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Published online: 03 Sep 2019.

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What Does Social Justice Look Like When Sitting With Clients? A Qualitative Study of Teaching Clinical Social Work From a Social Justice Perspective

Kenta Asakura ⓘ, Brianna Strumm, Sarah Todd, and Rani Varghese

ABSTRACT

The profession of social work emphasizes social justice in its service delivery, yet there is a paucity of literature on how to teach clinical practice from a social justice perspective. This qualitative study with Canadian social work educators (*n*=12) suggests the following ways in which educators taught clinical social work from a social justice perspective: (1) integrating critical social theories in conceptualizing clinical practice, (2) engaging in transformative pedagogies, and (3) navigating professional commitments. While addressing various forms of social injustices is a mandate for all social workers, enactment of social justice within clinical practice remains an area of concern. Results suggest concrete ways in which social work educators can engage students in developing their commitment to social justice.

Social justice is a core professional value of social work (Marsh, 2005). However, a significant gap remains in the literature that theoretically links social justice to clinical practice (Etnyre, 2015) and how and which social justice principles are applied in actual practice behaviors (Sakamoto & Pitner, 2005). A growing body of literature emphasizes social justice in the delivery of direct practice services (Finn, 2016; Fook, 2012; Hick, Peters, Corner, & London, 2010), yet there is a paucity of literature on clinical social work education and social justice (Asakura & Maurer, 2018). This qualitative study sought to fill this gap by exploring how social work educators teach clinical practice from a social justice perspective.

Literature review

Clinical social work education

Clinical social work is a scope of specialized practice that "addresses the needs of individuals, families, couples, and groups affected by life changes and challenges, including mental disorders and other behavioral disturbances" (National Association of Social Workers, 2005, p. 8). Historically called *casework* or *psychiatric social work*, clinical social work's early schools, such as Smith College School for Social Work, were established to train social workers to respond to the needs of soldiers returning from World War I (Stuart, 2019). Clinical social workers provide assessment and treatment through psychotherapy (short and longer term), case management, crisis intervention, client-centered advocacy, consultation, and evaluation (Goldstein, 1996). Theoretically, ecological systems and person-in-environment perspectives have played a major role in clinical social work education (Maschi, Baer, & Turner, 2011). The hallmark of clinical social work practice is its conceptualization that human development is extremely complex and multifaceted (Berzoff & Drisko, 2015). In clinical training, students develop their knowledge base to assess and diagnose how various internal (e.g., biology, personality development, coping skills) and external (e.g., family, social, political contexts) factors might have interacted with each other and contributed to the

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client's current biopsychosocial development. They also develop interviewing skills to empathically and collaboratively engage in a meaningful therapeutic relationship with the client (Bogo, 2018). Clinical social work education also includes the knowledge development of various treatment models, such as psycho-dynamic, narrative and cognitive behavioral therapy, designed to address a range of psychosocial conditions. Today, more than half of licensed or registered social workers in the United States and Canada (53%) primarily engage in clinical work in their work settings (Association of Social Work Boards, 2017), and more than half of social work students in the United States choose clinical practice as their main scope of practice (Council on Social Work Education, 2017).

Social justice and social work education

Although a comprehensive literature review of social justice is beyond the scope of this article, we broadly outline several key definitions of social justice used in social work. Vincent (2012) suggests there are three major theoretical influences of social justice on social work: theory of distributive justice; theory of domination, oppression, and social relations; and capability approach. Initially proposed by Rawls (1971), social justice from a distributive justice perspective means fairness and minimal distributive justice of (access to) material, physical, social, and psychological goods provided to all people. Young (1990) expanded the definition of social justice by developing a critique of distributive justice that she argued was too narrow and does not account for power relations. She proposed that institutional domination and oppression are responsible for inequalities among various social groups and perpetuate the power imbalance in society. Sen (2009) built on Rawls's (1971) idea of fairness of justice to propose the capability approach to social justice. He suggested that justice is not just a matter of fair access to resources; rather, the goal of social justice is to maximize each person's opportunity and capabilities to live life on one's own accord.

