"Using Critical Race Theory to Measure "Racial Competency" among Social Workers."

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Abstract

Critical Race Theory, a theoretical framework and interpretive model, demonstrates to be a valuable tool of social justice that further promotes a space placing race in the center of analysis, proving to be a beneficial, yet a component that has not gain much recognition in the Social Work profession. This research study explores the need to integrate a model such as Critical Race Theory which promotes "racial competency" among practitioners serving racial and ethnic minorities. The research study surveys 175 social work and counseling practitioners providing services in four Midwest regions. The study examines practitioners' understanding of the significance and functionality of race.

Keywords: Critical Race Theory, race, social work

Examining Critical Race Theory

CRT's standpoint and positioning of race constructs a space challenging the notion of a "color-blind" society, indicating "color blindness is superior to race consciousness" (Abrams &Moio, 2009, p. 250). CRT acknowledges race as a social construction, essential in maintaining the racial hierarchy, which situates racial and ethnic minorities into confined and restrictive locations. CRT transitions from the simplistic Black-White ideology and Essentialism of race, by recognizing and examining the lived experiences and "racial realities" of individuals belonging to racial and ethnic minority groups (Closson, 2010; Trevino, Harris & Wallace, 2008).

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Six Principles of Critical Race Theory

CRT identifies six major principles essential for social work professionals to understand. The six principles of CRT are: endemic racism, race as a social construction, differential racialization, interest convergence/materialist determinism, racial narratives and intersectionality (Abrams &Moio, 2009). Presently, we navigate in a society constructed by race relations. Race operates on systematic and institutional levels. Endemic racism examines the prevalence of race and its impact on all individuals regardless of one's race and ethnicity. As Closson (2010) suggests, racism becomes a disease infecting all, both Whites holding privilege and racial and ethnic minority groups experiencing internalized and institutional racism. Therefore, the assumption that one exists in a color-blind, society maintains existing structures of race. Scholars of CRT argue that racial oppression and social and economic inequality is rooted within our institutions, social systems, traditions and practice. As a result of these existing social structures, racial and ethnic minorities are more likely to experience various unjust and discriminative experiences throughout their lives. As Bell suggests ideologies of racial oppression remain embedded in the "psychology, economy, society and culture of the modern world" (Closson, 2010, p. 268). Understanding the cumulative impact endemic racism has at the micro and macro levels for racial and ethnic minority communities is imperative knowledge for social work professionals. CRT establishes a framework demonstrating the importance for social work professionals to acknowledge and critically examine racially oppressive traditions, values and beliefs impacting thought processes, behaviors and actions. It is also necessary for social work professionals to examine racially oppressive systems.

The second principle of CRT acknowledges and establishes race as a social construction. Acknowledging race as a social construct involves understanding that associations and meanings of race are consistently transformed by political, social, economic and historical processes. Omi and Winant (1994) highlight the integral role societal institutions and political systems such as the government, federal legal system, criminal justice system and educational systems; have in shaping our understanding of race. These political and institutional systems serves as powerful agencies which define race and designates which individuals can be classified and belong to distinct racial groups. Race as a social construction suggests the concept of race developing from historical and social institutions and practices through which racial and ethnic minority groups (races) have experienced exploitation, inequality and oppression.

Recognizing race as socially constructed posits the classification, associations and meanings of race as the product of human conception.

