

Journal of Marital and Family Therapy
April 2000, Vol. 26, No. 2, 153-170

THE POWER EQUITY GUIDE: ATTENDING TO GENDER IN FAMILY THERAPY

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In the past two decades, feminist scholars have challenged the field of family therapy to incorporate the organizing principle of gender in its theory, practice, and training. In this paper, we introduce a training, research, and therapeutic tool that provides guidance for addressing or observing gender and power differentials in the practice of family therapy. As a training tool, the Power Equity Guide helps trainees to translate their theoretical understanding of feminist principles into specific behaviors in therapy. Researchers and supervisors can use the Power Equity Guide to evaluate the practice of gender-informed family therapy. We also provide specific suggestions for its use by trainers, supervisors, therapists, and researchers.

The negative consequences of adhering to traditional gender expectations and hierarchical relationship patterns for both women and men have been elucidated in research from many disciplines (e.g., Canary & Stafford, 1992; Erickson, 1993; Gottman, 1991; Sutor, 1991; Walker, 1989). In addition, research also has revealed the positive outcomes of egalitarian relationships (e.g., Gottman & Silver, 1999; Schwartz, 1994; Rabin, 1996; Risman, 1998; Steil, 1997). Yet, the field of family therapy long ignored the dynamics of gender and power in its theories, practice, and training (Avis, 1988; Bograd, 1986; Goldner, 1985, 1987; Goodrich, Rampage, Ellman, & Halstead, 1988; Hare-Mustin, 1987).

Although the feminist critique and proposals have spurred some progress as evidenced by the 1988 mandate that gender topics be part of the curriculum of American Association for Marriage and Family Therapy- (AAMFT) accredited programs, Carter (1992) argued that most family therapists remain reluctant to address gender in their practice. Several recent studies support Carter's assertion. In an analysis of the clinical approach adopted by 71 AAMFT clinical members, Gilbert (1995) found a general lack of attention to feminist principles, even in cases of wife battering and incest. Werner-Wilson, Price, Zimmerman, and Murphy (1997) reported that therapists interrupt female clients significantly more than they interrupt their male clients. In an analysis of the AAMFT Master Series tapes over a 10-year period, Haddock (1995) found that these eminent therapists rarely incorporated feminist principles, and that there was no significant increase in gender-informed practice over the past decade. Further, these tapes depicted an alarming degree of sexism in the practice of therapy.

These findings underscore the importance of evaluating and improving marriage and family therapy (MFT) training methods. Many therapists may fail to engage in gender-informed practice not because they reject feminist principles but because they do not know how to enact them. If training programs actually are including content related to gender that "emphasizes sexism and gender-role stereotyping" (American Association for Marriage and Family Therapy Commission on Accreditation for Marriage and Family Therapy Education and Training, 1991, p.15), why is this training not being translated into practice? Some family therapy faculty may remain skeptical about the importance of addressing gender-based power differentials in families. However, even faculty members and trainers who have adopted a gender-informed

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perspective often struggle with how best to assist trainees in incorporating feminist principles into their practice. This paper presents a guide that helps therapists to address proactively and systematically feminist principles in their practice of therapy.

FEMINIST-INFORMED FAMILY THERAPY TRAINING

Feminist-informed family therapy is not a distinct model of therapy or set of techniques, but rather a philosophical and political perspective (Leslie & Clossick, 1992). As with systems theory, feminist theory is an alternate way of observing and understanding family interactions and relationships (Goodrich et al., 1988). Practicing from a gender-informed perspective means being attentive to the power differentials between clients and to their outcomes, and making efforts to facilitate shared power and equality in relationships. For instance, gender-informed couple therapy might focus on facilitating fair division of labor and the placement of equal value on each partner's life goals and work, as well as on encouraging couples to share decision making, access to finances, and responsibility for the well-being of the relationship. Individual women and men might be assisted in resisting the negative outcomes of various forms of oppression based on gender, race, class, and sexual orientation.

The shift in perception that must occur when therapists develop a feminist lens is analogous to the shift from a linear to a systemic paradigm (Avis, 1989; Wheeler, Avis, Miller, & Chaney, 1989). As such, most feminist scholars agree that therapists cannot be taught to attend to gender in the practice of therapy solely through modeling or technique development. Rather, they argue that it is best taught primarily by facilitating a trainee's rethinking of the societal and familial relationships between women and men (Avis, 1989; Goodrich et al., 1988; Storm, 1991; Wheeler et al., 1989). Peoples' beliefs, attitudes, and values about gender are fundamental to their understanding of themselves and their world, so this rethinking requires extensive reading, honest and often difficult personal exploration, and development of skills for critically analyzing the organizing principle of gender in society, their lives, and their clinical work.