Although social justice is clearly outlined as one of the core values in the *Code of Ethics* (Canadian Association of Social Workers, 2005; National Association of Social Workers, 2017), there does not seem to be a strong consensus among scholars about its definition or meanings (Austin, Branom, & King, 2014; Reisch, 2002). For example, social justice is defined in the *Social Work Dictionary* as

> an ideal condition in which all members of a society have the same rights, protection, opportunities, obligations, and social benefits. Implicit in this concept is the notion that historical inequalities should be acknowledged and remedied through specific measures. A key social work value, social justice entails advocacy to confront discrimination, oppression, and institutional inequalities. (Barker, 2003, p. 405).

Here, the definition of social justice is rather broad and cuts across the three perspectives mentioned earlier. Some scholars have cautioned that this lack of definitional specificity has negatively affected social workers' engagement with social justice (e.g., Reisch, 2002).

This lack of attention on social justice in social work education might be associated with the changing nature of professional practice contexts. Scholars on the history of social work (Olson, 2007; Reid & Edwards, 2006) note that this might result from the effort to establish social work as a true and legitimate profession that can compete with other health care professions. This professionalization project has led to many social workers' uncritical pledge to the medical model, a rational and logical approach to client care (Finn, 2016), and our historical commitment to social justice might have been diverted.

Empirical research on social justice and social work education corroborate this. Funge (2011) conducted interviews with PhD-level social work educators (*n*=13), which focused on their perspectives on social justice in social work education. The study determined that although participants believed that it is in fact their role and responsibility to integrate social justice perspectives in their teaching, barriers were reported on an institutional level and an extra-institutional level. For example, at an institutional level, participants noted a lack of opportunities to consult with each other about teaching. At an extrainstitutional level, there appeared to be a lack of emphasis on teaching and practice experience in current doctoral education in

social work. Vincent (2012) conducted a mixed-methods study with those who teach social work research courses (*n*=48) about how they conceptualize and apply the notion of social justice in teaching research. The study reported that most of these social work educators did not have a theoretical underpinning about the notion of social justice. Social justice content did appear mostly when ethics concerning harm are discussed in conducting research with vulnerable and marginalized populations. Innovative approaches that address social justice content were rarely found; whereas audio and visual materials were used by some, most participants used normative techniques, such as lecture and group discussion, in teaching social justice content.

Clinical social work practice and social justice

Although in general social justice is not sufficiently integrated into social work education (Austin et al., 2014; Vincent, 2012), clinical social work is especially criticized for this problem. In the 1990s two seminal books problematized the profession of clinical social work. Specht and Courtney (1994) claimed that many social workers are unfaithful angels who have abandoned the original commitment to the poor and social justice by entering clinical practice. For them, clinical practice is not congruent with social work's social justice project, and they called on social workers to return to community organization and social reform. Margolin (1997) published a critical analysis of client records to argue that social workers invade the lives of poor and other marginalized clients; they judge and keep them under surveillance under the cover of kindness, as he termed it. Margolin showed that clinical social workers replicate and reinforce the power structures and dynamics in the name of help, and in doing so, their professional roles and tasks become further legitimized. This criticism of clinical social work has further heightened the tension between micro and macro social work and between addressing clients' immediate needs and seeking social change (Bransford, 2011; O'Brien, 2010; Shdaimah & McCoyd, 2012).

Proponents of clinical social work have since explored ways to return to the social justice mission of the profession. Swenson (1998) wrote about approaching clinical practice from a social justice perspective and coined the term *clinical social justice practice* and defined it as including a:

> profound appreciation for a client's strengths, contexts, and resources. Experiences of race, gender, class, religion, sexual orientation, and ability, because these shape clients' worlds and meaning-making, are seen as central … we engage in thorough analyses of professional and organizational power and actively work to increase client power… . We engage in the work of exploring our own experiences of oppression, and of privilege and power… . We assess clients' "relative deprivation" and "minimally acceptable levels of resources" in the economic, political, physical, social, spiritual, and psychological domains. (p. 534)