Differential racialization is the third principle of CRT. Differential racializationuses a racialized lens to examine the processes by which the dominant racial group constructs and assigns specific expectations, behaviors, language, norms and meanings to racial and ethnic minority populations. Racial constructions enforced and accepted by the dominant racial group ultimately serve as a tool for placing racial and ethnic minorities in the category of "otherness" (Abrams &Moio, 2009; Collins, 2002: Collins, 2005; Hooks, 1992). It is important to note that racializations of racial and ethnic minority populations are not static. Racial constructs and meanings are fluid and constantly reworked depending on the historical, economic and social context and the appropriation, needs and agenda of the dominant racial group. For example, the racializations of Asian Americans have shifted over time. During the late 19th century, Asian Americans were racialized as an "unfavorable" group, primarily resulting out of fear and concern from the dominant white group that Asians would possibly consume the labor markets, due to their role in inexpensive labor and work. This opposition and concern resulted in the Chinese Exclusion Act of 1882, excluding Asians from U.S. citizenship (Abrams &Moio, 2009). Today, racializations of Asian American communities has transformed into a more positive light, becoming more accepting of this group. For instance, Japanese and Chinese groups have become "racialized" as the "model minorities."

CRT's principle of interest convergence/materialist determinism explores the privilege, power and social location of the dominant white racial group. CRT uses race as a lens to examine the functionality and consequences systems of power and privilege constructs for racial and ethnic minority populations. CRT recognizes how components such as power, access, status and normality function as manifestations of privilege, and, suggests the importance of using such knowledge to re-construct systems of power and privilege (Coello, Casanas& Rocco, 2004). Interest convergence/materialist determinism recognizes racism as a tool providing the dominant white racial group with "material and psychic" advantages in society which racial and ethnic minorities do not experience (Closson, 2010). The principle of interest convergence/materialist determinism establishes the reality that social change can only occur if the dominant racial group develops interests converging with oppressed racial and ethnic minority populations (Dixson & Rousseau, 2005).

Interest convergence acknowledges the reality of racial oppression and inequality, while also promoting an agenda focusing on eliminating racial injustices. Interest convergence demonstrates that without the recognition of systems of privilege, existing racial inequalities and the acceptance of racial and ethnic minorities, it will be difficult to obtain a space of social justice and equality.

The next principle of CRT highlights the importance of creating a space inclusive of racial and ethnic minority narratives and voices. CRT encourages forms of expression such as storytelling and narratives among racial and ethnic minorities, due to the usefulness of these techniques to convey lived experiences of racial and ethnic minorities and to also counteract and challenge current narratives fostered and supported by the dominant, white, hegemonic culture (Trevino, Harris & Wallace, 2008). History often excludes narratives and histories of marginalized groups. Incorporating racial narratives emphasizes the significance of constructing a platform empowering racial and ethnic minorities to share and narrate their perspectives, knowledge and experiences of oppression, survival and inequality. Racial narratives are meaningful to "challenge liberalist claims of neutrality, color blindness and universal truths" (Abrams &Moio, 2009, p. 251). Racial narratives also challenge the normativity and universality of the "white experience," as the imperious standard, functioning as a mechanism controlling, shaping and regulating behaviors, thoughts and presentation of racial and ethnic minority populations (Stovall, 2005). The expression of storytelling and narratives produces a discourse within the social work profession, which explores metaphors, typologies, concepts and methods, instrumental in gaining a better understanding of the lived experiences and structural and institutional mechanisms racial and ethnic minorities encounter (Trevino, Harris & Wallace, 2008).

Intersectionality constitutes the last principle of CRT. Intersectionality promotes a space for social work professionals to extensively explore the interrelatedness of race, gender, sexuality and class. An in-depth analysis of these concepts better provide social work professionals with a holistic understanding of oppressions, inequalities and injustices. Intersectionality recognizes there are multiple forms of oppression and inequality an individual may experience in society such as racism, sexism, ageism, classism and ableism, which results from one's social location. Consequently, excluding one's social location and solely focusing on race creates social exclusion in individuals' personal identities are not fully recognized, forcing individuals to have to choose between identities.