We agree that students must be provided with ample opportunities to rethink their assumptions and values about gender. However, as trainers of family therapists, we have recognized the importance of emphasizing application of theoretical principles in our training methods as well. In our experience, students face the greatest difficulty with enacting rather than assimilating feminist theory, and many training programs do not offer sufficient assistance. Even those therapists who are very knowledgeable about feminist theory and are committed to its application to therapy often have difficulty translating their theoretical understanding into the practice of therapy. This difficulty was highlighted by Leslie and Clossick (1996). They found that therapists who received training from a feminist perspective were more likely than those without such training to make feminist assumptions. However, these feminist-trained therapists were not more likely to use feminist interventions.

For several reasons it may be even more essential to receive assistance in practical application when learning to apply feminist principles to family therapy as compared to other family therapy theories. First, as Avis (1989) remind us, we are all sexist. We all have been raised in a sexist culture and no matter how aligned a therapist is with the feminist viewpoint, traces of social conditioning will remain (Lerman, 1994). For instance, in a society where women are viewed as the primary caretakers of children, it would be easy for a therapist to unwittingly reinforce this societal view during discussions with a heterosexual couple about their children by making eye contact with, asking questions of, and making recommendations primarily to the mother. Attention to the behavioral details of practice is an effective way to diminish the influence of gender socialization.

Second, because of the public's misconceptions about feminism (Faludi, 1991) and the well-established, gender-based values of our society, misunderstanding and tension often surround the subject of gender-based values. For instance, using words that are often associated with feminism (e.g., equality, power, or patriarchy) are likely to make many clients defensive. It is important, then, to help students develop strategies for introducing feminist issues in a way that clients can hear and understand nondefensively and to help them prepare for possible resistance to these ideas.

Ideally, then, feminist-informed family therapy is taught theoretically and practically. If training

focuses on the principles of feminist theory without providing concrete suggestions for translating this perspective into the practice of therapy, many students will develop a feminist perspective but fail to apply it to the practice of therapy. On the other hand, if training emphasizes the development of certain techniques or protocols in practicing gender-informed family therapy, students may avoid the critical work of personal and societal exploration and begin to practice "cookie cutter" feminist technique. Most would agree that technique divorced from theoretical understanding is ineffective at best and harmful at worst. Instead, training must introduce students to the richness of feminist theory and then assist students to apply their theoretical understanding of feminist principles to strategies for therapeutic assessment and intervention.

THE POWER EQUITY GUIDE: ATTENDING TO GENDER IN FAMILY THERAPY

We have developed a training tool that helps trainees to translate their theoretical understanding of feminist principles into specific behaviors for the therapy room. It provides a means of bridging theoretical understanding, personal exploration, and practical application to ensure that proficiency in all areas is emphasized. The *Power Equity Guide* (the Guide), provided in Appendix A, delineates major goals and themes that would characterize a feminist-informed approach to therapy, and provides a user-friendly format for developing and evaluating specific strategies for addressing these themes during the therapeutic process. The Guide does not provide a set of techniques or strategies. Rather, it provides therapists with (a) a framework for organizing the treatment planning process, (b) a method for translating feminist principles into specific and concrete behaviors for the therapy room, and (c) a tool for tracking their progress in incorporating these principles. As we will describe, the Guide is useful for instructors, supervisors, and researchers who are interested in teaching or evaluating the practice of feminist-informed family therapy. It can also be used with clients as part of the therapeutic process. Before describing the Guide, its development, and its uses, we will discuss the training premises on which it is based.

Training Premises of the Power Equity Guide

The Guide is based on the following beliefs about how best to train family therapists to incorporate feminist principles into their practice.

Feminist-informed family therapy is taught ideally on a theoretical, personal, and practical level. In addition to the reasons stated above, taking training one step further into practical application of theory is important because it enhances understanding of the theoretical material. The mechanisms of gender-based power differentials lay (in part) in the intricacies of every day life: who interrupts whom and to whom questions or discussions are directed about particular topics. Discussions of these intricacies lead to a heightened understanding of power in theoretical terms and in our personal experience. In other words, the practical application of feminist principles does not just follow from a theoretical and personal understanding, it supports and adds depth to this understanding.

