey, & Addison, 2000) contributes to continued oppression of traditionally marginalized groups (Estrada, Wiggins Frame, & Braun Williams, 2004) through ineffective and/or harmful therapeutic interventions. This body of research as well as our own experiences in supervision led to the development of an inquiry group in which we, as supervisees and supervisors, came together to develop ideas on how to broaden our awareness of power and privilege within supervisory systems. We propose that supervision is an effective arena in which to develop critical consciousness and that this process not only helps increase therapist competence but also strengthens the supervisory relationship.

Our goal in this article is to show how the development of critical consciousness in supervision can contribute to a more just and effective therapy. We first define critical consciousness and situate it within family therapy literature. We then discuss how the development of critical consciousness may increase therapists' competence. To illustrate the relationship between critical consciousness and therapist competence, we provide several examples of clinical practice. Next, we describe our own social backgrounds and our experiences vis-à-vis the topic of critical consciousness. We then go on to discuss processes for raising critical consciousness within supervisory systems—that is, among supervisors of supervision, supervisor candidates, and supervisees. We offer case examples of how these processes can be transformative at multiple levels of supervisory systems, and facilitative of therapeutic outcomes. We end by describing techniques for developing critical consciousness in supervision. This includes reflective questions, critical genograms, maps of social capital, and questionnaires for exploring social identities and systems of power and oppression.

CRITICAL CONSCIOUSNESS¹

We define critical consciousness as the ability to recognize and challenge oppressive and dehumanizing political, economic, and social systems.

¹ Although critical consciousness is vitally important, we are not proposing that it is all that is needed for someone to be a good therapist or supervisor. Critical supervision attends to only one component of the whole that is necessary for just and effective supervision and therapy.

Consciousness-raising, or *conscientization* (Freire, 1970), involves the use of dialogue and reflection to increase awareness and take action to resist oppression. This includes being accountable for “continuously reflecting upon and examining how our own biases, assumptions, and cultural worldviews affect the ways we perceive difference and power dynamics” (Sakamoto & Pitner, 2005, p. 441), for owning our own contributions to social inequalities/inequities, and for developing alliances and strategies that promote social justice. It also includes empowering ourselves and others in order to “open paths for liberation from oppressive societal discourses” (Hernandez, Almeida, & Dolan-Del Vecchio, 2005, p. 107). In sum, critical consciousness is “the ability to understand, relate personally to, and influence larger social reality” (Mustakova-Possardt, 1995 as cited in Ramsey & Latting, 2005, p. 276).

It is important to acknowledge that critical consciousness is not a categorical construct, but, instead, a continually evolving process that “brings with it the possibility of a new praxis, which at the same time makes possible new forms of consciousness” (Martin-Baro, 1994 as cited in Hernandez, Almeida, & Dolan-Del Vecchio, 2005, p. 110). Critical consciousness involves a general awareness of the systems of privilege and oppression, as well as an understanding of how those systems operate within local contexts. As people take action to change the oppressive nature of their local contexts, a new understanding of themselves and of those contexts arises. For example, it is possible that a supervisor, who has a fair understanding of the mechanisms of oppression and dehumanization in general, has little knowledge of and sensitivity to the reality of Muslims in the United States. Through critical conversations with his Muslim supervisee, this supervisor’s understanding of the reality may change and, with it, his understanding of his own contribution to the dynamics of domination in this particular case. In turn, as he engages in the process of raising his critical consciousness, the supervisor may find that his relationship with his supervisee has deepened.

Critical consciousness in supervision allows us to situate ourselves, as therapists and supervisors, and our clients within greater systemic structures. We need to be able to talk about discrimination and oppression in order to understand individual and group placement within the broader social system. We must also understand cultural traditions and values in the context of sociopolitical systems in which they are created and maintained to be truly culturally competent.

CRITICAL CONSCIOUSNESS AND THERAPIST COMPETENCE

We believe that therapist critical consciousness is relevant to developing competence in clinical assessment, treatment planning, therapeutic interventions,

and ethics. In this section, we use examples from the literature and from our own work to demonstrate the relationship between critical consciousness development and therapist competence. Our discussion is organized around four major themes: (a) diminishing the possibilities for further oppression of clients in terms of assessment and treatment, (b) validating clients' experiences and forming therapeutic alliances, (c) helping clients navigate multiple systems of care and resist systemic oppression, and (d) recognizing and challenging personal biases.

Diminishing Possibilities for Further Oppression in Assessment and Treatment

Exploring contextual issues surrounding dynamics of power and privilege better equips therapists to consider the influence of extra-therapeutic factors when they develop hypotheses, as extra-therapeutic factors take on a different meaning when understood to be driven by systems of power and privilege. For example, our perception of a woman who is reacting to experiences of childhood sexual abuse by having multiple sexual relationships shifts when we conceptualize her behavior as one of gaining power in a patriarchic society. Such conceptualization will help us assess and diagnose systemically and contextually, as our questions will change from asking only, "What emotional needs are met by having multiple partners?" to also asking, "How does this behavior enhance survival and demonstrate resistance within a particular contextual placement?" This, in turn, will help us elicit information necessary for understanding the context of clients' problems.