Although clinical social work has been traditionally grounded in the theoretical framework of person-in-environment, proponents of social justice–oriented clinical practice have suggested that person-in-environment has failed to sufficiently address power differences or critically address the notion of power (Finn & Jacobson, 2003). In a growing body of literature, especially from Canada, the United Kingdom, and Australia, critical social theories are used to critique and redefine social work practice (Baines, 2011; Dominelli, 2002; Fook, 2012; Healy, 2000). These theoretical frameworks are often called anti-oppressive practice, anti-racist, feminist, or a postmodern approach, among others (Baines, 2011; Campbell, 2003). Although critical social theories that emerged to unsettle the enlightenment movement and to interrogate the ways hegemony obscures inequality (Agger, 2006) are a natural fit for macro practice (Sakamoto & Pitner, 2005), there is a growing interest in integrating these theories into clinical practice. A review of the literature that addresses clinical social work and social justice (Maschi et al., 2011) shows there are a few common strategies that integrate social justice in clinical practice. These areas include the clinician's use of reflection (e.g., on power, privilege and oppression); the transparent use of ethics and values (e.g., client's right to self-determination); assessment and intervention, which emphasize the social, cultural, and

political influence on the client's functioning; and macro and policy practice (e.g., advocating for policy changes). In fact, critical consciousness, defined as "the process of continuously reflecting upon and examining how our own biases, assumptions, and cultural worldviews affect the ways we perceive differences and power dynamics" (Sakamoto & Pitner, 2005, p. 441), is often proposed as a key skill set for a social justice approach to clinical practice.

Empirical research on this area is also growing. In surveying 191 social workers, including a number of clinicians in New Zealand, O'Brien (2010) identified their social justice action by searching key words, such as *equality, advocacy*, or *rights*. He suggested that most of the social justice work took place in the form of advocating for a particular client as a part of casework, whereas others used it on an agency or a policy level to a lesser extent. Morgaine (2014) used focus groups to explore how social workers (*n*=17) define and engage social justice in their work. Most of the participants defined social justice as based on individual rights, meaning that every person has the right to be treated fairly and have access to goods. Relatedly, Morgaine's participants shared their difficulties to apply their social justice ideals in their workplace because of their concerns that client work might not be sufficient to create systemic or cultural changes, and there is not enough time for agency- or policy-level work.

McLaughlin (2011) conducted a qualitative study with Canadian clinical social workers (*n*=18) about how they conceptualize and use the notion of social justice in their practice. The study illuminated three meanings of social justice: Social justice and injustice reside in social systems (e.g., health care policy), social justice is a fair and equitable allocation of resources, and social justice is the process of every person being respected and valued (transformative respect). The study suggested that clinical social workers might feel as though their daily clinical work might not have much impact on social justice if they see it as a structural or systemic issue. It was also proposed, however, that when social justice is conceptualized as a resource allocation or a relationship with historically devalued clients, clinicians can see a clearer link between their daily work and social justice. The same researcher and colleagues conducted another qualitative study on social justice and child protection work (McLaughlin, Gray, & Wilson, 2015). Using individual interviews (*n*=25) and focus groups (*n*=19 across groups), they showed that social justice is a goal and a process of social work practice. These participants conceptualized social justice as equality, fairness, and rights to aim for, and they also see it as a relational process grounded in empowerment and respect in a therapeutic relationship. One of McLaughlin's (2011) significant contributions here is her challenge of the assumption that social justice work is legitimate only when it is aimed at policy- or structural-level changes: "Micro interventions, such as assisting a woman to secure housing, appear to be seen as diminished value alongside larger social justice aims of ending poverty" (p. 180). This rather limited conceptualization of social justice in social work education might contribute to the sense of uncertainty and irrelevance among clinical social workers.