Learning to practice feminist-informed family therapy is a developmental process. It is generally not accurate or constructive to describe a therapist or therapy session as either feminist or not. Similarly, even single interventions cannot always be classified as either feminist or not. However, assumptions of dichotomy are apparent in the literature. For instance, Chaney and Piercy's (1988) Feminist Family Therapist Behavior Checklist forces one to select either "present" or "not present" for each feminist behavior. Instead, it is more useful and constructive, especially when training novices, to speak in terms of degree of skill development. For instance, a therapist may be more skilled in addressing division of labor from a feminist perspective and less skilled in promoting nontraditional gender traits. Further, the intent of a certain intervention might be congruent with feminist principles, but the delivery might be less so. For instance, in an effort to empower a female client to report a rape, the therapist might unwittingly disempower her by coercing her to act against her wishes rather than supporting her decision. In addition, it is generally accepted that therapists should tailor their treatment plan to fit their clients' worldview—their cultural beliefs, personal values, and priorities. For instance, in working with clients who are making many traditional choices with regard to gender, a therapist is advised to "meet them where they're at." The therapist can assist them in clarifying their gender-related values and making more conscious choices while also

respecting their individual worldviews. To allow for these nuances in practice, the Guide uses a Likert scale to evaluate the incorporation of feminist principles or themes. Not only is this approach more accurate, it makes learning the practice of feminist-informed family therapy less threatening for most students.

Another important developmental issue is the tendency for therapists' styles to change as they gain experience. For instance, novice therapists may be more comfortable incorporating feminist principles using psychoeducational approaches, whereas a more advanced therapist might rely primarily on experiential strategies. Training must be sensitive to these shifts. Because students complete the Guide individually, it becomes reflective of their developmental level.

Trainees should be assisted in finding their own personal style for incorporating feminist principles using their preferred theoretical orientation. Effective therapists bring their own personalities and styles to the process of therapy. It is often advisable for trainers to be sensitive to and supportive of these individual styles. For instance, trainees who are more skilled in asking questions could be helped to facilitate discussions of feminist issues through thought-provoking questions rather than necessarily using a more directive approach. Similarly, although some family therapy theories may obscure gender-based power differentials in families by focusing the practitioner's attention to other patterns (e.g., family structure, fusion, triangles), feminist principles can be incorporated effectively using a variety of models. For instance, one therapist might approach a couple's difficulties with decision making from a solution-focused orientation; another might achieve the same therapeutic outcome using a family-of-origin model. Again, because the Guide is completed individually, it reflects the personal style and preferred approach of the therapist. Further, the Guide can be helpful in calling therapists' attention to gendered meanings and power differentials that many therapy theories do not address or highlight.

Training in feminist family therapy should be sensitive to the interlocking nature of various forms of oppression. Although feminist theory focuses on the oppression of women, it is also concerned with other forms of oppression that intersect with sexism (Bograd, 1999). Starting with the lives and experiences of women as central, normal, and valuable, feminism reveals gaps in knowledge that has usually been formulated from a Euro-American, class-privileged, heterosexual male perspective (Osmond & Thorne, 1993). Feminist theory, then, reveals the ways in which society is organized and stratified not only by gender, but also by race, class, and sexual orientation. The Guide encourages the therapist to respond to the ways in which oppression and privilege function in all of our lives.

Training methods and tools must be isomorphic with feminist principles. The most important factor in creating an isomorphic training process is the reduction of hierarchy in the supervisor-trainee relationship. Wheeler et al. (1989) argued that an egalitarian, respectful supervision relationship can be facilitated through contracting (which underscores the shared responsibility for change and learning) evaluation (in which both supervisor and supervisee share responsibility for evaluating each other's successes and limitations in reaching intended goals), and through the use of clear, uncomplicated, and nonsexist language, which reduces power and status differentials and facilitates learning.

The Guide facilitates these three methods for creating an isomorphic training process. By requiring students to apply theoretical principles, it makes students jointly responsible with supervisors for their learning. The simplicity of the training tool helps to demystify the practice of feminist-informed family therapy and encourages the use of clear, specific ideas for implementation. And, finally, the completed training tool becomes a personalized medium for evaluation, especially when used during supervision. Supervisors are able to provide feedback specific to the students' personally established goals for implementing a feminist approach to therapy.