Examining intersections of race, gender, class, sex and ability promotes an analysis exploring the lived experiences of marginalized individuals represented at the bottom of racial and social hierarchies. Intersectionality investigates the interconnections of these social constructs for the purpose of understanding the dynamics and functions of racial and social hierarchies (Stovall, 2005). Failing to acknowledge individuals' unique social locations and the multiple forms of oppression and experiences resulting from distinct identities and characteristics produces an essentializing of oppression. Abrams and Moio (2009) demonstrate failure to recognize the complexity of multiple identities and multiple forms of oppression leads to a diffusion of information which tends to overlook the social, institutional and systemic significance of race. Therefore, it is important to develop a deeper understating of the interlocking systems of inequality impacting the daily lives of marginalized communities.

Research Design and Methodology

Based on the review of literature the research study explored practitioners' understanding of Critical Race Theory, and their understanding of the significance and functionality of race. The research question guiding the research study was:

1. What are the levels of understanding of the six aspects of Critical Race Theory in a sample of white and non-white practitioners?

Methods

Population and Sample Selection

The population of interest in this study was professional social work and counseling practitioners working within four "urban" Midwest regions. For the purpose of this research study, "urban" was conceptualized as regions possessing the characteristics of a city, such as higher population density of racial and ethnic communities.

The study sample was systematically selected from several online directories: Psychology Today, Network Therapy and Therapy Tribe. The researcher used several qualifiers to select practitioners.

The qualifiers included practicing in one of the four urban Midwest regions of interestand educational attainment at minimum of a Masters' degree in Social Work or Counseling.

The criteria for social work and counseling practitioners within the agency settings also consisted of educational attainment of minimum a Master's degree in Social Work or counseling and located in one of the desired Midwest regions. Approximately eight hundred and forty social work and counseling practitioners (840) were selected and emailed the research study questionnaire. Three follow-up email communications were sent at three week intervals encouraging practitioners to participate in the research study by completing the brief online questionnaire. Approximately 21% of practitioners completed the questionnaire (n = 175). The majority of participants (n = 166) completed the online questionnaire, while a small group (n = 9) preferred to complete the questionnaire via telephone. The researcher conducted all of the telephone surveys with each practitioner. The complete range of sample characteristics is shown in Appendix A.

Measurements

The online questionnaire consisted of the Critical Race Theory Measurement (CRTM), and a demographic questionnaire. All participants received the same questionnaire.

Critical Race Theory Measurement (CRTM.). The Critical Race Theory Measurement (CRTM) consisted of a 19 item scale measuring the six aspects of Critical Race Theory with a 6 point Likert scale (1= strongly disagree to 6 = strongly agree). Lower scores indicate a higher understanding of the six aspects of CRT, while higher scores indicate a lower understanding of CRT. There were seven items (items: 5, 10, 12 ,13, 14, 15 and 16) which were reversed scored for reliability purposes. For the purpose of the bivariate and multiple regression analysis the six point Likert scale was collapsed into two categories, disagree and agree. This measure asks the respondents to rate their level of agreement with statements such as: "Race biologically determines one's personalities and abilities," "Race/ethnicity is the most effective way to categorize people," and "Race exists as a social construct." The six aspects of CRT measured six subscales: endemic racism, social construction of race, differential racialization, convergence/determinism, racial narratives and intersectionality (Abrams &Moio, 2009). To evaluate the reliability and validity of the CRTM a pilot study was conducted. There were several techniques used to evaluate reliability and validity.

To test the reliability of the CRTM inter-rater reliability and internal consistency reliability was evaluated.

To evaluate inter-rater reliability faculty members in the departments of Women's and Gender Studies, Social Work, Counseling Psychology and Black Studies assessed each item on the questionnaire relating to Critical Race Theory to evaluate if the item was measuring the appropriate constructs (endemic racism, social construction of race, differential racialization, convergence/determinism, racial narratives and intersectionality). To evaluate internal consistency reliability matrix correlations were conducted to test the internal consistency reliability of each item measuring the six constructs. Techniques such as face validity and construct validity were used to evaluate the validity of the CRTM. To measure face and construct validity specific faculty members with expertise and knowledge of Critical Race Theory assessed each individual item, providing feedback to make sure each item measured the intended construct.