Teaching clinical social work from a social justice perspective

There is a dearth of scholarly work focused on teaching clinical social work from a social justice perspective (Asakura & Maurer, 2018). Several scholars conceptually argued the development of critical consciousness is an essential pedagogical area when teaching clinical social work from a social justice perspective (Bransford, 2011; Harrison, VanDeusen, & Way, 2016). Critical consciousness can be applied to examine how power dynamics work in a therapeutic relationship, the worker's ethical and treatment decision-making processes, and the worker's role and responsibilities in advocacy work (Harrison et al., 2016). Varghese (2016) conducted one of the few studies that empirically examined how clinical social work educators (*n*=15) address the issues of race and racism. Results of this qualitative study suggested that race was primarily conceptualized as a cultural or identity issue, not an issue of power or structural inequality. Participants subsequently placed little emphasis on discussing racism and other forms of oppression and how those might affect the client's psychosocial functioning. Her study suggests that clinical social work education continues to rely on understanding race as an issue of cultural competency

rather than associating it with power, dominance, and oppression. However, it is noteworthy that those who taught in schools that had an explicit institutional-level anti-racism commitment were better prepared to teach race and racism as an issue of power.

Method

In the current research, we conducted a qualitative study to examine how social work educators in Canada teach clinical practice from a social justice perspective. We employed an inductive qualitative design (Merriam, 2002), which consisted of individual interviews with English-speaking social work educators (*n*=12). The research question was, How do social work educators teach clinical social work practice from a social justice perspective? Although deductive approaches begin with a theory-informed hypothesis, our study sought to explore this research question and build new knowledge about the topic inductively through the subjective meanings and experiences of participants. Approval for this study was obtained from the university's research ethics board.

Data collection

Purposive sampling (Patton, 1990) was used through various electronic mailing lists and snowball sampling to recruit Canadian educators who (a) have taught clinical practice at an accredited social work program in the past academic year and (b) teach clinical social work from a social justice perspective. We recruited these educators from any rank or status (e.g., tenure track, adjunct) to capture a broad range of experiences and perspectives. We were also aware that those outside the tenure-track stream, such as adjunct faculty, are asked to teach practice courses because of their closer proximity to the field. This recruitment resulted in 12 study participants from six provinces. Two of us conducted the individual interviews. Given that we recruited participants from all over Canada, the majority of individual interviews were conducted using either Skype or the telephone. A face-to-face interview was conducted with one local participant in the participant's university office. Prior to the interview, participants signed the study consent form and filled out the demographic form. These semistructured interviews were digitally recorded and lasted from 56 minutes to 82 minutes.

Participants

Of the 12 participants of the study, 83.3% (*n*=10) identified as female and 16.7% (*n*=2) as male. Ages ranged from 35 to 67 (*M*=50.25, *SD*=10.9). Most participants (*n*=10) were White, and only two identified as people of color or as racialized. Half the participants held PhDs, and MSW was the highest degree held by the other half. Participants' teaching experience ranged from 3 to 17 years (*M*=9.4 years, *SD*=4.3) as full-time faculty (*n*=8) or adjunct faculty (*n*=4). The number of years of practice experience ranged from 8 to 40 (*M*==21.8, *SD*=8.5). Participants' practice contexts included hospitals, community mental health, addiction, children and youth services, violence against women, and child protection, These participants reported experience working with people of color, Indigenous peoples, LGBTQ+ people, immigrants and refugees, children and youths, people with disabilities, and people coping with chronic health and social conditions.

Data analysis

Individual interviews were transcribed verbatim, and any identifiable information was deleted from the transcriptions. We used rigorous coding methods developed by grounded theorists (Charmaz, 2006; Strauss & Corbin, 1998). Readers should be cautioned that this was not a grounded theory (GT) study, which is a methodology designed to develop a substantive theory based on theoretical sampling and data saturation (Charmaz, 2006). Rather, GT coding methods were used to track

emerging concepts and understand the relationships among them. GT coding methods were beneficial for this inductive analysis by allowing us to stay grounded in the participants' perspectives.

We primarily used the following GT coding methods in analyzing the data: initial and focused levels of coding and constant comparative methods (Strauss & Corbin, 1998). We began with initial coding (Charmaz, 2006), in which we labeled each line of transcriptions with a description or a name. This process resulted in a total of 30 initial codes. Next, we conducted focused coding (Charmaz, 2006) to conceptually categorize these initial codes into themes. Throughout the initial and focused coding processes, we used constant comparative methods and memo writing (Strauss & Corbin, 1998) to compare data across interviews. This allowed us to see any similarities and differences among participants' experiences and perspectives. This analytic process resulted in the three themes reported in the next section. To strengthen the trustworthiness (Marshall & Rossman, 2011) of the study results, we maintained a detailed audit trail (Marshall & Rossman, 2011) of research activities, such as interviewers' field notes, memos about coded data, and the research team's decisions-making processes regarding participant recruitment, data collection, and analysis. We also used regular team meetings as a form of debriefing and consultation to discuss any disagreements that occurred during data analysis and provide support in the coding and analytic processes as a safeguard against bias (Strauss & Corbin, 1998).

