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Critical Race Theory and the Limits of Relational Theory in Social Work with Women

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Abstract

The authors present a conceptual framework for expanding the use of relational theory with African-American women. Relational theory (RT) informs practice with women but is inadequate in addressing all aspects of culture and identity. RT presumes that all women desire or are able to make therapeutic connections, yet race, gender, and cultural experiences influence their ability to do so. Successful practice with minority women must address racism and its impact. Critical race theory (CRT) that incorporates a solution-focused (SF) approach is well-suited to address the limits of RT. This overview of a CRT/SF approach describes treatment for diverse women that extends RT and enhances effective social work practice to provide culturally sensitive treatment to women.

Keywords

African-American women; critical race theory; relational; and solution-focused

INTRODUCTION

Relational theory (RT) is “consonant with traditional social work perspectives,” particularly the importance of relationships and the environments that influence women (Saari, 2005, p. 3). Over the past few decades, psychologists, scholars, and researchers have noted the differences in psychological development between women and men (Covington & Bloom, 2007). Specifically, Cosse (1992) concluded that feminine pathways include a strong emphasis on relationships with others while masculine pathways focus on individuation. RT focuses on women’s fundamental need to address issues in the context of connection to others that is based on empathy, mutuality, and a dynamic relational process (Covington & Surrey, 1997). Although the need for connection may be central to many women, it is

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important not to discount women who focus their internal energy in different ways. The universal application of any theory, without considering the unique choices, preferences, and experiences of each individual, is overly prescriptive and errantly determinant. RT has made an important contribution to psychodynamic theory by including a framework for gender-specific treatment. However, the original conceptualization had limitations for intervening with women of color. To address this limitation, a more inclusive perspective on relational empowerment and a more in-depth understanding of relational patterns among those who are oppressed by the dominant culture was created (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). This gap was later addressed by the Stone Center's extension of the theory, and the result was the relational-cultural theory (R-CT) that focused primarily on psychodynamic perspectives of psychotherapy with African-American women (Jordan, 1997). R-CT is a clinical approach that focuses on defining and understanding connections and disconnections that restrict and block psychic growth. The rationale for this focus is to find ways to move from disconnection within a cultural context of the therapeutic relationship (Miller & Stiver, 1998).

Critical race theory and a solution-focused approach (CRT/SF) can be used to address the limits of relational theory. The overview of psychodynamic theories including relational theory (and R-CT) is limited given the primary focus on connection with others and narrow address of diverse cultures. Also, the basic tenets of CRT are applied to the challenges involved in delivering effective therapeutic treatment to diverse women using a SF approach.

LITERATURE REVIEW

Relational Theory: Overview

Relational theory was developed out of a need to address the gaps of psychodynamic theory that did not adequately address cultural differences in treatment, especially as related to gender-specific models for women. Covington and Surrey (1997) attribute the beginnings of The Stone Center Relational Model to the work of Jean Baker Miller, who published *Toward a New Psychology of Women* in 1976. This work was seen as a departure from the previous models of treatment that were based on the male experience. Specifically, Zelvin (1999) critiqued the models of Freud and Erikson to highlight the limits of their application to women. Zelvin (1999) further questioned psychodynamic models that did not adequately address the experiences of women. "Normative men thus become the model for emotional health, while women inevitably fall short. If a woman displays a degree of autonomy equivalent to males, she is considered unfeminine and psychologically abnormal" (p. 11). The assumption that a high degree of autonomy is an "unfeminine" characteristic is essentialist in nature. Moreover, the degree to which a woman expresses her femininity is not inherent or fixed (McCormick, Kirkham, & Hayes, 1998). Zelvin's accounts provided a much needed critical view of traditional theories in relation to gender and the ways in which they failed to apply to women. Therefore, a more complete cultural context demands a more fluid and flexible view, especially as social workers begin translating theory into treatment.

