

## **Social Justice Mentoring: Preparing Family Therapists for Social Justice Advocacy Work\***

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### **Abstract**

This article discusses the important role of social justice mentoring in preparing family therapy graduate students for social justice advocacy work. In particular, we offer strategies for mentoring students in an exploration of their own positionality and societal privileges, discuss challenges to mentoring students for social justice advocacy work, and share students' experiences of exploring their own positionality and societal privileges.

*Keywords:* Family therapy, Mentoring, Social justice, Self of the therapist

**M**entoring is an important component of the development of emerging professionals; however, within the field of family therapy mentoring has received little attention (Prouty, Lyness, & Helmeke, 2008). Although mentoring is not widely written about in the family therapy field, it appears that most often the roles and functions associated with mentoring occur within the context of clinical supervision. Mentoring involves helping emerging professionals learn about their new roles within their chosen discipline through education and personal development (Williams-Nickelson, 2009). Additionally, the role of the mentor involves providing encouragement, direction, emotional and professional support, and constructive feedback that fosters personal and professional growth (Johnson, 2006; Prouty, Lyness, & Helmeke, 2008; Williams-Nickelson, 2009). The processes that comprise the mentoring relationship are similar to the processes that occur within clinical supervision. Specifically, the role of the clinical supervisor is to assist student trainees in developing an identity as a family therapist, and thus, integrate them into a new professional role, while also helping them develop a specific set of clinical competencies (Todd & Storm, 1997). Thus, one reason why the topic of mentoring may have received little attention in the family therapy field is that clinical supervision encompasses what other disciplines refer to as mentoring.

The family therapy literature on supervising and mentoring graduate students has focused on issues related to self of the therapist and addressing professional and ethical practices (Baldwin, 2000; Carlson & Erickson, 1999; Fontes, Piercy, Thomas, & Sprenkle, 1998; Satir, 1988; Timm & Blow, 1999). Self of the therapist work is based on the notion that, if left unexplored, therapists' personal life experiences and family histories will become a barrier in their work with clients (Aponte, 1994). Specifically, self of the therapist work has involved assisting students in exploring the patterns that exist within in their own families of origin in an effort to be less reactive to transgenerational patterns, and in order to create greater objectivity on the part of the therapist (Aponte et al., 2009; Aponte & Winter, 1987; Guerin & Hubbard, 1987).

While the purpose of this self of the therapist work is to assist therapists in becoming more aware of their position within their own families, less focus has been placed on the therapists' positions within larger societal structures. The importance of exploring therapists' positionality (i.e., social location in regard to gender, race, class, sexual orientation, etc. ) within dominant power structures has become more salient in recent years as the family therapy field has been engaged in a dialogue about the need to expand the practice of family therapy to include social justice advocacy work (Almeida, Dolan-Del Vecchio, & Parker, 2008; Green, 1998; Hardy & McGoldrick, 2008; McDowell & Jeris, 2004; McGeorge, Carlson, Erickson, & Guttormson, 2006; Parra-Cardona, Holtrop, & Cordova, 2005). This need to include social justice advocacy work in family therapy is well captured by Green (1998) when he asked "will we continue to only huddle in our offices waiting for individual families to request treatment, or will we move beyond family therapy to include prevention, community intervention, and family social policy within our scope of practice?" (p. 107).

Researchers argue that a central component of preparing students to engage in this advocacy work involves helping students become aware of their social location within dominate power structures (Hardy & McGoldrick, 2008; McGeorge et al., 2006; McDowell, Fang, Young, Khanna, Sherman, & Brownlee, 2003). In particular, this process involves helping students gain an awareness of how systemic oppression and advantage influences clients, the therapy process, and their own personal lives. However, it is important that this mentoring process move beyond helping students to explore the disadvantages of marginalized groups and focus on helping student therapists address and begin to dismantle their own societal privileges. This self-reflective process is important because how we see or make sense of the world is limited by our positions of privilege within society (Hardy & McGoldrick, 2008; Johnson, 2006). Specifically, a therapist's social location influences how she or he perceives clients and the causes of the problems clients present with in therapy.