Results

Overall, educators who participated in this study agreed that the dichotomy between clinical work and social justice does exist in social work education and needs to be problematized. It is clear to these educators that social justice is not a matter of choice but rather a core value of clinical social work. Although these educators agree that clinical practice and social justice "should actually be merged together and delivered together, and there shouldn't be a separation between the two," teaching clinical social work practice from a social justice perspective is a challenging endeavor. In explaining the ways the participants teach, the following three themes emerged: (a) integrating social theories in conceptualizing clinical practice, (b) engaging in transformative pedagogy, and (c) navigating professional commitment in contemporary practice and education contexts. Participant comments are identified by the number assigned to each participant (e.g., 02).

Integrating social theories in conceptualizing clinical practice

Participating educators used social theories to conceptualize what clinical practice could look like from a social justice standpoint. Rather than applying only clinical theories (e.g., ego psychology, cognitive behavioral theory) that explain psychosocial development and changes, these educators drew on knowledge extracted from social theories that explain larger social relations and phenomena (e.g., gender, power) to inform their understanding of clinical practice. In so doing, these educators made sense of how clinical practice could be used as a potential site for social workers' commitment to social justice, as illustrated by the following:

> I bring social theories to bear on the psychological work … I want [students] to think not only about psychological experiences of the client but social and structural ones. I want them to pay attention to the client's narrative and identify how the discourses have influenced that narrative. I would want them to develop some skills around understanding, getting to truly understand the client's experience within the context of social discourses and structural conditions. (02)

Recognizing that clinical social workers often engage in work "without a compass, without a guiding map, without a philosophy, without an ideology" (01), participants emphasized the centrality of having a social justice theoretical standpoint for clinical practice. Having a theoretical lens allows clients to "know who you are and what you're coming in [with]" (01) and "analyze and evaluate what's going on" (04) for a client from a social justice lens. One educator reported that it is critical to

assist students in developing their own theoretical position by "look[ing] at their own values and … then given all the theories they've looked at, [selecting] what theories they would be interested in using in placement … in their careers and why" (05).

A number of theories designed to explain social relations, such as anti-oppressive practice, critical social work, feminist theory, critical race theory, theory of intersectionality, anti-colonial theory, and queer theory, were used as vehicles for the educators to conceptualize notions of social justice and injustice. One educator (09), for instance, identified critical theory as a theoretical lens to view "how power is implicated in our relationship [between the client and the clinician] at the individual level." Another educator (03) said "critical race, anti-colonial, and feminist" are the theoretical frameworks she drew on for clinical practice. She emphasized that these theoretical frameworks are grounded in how she views clinical practice as a woman social work educator of color. Furthermore, another educator (12) uses anti-colonial theory to challenge the White Western settler notion of clinical work and teach students that there are multiple ways of conceptualizing clinical practice:

> This whole thing where we are sitting down in this therapy room and doing this thing called counseling is [just] one way of working on healing, and there are many other ways of working on healing… . Is sitting down … going to help you heal more than going to a sweat lodge? [We need to] recognize and … explore multiple ways of healing and ones that are more culturally relevant.

Engaging in transformative pedagogies

Educators in this study reported their commitment to transformative approaches, which combine critical and constructivist pedagogy to encourage students to challenge their values and beliefs (Brookfield, 1995; Mezirow, 1990). The goal of this type of pedagogy is to help students develop a reflective knowledge base with an appreciation of multiple perspectives and a critical consciousness (Omiunota, 2009). It begins with a careful reflection on the self as having agency situated in a network of social relations and then expands to reflect on the possibilities for creating change for self and others (hooks, 2010). In this theme, we report the following three emergent subthemes: the use of self, engaging in and with conventional clinical theories, and the use of experiential pedagogy.