In practice, relational treatment planning includes an assessment of the client's ability to connect with the social work practitioner (Zelvin, 1999). However, practitioners are strongly cautioned to consider culture in full context before perceiving whether a client is capable of

insight and connection. Clients who have experienced issues with trust or who do not trust the therapeutic environment may need more time to acclimate to such an environment. This is important when working with clients who have experienced racism, oppression, injustice, and abuse or victimization, and they should not be blamed for their inability to connect. Blaming or labeling the client as “resistant” to treatment are responses that make the relational model as pathology focused as traditional psychodynamic approaches. The relational model has not adequately identified ways that practitioners may fully address the need to connect, so it may be criticized for espousing a universal belief that the need for connection is primary to all women. To address this limitation, relational theory was expanded and renamed in the mid-1990s as relational-cultural theory (R-CT) to embrace and respond to African-American women.

Strengths and Limitations of Relational Theory

Relational theory has many strengths, foremost of which is its postmodern constructivist approach. The theory seeks to co-create understanding within the context of women’s various experiences. Relational theory has expanded feminist theory in ways that assist the field with a greater fit of explanatory concepts around women’s treatment. Other strengths of relational theory, as described by Mills (2005), include that it is instrumental in challenging strong classical traditions that focused primarily on internal processes; it is more humane and interactive—even with regard to self-disclosure; and the practitioner is no longer portrayed as the “unquestionable” expert.

Perhaps one of the most significant aspects of relational theory is that it has expanded the way we view women’s needs in treatment. The Stone Center led this expansion by creating newer concepts that are more germane to women’s treatment, clearly demarcating a departure from previous male-centered models. Moreover, there are circumstances where women may need more objective interactions to assist in their dilemma, yet the universal belief about the need for and ease of developing connection(s) as primary to all women is narrow in scope. Practitioners should remember to consider culture in its fullest context and allow for the client’s own orientation to dictate the need for connection. Prematurely assessing a client as incapable of connection promotes a pathology-based orientation and is not client centered nor strengths based.

Last, the inability of practitioners to address the unique needs of women of color using appropriate theories and interventions could lead to a rigid application, a possible lack of connection, and even premature termination of the helping relationship with the practitioner due to an inability to connect in a fluid way. A differential application is needed to respectfully engage with women of diverse backgrounds in fostering successful helping relationships. Therefore, social work practice that recognizes an extension of RT (and R-CT) should encompass the following aspects.

Understanding Racism and Discrimination

Historically, in the United States, each newly introduced ethnic and racial group has suffered discrimination because of the dominant society and social welfare practices (Billingsley & Giovannoni, 1972; Lum, 2000). In the past “social workers and social welfare systems have

imposed American middle-class norms as rigid standards for clients” regardless of their unique needs (Pinderhughes, 1997). The nature of racism in the United States has evolved from the traditional overt expressions of White supremacy to an aversive racism that is more subtle (Dovidio & Gaertner, 2000). This change has led to a perception that racism has declined and is seen as less significant by White Americans. However, the opposite is true for African-Americans who tend to see racism as an ongoing reality in their lives (Sue, 2003; Sue, Capodilupo, & Holder, 2008). Consequently, social workers and other helping professionals appear to be no more immune than other individuals from maintaining these views in their work with diverse women (McMahon & Allen-Meares, 1992).

Helping professionals/practitioners must be in touch with their own individual biases which affect their ability to engage, join with, and relate to a client within their culturally varied life experiences. Specifically, women of color experience the “double jeopardy” of racism and sexism (Beal, 2008). When cultural nuances, such as nonverbal gestures, appearance, and language, are misinterpreted it can lead to misdiagnosis and misguided treatment. Anger may mask depression for many marginalized clients who are sent to treatment by large powerful systems like child welfare and corrections that mandate them to participate. The underlying problem may be misdiagnosed if cultural nuances, coping behavior, or other non-dominant expressions are not understood by the practitioner. Practitioners who, at a minimum, understand the impact racism can cause are in the best position to partner with the client and help him or her navigate the process of dealing with powerful and mandating institutions as well as organizational and structural forms of oppression. According to Miliore (2000), “Cultural racism assaults victims with real experiences of being perceived as less-than-human, which can cause a ‘depression of disenfranchisement’ whereby one feels abjectly ungratified” (p. 44). The effects of racism tend to be more ominous and, therefore, more apt to paralyze the client’s attempts to respond to and address these issues.