A Description of the Power Equity Guide

The Guide begins with a statement of the overarching goal of feminist-informed family therapy—to understand and address clients' problems in a societal context that is organized by gender and other social divisions (e.g., race, class, sexual orientation). With sensitivity to this context as a backdrop, the Guide delineates three central goals in the practice of gender-informed family therapy: (a) to eliminate or reduce power differentials between partners, (b) to empower clients to honor and integrate all aspects of themselves, especially those not supported by dominant culture, and (c) to manage the power differential

between therapist and clients. Although these goals are not exhaustive, they provide a manageable format for focusing on themes that appear to best characterize a feminist approach to family therapy.

Under each goal, particularly notable issues or themes are delineated, such as "parental responsibility," and "work, life goals, and/or activities." Corresponding with each theme is a Likert scale (1 = inattentive to gender/power, 3 = missed opportunity, 5 = attentive to gender/power) to note a therapist's success in incorporating that theme. A "not applicable" option is also available to use when a theme was not relevant to the therapy session. In addition, under each theme, a space is provided for comments pertinent to that theme or goal setting for future sessions. As will be addressed below, depending on the purpose for which the Guide is being employed (i.e., treatment planning, supervision, or therapeutic assessment), the Likert scale and spaces provided may be used differently.

Table 1 presents a sample of notes a therapist might take on the Guide. This sample represents a therapist's attempts to record pertinent theoretical material for several themes and to compile a list of therapist behaviors, questions, or statements that might be effective in addressing that theme with heterosexual couples in the therapeutic process.

Development of the Power Equity Guide

The goals and themes highlighted in the Guide were drawn from the feminist family therapy literature (e.g., Ault-Riche, 1986; Avis, 1988; Bograd, 1986; Chaney & Piercy, 1988; Goldner, 1985, 1987, 1988; Goodrich, 1991; Goodrich et al., 1988; Hare-Mustin, 1978; Libow, Raskin, & Caust, 1982; McCollum & Russell, 1992; Fish, 1989; Wheeler et al., 1989). The Guide's goals and themes originally were compiled as a coding sheet to evaluate the extent to which the AAMFT Master Series tapes incorporated a feminist approach (Haddock, 1995). The initial coding sheet was refined based on the authors' experiences of coding these tapes. Certain themes were added as they appeared in tapes or the more recent therapy literature, redundant themes were collapsed, and still others were split when it became clear that a therapist might address one aspect effectively (e.g., goal setting) but appear nonfeminist on another (e.g., responding to client feedback).

The Guide is a comprehensive compendium of feminist approaches, as indicated by its overlap with the Feminist Family Therapy Behavior Checklist (FFTBC; Chaney & Piercy, 1988). All but two of the 39 FFTBC themes are included in the Guide, but the Guide includes a number of themes that are unique to it (see below). The FFTBC themes that are not included in the Guide involve the use of a specific intervention (roleplay) and suggestions for handling a specific problem area (family-of-origin difficulties). The Guide's internal consistency (Cronbach's α) is .88 and interrater reliabilities exceed .90 (Haddock, 1995). In terms of convergent validity, ratings on the Guide correlate with event sampling counts of specific feminist and nonfeminist behaviors on the AAMFT Master Series tapes. Guide scores also significantly discriminate tapes characterized by attention to feminist principles and those characterized by lack of attention to these principles as identified by both molar ratings and FFTBC scores (Haddock, 1995). Thus, the Guide can be used accurately by raters who have a background in feminist theory and it effectively identifies therapy practice that is attentive to gender.

Two of the authors began to use this coding sheet to introduce gender-informed therapy principles in an introductory course on family therapy theory for Master's-level students. Following a thorough introduction of feminist theory, the coding sheet was then used for experiential activities, such as critiquing videotaped therapy sessions. In response to positive feedback from students, we began developing the Guide to be more suited for teaching and supervision purposes. Earlier versions of the Guide were piloted with novice therapists in an "Introduction to Family Therapy Theory" course, with more advanced therapists in an "AAMFT-Approved Supervision" course, and with therapists at various developmental levels in individual supervision.

Although the Guide has not yet been formally evaluated as a teaching tool, informal student feedback typically relates to two aspects of the Guide. First, students routinely report that the simple organization and language of the Guide makes feminist theory as it relates to family therapy more understandable and accessible to them. They report feeling less intimidated and overwhelmed by the material and more able to see how it applies to the practice of therapy. Second, students report that reading or developing specific

TABLE 1
Sample of Completed Power Equity Guide*

Decision-making:

Note: It can be illuminating to assess areas (e.g., parenting, finances, relationship maintenance) in which each partner is primarily responsible for decisions. It may also be helpful to assess for a pattern in which one client (typically the female) makes smaller, less "important" decisions, and the other makes the larger, more "important" decisions.