Willingness to explore contextual issues surrounding dynamics of power and privilege helps us avoid further oppression within the therapeutic environment, as well as other closely related external systems (e.g., courts, social service agencies, school), when we formulate clinical assessments and deliver therapeutic interventions. For example, a single woman who is facing financial hardship due to inadequacies of the system in providing just working environments will find that she needs to be continually absent from her children's lives as she struggles to maintain multiple jobs. This absence may be labeled as dysfunctional as she cannot be present to nurture and care for her children in the way a married, middle-class parent may. She may be seen as a mother who is not interested in her children's education because she does not have the privilege to leave her work to attend the variety of school parental meetings that are held during the work week. We, as therapists, are in a position to diminish further oppression of our clients by placing the responsibility for problems on the many players involved. Hence, instead of labeling the woman as dysfunctional for her lack of compliance to dominant cultural mandates of what it means to be a good mother, we can explore social forces shaping her life. We can then share a

therapeutic stance that envelops these notions with the clinical environment, the schools, the community, and eventually the society to help stop unjust treatment by these systems. This, in turn, will increase the likelihood that the woman will be treated as strong and responsible rather than weak and irresponsible.

Therapeutic Alliance

Critical consciousness plays an important part in the process of establishing therapeutic alliance in that, if we can expand and deepen our understanding of clients' experiences through a critical consideration of their lives within the broader context, we will come closer to their experience. Burton, Winn, Stevenson, and Lawson Clark (2004) argued that critical consciousness is necessary for understanding the lived experiences of African American clients and, thereby, for working effectively with them. They defined the process of socializing critical consciousness as developing "awareness, knowledge, and skills about how social and institutional politics around one's own social status influence one's existence, identity, and social interactions" (p. 406). Socialization of critical consciousness entails a thorough exploration of one's histories regarding issues of power and privilege in relation to client's histories, and it revolves around each of the various aspects of social identity, including race, ethnicity, gender, class, ability, and sexual orientation. It also involves resolving the feelings of guilt and humiliation that are likely to arise as one becomes aware of unearned privileges.

In a similar vein, Bernstein (2000) stressed the need for awareness of the power differentials in society, as well as the impact of those differentials on clients' lives and on the process of therapy. Focusing specifically on same-sex relationships, Bernstein called on therapists to develop awareness of personal and institutional prejudice and stigma and to "continuously examine and challenge such beliefs and feelings and, most importantly, avoid imposing them on their clientele" (p. 445). Drawing from her professional experience in working with gay men and lesbians, Bernstein noted that a lack of consciousness is likely to result in clients terminating early or remaining guarded.

We believe that critical consciousness is helpful in gaining a deep understanding of clients' lived experiences regardless of their contextual placement. Whether clients have experienced current and/or historical oppression based on race, sexual orientation, ethnicity, gender, class, ability, or other aspects of social identity, critical consciousness enables therapists to recognize oppression and privilege and to accept them as such, rather than seeking alternative explanations for client distress. In turn, validation of clients' experiences facilitates the development of a therapeutic alliance.

Resisting Systemic Oppression

Critical awareness of the influence of multiple interconnecting structures, such as social service, judicial, economic, and educational systems, in the lives of our clients enables us to help clients navigate these systems. If we cannot understand how larger systems contribute to and support marginalization and oppression of our clients, we cannot guide them in learning to navigate within and among these contexts. Because “the causes and/or consequences of some clinical problems reflect political, economic, and psychological oppression,” critical examination of patterns and dynamics associated with institutionalized oppression is necessary for contextualizing problems and aiding resistance to unjust and oppressive structures and practices (Hernandez, Almeida, & Dolan-Del Vecchio, 2005, p. 110). For example, when working with a mandated client whose children were removed from home due to neglect charges, it is important to explore, together with the client, the network of relationships surrounding her and the multiple systems (e.g., social services, courts, school) that were involved in the removal of her children. If therapists can explore the dynamics of these relationships in terms of systems of power and privilege, the client will be better equipped to navigate the relevant social systems. In addition, the therapist can, with this awareness, augment the client’s power by helping access resources such as legal representation. Further, the therapist who learns to speak strategically rather than reactively may help the client be in a better position to navigate multiple systems.

Recognizing and Challenging Personal Biases

Recognizing and reacting to personal biases is crucial in providing just and effective therapy. If we cannot acknowledge our personal reactions to clients, we may be complicit in their unjust treatment. It is clear that our aim as therapists is to help clients improve their situations, but we may fail if we lack awareness of our biases and misconceptions and their impact on the therapeutic process. Abu Baker (1999) illustrated the importance of critical consciousness in understanding therapists’ personal reactions when describing their experiences in working with a mandated client.