When working through cultural differences it is important to understand the interlocking systems of race, ethnicity, gender, class, and sexual orientation, which have implications for developing cultural competence in social work practice (Miliore, 2000). Specifically, the connection will be predicated on the practitioner’s ability to embrace and understand the client’s racial and cultural identity. It is crucial for practitioners to critically examine situations where their own racialized and cultural beliefs, expectations, experiences, ideas, and biases could supersede those of the client.

Understanding Racial and Cultural Identity

Social workers including anti-oppressive practitioners’ treatment of identity indicate that their views are largely essentialist regarding marginalized clients, which could contribute to oppressive constructions and definitions of service users and their problems (Dominelli, 2002, p. 51; Preston-Shoot, 1995; Wilson & Beresford, 2000). “Practitioners’ essentialist attitudes to identity issues continue to dominate the field. Their approach can be portrayed as a totalizing one, which insists that there is one way of viewing any particular identity or culture” (Dominelli, 2002, p. 52; Preston-Shoot, 1995; Wilson & Beresford, 2000). Therefore, practitioners have an added task of broadening their professional perspectives to include the full cultural context and understanding of cultural identity in working with

clients. Furthermore, “the problem with this view dominating a profession such as social work is that it excludes those it sets out to include and denies the uniqueness of the individual or family within a specific social context as the basis of an assessment” (Dominelli, 2002, p. 51). It is important for social workers to move beyond the scope of essentialism in order to embrace the cultural continuum in their work with clients. The absence of this activity could lead to rigid and one-dimensional practice with women. Essentialist practice needs to be interrogated in light of racism and its insidious nature, the “aversive” and “new” forms of racism. The full context of racial privilege and culture must be explored further to develop effective clinical practice with minority women.

Understanding Cultural Identity

The field of social work must continue to address the issue of culture or cultural identity to fully embrace the diverse representations of clients’ experiences. During the Reform Era, much was written about racial identity in the frame of stigmatization. American racial identity within the context of this group’s stigmatized status in American society had little regard for the role of culture (Clark & Clark, 1939). Therefore, it is necessary to illuminate culture in a conceptual frame including an operational definition. Kabagarama (1997) defines culture as a way of life: “Commonly, people who share a culture are of the same racial/ethnic backgrounds and live within geographical proximity. ... It is also possible for people of different racial/ethnic backgrounds who are distant geographically to share a culture” (p. 18). This definition provides an idea of how culture is fluid and dynamic, and is an important part of an individual’s identity development. Therefore, in considering a helping relationship, the burden of learning, understanding, and evaluating a client’s cultural identity is imperative in building a therapeutic alliance. Two components of culture include the material and nonmaterial, where the former refers to tangible items and the latter refers to values and beliefs (Kabagarama, 1997).

Given this idea, it is important for practitioners to delve into these values and beliefs so they gain a comprehensive perspective of what is important to the client. Moreover, gaining a nonjudgmental view of the client’s cultural identity is just as important as gaining a nonjudgmental view of their racial identity. As cultural racism becomes more pervasive, it will become more critical for practitioners to disentangle these nuances and respond appropriately in their work with minority clients.

Extending Relational Theory

Based on the preceding discussion, it appears that a synthesis of theoretical perspectives for women in treatment may be possible. It is important to incorporate components of RT, as well as other components that represent the fullest scope of an approach that directly applies to women’s diverse situations. The goal is culturally responsive treatment in a dynamic process that allows both the client and the practitioner to engage in the co-construction of positive learning and growth to ensure women’s path to a productive life. Therefore, it is necessary to extend beyond RT (and R-CT), and create a more appropriate theoretical perspective and intervention to fully address the needs of women, especially minority women.

CRT: An Overview

Originally developed by Derrick Bell in the wake of the Civil Rights Movement, as a component of legal scholarship (Delgado & Stefancic, 2001; Roithmayr, 1999, p. 1), critical race theory (CRT) has had a galvanizing effect on the public discourse of race. CRT challenges three liberalist beliefs: (a) color blindness will eliminate racism, (b) racism is a matter of individuals, not systems, and (c) one can fight racism without paying attention to sexism, homophobia, economic exploitation, and other forms of oppression and injustice (Valdes, Culp, & Harris, 2002).