Pilot Study

The researcher conducted a pilot study in the summer of 2012 (May-July) in a small Midwest city using ten social work practitioners to evaluate several items regarding the research study and instruments. The researcher evaluated the feasibility of the research study and the reliability and validity of the CRTM instrument. The purpose of the pilot study was to evaluate the feasibility, reliability and validity of the Critical Race Theory Measurement (CRTM), an instrument developed by the researcher. The pilot study allowed the researcher to further explore ambiguities of instrumentation, rate of responses per item, potential difficult questions and the language and comprehension of questions.

Results

Construct 1: Endemic Racism

For the first construct of CRT, endemic racism, there were four items used to measure one's understanding of racism. (See Appendix B). Results indicated differences among white and non-white practitioners' understanding of endemic racism. White practitioners indicated to have a slightly higher level disagreement of endemic racism.

For the last item measuring endemic racism (Racial incidents are race and isolated in the U.S.); the majority of white and non-white practitioners indicated similar views.(See Appendix B).

Chi-square bivariate analysis indicated no statistically significant differences (at the alpha level of .05) between white and non-white participants understanding of racism (See Appendix B).

Construct 2: Race as a Social Construct

The second construct measured on the CRTM was the social construction of race. Both white and non-white practitioners indicated similar levels of understanding race as a social construction. (Refer to Appendix B).

Chi-square statistical analysis indicated no statistically significant relationships between white and non-whites understanding race as a social construct. (See Appendix B).

Construct 3: Differential Racialization

Differential racialization is the third construct measured on the CRTM. White practitioners indicated a slightly higher level of disagreement compared to non-white practitioners. (Appendix B).

Chi-square bivariate analysis indicated no statistically significant relationships between white and non-white participants comprehension of differential racialization, $X1 (1) = .012$, $p = .912$. (See Appendix B).

Construct 4: Interest Convergence/Material Determinism

The fourth construct measured on the CRTM is interest convergence/material determinism. (Refer to Appendix B).This construct measured participants understanding and awareness of concepts such as privilege, power, oppression and racial inequality. The interest convergence/material determinism construct consisted of four items(See Appendix B).

Non-white practitioners were more likely to indicate disagreement for items 1 and 3; while white practitioners were more likely to indicate higher levels of disagreement for item 2. (Refer to Appendix B).

Chi-square statistical analysis concluded no statistically significant relationships (at an alpha level of .05) between white and non-white respondents and their understanding and awareness of terms such as privilege, power, oppression and inequality. Items 1 through 4 indicated no significance, $X1 (1) = 2.631$, $p = .105$; $X2 (1) = .766$, $p = .381$; $X3(1) = .816$, $p = .366$ and $X4 (1) = .009$, $p = .923$. (Refer to Appendix B).

Construct 5: Racial Narratives

The next construct measured on the CRTM included the importance of incorporating narratives and perspectives from racial and ethnic minority clients within the therapeutic setting. There were four items used to measure participants' incorporation of racial narratives into practice. Both white and non-white practitioners shared similar views regarding the understanding of convergence/determinism.(Appendix B).

Chi-square analysis indicated no statistically significant (at an alpha level of .05) relationships between white and non-white respondents inclusion of racial narratives in their therapeutic practices. Items 1 through 4 indicated no significance, $X1 (1) = .932$, $p = .382$; $X2 (1) = .008$, $p = .927$; $X3 (1) = .046$, $p = 1.000$ and $X4 (1) = .483$, $p = .735$. (See Appendix B).

Construct 6: Intersectionality

The final construct measured on the CRTM was intersectionality. Intersectionality focused on the significance of recognizing and incorporating the multiple social locations of the client (i.e. race, ethnicity, gender, class, sexuality etc.) within therapeutic practice. There were two items measuring the importance of incorporating intersectionality into practice. White practitioners indicated slightly higher levels of disagreement compared to non-white practitioners (Refer to Appendix B).