Just as recognizing and challenging personal biases is important to the therapeutic alliance and intervention, it is equally important with respect to legal issues, ethics, and standards. The development of critical consciousness aids therapists in acquiring a deeper understanding of personal biases, which, in turn, helps to explore ethical issues that are likely to arise when we analyze, for example, our positions as agents of change or control relative to mandated clients and social service

agencies. Therapists must be able to explore how their personal biases (classism, sexism, racism, etc.) affect their reporting to social service systems and how their reporting practices, in turn, influence the well-being of their clients.

POSITIONING OURSELVES: OUR EXPERIENCE AS SUPERVISEES AND SUPERVISORS

We developed many of our ideas during clinical supervision meetings in a couple and family therapy (CFT) program in which the first two authors were supervisor candidates (i.e., supervisors-in-training) and the last two authors were supervisors of supervision. Through our discussion of social-level differences among our own group members, we started exploring the place of conversations about privilege and oppression in therapy and supervision. As our excitement about this largely uncharted territory grew, our meetings expanded in frequency and duration, adding the function of an inquiry group to that of a supervision-of-supervision group. Our process included reviewing and discussing relevant literature; sharing examples of when supervisees seemed to struggle in therapy with issues such as race, class, gender, and sexual orientation; analyzing our own relationships; and examining our attempts to raise critical consciousness in supervisees. We identified a number of dilemmas, including times when supervisees are more critically aware than supervisors, and times when supervisors seem more invested in therapists' critical consciousness than supervisees. The ideas presented in this article are a result of our inquiry. Following are some of our experiences as supervisors of supervision and supervisor candidates that have been particularly potent in shaping our views.

My first experience as a supervisor candidate was with a dyad of White middle-class family therapy students. One of these students was from a very affluent background. His first reaction to me was one of questioning whether I was qualified to supervise him. My feeling was that he questioned my competency in terms of my gender and race, rather than in terms of my experience and knowledge. I found myself in an unfamiliar situation in which I, as a woman of color, was in a position of more authority than a White male. Although I was granted this power by my efforts and experience, I felt I was still placed, initially, as "lesser than" in the eyes of this particular supervisee. I brought these issues to our supervision of supervision group in which we discussed how these types of situations will become more common as more members of minority groups enter the field. More importantly, we began to discuss how to handle these types of situations. Not only did we come up with some strategies, we also began to see how the supervision experience can be fertile ground for developing critical consciousness regarding issues surrounding

class, race, gender, and sexualities. My work with this supervisee, given the discussions provided by our supervision of supervision group, was intentionally driven to promote greater critical consciousness. Supervision proved to be an appropriate place to do this. Consequently, we found that developing critical consciousness actually makes a more competent therapist and supervisor. I now see my role as a supervisor differently in that I feel a responsibility to address issues of racism, sexism, and ethnocentrism in order to ensure a more just and effective supervision and therapy.

(Supervisor candidate)

My position as an international student is one of the most salient aspects of my social identity in the United States. As an outsider to U.S. society, I was able to take notice of some cultural constructions that many in the United States perceive as universal or natural. For example, commonly held assumptions that girls are not good in math or that a “traditional family” consists of a breadwinner dad, a homemaker mom, and their children were foreign to me, not a matter of course. My position as an outsider has also allowed me to ask questions that are rarely discussed in public. These included questions about race and racism.

In my work as a therapist-in-training, I noticed that social-level issues played an important role in clients’ lives and in the therapy room. I knew that I was supposed to consider various aspects of people’s social identities (e.g., race, ethnicity, gender, ability) during clinical assessment and treatment, and I knew that I could talk with clients about social-level differences within a therapeutic system, but I did not know when and how to talk about various forms of oppression that were based on those differences. It was my good fortune that, in my CFT program, I was surrounded by peers and mentors who were attuned to the issues of privilege and oppression, and who were willing and able to talk about them and to explore the role of therapists and supervisors in relation to these issues. Through these conversations, I developed a deeper understanding of the U.S. social system in particular and the workings of oppression in general. I also developed a view that it was a responsibility of therapists and supervisors to promote social justice through their work.

(Supervisor candidate)

In my work as a supervisor and supervisor of supervision, I have experienced many of the issues and dilemmas presented in this article. Early in my career, my supervision reflected a “White, middle-class, liberal” approach to multiculturalism. With the exception of lived experience relative to gender oppression and witnessing the civil rights movement, I was unaware of the many social forces affecting clients’ lives. I relied heavily on positive relationships with supervisees from traditionally marginalized groups to inform me about their experiences. Over time, I found myself struggling ethically with my lack of awareness and

limited competence relative to White privilege, racism, classism, homophobia, sexism, and nationalism. My responsibility to “do my own work” came into sharp focus. As a result, I have spent the last decade working on these issues. Recently, I have been struggling with practical applications of these ideas in therapy and supervision.

Our inquiry group provided opportunities to explore concrete supervision interventions aimed at raising critical consciousness through closely examining our relationships with each other, studying our attempts to increase critical consciousness in supervisees, and considering the impact of therapist critical consciousness on therapy.