Engage both partners in goal setting for therapy and attend to both sets of goals if different.

Elicit and respond to each partner's decisions, requests, and ideas during the therapeutic process.

Assess the couple's typical decision-making pattern, including how they handle differences in opinion. Explore what these patterns might indicate and the benefits and drawbacks of the patterns for each of them and the relationship.

Assist each client in exploring what influences (e.g., family-of-origin, gender socialization) have shaped their personal process of making decisions (i.e., their tendency to defer or to lead).

Assist the couple in mapping the cycle of their typical decision-making process and search for ways to alter this cycle.

Search for unique outcomes in the typical decision-making pattern. Explore how these outcomes were accomplished.

Ask partners to brainstorm individually the features of their ideal weekend or date. Then ask them to negotiate these features with one another, providing feedback and assistance.

Work, Life Goals, and/or Activities:

Note: Because of social expectations, neither partner may be aware of ways in which they prioritize a man's goals over a woman's. Explore how the workplace (e.g., paternity/maternity leave and family sick time policies, etc.) and gender-based differentials in pay may contribute to a couple's tendency to prioritize a man's "work" over a woman's.

Avoid expressing more interest in a man's "work" than a woman's.

Ask each partner what their career/work/life goals have been and how these goals have changed over the years.

Ask the couple to describe a time when their goals conflicted, how they handled this situation, what the consequences have been for each of them, and how they will handle a similar situation in the future.

Ask what influence a differential in salary has on their relationship and the value granted to their positions.

Encourage the couple to discuss with one another their personal goals and the importance of these goals.

Facilitate a discussion about the couple's values regarding the priority of work versus other areas of life.

Ask couple whose goals are valued more, how this has occurred, how they feel about it, and what they'd like to change.

Housework:

Note: It is common for women to do most of the housework, even when they also work outside of the home. This phenomenon led Hochschild (1989) to formulate the concept of "second shift." Further, Gottman (1991) found that men's higher marital satisfaction is positively correlated with participation in household responsibilities.

Ask the couple specific questions about how housework is divided.

Educate the couple about research findings that reveal the consequences of unequal distribution of household labor.

Explain Hochschild's concept of "second shift" and facilitate a conversation about how unequal distribution of housework affects their level of intimacy, the woman's feelings of being respected and cared about by her partner, and the man's feeling of being a contributing member of the household.

TABLE 1 (continued)
Sample of Completed Power Equity Guide*

If the couple has children, ask the couple what they want their children to learn versus what their children are learning from the way they distribute housework.

Avoid using concepts like "help around the house" or "help your wife" when describing men's contributions to housework.

Actively negotiate an equitable distribution of labor within the context of the couple's work/family arrangement.

Finances:

Note: Because of social arrangements in which women are considered primarily responsible for the "private" sphere (i.e., home making, child rearing) and men to the "public" sphere (i.e., work, politics), women are economically subordinated. Women's socially prescribed duties are devalued, their earning power is substantially lower than men's, and they are disproportionately represented in low-paying, service-oriented occupations. Such arrangements lead to (a) women holding positions of powerlessness relative to their husbands and (b) economic dependence of and restricted choices for women.

Ask specific questions about how financial decisions are made, who has access to money and how they obtain access, who handles financial affairs (e.g., balances the checkbook, interacts with lenders), and who possesses knowledge of the couple's financial status.

Facilitate a conversation about how current financial arrangements contribute to the presenting problem. Encourage partner with less financial information (typically the female) to become more knowledgeable in this area.

Confront situations in which one partner (typically the female) must ask for money or unilaterally account for spending.

Brainstorm financial arrangements (i.e., separate checking accounts, specified personal spending money) that would facilitate more equitable distribution of finances.

Challenge beliefs in which contributions to the family that receive financial reimbursement (i.e., working outside the home for a paycheck) are more valuable than unpaid contributions (i.e., raising children, housework).

Sex:

Note: Men and women are inundated with sexual information and images that present distorted or inaccurate messages about sexuality. For instance, in the media, "normal" or "good" sex routinely involves the objectification/violation/overpowering of women. Women are often depicted as masochistic and men as unable to control their sexual impulses. Being a good male sexual partner is often equated with "performance" (i.e., frequency and duration of sexual activity), whereas being a good female sexual partner is often equated with being "beautiful" and sexually available.