Chi-square analysis indicated no significance relationships at the alpha level of .05 between white and non-white participants who incorporating an intersectional approach in practice. Item 1 indicated no significant relationships, $X1 (1) = 1.861$, $p = .212$. Item 2 also indicated no significant relationships, $X2 (1) = .001$, $p = .974$. (Refer to Appendix B).

Discussion

The research study produced several interesting results important for discussion.. Findings yielded a few interesting results among the Critical Race Theory Measures and the variable of race (white and non-white practitioner). The majority of practitioners showed an understanding of the pervasiveness of race and how race continues to operate on social, systemic and institutional structures. The majority of the practitioners were aware that racial incidents occur frequently and are not isolated events in society, recognizing how race plays a significant role in one's daily interactions and relations with one another.

The findings demonstrated regardless of race, both white and non-white practitioners both clearly understood how prevalent and pervasive race is in daily life interactions. Although both white and non-white practitioners agreed racial incidents continue to be pervasive events in society, both groups appeared to have a slightly different perspective regarding the social impact of race. Non-white practitioners were more likely to indicate that discussions of race caused unnecessary conflict and anger, compared to white practitioners who were more likely to disagree that discussions of race caused unnecessary conflict and anger. Another interesting finding showed non-white practitioners were more likely to indicate that racial and ethnic minorities (i.e. African American, Mexican American or Asian American) should think of themselves as "American," in comparison to white practitioners who were more likely to disagree.

Findings also demonstrated practitioners still lack a clear, concrete understanding of race as a social construct. A small percent of the sample population acknowledged race as a social construct. However, the majority of practitioners were able to negate the biological conceptualization and ideologies of race; both white and non-white groups appeared to comprehend that race does not have any biological impact on one's personality and/or abilities.

Findings suggest a large number of practitioners failed to recognize the role and impact racialization has on racial and ethnic minority populations.

Findings showed the majority of practitioners believed otherness resulted in a group's decision and/or power to separate or distance themselves from the dominant group. White practitioners were less likely to agree that otherness resulted from a group's decision and/or power to separate or distance themselves from the dominant group when compared to non-white practitioners. The majority of practitioners demonstrated awareness to the functionality and significance race continues to serve today. A high percent of the sample indicated race is significant in determining who will become successful and who will not become successful, while a small percent of practitioners indicated race is not a significant factor impacting one's success. The majority of the sample population acknowledged race plays a significant factor in accessibility to opportunities and services. A high percent of the total sample indicated racial and ethnic minorities do not have the same opportunities as whites in the U.S. A large percent of practitioners also indicated that race and ethnicity determines the type of services and opportunities individuals receive.

Findings also indicated the majority of practitioners regardless of racial group incorporated the narratives and personal stories of clients within the therapeutic setting. A large percent of the sample indicated a major component of their interventions focused on providing a space for the client to voice their personal narrative. Practitioners were more likely to indicate that they allowed the client time within the therapeutic process to digress concerns, while the practitioner takes the position of the listener. The majority of practitioners stated they often modify or adapt interventions to best fit experiences of marginalized clients. Practitioners appeared to be aware of the historical exclusion racial and ethnic minorities experienced within therapeutic settings. Therefore, many of the practitioners indicated creating inclusive therapeutic environments for personal narratives of racial and ethnic minority clients. The majority of practitioners in the study appeared to be more supportive and accepting of racial and ethnic minority clients. A large percent of the practitioners indicated it was important to provide marginalized clients a space to voice their personal narratives. Practitioners also showed awareness to the historically monolithic, Eurocentric domains of therapy. The majority of the practitioners indicated the need to develop or adapt therapeutic interventions and practices to effectively serve racial and ethnic minority clients. The findings also suggest that the majority of practitioners grasped a clear understanding of the concept of intersectionality and its importance in practice.