(Supervisor of supervision)

I have been a supervisor of family therapy trainees for over 25 years. I’ve experienced many changes in the predominant views of training and supervision over that time. I started when the field was transitioning from psychodynamic to system perspectives. I incorporated many of the original schools of family therapy into my supervision (structural, strategic, intergenerational, experiential) when they were dominant. I reexamined my approach to supervision in light of later developments in feminist and then postmodern perspectives. I familiarized myself with the literature on culture and ethnicity and again reexamined my approach to take into account these new developments.

And yet, I felt relatively unprepared to address the kinds of issues that [employees] brought to supervision of supervision. It is one thing to understand the concepts of social justice, racism, sexism, and ethnocentrism and quite another to see supervisees actively struggling with how to put these ideas into practice with clients and supervisees. Their task was made more complex, and perhaps aided, by the fact that they were products of the predominant value systems of their own countries of origin and actively trying to accommodate to U.S. culture. Hence, they seemed to be both within U.S. culture and outside it at the same time. Their vantage point allowed them to see marginalized and privileged clients and supervisees in an entirely different way than a White, male supervisor or supervisee born and raised in middle-class America.

Personally, one of my greatest challenges is that we rarely give up those ideas and approaches that we have developed over time and that become part of our identities as a therapist or supervisor. My approach is an amalgam of all the earlier models and experiences I have accumulated. And yet it is not enough. There is more to add, more to learn, and the task of the supervisor becomes ever more complicated. Our group efforts to incorporate a social justice perspective have included moments of confusion, uncertainty, and self-questioning but also new ways of thinking and empathizing. There also have been moments of exhilaration when differing perspectives come together in a common understanding.

(Supervisor of supervision)

CRITICAL CONSCIOUSNESS WITHIN THE SUPERVISORY SYSTEM

In addition to working with clients, therapists need systematic feedback and reflection to develop professional competence (Bernard & Goodyear, 2004). We believe this feedback and reflection should include conversations about systems of privilege and oppression and their interplay within supervisory systems. Multicultural ignorance and/or silence on issues concerning race and other aspects of social identity are likely to be detrimental to supervisees and to the therapeutic system (Constantine & Sue, 2007; Hernandez, Taylor, & McDowell, 2008; Lawless, Gale, & Bacigalupe, 2001). In contrast, a commitment to the development of critical consciousness allows for beneficial conversations surrounding these issues. The following example illustrates the effects of multicultural ignorance within supervision.

I brought up to our supervisor group my experiences of frustration, dismissal, and lack of validation on the part of previous supervisors in understanding the way I conceptualized issues my clients brought to therapy. I remember talking about a Latino adolescent whom I had counseled, and who was having behavioral issues at school. This boy had told me he acted this way because his teacher did not like Blacks. Instead of accepting this as a truth, because of the overwhelming evidence that discrimination is a real part of any minority student's experience in school, my supervisor doubted my expertise because I was unwilling to pursue individual and familial dynamics until I addressed discriminatory experiences for this individual. Not only was I not understood as to contextual issues affecting families, but I was misunderstood when I questioned our ethical positions in regard to how we apply knowledge that is informed by a certain dominant group to validate and maintain their position of superiority over clients. Intervening with behavioral modification (placing the blame on the child), for example, and ignoring discrimination, made me question who benefits by our therapeutic interventions.

(Supervisor candidate)

The Role of Supervisor Critical Consciousness

A necessary condition for raising critical consciousness in supervision is the supervisor's willingness to examine "personal and professional beliefs about the diverse sociocultural contexts that influence [their] beliefs" (Mac Kune-Karrer & Wiegel Foy, 2003, p. 351). If the supervisor is not aware of power dynamics surrounding race, gender, sexual orientation, and other aspects of social identity, the development of critical consciousness is likely to be inhibited by the supervisor system. In a study of 50 supervisory dyads, Constantine, Warren, and Miville (2005) explored the relationship between

racial identity schemas and supervisee multicultural competence. The authors defined racial identity schemas as “the dynamic cognitive, emotional and behavioral processes that govern a person’s interpretation of racial information in her or his interpersonal environments” (p. 490). The results of their research indicated that the levels of supervisee multicultural competence were significantly higher in supervisory dyads in which supervisors had advanced racial identity schemas than in dyads in which supervisors had low racial identity schemas.

Cook (1994) distinguished between supervisory systems that are progressive or regressive with respect to racial identity development. In progressive supervisory systems, the supervisor’s racial identity is more developed than the supervisee’s, whereas in regressive systems the supervisor’s racial identity is less developed. This distinction is important in that the development of racial identity, as well as other aspects of social identity, will most likely be limited in systems in which the person with the most power has the least awareness (Lawless, Gale, & Bacigalupe, 2001). Although either the supervisor or supervisee can initiate discussions about issues of privilege and oppression in supervision, the supervisor’s response can determine the depth of the discussions. The supervisee may sense, for example, that the supervisor does not recognize race as an important factor in therapy and supervision. Subsequently, the supervisee may feel discouraged from exploring racial issues further for fear of a negative evaluation. If the supervisee either expresses or suppresses his or her attitudes in supervision, he or she is likely to do the same in therapy. Therefore, the supervisor is in a position to influence, either consciously or unconsciously, the degree to which the supervisory system supports the free expression of racial identity attitudes. Given the supervisor’s power, his or her racial identity attitudes may shape the racial attitudes and behaviors of the supervisee and, indirectly, the client.