Proponents are committed to social justice, locating the voice of the marginalized, and employing the concept of intersectionality (Abrams & Moio, 2009; Delgado & Stefancic, 2001; Matsuda, 1991; Solorzano & Yosso, 2001) that is used to frame various relationships between race and gender and articulate the interaction of racism and patriarchy. CRT can be used to describe the location of women of color both within overlapping systems of subordination and at the margins of feminism and antiracism (Crenshaw, 1991). This is compatible with social work values that reflect a commitment to social justice and a focus on the oppressed, and reiterates the importance of an interdisciplinary approach (Garcia, 1995; Harris, 1994) in the following six basic tenets.

1. Endemic racism.

Rather than accepting racism as abnormal or individualistic, racism is an ordinary occurrence for people of color, and permeates all aspects of social life, and race-based ideology is threaded throughout society (Abrams & Moio, 2009; Delgado & Stefancic, 2001; Winant, 2000).

2. Race as a social construction.

Race is a contrived system of categorizing people according to physical attributes with no correspondence to genetic or biologic reality and acknowledges the force of its meaning and implications (Abrams & Moio, 2009). Race is a social construction without a fixed objective definition and exists primarily for purposes of social stratification, as race is first determined based on set criteria believed to be external to the concept (Abrams & Moio, 2009).

3. Differential racialization.

This tenet is based on the idea that dominant social discourses and people in power can racialize groups of people in different ways at different times, depending on historic, social, or economic need (Abrams & Moio, 2009).

4. Interest convergence/materialist determinism.

Racism brings material advantage to the majority race, and progressive change regarding race occurs only when the interests of the powerful happen to converge with those of the racially oppressed (Bell, 1995).

5. Voices of color.

The dominant group's accounting of history routinely excludes minority perspectives to justify and legitimize its power. This silencing of alternative

experiences serves to minimize the interplay of power and oppression across time and place. CRT advocates are writing of history to include the lived reality of oppressed groups from their perspectives and in their own words to challenge liberalist claims of neutrality, color blindness, and universal truths (Delgado, 1989).

6. Antiessentialism/intersectionality.

This is the acknowledgment of the intersectionality of various oppressions and suggests that a primary focus on race can eclipse other forms of exclusion. CRT theorists contend that analysis without a multidimensional framework can replicate the very patterns of social exclusion it seeks to combat and lead to the essentializing of oppressions (Hutchinson, 2000).

CRT belongs to the family of critical postmodern theory, which scholars define as an “attempt to understand the oppressive aspects of society in order to generate societal and individual transformations” (Solorzano & Bernal, 2001). Social work’s ideological commitment to promoting human well-being is as much a part of the fabric of the profession as Jane Addams and Lugenia Burns Hope.

CRT and a Solution-Focused Approach to Clinical Practice

Initially, solution-focused (SF) therapy was developed at the Brief Family Therapy Center in Milwaukee, Wisconsin, by its founders, Insoo Kim Berg, Steve de Shazer, and their colleagues (Lee, 2003). The focus in this approach is on the client as the expert of his or her life and in helping to co-construct solutions to their problems with the practitioner (De Jong & Berg, 2013). De Jong and Berg (2013) contend that assessments and interventions do not need to address diversity directly as SF is an ideal way to work effectively with individual clients across diverse groups. Specifically, SF interviewing “is organized around privileging the client’s voice, one client at a time” (p. 265). Unless practitioners seek to understand the effects of racism and culture on women of color they may not recognize when their voices have been subdued. Even Johnson and Munch’s (2009) notion that culturally competent practitioners leave too little room to “learn from the client” is limited, as there’s a presumption that minority clients will easily share their experiences with practitioners despite incidents of oppression and disconnection. Specifically, disconnection includes a break in connection, which restricts and blocks psychological growth as well as social identity development (Jenkins, 2000, p. 70). This has been described in relationship to African-American women as it involves internalized dominance/oppression that damages the connection to self and others. Nonetheless, it is important to note that women of color, despite social class or sexual orientation, experience varying levels of connection due to their experiences. Consequently, the integration of CRT, with its focus on racial and social justice, and SF provide a unique approach to social work practice with minority women and enhance the possibility of growth-enhancing therapeutic relationships.