A large percent of the sample of practitioners agreed it is important to extensively explore and assess the client's social locations (i.e. race, ethnicity, nationality, sexuality, gender and socioeconomic status) regardless of clients' presenting problem or issue. The majority of practitioners understood and recognized how effective therapeutic approaches will be if all aspects and dynamics of the clients identity and social location are examined.

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Appendix A

Sample Characteristics: White and Non-white Practitioners (n=175)

	N	Total (n=175) percent	N	White (n= 121) percent	N	Non-white (n=54) percent
Majority of Client population:						
Asian/Asian American/Chinese/Japanese	1	06%	0	00%	1	02%
Black/African American	29	17%	14	12%	15	28%
Hispanic/Latino/Mexican/Central American	6	03%	2	02%	4	07%
Native American/American Indian	1	06%	1	08%	0	00%
White/not Hispanic	114	65%	92	76%	22	41%
Biracial	3	02%	2	02%	1	02%
Other	1	06%	0	00%	1	02%
Age:						
30 or younger	20	11%	13	11%	7	13%
31-40	49	28%	42	35%	7	13%
41-50	43	25%	26	21%	17	31%
51-60	35	20%	23	19%	12	22%
61-70	18	10%	11	10%	7	13%
71 or older	5	03%	5	04%	0	00%
Education:						
Master's degree	18	10%	15	12%	3	06%
Masters w/Licensure	111	63%	77	64%	34	63%
Doctoral degree	36	21%	26	21%	10	19%
Sex:						
Female	126	72%	87	72%	39	72%
Male	42	24%	32	26%	10	19%
Marital status:						
Single	22	13%	15	12%	7	13%
Married	108	62%	82	68%	26	48%
Divorced	18	10%	7	06%	11	20%
Widowed	1	06%	1	08%	0	00%
Member of unmarried couple	20	11%	14	12%	6	11%
Region reside/practice:						
Chicago	72	41%	51	42%	21	40%
Kansas City	19	11%	15	12%	4	08%
Oklahoma City	16	09%	10	08%	6	11%
Saint Louis	53	30%	38	31%	15	28%

*Note: Table illustrates the majority of client population serviced, age, educational attainment, sex, marital status and region of reside or practice among white and non-white participants. Missing responses are not represented.

Appendix B

Chi-Square Bivariate Analysis: CRT and Race (White/Non-white groups) (n=175)

	Total (%)	White (%)	Non-white (%)	X^2	p value
Endemic racism:					
Item 1 - Fit into culture	78%	81%	82%	.032	.857
Item 2- Think of selves as American	79%	83%	82%	.024	.877
Item 3- Race causes conflict	88%	92%	88%	.467	.507
Item 4 - Racial incidents rare	94%	95%	94%	.046	.830
Race as a social construct:					
Item 1- Socially constructed	43%	46%	47%	.018	.894
Item 2- Race biological	98%	99%	99%	3.573	.121
Item 3- Race way to categorize	97%	96%	97%	.008	1.000
Item 4- First thing notice is race	60%	57%	56%	.017	.896
Differential racialization:					
Item 1- Otherness	58%	65%	62%	.012	.912
Convergence/Determinism:					
Item 1- Determine success	77%	75%	88%	2.631	.105
Item 2- Work hard, equal chance	64%	65%	58%	.766	.381
Item 3- Same opportunities	21%	20%	27%	.816	.366
Item 4- Determines services	27%	26%	27%	.009	.923
Racial Narratives:					
Item 1- Voice story	2%	8%	97%	.932	.392
Item 2- Exclusion of history	19%	18%	82%	.008	.927
Item 3- Role of listener	5%	5%	94%	.046	1.000
Item 4- Modify interventions	11%	10%	94%	.483	.735
Intersectionality:					
Item 1- Time consuming	97%	98%	94%	1.861	.212
Item 2- Focus on one identity	85%	83%	85%	.001	.974

*Note: Table indicates percentage of disagreement among white and non-white participants for each construct.