I can sense very early on whether the supervision will be safe for raising the issue of privilege and oppression. Supervisors’ reactions to small comments I make regarding oppressive experiences in our society raise a flag as to how the supervision will be for me. Some reactions have been so negative that I have been forced to go outside the supervisory context (peers, other mentors) to help stabilize the violent rejection of myself and what I believe and experience to be real.

(Supervisor candidate)

I strongly agree that supervisors are obligated to consistently engage in raising their own critical consciousness and are responsible to lead this process in supervision. I also realize, however, that I always have the potential and am not necessarily aware of times when my own work

as a supervisor is regressive. It is easier to identify progressive supervisory conversations, as they tend to be energizing, validating, challenging, and lead to creative, critical ideas and solutions. When supervisees are more critically aware than I am about any number of issues, I believe supervision still has the potential to be progressive. I am frequently humbled by, and learn from, supervisees and supervisor candidates who demonstrate sophisticated levels of critical consciousness. For me, these are exciting opportunities to move forward in my own awareness while validating and encouraging the development of supervisees and supervisor candidates. Likewise, I believe regressive supervision can occur when supervisees or supervisor candidates are less aware than I am, but unwilling to explore issues of privilege and oppression. For me, regressive supervision occurs when I cannot find avenues to engage in critical consciousness raising, my own zeal or lack of skill causes further regression on the part of the supervisee or supervisor candidate, and/or our inability to engage in critical conversations results in further oppression of clients.

(Supervisor of supervision)

DEVELOPING CRITICAL CONSCIOUSNESS IN SUPERVISION

In this section, we discuss practices and tools that may be used to promote critical consciousness in supervision. Particularly effective practices include setting aside time for initial and ongoing critical conversations. The tools that may be used in conjunction with these practices include (a) reflective questions, (b) critical genograms, (c) maps of social capital, and (d) questionnaires for exploring social identities and systems of privilege and oppression.

Practices for Developing Critical Consciousness in Supervision

Time dedicated to critical conversations. To promote the development of critical consciousness within supervision, it is important to allocate time to reflect on and address issues related to interlocking systems of oppression and privilege. Critical conversations should ideally occur at the beginning of a supervisory relationship and periodically throughout supervision. In our work with beginning therapists, we found that socializing therapist critical consciousness at the very beginning of a supervisory relationship (i.e., before supervisees started seeing clients) was particularly effective. The purpose of these meetings was to discuss social issues that were especially relevant to our supervisees; these included conversations about differences within the supervisory system and conversations about power dynamics surrounding race, gender, class, and nation of origin. By the time

they started seeing clients, we felt supervisees were more aware of and thus better equipped to deal with these issues.

During these conversations, the therapist's personal attitudes toward clients and the treatment process can be examined and core issues that may emerge during therapy can be highlighted. For example, issues of differential status within the supervisory system can be highlighted (e.g., if the supervisor belongs to a nondominant group and supervisee belongs to a dominant group), so that the process of the dialogue about this issue becomes isomorphic to the therapist-client system. In addition, consultation with peers and/or supervisors regarding the impact of personal issues, attitudes, or beliefs on their clinical work will become more open and relevant if conversations concerning issues marginalization and oppression are given importance by dedicating specific time to their exploration.

Before our supervisees started seeing clients, my cosupervisor and I opened a conversation about cultural differences within the supervisory system. We chose to start with racial and national backgrounds, because those categories of difference seemed to be the most obvious within this particular group. The group consisted of two supervisees and two supervisor candidates and two of us are women of color and three of us speak English with a foreign accent. As persons in the position of power, my cosupervisor and I started the conversation by talking about our own backgrounds. We described our respective social locations and we talked about our cultural traditions and their influence on our beliefs about supervision, therapy, and mental health in general. This opened a door for the supervisees to share their own backgrounds. Following a discussion of cultural differences, our conversation moved on to an exploration of differences in power and status. My cosupervisor and I acknowledged the reality of racism within the United States, pointing out the differing racial backgrounds within our supervisory system. Similarly, we noted that our four countries-of-origin differed not only with respect to cultural values and traditions, but also with respect to economic development and power on the international scene. We then posed the question of what our supervision group could do to mitigate, if not eliminate, the effects of larger social forces on our functioning as human beings and as supervisees and supervisors-in-training. Although this question engendered a temporary sense of discomfort, it gave rise to a fruitful conversation that led to a commitment to a continued dialogue on these issues.