Case Examples Using CRT and SF

Drawing on the six tenets of CRT described in this article, CRT and SF can be used to treat women of color, including those that experience disconnection in ways that relational and relational-cultural theories have not.

Hearing The Problem With A Racialized Lens—Three of the CRT tenets (endemic racism, race as a social construction, and differential racialization) address the presence of race, racism, and racialization of people of color. First, throughout U.S. history, definitions of race and racial groups have evolved in order to determine who is “in” or who is “out” of the dominant group. The race issue has typically been viewed in terms of the “Black-White” binary (Masko, 2005), but today race is more complex due to the immigration of southeast Pacific Asians/Islanders and Latinos (Alemán, 2009). The racial definitions have been redrawn, which determines the groups’ (or individuals’) traits that are the most and least desirable; the latter are more likely to be in the socially marginalized group (Delgado & Stefancic, 2001). Furthermore, giving attention to the historical aspects of race moves the client beyond the here-and-now and creates spaces for the examination of the structures, practices, and assumptions that have shaped the present circumstances of the client (Finn & Jacobson, 2003). SF would support this by the practitioner listening to clients’ problem talk and think about ways to turn the conversation toward solution talk (De Jong & Berg, 2013). Moreover, practitioners working with minority women will recognize the pervasive role of racism and the social construction of race and how it can impact the client’s ability or inability to engage in a therapeutic interaction and reach their goals. Consider the following example from one of the authors’ previous case experience:

R was an African-American young woman in her early twenties. Her Department of Children and Family Services (DCFS) caseworker referred her for therapy. R complained that her 4-year-old son was removed from her custody because the “system” is against people like her—poor and Black. R has a history of trauma, including being molested by a male cousin when she was a child. With therapy, she learned to recognize the challenges associated with her involvement in the child welfare system as well as the impact of the trauma and abuse she experienced. She reported feeling angry with the system that “kept her stuck.” We spent time exploring the role of race in the child welfare system and acknowledged her anger. This served as an example of healing she could use moving forward in her treatment. The author recognized the impact of race, and the client’s role in a racialized group, to initiate solution talk.

A clinician who takes a combined CRT/SF approach should first seek to understand the client’s view of his or her problems and solutions with a racialized lens. The clinician should recognize that clients who have experienced racism or oppression may see their problems through this lens, as it is a constant and continuing reality in their lives. Also, listening respectfully without judgment to their problem talk to hear subtle references to experiences of oppression will have significant implications for clinical interventions. Social work practitioners using this approach might also explore the role of social location and race, the dynamics of culture and the role it plays in explaining the cause of problems, the course of an illness or distress, and plausible mechanisms for healing the experience encountered as a

problem (Kleinman & Benson, 2006). Engagement at this level uses the long-established strategy of the facilitative use of self, as the practitioner allows the client to direct the course of intervention, becoming a learner/teacher engaging in social critique as a complement to using their knowledge of theory (Masko, 2005).

One specific intervention includes *coping questions* that help clients to notice how and when they cope with their problems and what they do when they are successfully coping (Lee, 2003). This includes how they cope with race and racism. An example includes, “How are you able to move forward despite the issues you’ve experienced as an [African-American or Latina, etc.] woman involved with the child welfare system?”

Co-Creating Well-Formed Goals To Promote Equality—Interest convergence/materialist determinism is a CRT tenet that applies to goal development with racially oppressed groups. The practice of racism brings material advantage to the majority and progressive change regarding race occurs only when the majority’s interest(s) converge with those of the racially oppressed (Bell, 1995). Practitioners should always consider this reality in their work with minority clients to elicit descriptions of what will be different in their lives when their problems are solved (De Jong & Berg, 2013). In SF, the client’s well-informed goals are built from what the client wants to be different in his or her life (De Jong & Berg, 2013, pp. 17–18). Many women of color have been stigmatized and marginalized because of their race and gender, so recognizing that their involvement in treatment services could be the result of progressive change is important. Practitioners must create a therapeutic environment that promotes equality as it will impact the assessment process. This is important even if women show resistance in treatment. de Shazer (1985) notes that signs of resistance could be seen as unique ways that clients choose to cooperate in treatment. Given the inequality associated with racism, practitioners using SF do not enhance client motivation by overcoming their resistance. Instead, practitioners should suspend their own judgment and invite clients to participate in conversations that promote goal development. In addition, SF maintains an unknowing position that could promote equality with the client. Also, despite personal or professional experience, an individual cannot assume they know how to work with a client from a specific race, class, or group (De Jong & Berg, 2013, pp. 256–257). The following is a case experience of one of the authors:

B was in treatment for her 20-year cocaine addiction and mood disorder symptoms. An African-American woman in her late thirties, she was a former gang member and had lost custody of all five of her children. She also had a history of trauma, abuse, and sexual assault. B did not immediately discuss aspects of her trauma with the author. The clinician asked B to think about “what would be different in her life if her problems were solved.” B said she started using drugs to help her forget about her past, so she would want to learn how to deal with her past without getting high. With treatment, she learned to heal from her past trauma and became compliant with her psychotropic medications. This was a challenge initially because she felt she was substituting one drug for another. Near termination, B told the author, “I know I will never be like you ... but I just want to be a good me.”

CRT/SF allows practitioners to employ an approach that is cognizant of the client's racial oppression as they conduct the assessment and develop their goals. The position of unknowing is critical even if the clinician is a member of the same racial/ethnic group as the client. This position further promotes equality as well as the need to recognize the client as the expert.

An intervention includes the *miracle question*, which encourages clients to consider an unlimited range of possibilities related to solving their problems. The miracle question promotes the importance of the client's ideas and language. Also, it is future focused, so it helps the client to envision a time in their lives when their problems are no longer problems (De Jong & Berg, 2013, p. 91). This includes a vision of how they could better deal with being in a racialized group. An example includes the following: "Suppose that, while you are sleeping tonight, a miracle happens. The miracle is that the problem which brought you here today is solved. Only you don't know that it is solved because you are asleep. What difference will you notice tomorrow morning that will tell you that a miracle has happened? What else will you notice?" The wording of the question may need to be modified (as in the case example) as some clients may struggle with responding to it but the idea is to give the client an opportunity to explore the possibilities, which may be new for them.

Voices Of Color To Explore Exceptions—Advancing the voice of marginalized women identifies and advances their stories and involves various practice methods to capture their lived experiences (Kerl, 2002; Solorzano & Yosso, 2002). Locating the voice of the other may also include identifying resistive behaviors (Yosso, 2005), which usually refer to beliefs and behaviors that protect marginalized people from the social assaults they encounter in dominant society (Ortiz & Jani, 2010). It is significant that practitioners are able to see these behaviors as protective (i.e., cultural adaptations designed to cope, survive, or prevail in a social context that is unwelcoming or downright hostile; Ortiz & Jani, 2010) versus being linked to disconnection. The practitioner will be able to acknowledge and even embrace behaviors that can sometimes be viewed as unproductive and can sometimes be viewed by society as unlawful or pathological. Yet cultural and personal strength is also inherent in these behaviors as is the person's racial and cultural identity. Specifically, by embracing the silenced alternative experiences of some women, the interplay of power and oppression across time and place are highlighted. Also, bringing these narratives into account challenges liberalist claims of neutrality, color blindness, and universal truths (Delgado, 1989). This dual, facilitative process seeks to build a connection between the practitioner and the client while recognizing the role disconnection could play or may have played in the past. The following is a case experience of one of the authors:

A was in treatment for her 25-year cocaine addiction and mood disorder symptoms. An African-American woman in her early forties, she had an extensive history of trauma and sexual assault (started at age three). A was reluctant to work with the author initially and when she did attend sessions, she did not talk. After the first three sessions, the author started writing letters to the client. The client responded by writing letters of her own. The last letter the author wrote asked the client if she would be willing to talk during the next session, and she did. With treatment, the client was able to share some narratives about her life, including her past trauma.