Ask partners what they have learned about male/female sexuality from the media and their families, and what influence these messages have on their sexuality.

Assist couples to explore sexuality as one means among others (e.g., communication, cuddling) for achieving intimacy.

Encourage both partners to explore and share with one another their sexual desires and needs.

Indicate that sharing of this information does not obligate either partner to fulfill all of their partner's desires.

Assess for pornography use and, if applicable, educate couple about the potential consequences of its use (e.g., development of distorted views of "normal" or "typical" sexuality).

Assess for sexual abuse and, if applicable, assist survivor(s) to set boundaries that will help them feel safe sexually.

Avoid endorsing or encouraging sexual activity as a way of resolving conflict.

Take a strong stance against coercive or abusive sexual behaviors.

**This sample represents a therapist's attempts to record pertinent theoretical material and potential therapist behaviors for particular themes relevant for working with heterosexual couples.*

examples of assessment and intervention behaviors makes the material "come to life" for them. They report feeling more confident about their ability to assess and intervene in these ways.

A comparison of the Guide and FFTBC. Chaney and Piercy (1988) developed a similar instrument, the FFTBC, for identifying specific feminist behaviors in the practice of therapy. In an analysis of the AAMFT Master Series tapes (Haddock, 1998), the FFTBC was used in addition to the Guide. The convergent validity between these two coding systems was .80. Although many of the themes are similar between the FFTBC and the Guide, there are several differences between these two instruments. First, the Guide includes more items relevant to the empowerment of men (i.e., encouraging them to be more emotionally expressive, supporting them in exploring nontraditional life choices, and becoming aware of their privileged social position). In addition, the Guide includes themes relevant to children and parenting, other forms of oppression, such as racism, classism, and homophobia, and managing the hierarchy between the therapist and client. Second, whereas the FFTBC requires the user to select either "present" or "not present" when rating each theme, the Guide includes a Likert scale. It also allows one to code for "missed opportunities" and themes that are not applicable. In addition, on the FFTBC, the choice of "present" indicates only that the therapist dealt with this theme at least once. A Likert scale allows the user to indicate a therapist's handling of a theme across all relevant situations. For instance, if a therapist is receptive to client feedback in one instance and less so in another, the coder might select "4" (some attention to gender/power) on the corresponding theme, "evaluation process." If the therapist was receptive in both instances, the coder might select "5" (attentive to gender/power) for this theme.

Uses of the Guide

The Guide can be used for a variety of purposes including teaching, supervision, therapy, and research. Below, we describe specific examples of and suggestions for its use in each of these endeavors.

Using the Guide in the classroom. The Guide provides instructors with an organizing structure for introducing the major themes associated with feminist-informed family therapy. Students can use the Guide to take notes on this theoretical and practical material for future reference.

To complement theoretical material, instructors may want to segue into experiential activities that allow students to apply theoretical material, such as role plays, case discussions, treatment planning, or critiquing the work of other therapists. For instance, instructors may want to ask students to brainstorm various ways in which a therapist might address each theme in therapy (see Table 1 for an illustration of this use). As an alternative, an instructor could present a case and encourage students to use the Guide to create a treatment plan tailored to this particular case. Another experiential activity might involve critiquing the work of therapists by showing a training tape, such as an AAMFT Master Series tape. Students could be instructed to rank the therapist's work using the Likert-scale portion of the Guide, and take notes about specific ways the therapist responded to each theme or might have responded more effectively.

Instructors may want to provide students with a copy of Table 1 prior to or following these activities. The sample will help to clarify the assignment, and encourage students to be specific and comprehensive with their responses. In our experience, providing students with the sample can be a powerful learning experience for them. For instance, after students in her class had brainstormed appropriate interventions for a certain case, one of the authors passed out the sample. One student exclaimed, "So I don't have to find the perfect, clever feminist intervention. I just need to pay attention to and facilitate small, meaningful interactions."

The Guide can also be used to analyze society and one's own life from a feminist perspective. For instance, using the space provided, students can comment on their family of origin or current relationships regarding each principle. As students become sensitive to gender concerns in larger society, they may want to use the Guide as a running record of insights or examples related to each principle.