(Supervisor candidate)

Ongoing critical conversations. In addition to formal efforts at critical consciousness-raising, we believe members of the supervisory system should engage in ongoing conversations that promote critical consciousness.

In other words, conversations centered on raising critical consciousness are woven into the fabric of supervision. Specific contents of such conversations vary according to circumstances. Supervisors and supervisees may have critical conversations in relation to clients' lives, therapists' interactions with clients, supervisor-supervisee relationship, and the immediate institutional context within which therapy and supervision are situated. Additionally, topics of critical conversations may center on various aspects of social identity (such as race, ethnicity, sexual orientation, gender, ability, and religion) and their interconnections, as well as various forms of oppression and privilege. A unifying characteristic of all such conversations is continuous and ever-deepening reflection about the causes of inequality and injustice combined with critical thinking about actions that might be taken to effect social change (McDowell et al., 2005).

In our work, we distinguish between two basic approaches to incorporating conversations focused on raising critical consciousness: seizing opportunities and creating space. We advocate for using both approaches within each supervisory relationship. The first approach, seizing opportunities, involves recognizing openings that occur within conversations on other topics (e.g., clinical assessment, family-school relationship, family dynamics, sibling subsystem functioning) and expanding upon them. In other words, instead of directly introducing the issues of power, privilege, and oppression, supervisors weave these issues into the conversations about clinical cases and self-of-the therapist issues. This approach is illustrated in Lawless, Gale, and Bacigalupe's (2001) study of how race, ethnicity, and culture are talked about in supervision. More specifically, these authors provide an example of a conversational sequence (i.e., Exemplar D) that led to an expanded talk of race, ethnicity, and culture.

The second approach, creating space, involves deliberate and intentional interventions aimed at addressing the impact of contextual background factors on people's lives in general and on therapy and supervision in particular. Such interventions include questions that invite conversational partners to reflect critically on factors that contribute to inequality and marginalization (see Reflective Questioning section) and questions that promote action for social change. In the following paragraph, we offer an example from our own work that illustrates how space was created for a conversation about the impact of class and classism on supervisory relationships.

At the beginning of our supervisory relationship with two beginning therapists, we asked how they would react to a strong directive if they felt our directions were wrong or irrelevant. The supervisee from a middle-class background stated that she would accept the direction, whereas the supervisee from an affluent background stated that she would take the matter up with our supervisors of supervision. Sensing that this was an opportunity to address the issues of power and privilege,

we decided to explore the reasons for the difference. We asked the middle-class supervisee how she would react if she were suddenly granted millions of dollars. After a few moments of thinking, she seemed to be hit by a powerful moment of insight—she stated that she had never thought of class-related issues in this manner and that having millions of dollars would definitely affect her reaction to our directive. She stated that she would probably be more assertive and would consider bringing up the issue to the clinic director. Her reaction, in turn, affected the other supervisee, who was able to reflect on her lack of awareness of how her privilege had influenced her life, her views, and her behaviors. We then tied in these insights to the manner in which power and privilege might affect our supervisees' work with clients.

(Supervisor candidates)

Tools for Promoting Critical Consciousness Development Within Supervision

Reflective questioning. Reflective questions enable supervisees to recognize power dynamics surrounding particular social locations and to consider various systems involved in clients' lives. Pondering questions such as "Where does knowledge of dysfunctional families come from?" and "How do class, race, ethnicity, sexual orientation, or disability inform the dynamics of this system?" challenges supervisees to explore how knowledge is created and maintained by larger sociopolitical forces. These conversations can lead to recognizing the risk of harm associated with models that incorporate the assumptions of family dysfunction, pathogenesis, or cultural deficit. These questions also help identify clients' strengths, resilience, and resources. Analyzing where, how, and by whom this knowledge has been constructed gives us the opportunity to challenge the view that interventions apply to all forms of systems regardless of their contextual placement. The previous example given of a supervision session illustrates the use of reflective questions as the supervisors asked the supervisee how her behaviors might have been different had she owned millions of dollars.

Reflective questioning needs to be enacted in a cautious manner because it can occur along a continuum of progressive critical consciousness. Questions are geared to a particular developmental level in the development of critical consciousness. We believe that the questions should be used in sequence; that is, moving on to more progressive questions is dependent upon the level of critical consciousness within the supervisory system. A collection of reflective questions drawn from the literature is provided in the appendix.

Several tools may be used to facilitate the process of reflective questioning. These include the critical genograms, questionnaires for exploring

social identities and systems of privilege and oppression, and maps of social capital. In the paragraphs below, we provide descriptions of these tools and we show how their use may facilitate the development of critical consciousness and, thereby, the attainment of therapists' competencies.