The use of self

Educators in this study articulated various ways they intentionally seek to use their personal and professional positionalities to teach clinical practice from a social justice perspective. This concept of the use of self appears to play an essential role. One educator (04) explained that the use of self means "understanding who we are and that we are the major tool [in working with clients]" and explained that one's "values … assumptions … prejudice … and what triggers [the clinician]" need to be uncovered in this process. Similarly, another educator also emphasized with the notion of starting with the clinician's self:

> I am always doing content on social location and power dynamics and spheres of oppression, marginalization, and privilege and … teaching students about the kind of work that they need to do within themselves to recognize those things and examine their own biases and values that they're operating out of and how social location impacts the work that they do as a social worker (12).

Although these educators generally touched on the importance of addressing "color, ability, religion, race, and all of the things that influence our social interaction" (01) in the use of self, strikingly few educators spoke explicitly about their own positionalities as White educators. Only one educator (11) discussed the role of whiteness rather explicitly:

> We must be careful about how we speak about those who have different experiences than our own… . It certainly poses challenges when you are a white person standing in front of the room. The challenge [for a White educator] is how does one invite voice, invite contribution, in a respectful manner that doesn't ask [students of color] to represent their entire race.

On the other hand, for the participant who self-identified as a woman of color (03), her race and gender played explicit roles in her teaching:

> I say to students, right from the beginning, that this is my positionality. This is the way that I have entered the world … because of my lived experience [as a woman of color]. So my lens on the practice work as well as our conversations in the classroom will be coming from that positionality.

The educators' use of self in clinical practice, such as the lessons they learned, struggles they experienced, and the times they were uncertain of what to do, can model for students and their future work with clients. As the following educator indicates, working with clients from a social justice perspective is a difficult task that demands not only relevant knowledge but also courage and vulnerabilities from the clinician. In this example, the importance of the clinician's ability to balance the knowing and not knowing is being modeled by the educator: "I try very hard to model humility … that I don't know everything. I still don't know everything. I will never know everything, but that is ok. That is how I get to keep learning" (02).

Engaging in and with conventional clinical practice

Although essential elements of clinical practice, such as assessment, diagnosis, and evidence-based treatment, were often covered in these educators' teaching, they demonstrated their commitment to bringing critical perspectives in teaching them. They problematized these elements of clinical practice historically grounded in psychiatry and psychology by pointing out how the clinicians might engage in power-over working relationships with their clients. In discussing assessment, for instance, one participant (11) shared the following: "Assessment is a really a key area where oppression can be replicated and where the power dynamics can really play out. So, I pay a lot of attention to teaching students about how that happens." Another participant (12) further discussed the danger of assessment: "We talk about how the power [is] involved in creating an assessment … you are imposing a narrative about the [client's] life … and the [client] might be affected by your own sense of privilege and own worldviews." Others also stressed that assessment must explicitly address the issues that go beyond the biological, intra- and interpersonal elements of human development as an alternative to the conventional medical model: "I try to integrate the historical perspectives, the poverty and socioeconomic perspectives so that they understand mental health from a structural perspective and not just from a biological and a psychological perspective" (08); this participant encourages students to ask, "Is this person at risk for any type of discrimination or oppression?" (07).

Although social theory was used to guide the educators to make the links between clinical practice and social justice, these educators also recognized that students must become familiar with clinical theories widely used in field, such as psychodynamic theory and cognitive behavioral theory. Much of their teaching involved assisting the students in developing knowledge and skills to work with clients. In addition to teaching how students might use these theories, which are focused largely on psychosocial development, these educators also worked with students in critically examining these theories from a social justice perspective. As illustrated in the following comment from participant (06), these educators critique each clinical theory from the perspectives of historically and structurally rooted power and privilege and emphasize the results of marginalizing and excluding other perspectives about human development:

> [We] look at the history of how that particular approach [cognitive behavioral therapy] was developed and the context in which it was developed and why it may have developed and what kinds of knowledge might be marginalized or eclipsed by the development of that particular theory or the employment of that particular theory.