Using the Guide in clinical supervision. During supervision, the Guide allows students to approach the development of their skills in addressing gender in family therapy in a purposeful, goal-directed fashion. Because the Guide is specific, it demystifies the process of gender-informed family therapy, making it more manageable, less "personal," and less anxiety provoking. The supervision conversation moves from questions such as, "Are you practicing with a feminist approach?" or "How are you addressing the power

differentials between these partners?" to a conversation about specific skills aimed at achieving clearly established goals. For instance, use of the Guide might facilitate more specific questions such as, "Were you able to make eye contact with and direct questions to both the mother and father regarding child care?" Although such questions are specific and behavioral, they often elicit larger theoretical discussions. The detailed nature of a completed Guide can also reveal therapists' values about particular subjects. In reviewing supervisees' treatment plans, a supervisor may notice patterns in the interventions that can be springboards for conversation. For instance, a supervisee may tend to most often direct interventions at clients of a particular gender, or a supervisee may engage in "rescuing" behavior of female clients (e.g., speaking for female clients rather than helping them to speak for themselves).

The Guide is a personal working document and can be used in a variety of ways depending on the needs of the supervisee and supervisor. For instance, supervisees can use the Guide for treatment planning for each case. The Guide can be tailored to fit the goals and values of a particular client or clients. Supervisees may want to bring this Guide to supervision to assess their progress and obtain additional ideas from their supervisor. Upon completion of the case, supervisees may want to rank their effectiveness with each theme and set goals for future cases.

The Guide can be used to organize and provide feedback to supervisees during live and video supervision. The supervisor can use the Guide to rank a supervisee's work according to certain principles, taking notes on specific behaviors that he or she used or could have used relevant to pertinent principles.

Therapists or supervisors may also want to maintain a Master Guide. This document could be used to compile the specific strategies that they develop or envision for incorporating each principle in order to create a "bank" of ideas for similar cases. The sample presented in Table 1 reflects one therapist's use of the Guide to compile specific strategies for addressing particular themes when working with heterosexual couples.

Using the Guide in therapy. The Guide (particularly Goals 1 and 2) is helpful for preparing couples for a committed partnership or marriage, helping already committed couples to address important areas in their relationship, setting relationship and personal goals, and tracking progress. For instance, the Guide can be used psychoeducationally as a springboard for discussions about the many benefits (for relationships, each individual partner, and their children) of egalitarian relationships. Research findings (e.g., Gottman & Silver, 1999; Schwartz, 1994; Rabin, 1996; Risman, 1998; Steil, 1997) can be shared about the nature and outcomes of such relationships.

In addition, the Guide provides a means for therapists and clients to discuss specifically what each means by an egalitarian relationship. It allows the couple to communicate with the therapist regarding the areas on which they want to work and the areas that they do not find problematic. For example, a couple might say that they want to improve in terms of sharing decision making and relationship maintenance, but that they are satisfied with their more traditional division of labor. This process is helpful in making the gender-based values of the therapist and clients overt and in facilitating open and direct conversations that are respectful and appropriately challenging of each person's values.

The Guide also provides the couple with a structure for discussing their strengths and areas for growth under each area of Goal 1 and Goal 2. Such discussions can segue into goal setting in particular areas. For instance, a woman might say to her partner, "I appreciate how you have supported me in my life goal to run a marathon. I'd like more of that kind of support." A man might say to his partner, "I'd like to share the burden of worrying about our finances more with you." The Likert scale can be a way for the couple to assess each other's perceptions and the need for improvement, if any, in each area. It has been our experience that this process proceeds quickly for some couples while others engage in full discussions and spend weeks on several topics. Following such discussions, the Guide can be assigned as homework. For instance, clients can be encouraged to reflect on patterns or events over the past week in specific areas. The Likert scale can help them track their progress in therapy—similar to solution-focused scaling.

It is uncommon for clients to state explicitly that their presenting problem is related to issues of power imbalance. However, therapists will often hypothesize that achieving a more equitable relationship would help to alleviate the presenting problem. For instance, a couple may come to therapy for sexual difficulties. In interviewing the couple, the therapist may hypothesize that power differentials specifically related to

decision making and division of household labor appear to be influencing the couple's sexual relationship. Even in situations when a presenting problem is not specifically related to power dynamics, the Guide can be therapeutically helpful. Therapists have a tool for sharing their assessment, introducing the topic of power dynamics in relationships and their possible outcomes, and facilitating discussions in the major areas of concern.

Using the Guide for research. Because the Guide is a synthesis of the feminist family therapy literature, it can be used for coding the occurrence of feminist principles and the degree of effectiveness in incorporating feminist principles in therapy. It could also be used as a pre- and posttest to measure students' progress in a training program.