Critical genograms. Building upon the cultural genogram (c.f. Hardy & Laszloffy, 1995; Halevy, 1998), we developed critical genograms as a tool for promoting the development of critical consciousness. The purpose of critical genograms is to explore our individual and familial identities within the larger sociopolitical and historical context and to identify how oppressive beliefs shape our and our clients' lives and the therapeutic process itself. Unlike cultural genograms, critical genograms focus less on differences associated with various cultural traditions and more on power dynamics surrounding particular social locations. They contribute to critical consciousness development by helping therapists and supervisors expand awareness of their interconnected social identities, their placement within systems of privilege and oppression, as well as the influence of these on their beliefs, attitudes, and actions. In our work, we found it useful to construct a separate figure for each salient aspect of our social identities (e.g., ethnicity, gender, sexual orientation, ability) and then to combine these figures to develop a picture of an interplay of various social forces.

For example, through an examination of her ethnic identity, a therapist became aware of her relationship with each of her ethnic heritages, as well as her relationship with the dominant U.S. culture (Figure 1). She found she had less access to resources as a Latina and needed to alienate herself from this heritage to better accommodate to the dominant group in which she could access more resources. She realized alienation and rejection of her Latino heritage was functional in her procurement of resources. She also realized that in order to accommodate she had to internalize many negative messages about

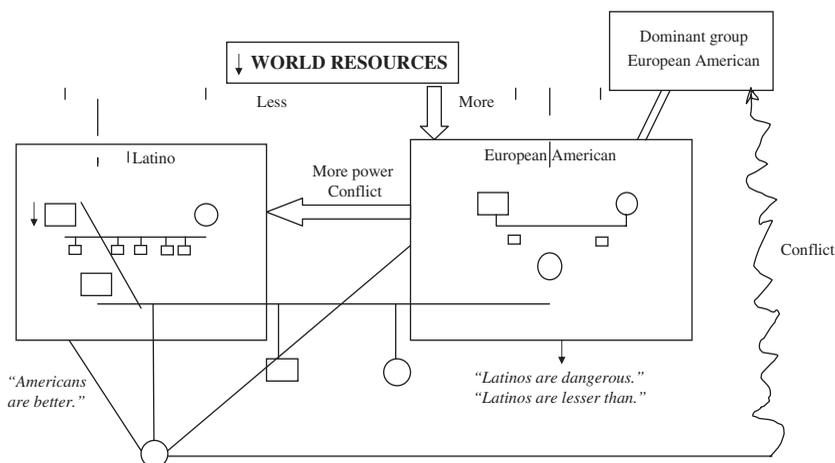


FIGURE 1 Critical genogram.

Latinos. She realized that she was devaluing and rejecting a significant part of her heritage. This process gave her the opportunity to strategize how to access the resources she needed from the dominant group while at the same time valuing and protecting her Latino heritage. Consciousness regarding power and privilege was important in her development as a therapist, as it helped her become aware of biases working as a Latina with people of other cultures as well as in her work with other Latinos. In addition, it helped to inform her about how she can engage Latino clients in a similar process.

Mapping social capital (Garcia & McDowell, in press). Bourdieu (1986) defined social capital as “the total resources linked to relationships with others, be it institutions or persons, which provide the backing of belonging to a group that has an accumulation of collectively-owned capital” (Garcia & McDowell, in press, p. 6). As supervisors and supervisees become aware of the dynamics of social forces, they can map these forces in order to track social capital and accentuate areas of constraints and opportunities in gaining connections (social capital) to those with access to resources. The supervisor and supervisee embark in a process of understanding unequal distribution of social capital in which the client is left in a less influential position in negotiating relationships. Increasing critical awareness of the client’s position in terms of social capital distribution will lead to exploring opportunities that will gain access to social capital resources. The steps involved in social capital mapping are to draw the multiple systems involved in the client’s life (school, community, social services, court, religion, etc.) and then indicate the constraints and opportunities in each relationship. For example, one may find that in a relationship with a school, the client may have constraints of systemic discrimination or lack of cultural fit, as well as opportunities of potential mentorship and access to relationships with school personnel (Figure 2). As clients become aware of these opportunities and constraints, they are better informed to make strategic moves in responding to unequal distribution of social capital. This same client may decide to find relationships with people who will advocate against discrimination in the school system, as well as develop stronger relationships with school personnel in order to access their pool of connections.

Questionnaires for exploring social identities and systems of privilege and oppression. A number of questionnaires are available to elicit reflection about the supervisory system’s location regarding social identity and multicultural issues. These include The Black/White Racial Identity Attitude Scale (Helms & Carter, 1990), the Cross Racial Identity Scale (Vandiver et al., 2000; Vandiver, Cross, & Worrell, 2002), the Privilege and Oppression Inventory (Hays, Chang, & Decker, 2007), Evaluating Multicultural Issues in Supervision (EMIS; Guanipa, 2002), Social Justice Advocacy Readiness Questionnaire (Chen-Hayes, 2001), and others. Reflecting upon statements such as “I think I understand Black people’s values” and “I do not feel that I have the social skills to interact with Black people effectively” can promote