In this paper, we propose expanding the concept of the self of the therapist to include an exploration of the therapists' positionality within dominant social structures. While the assumption is often made that addressing privilege and oppression with student trainees helps them better work with diverse and marginalized populations, this is not the primary purpose of this proposed approach to social justice mentoring. A fundamental assumption of this work is

that positionality impacts our work with all clients regardless of the privilege and oppression that they experience. Thus, the purpose of the paper is to (a) review existing literature on mentoring students to prepare for social justice advocacy work, (b) offer strategies for mentoring students in an exploration of their own positionality and societal privileges, (c) discuss challenges to mentoring students for social justice advocacy work, and (d) share students' experiences of exploring their own positionality and societal privileges.

### **Mentoring and Social Justice Advocacy Work**

While this is a relatively new discussion in the family therapy discipline, other clinical disciplines (e.g., psychology, counseling, social work) have a longer history of addressing how to mentor students to become social justice advocates (Constantine, Hage, Kindaichi, & Bryant, 2007; Goodman, Liang, Helms, Latta, Sparks, & Weintraub, 2004; Kiselica & Robinson, 2001; Lee, 1998; Speight & Vera, 2004; Steele, 2008; Vera & Speight, 2007). Social justice advocacy work is based on the notion that larger contextual factors, outside of the control of individuals and families, play a significant role in shaping behaviors and decision making. Thus, a fundamental belief of social justice advocates is that the issues or problems that clients present with in therapy are a direct result of their social location (i.e., positionality) within dominant social structures (Goodman et al., 2004; Lee, 1998; Speight & Vera, 2004). The goal of social justice advocacy work, therefore, is not just to work with the individual clients, but rather to create societal level changes that promote greater equality and opportunity for marginalized groups (Goodman et al., 2004; Speight & Vera, 2004).

In order to effectively prepare students for social justice advocacy work, the literature appears to highlight a number of competencies that student clinicians need to develop. For example, Vera and Speight (2007) have identified three skills sets or characteristics that students need to do social justice based work: (a) emotional attunement to oppression and the suffering caused by oppression, (b) cognitive awareness of the structures that create power imbalances and oppression, and (c) skills to directly address issues of power, privilege, and oppression. In addition to the above identified skills other scholars argue that in order to do social justice advocacy work counselors also need to develop an awareness of themselves, their values, and their positions in larger social structures (Lee, 1998; Steele, 2008).

Although the concept of self-awareness is important for social justice advocacy work, we believe that the type of self-awareness needed involves a critical reflection on one's positionality and the privileges granted by one's social location (e.g., White privilege, male privilege, heterosexual privilege, social class privilege) (Constantine et al., 2007; Hardy & McGoldrick, 2008; McGeorge et al., 2006). Further, we agree with Constantine et al. (2007) that "self awareness entails being cognizant of one's attitudes, beliefs and values, regarding race, ethnicity, and culture, along with one's awareness of the sociopolitical relevance of cultural group membership in terms of issues of cultural privilege, discrimination, and oppression" (p. 85). Although engaging in critical self-reflection is important for members of all cultural groups, we believe this process

is particularly vital for members who belong to dominant socially sanctioned groups (e.g., Whites, males, heterosexual identified individuals) (McGeorge et al., 2006). Again, as stated previously, the purpose of most efforts to raise students' consciousness regarding their social location within dominant power structures is to better prepare them to work with marginalized groups (Arredondo & Arciniega, 2001; Constantine et al., 2007; Kiscelica & Robinson, 2001). However, a critical understanding of one's social location also is vital to preparing students to work with clients who belong to privileged dominant socially sanctioned groups. For example, it would be important for a White heterosexual male therapist to be aware of how his positionality might influence his work with a White heterosexual couple in ways that might blind him to how societal structures are privileging the needs of the male partner, over the needs of the female partner, and lead him to align with the male partner's view of the relationship. This example illustrates that, for therapists who belong to dominant groups, it is important to constantly ask themselves not if, but how "sociohistorical and sociopolitical forces shape ... [their] own identities and subsequent understanding of their clients" (Goodman et al., 2004, p. 799). To return to the above example, it would be important for the White heterosexual male therapist not only to reflect on how male privilege is influencing his work, but also how his heterosexual and White privilege directly influence his understanding or conceptualization of the case.