She started talking about valuing herself and her right to happiness, which was a significant sign of growth. Prior to that, she did not believe she had any rights and learned to accept any treatment (including abuse) from others as if she believed she deserved it. Once she told the author that she didn't get angry and never would. When the author started termination, A got angry and stormed out of the session and did not come back for a week. When she returned, the author asked her about her time away and the client said, "I thought you would be mad because I didn't come back ... really I'm mad 'cause you're leaving me." The author used her words to respond and validated her response.

An intervention includes asking clients *relationship questions* to imagine how people in their lives might react to their problem and the changes that the client might make (Berg, 1994). This approach combined with CRT will allow women to privilege their voices via telling their stories to define the problem in a social context and contextualize their goals. For some clients, this may include non-familial people or fictive kin to help them develop a clearer vision of a desired future (Lee, 2003). An example includes, "What would the closest person to you notice that is different about you or your story if your problem was solved?"

Antiessentialism/Intersectionality, Feedback, And Progress—The essentialist nature of race may minimize other forms of exclusion. CRT theorists contend that analysis without a multidimensional framework can replicate the very patterns of social exclusion it seeks to combat and lead to the essentializing of oppressions (Hutchinson, 2000). Intersectionality is important because it recognizes multiple oppressions, including gender and race, and describes the overrepresentation of women of color both within overlapping systems of subordination and at the margins of feminism and antiracism (Crenshaw, 1991). Women of color experience the effects of race and social marginalization throughout their lives. Practitioners that explore the intersections among race, gender, sexual orientation, and class (socioeconomic status) have the opportunity to explore ways that they have already addressed their issues. Specifically, it could help elucidate aspects of their strengths and the practitioner can offer positive feedback including compliments and suggestions moving forward. As a member of a non-dominant group, minority women may not recognize multiple forms of exclusion and how they could impact their progress. Regular evaluation of their progress is done to see how they are doing in reaching their solutions (De Jong & Berg, 2013, p. 18). An intervention includes *exception questions* that ask the client to recall times when the problem was less intense or addressed by the client in an acceptable manner (de Shazer, 1985). An example includes, "Tell me about a time when the problem was not that bad." It is important to note that some minority women may never feel like their problems didn't exist, so the practitioner should be prepared for that, as well as have a plan for discussions that focus on methods to support solution-focused actions.

CONCLUSION

RT has included a gender framework based on the universal belief that all women need connection with others. This was a marked departure from traditional psychodynamic theory that was developed from a male-dominated perspective. Further strides incorporated African-American women, resulting in R-CT, though it remains limited in its ability to

address the unique cultural-specific needs of all women. This extension provided group-specific writings about minority women. CRT/SF has application across various racial and cultural contexts, but it hinges on the knowledge and understanding of race, culture, and the impact of racism as it pertains to the racial and cultural identity of clients. CRT addresses the ways minority clients may not be able to connect with practitioners. In addition, SF views the client as the expert and uses a wide range of open-ended questions to engage clients in conversation that focuses on solutions. Moreover, SF is enriched because the focus on CRT does not ignore the role and impact of race in the lives of minority clients and includes a fuller cultural context to include and recognize their uniqueness within a specific social context.

People working across different cultures face a common challenge of navigating through deep-seated cultural variations in cognition, value, and relational styles (Sanchez-Burks, Lee, Nisbett, & Ybarra, 2007). Practitioners need to be able to identify and cross-examine their own racial biases to increase their overall awareness of how these ideas might impact their work with clients. CRT/SF allows them to move beyond essentialism to embrace a cultural continuum to better connect with clients. The use of therapeutic interventions with a perspective that recognizes racism to help clients achieve their goals is vital. Specifically, by helping the client focus on the history of race to understand present issues, letting the client direct the discourse, and advancing the client's voice, CRT/SF becomes necessary in the therapeutic process. This approach will encourage practitioners to employ a more inclusive repertoire of skills to engage clients from varied backgrounds. Also, CRT/SF extends beyond the universal application in the treatment of women to enhance the relationship-building process and decrease instances where premature termination can result from the disconnection or the inadvertent devaluing of cultural experiences. Moreover, providing venues for practitioners to investigate their own experiences, ideas, values, and beliefs will aid in their ability to operationalize CRT/SF in a therapeutic context and better inform social work practice.

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