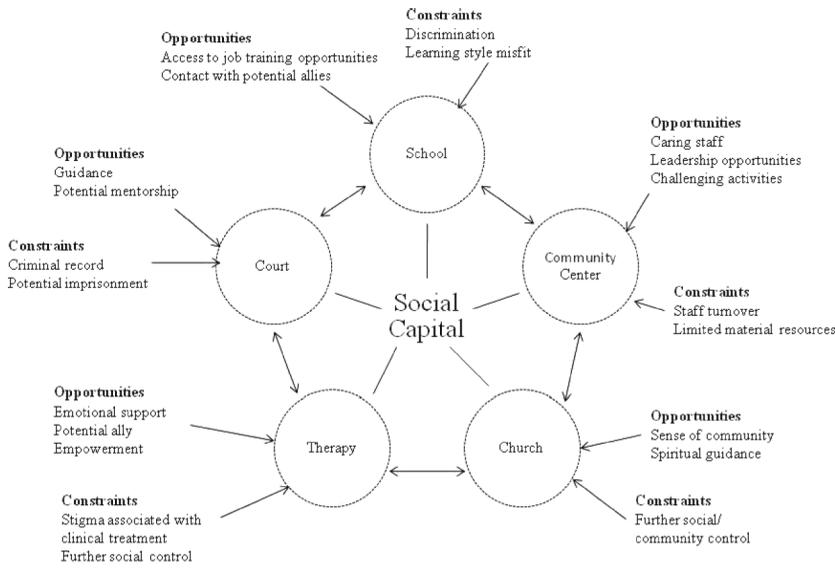


FIGURE 2 Mapping social capital.

a discussion of differences within supervisory and therapeutic systems, as well as an exploration of personal preconceptions and biases. Additionally, these instruments are an effective way of opening up dialogue regarding issues that are difficult to explore and talk about. A statement such as “I don’t understand why Black people blame all White people for their social misfortunes” elicits the opportunity to talk about power and privilege within our society. Once again, the use of these questionnaires within supervision may be initiated by both the supervisor and the supervisee.

CONCLUSION

Race, class, gender, sexual orientation, disability, and nation of origin continually shape professional relationships and clinical work, yet we often are unsure how to openly explore and acknowledge their impact. Through respectful dialogue and reflection, supervisors and supervisees can develop in-depth understanding of how systems of power and privilege shape supervision and therapy. Developing critical consciousness has been presented in this article as essential for becoming a more competent, effective, and just therapist and supervisor. We have argued that supervision is a prime location in which to develop critical consciousness. We have offered practices and tools to help guide discussions regarding issues of power, privilege, oppression, and diversity in supervision. Some of these tools include reflective questioning, critical genograms, mapping of social capital, and questionnaires for exploring systems of privilege and oppression. Although these tools have not

been evaluated empirically, we believe that they can be effective in helping therapists navigate the complexities of diversity and power in therapeutic contexts. At the same time, we acknowledge the need for empirical research on the effects of critical consciousness-raising on supervisees, and, ultimately, the effects of these processes on client systems.

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APPENDIX

A Compendium of Reflective Questions

Exploring Therapist/Supervisor Privilege

1. In what ways have my and my ancestors' accomplishments benefited others and/or been at others' expense? In what ways have my ancestors used race, economics, gender, and politics to foster both past and present day disparities?

Exploring Therapist/Supervisor Responsibility

1. In what ways do I fulfill my moral obligation to correct current social inequities? Are these ways meaningful to those who have been wronged or just meaningful to me?
2. What do I (we) do in the agency on a day-to-day basis that might contribute to the structuring of unequal outcomes?

Exploring Therapist/Supervisor Attitudes and Biases

1. How do I demonstrate callousness either overtly (e.g., demanding that those without boots or straps pull themselves up by their bootstraps) or covertly (e.g., championing more materials for "gifted" students while ignoring the needs of students who lag behind)?
2. What are my feelings during an interaction with a person from a working/upper class background? How does that interaction affect how I felt about myself? If such feelings were elicited by a working/upper class client/supervisee, how might my work be affected?
3. What are my "family values," and how inclusive are they of gays, lesbians, bisexuals, and transgender people and their families? Do I, as therapist, accept that a healthy, happy, and "normal" life is compatible with being gay or lesbians? Would I be willing to be a client/supervisee of a gay or lesbian therapist/supervisor?

Exploring the Process of Critical Consciousness Socialization

1. In what ways do my reactions of fear, avoidance, and devaluation of this process derail my progress towards socializing my critical consciousness?
2. In what ways do my colleagues provide me adequate support and challenge me to deepen commitment to socializing my critical consciousness?
3. What is my investment in my understanding of how to be an anti-racist social worker? What self-image do I have as a result of my good intentions towards racially-othered clients?

Exploring Therapist/Supervisor Views of Client Behavior

1. What part of the behavior of clients may be interpreted as resistance to further marginalization? What clinical choices might I make differently if I were to view some of the "presenting" behavior as positive—as opposition or challenge to further disempowerment—instead of viewing it as antisocial acting out?
2. How are we "empowered" and "disempowered" here? What and how are we resisting?

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