### **Strategies for Mentoring Students in an Exploration of Their Own Positionality**

In order to prepare students to do social justice advocacy work, this section of the paper presents strategies for mentoring students in an exploration of their own positionality and societal privileges. These strategies are organized according to the following themes: (a) activities for use in academic courses, (b) activities for use in clinical supervision, and (c) strategies for structuring clinical training programs.

#### **Activities for Use in Academic Courses**

Several authors articulate that preparing students to do social justice advocacy work involves much more than simply teaching one course on diversity issues, but instead requires a commitment by the entire faculty to center all course work around social justice principles (Arredondo & Arciniega, 2001; Bemak & Chung, 2007; McDowell & Shelton, 2002; McGeorge et al., 2006). This process of centering course work on social justice principles involves addressing both course content and class assignments. In this section, we provide examples of how to infuse social justice principles in course content and assignments. However, it is important to note that an in depth discussion of the process of centering all course work around social justice principles is beyond the scope of this article, for more information on this process the reader may wish to refer to Bemak and Chung (2007), McDowell and Shelton (2002), and McGeorge et al. (2006).

An example of centering course content on social justice principles in an ethics and professional issues class would be teaching students about the Feminist

Code of Ethics (Feminist Therapy Institute, 1999) and then critiquing other professional codes of ethics through the lens of the Feminist Code of Ethics. Another example could involve teaching diagnosing and assessment from a critical perspective that explores how issues of racism, sexism, heterosexism, and classism influence the criterion for diagnoses and the diagnostic process. A third example involves intentionally altering the content taught in courses on couples therapy to be inclusive of all couples (i.e., LGB and non-LGB couples). A common practice in teaching couples therapy is to address working with LGB couples in a special sub-unit of the course limited to a week or two of instruction. This practice is based on the heterosexist assumption that the word “couple” is synonymous with “heterosexual couple” and reinforces the notion that LGB couples are defined solely by sexual orientation, and thus, have little in common with heterosexual couples (McGeorge & Carlson, in press).

As previously stated, preparing students to do social justice advocacy work involves a critical exploration of their own social location and societal privileges. To foster this exploration a number of different course assignments can be used. For example, we assign the students in our graduate program to write a paper that invites them to identify their own social location within dominant power structures and the influences that these power structures have on their personal and professional identities. Students are asked to situate their identity in terms of each of the following power structures: gender, race, class, sexual orientation (this structure is optional due to the sensitive nature of the issue and the fact that we would never want to force a LGB student to “come out”), ability, and religion. Students are further instructed to articulate how each of these identities has influenced them in terms of their experience of privilege and oppression, and to be specific about the types of privileges and oppressions they experience as a result of belonging to privileged or marginalized groups in both their personal and professional lives. Moreover, students are asked to articulate how each of the following power structures have influenced their sense of self (personally and as a therapist): patriarchy/male superiority, racism/White superiority, heterosexism/heterosexual superiority, and religion/Christian superiority. Additionally, students are asked to write about how their positionality will impact their ability to work with all clients and identify ways that they can attempt to dismantle the effects of their positions of privilege. Finally, students are asked to discuss their beliefs about the importance of addressing issues of power, privilege, and oppression in the context of therapy.

Another example of an assignment used in our graduate program to prepare students for social justice advocacy work involves requiring students to write a paper that reconstructs a foundational theory in the field of family therapy (e.g., Structural, Bowenian, Strategic, Experiential, etc.) from a feminist social justice perspective (McGeorge et al., 2006). For this assignment students are asked to select one of the foundational theories of family therapy and reconstruct the theory with the following question as a guide: “What would the theory look like if it were developed by a member of a marginalized community?” The idea behind this assignment is that the positionality of the developer of a theory strongly influences what the theory “sees” and how it is applied. For example, the sexism present in a theory may have more to do with the positionality of the originator of the theory than the theory itself.