Special Considerations in Using the Guide

As with any training method, the Guide possesses strengths and limitations. In this section, we will address several areas of particular consideration when using the Guide.

As trainers of family therapists, we have recognized a paradox in our beliefs about how to best teach a feminist perspective. On the one hand, we want to teach feminist-informed practice in an accessible, practical, straightforward manner in order to alleviate anxiety and to reduce power differentials between teacher and learner. On the other hand, we do not want to teach a diluted and sanitized version of the material (Schmitz, 1983) and we believe that effective gender-informed family therapy requires therapists to be diligent in "rethinking" their beliefs about gender. We have found that the Guide helps us to resolve this paradoxical position. Because of its somewhat "skeletal" nature, it presupposes that the user has background knowledge of the feminist family therapy literature. In fact, using the Guide helps one to identify areas in which additional theoretical information may be needed. At the same time, the Guide organizes key feminist principles and themes in a simple, user-friendly format. We believe that, when used by therapists who have been exposed to feminist reading and critiques of patriarchy, the format allows therapists to approach their work in a purposeful, systematic way. Furthermore, the open-ended sections of the Guide implicitly communicate the importance of not only understanding the feminist perspective, but also applying it in the therapy room. However, we also recognize that if it is not used as intended, the Guide could encourage the over simplification of a feminist approach to family therapy.

In using the Guide, it is important to remember that there is much diversity in feminist thought. We do not consider the Guide to be a definitive presentation of feminist thought regarding family therapy but rather a summary of prominent themes in the feminist family therapy literature.

The Guide was developed with the belief that therapists must be proactive in addressing gender and power dynamics in therapy. When therapists remain neutral or silent about power differentials or oppression, they are communicating implicit support of such arrangements. However, it is not necessary, realistic, or expected that all of the highlighted themes will be addressed in any one session, or even one case. Rather, we recommend a thoughtful and proactive approach to addressing particular client concerns from a feminist standpoint, using the relevant goals and themes as a guide. It is also important to honor the diverse cultures, values, and backgrounds of clients in tailoring one's therapeutic approach. For various reasons, some clients may be committed to maintaining more traditional relationship patterns. It is important for therapists to respect clients' choices and values. However, respecting clients' values does not necessarily mean that a therapist would avoid introducing gender as a topic. Rather, a therapist may choose to encourage clients to clarify and/or reevaluate their gender-based values when appropriate. Such conversations can lead to the establishment of clear and conscious goals for therapy and one's relationships. The Guide can be particularly helpful in facilitating clear communication between partners and with the therapist, allowing them to become educated about the similarities, differences, and underlying assumptions of their gender-based values.

The second goal of the Guide, "Empower clients to honor and integrate all aspects of themselves, especially those not supported by dominant culture," pertains to issues of particular note in working with female and male partners as individual persons. In some situations, it may be necessary to focus therapeutic goals around this aim prior to working on issues particular to the first goal (power differentials between the couple). It is often necessary to do work initially—for instance, with both the female and male partner in a

heterosexual relationship—that allows the female partner to negotiate authentically with her partner as a full participant on issues such as division of labor, finances, and their sexual relationship. Such work might involve helping the woman become aware of her feelings and options, used to hearing and honoring her own voice, and more able to hold her position in negotiations with her partner. Similarly, it might involve helping the man become aware of his privileged position vis-à-vis his partner, develop the ability to listen and respect his partner's voice, and become more vulnerable with his partner.

The Guide is particularly helpful to therapists in helping couples deal with overt power and methods of control. Therapists also must be attentive to the covert and implicit power that directs much of the behavior of couples. It is common for both partners to use various means to mask inequality, for instance, through stories they tell themselves (Hochschild, 1989; Lorber, 1994), making it difficult for therapists to see ways in which covert power functions in the relationship.

Finally, it is important to be aware that brainstorming specific interventions or behaviors for each pertinent theme is a challenging process for most first-time users. For many, the process—especially at first—can be time consuming and challenging. However, the feedback that we have received from students has been overwhelmingly positive; they have typically found the Guide to be thought provoking and valuable. They have reported that they are more aware of their behaviors in the therapy room, more confident about initiating conversations with clients about gender and power, and have a better understanding of the dynamics of gender and power, in general.

In conclusion, the Guide is a useful training tool for bridging the theoretical, personal, and practical. Its strengths lie in its simplicity, its sensitivity to developmental level, personal style, and theoretical orientation, its potential for facilitating an isomorphic approach to training, and its flexibility in terms of the many ways in which it might be used.

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