A final example of an assignment used in our graduate training program to assist students in exploring their positionality and societal privileges involves an adaptation of the “self of therapist genogram activity” (Halevy, 1998; Hardy, & Laszloffy, 1995). For this assignment, students are asked to construct a three generation genogram, which includes their grandparents, parents, aunts, uncles, siblings, cousins, themselves, and their romantic partners. In addition to reflecting on typical family of origin patterns, students are asked to answer the following questions: (a) As you look at your genogram and think of your family, what were you taught about gender? How were the relationships in your family organized according to your family’s beliefs about gender?; (b) What beliefs did your family teach you about race? How has the racial identity of your family shaped your family? Shaped your family history? If appropriate, what are some of the specific ways that your family benefited from White privilege?; (c) As you look at your genogram and think of your family, what were you taught about social or economic class? If appropriate, what are some of the specific ways that your family benefited from class/economic privilege?; and (d) As you look at your genogram and think of your family, what were you taught about sexual orientation? If appropriate, what are some of the specific ways that your family benefited from heterosexual privilege?

### **Activities for Use in Clinical Supervision**

In order to prepare students for social justice advocacy work, clinical supervision needs to be centered on inviting students to reflect on how their positionality within dominant power structures within society is impacting their work with each of their clients. In an effort to ensure that the issue of therapists’ positionality is central in supervision, it would be important for supervisors to begin each supervision session by asking students to reflect on how their own positionality and societal privilege is influencing their understanding and assumptions about a client(s). In addition to reflecting on the influence of positionality on the therapy process, it is important for supervisors to encourage students to identify specifically how they are addressing issues of power, privilege, and oppression in their work with each client (McGeorge et al., 2006). By beginning supervision in this way, supervisors ensure that issues related to positionality and societal privilege will guide both the therapy and supervision process and will not be overlooked. Further, it is important for supervisors to model this process by reflecting on how their positionality and societal privilege is influencing their clinical assumptions about a particular case. One way supervisors can model this process is by attending to issues of power, privilege, and oppression within the supervisory relationship itself. While the intent of attending to these issues would be to create an open space for discussing issues of positionality, it is essential that supervisors also acknowledge the inherent hierarchy between themselves and their supervisees. This awareness is important because, while a supervisor and supervisee may share a similar social location (e.g., gender), the supervisor always holds greater power due to her or his status as supervisor.

Another activity that can be used in clinical supervision is to ask students to journal in between supervision meetings about times in the therapy room when they were able to recognize the influence of their own positionality and times when they later realized they failed to recognize the influence of their own positionality on their work with a particular client (Mio & Barker-Hackett, 2003). Student journals can be reviewed and discussed at the beginning of each supervision session.

A final strategy to assist students in exploring their positionality is to use clinical vignettes (written or video) in supervision to analyze how issues of positionality and societal privilege are impacting the therapy process (Arredondo & Arciniega, 2001). As students develop competence in identifying these issues in the vignettes, supervisors can invite students to critically review recordings of their own clinical work to look for examples of how their positionality impacts their therapy. It may be helpful for this assignment to be done in a group supervision setting where students present their observations of their own clinical work and receive feedback from their peers.

### **Strategies for Structuring Clinical Training Programs**

Another important aspect of preparing students to do social justice advocacy work involves a commitment on the part of the clinical training program to make social justice principles central to the overall mission and structure of the program (Bemak & Chung, 2007; McGeorge et al., 2006). There are several ways that clinical training programs can begin to make social justice principles a part of the culture or identity of their programs. One suggestion identified in the literature is to develop a structure for involving students in activism work that addresses community level issues related to oppression (Goodman et al., 2004; McGeorge et al., 2006). For example, training programs could require students and faculty to march in the local PRIDE parade or provide opportunities for students to do regular volunteer work with agencies that serve marginalized populations in the local community (e.g., homeless shelters, domestic violence centers, and LGBT advocacy organizations). The counseling psychology doctoral program at Boston College provides a good example of how to institutionalize activist efforts (Goodman et al., 2004). In their program, first year graduate students spend six hours a week at a community organization that specializes in serving marginalized populations. The hope of this experience is to help students gain awareness of systemic injustices and develop the skills to address those injustices.

Another way to prepare students for activist work with marginalized populations is through the use of non-traditional or social justice clinical internships (Constantine et al., 2007; McGeorge et al., 2006). For example, in our graduate training program we have developed relationships with agencies that serve marginalized populations who had not traditionally had clinical interns and/or had the ability to offer mental health services. Through these partnerships we have been able to provide needed services to underserved communities and provide our students with opportunities to gain valuable clinical experiences working with diverse populations.

A final potential strategy for structuring a training program to be centered on social justice principles involves the use of a caucus system (McGeorge et al., 2006; Tamasese & Waldegrave, 1993). The caucus system involves creating caucuses for members of dominant socially sanctioned groups as well as caucuses for members of marginalized or oppressed groups. For example, separate caucuses could be created based on race, which would entail a group for White students and faculty and a group for students and faculty of color. “The purpose of these caucuses is to create an accountability structure where those of the dominant group are responsible for dismantling privilege (e.g., male and White) and being accountable to the experience of those of the less dominant groups (e.g., women and people of color)” (McGeorge et al., 2006, p. 13-14). Thus, the caucuses for the dominant groups work to become “aware of and accountable” for their societal privileges and identify specific ways to dismantle those privileges (McGeorge et al., 2006, p. 14). The purpose of the caucuses for the marginalized groups is to explore ways that they have internalized societal oppressions, and while it is not the responsibility of the marginalized groups to raise issues of inequality, the caucus system provides a structure for the marginalized groups to raise concerns if they chose to do so (Tamasese & Waldegrave, 1993). An important governing structure of the caucus system is that whenever a caucus from a marginalized group raises an issue or concern the caucus for the dominant group is required to take action to address the concern. It is important to note that in order for the caucus system to be effective the overall structure of a training program needs to be centered on social justice principles and commitments.

### **Challenges to Mentoring Students for Social Justice Advocacy Work**

We want to acknowledge that there are a number of potential challenges to mentoring students to do social justice advocacy work for both faculty and students. However, here we focus on challenges experienced by faculty in the following areas: faculty-student relationships, resistance to exploring privileges, and emotional costs.

One of the challenges clinical faculty may experience is the management of the multiple relationships that exist between the faculty member and the student (Blevins-Knabe, 1992; Holmes, Rupert, Ross, & Shapera, 1999; Owen & Zwahr-Castro, 2007). For example, a faculty member may serve as a student’s mentor, clinical supervisor, instructor, and/or thesis/dissertation advisor. These multiple roles are manageable as long as clear appropriate boundaries are maintained (Gottlieb, Robinson, & Younggren, 2007). The intimate and personal nature of the self-reflective process associated with exploring students’ positionalities and societal privileges increases the likelihood that confusion could exist about the nature of appropriate professional boundaries. In particular, there could be confusion around the topics or issues a clinical faculty member should not inquire about or the limits around what a faculty member can require students to discuss in supervision.

The type of self-reflection that is involved in preparing students to do social justice advocacy work creates an increased sense of vulnerability for students and faculty as they are exploring potentially sensitive topics and life



experiences. Therefore, this mentoring requires sensitivity and the avoidance of an overly hierarchical or top down approach. However, the role of supervisor does require some hierarchy due to legal and ethical obligations, and supervisors need to acknowledge to themselves and to their students that there is inherent hierarchy between faculty members and students (Fontes et al., 1998; Holmes et al., 1999; Rosenberg & Heimberg, 2009). Another important consideration related to boundaries between faculty and students is that it is important for clinical faculty to be mindful that this mentoring does not shift from supervision to therapy. The supervision literature is clear about the importance of creating a distinction or boundary between clinical supervision and providing therapy services to students (Aponte et al., 2009; Fontes et al., 1998; Timm & Blow, 1999).

Another challenge associated with this social justice mentoring process involves the issue of student readiness to do self-reflection work on their positionalities and societal privileges. For many students, learning about the concept of societal privilege and unearned advantage is difficult and uncomfortable (Lusk & Weinberg, 1994). It is not uncommon for students to react to this self-reflection process with defensiveness and what could appear to be resistance (Lusk & Weinberg, 1994; Mio, & Barker-Hackett, 2003). However, an exploration of privilege is challenging for privileged groups and this reaction should not be seen as resistance, but rather a normal and expected part of the developmental process of learning about and accepting one's societal privileges. Thus, this awareness requires faculty members to prepare and support students as they are confronted with the discomfort associated with doing this self-reflective work.

Finally, we believe it is important to acknowledge the emotional costs for faculty that may be associated with a commitment to training students to do social justice advocacy work. Since this social justice mentoring process requires faculty to do their own self-reflection, this can add to the emotional costs associated with doing this mentoring work. Additionally, in order to hold students accountable for doing their own self-reflection and to be sensitive to the struggles students may experience faculty members need to be present for students in a way that goes beyond what typically is required. Therefore, faculty need to engage in activities or behaviors that promote their own self-care in order to have the energy and passion necessary to engage with students throughout this social justice mentoring process. Further, although this type of mentoring takes significant time and effort, it is effort that frequently is not recognized or counted as a valuable use of faculty time by administrators who are making promotion and tenure decisions (Goodman et al., 2004).

### **Students' Experiences of Exploring Their Own Positionality and Societal Privileges**

In this final section, we thought it would be important to bring in the voices of graduate students who have experienced social justice mentoring. The voices shared in this section are from graduate students in our couple and family therapy master's training program, which is centered on feminist and social justice principles. The program seeks to admit six to eight students each year and

has three full-time faculty assigned to teach the clinical courses and provide all of the clinical supervision.

We surveyed students from four different cohorts, which represented students in their first year of training to recent graduates of our program in order to learn about their experiences of exploring their own positionality and societal privileges. Students were invited to complete an on-line survey comprised of a series of open ended questions. Twenty-two students received the invitation to participate in our survey and 15 students completed the survey. In order to ensure complete anonymity no demographic information was collected. However, we do know the demographic characteristics of the 22 students initially invited to participate. In terms of gender, 21 students identify as women and one student identifies as transgendered. Additionally, all 22 students are White and the majority identify as heterosexual with three students identifying as lesbian or bisexual. The students ranged in age from 22 to 32 years.

Representative quotations from the students in response to three of the open ended questions are provided below, and rather than organizing the students' responses into particular themes we have chosen to let the students voices stand for themselves. While all of the student responses will not be included, the quotations selected are representative of the entire group of responses.

### **Changes Experienced from Learning about Power, Privilege, and Oppression**

Through the survey we wanted to learn about the changes that the graduate students had experienced as a result of learning about their own positionality. The graduate students were asked to respond to the following question, "What changes have you experienced in your life as you have learned (or learned more) about the role of power, privilege, and oppression as it relates to your our own positionality?" The students' quotations reflect changes in both their personal understandings of the existence of societal privilege and how that understanding applies to their work with clients.

The opportunity to learn about power, privilege, and oppression has helped shape my values, beliefs, and practice in the therapy room. Professionally I'm able to address larger issues that my clients more than likely are influenced by. . . . Personally my relationships around me have positively changed.

I believe the main change I have had in my life is a permanent "call to action". Knowing about these issues has called me to be an activist so that I can work to dismantle systems.

I have become more aware of how power, privilege and oppression play a large role in today's society. It also helps me understand situations on a more politicized way.

The process of learning about these concepts has enabled me to be self-reflective and acknowledge when I am experiencing privilege and I now

try to have conversations with others about their own privileges. I also try to help others see the privileges they have and how others are affected by them.

I realize that a lot of what I have is not necessarily all from my own successes, but from unearned advantages I have over other races, sexual orientations, cultures, etc.

I feel I've become more mindful of my privilege and have worked to help privilege others of marginalized groups. My previously individualistic values have changed and I've learned to look at other factors that are contributing to client's problems. I feel I've become an advocate for others and this is part of my work as a therapist and in my personal life, it is my job to help others who don't understand how systems oppress certain groups.

### **Impact of Exploring Positionality**

Another area we were interested in learning about was the impact of exploring one's own positionality on the lives of the graduate students. In order to accomplish this we asked the graduate students to respond to the following question, "What has been the impact of exploring your own positionality related to privilege and oppression on your own life?" The students' responses reflect an awareness of the impact of their positionality not only on themselves but also on others. The students also appear to feel a sense of responsibility that comes from this new awareness of their positionality and societal privileges.

In exploring my position related to privilege and oppression; I feel that I have a greater awareness with how my positionality impacts myself and others. In my personal life, I feel I'm more attuned with my own actions because of my exploration with my positionality as it relates to power, privilege, and oppression.

As an individual with many positions of privilege I have worked to incorporate self-reflection on how I use my position of privilege in my life. Additionally, another impact is that every so often there is a desire to go back to a place of ignorance. I believe that with this education comes responsibility. For me, it is impossible to know about systems without being called to do everything possible to change the systems. Thus, there are times where this feels like a burden and there are fleeting moments of wishing I could ignore the injustice I see around me. While this work is important, it can be difficult, draining and ever challenging.

I definitely am more aware of the privileges I have and how I benefit everyday because of them. I have always been able to recognize any oppression I experience, but am now able to recognize the privileges I

experience in life. The process has been powerful and I think it helps me relate to others and helping people I work with see their own privileges.

I have become more intentional in my conversations in how I challenge people regarding their privileges. (i.e., challenging racist/homophobic jokes and stereotypes).

I'm more open-minded and aware. I notice things, the little injustices that happen every day that I wouldn't have noticed before.

### **The Relationship Between Positionality and Competent Therapy Services**

Finally, we sought to explore the students' perceptions about the relationship between their understanding of their own positionalities and their ability to be competent therapists. In particular, we asked them to respond to the following question, "How has exploring your own positionality related to privilege and oppression impacted your ability to provide competent services to all clients?" The graduate students' responses appear to reflect an understanding of the intersectionality between their positionalities and the positionalities of their clients. This awareness is essential because it demonstrates that the students are not just simply aware of the oppressions their clients experience, which is important, but that they are also mindful of how their social location and societal privileges are impacting the therapy process.

In the therapy room, my positionality affects clients in unique ways depending on the clients' positionality. My awareness of my own positionality is important because of the influence it has on therapy. By understanding my own positionality, I'm able to discuss it with clients and the how it may benefit or challenge the therapy process. I would also discuss my clients positionality related to privilege and oppression as it relates to her/his daily life.

I believe this exploration leads me to be more competent in providing services to clients. I believe that the context of someone's life is paramount when determining how to assist them. Knowing how their experiences of oppression might be contributing to their presenting issue(s) is vital to providing comprehensive/compassionate services.

I believe that it is NECESSARY to explore one's own positionality in order to recognize ways that clients may experience us in the room aside from the ways we are aware of. I think having discussions regarding my own positionality could be helpful so that clients can be aware of my own knowing of it.

I believe that being open and exploratory about privilege and oppression with clients builds trust and allows them to feel comfortable talking about

such things with me. This trust and talking about such important things help make me a more competent therapist.

In learning more about my own positionality, I have become much more aware of how others are treated based on their positions in society. I will be able to provide better services to clients because I am now more likely to see the ways they are being oppressed. This not only helps in terms of being empathetic toward my clients but also gives clues to what questions to ask them, giving me a better understanding of who my clients are and what they deal with.

It has opened my eyes to certain truths that I wasn't aware of before. I've learned to look at other factors that are influencing clients, not just their presenting problems. I think owning my privilege will be important when working with people who may not feel comfortable bringing certain issues into the room. My increased awareness will help me bring up difficult topics in session that will be extremely important in therapy.

The students' responses to each of the above questions provide us with significant reminders and insights about the importance of social justice mentoring. For example, the students' responses remind us about the deeply personal nature of exploring one's own privileges and positionalities. While the overall intent of our training is to increase students' professional competence, it is clear to us from our students' responses that the impact of this training goes far beyond their professional lives and impacts their personal lives and relationships. Our students' responses also remind us of the importance of being sensitive to the personal challenges and consequences that students might face as they live out their social justice commitments in their families and relationships. Another important insight that we gained from reflecting on our students' responses was that while students were aware of the societal oppressions they experienced prior to beginning their training; learning about their own positionalities increased their awareness of the privileges they experienced due to their other social locations (e.g., race, sexual orientation, class). Finally, it was encouraging for us to realize that our students felt that learning about their own positionalities increased their compassion and understanding of their clients' lives and thus, their overall sense of competence as therapists.

### **Conclusion**

In this paper, we described the role of social justice mentoring in family therapy training programs. This type of mentoring is important due to the expanding responsibilities of family therapists that are associated with doing social justice advocacy work. In particular, we hoped to highlight the critical role of exploring students' positionalities and societal privileges as they prepare to engage in social justice advocacy work with all clients. While social justice mentoring is challenging for both faculty and students, we feel that the voices of

our graduate students (as shared in the final section of the paper) illustrate the value of doing this important work.

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