To augment the limitations and problematics associated with clinical theories, these educators also assigned articles written from the perspectives of clinicians of color and of other marginalized

positionalities. In so doing, the educators assist students in uncovering the Eurocentric founding of the conventional clinical practice.

The use of experiential teaching methods

Educators in this study approached teaching clinical practice from a social justice perspective by using experiential teaching methods. Although they certainly used traditional teaching methods, such as discussion of assigned readings, linking conceptual ideas of social justice to actual clinical practice appeared to be done effectively when they used experiential methods. Experiential learning is the application of theory to real-world experiences and can happen in the classroom or the community (Dewey, 1928; Kolb, 1984; Kolb & Kolb, 2013). It requires students to simultaneously engage in the experiential activity while also reflecting on their learning and how skills obtained through their studies can be applied (Kolb, 1984). Experiential education opportunities make learning tangible by facilitating the connections between new concepts and experiences with existing ones and tends to create a more memorable learning experience because they build strong relationships between feelings and thinking processes (Kolb, 1984). These teaching methods included live simulation using trained actors, peer-to-peer role plays, case studies, group work, theater, debates, practice interviews, practice assessments, storytelling and use of metaphors, and digital media. The use of experiential teaching methods appears to be particularly effective when the educators want students to find their own answers to the challenges of engaging clients from a social justice perspective:

> There is a liner model of mental health [called] the biomedical model… . [Students] want the quick fix because technology has given us the feeling that we can get a quick fix. It's not a quick fix. It's a process. It's a voyage. It's ongoing. Empowerment isn't a state, it's a process." (8)

These experiential teaching strategies seem to achieve two major goals: helping students to sit with the discomfort, and recognizing that some problems are without easily definable solutions. For instance, when using simulation, students who experience discomfort in having to address "sexual orientation … [or] anything around diversity and social justice issues … [simulation] helps students become more comfortable with the discomfort of the work and understand where some of that discomfort might be coming from" (01). Additionally, rather than giving them the answers (i.e., "This is how you should address social justice in clinical practice"), these educators often posed open-ended questions to students. By asking questions such as,

> What is required of you [as a clinician] and what are you asking of [the client]? And what does that mean for you in terms of ethical obligation to the client and how do you enact ethically your role as someone who has been asked to help?" (02)

in addition to "What can you do? What cannot you do? What can you do at what cost?" (11), these educators engaged students in developing and using critical and reflective capacity to problematize and reconceptualize clinical practice.

Navigating professional commitment in contemporary practice and education contexts

Educators experienced tensions and challenges in their teaching of clinical practice from a social justice perspective because of risk-averse, neoliberal climates. Although many Canadian schools of social work make explicit their institutional commitment to bringing a social justice perspective in their teaching (e.g., critical schools, anti-oppressive practice schools), many social service and health care organizations do not necessarily appreciate the critical perspectives that students learn in the classroom about clinical practice and sometimes prefer to hire students who graduated from schools that do not have an institutional commitment to social justice perspectives (i.e., generalist schools). This is pointed out by the following participant (04): "What employers expect [students] to have is the traditional [clinical practice] … to make them 'job ready.'" Funding cuts from the state were also

mentioned as a key factor that makes it difficult for the clinicians to engage in meaningful, theoretically informed clinical practice with clients with social justice perspectives in mind: "The structure of the work of the social worker is really limited to very, very short term clinical intervention" (09), making the short-term, manualized therapy model more attractive for agencies.

It appears that educators' academic institution and its theoretical position also play a role in the extent to which they can engage in teaching clinical practice from a social justice perspective. In general, those who teach in generalist schools reported not having support from the schools or colleagues. Some even reported being disciplined for including "too much social justice content" (12) in their clinical teaching. On the other hand, those who teach in critical or anti-oppressive practice schools of social work did not report such a concern.

Discussion and implications

This study found the following three ways social work educators teach clinical practice from a social justice perspective: integrating critical social theories in conceptualizing clinical practice, engaging in transformative pedagogy, and navigating professional commitments in contemporary practice and education contexts. Rather than using clinical theories alone, these educators intentionally applied critical social theories to inform their understanding of clinical practice. Using a transformative pedagogy, which included an emphasis on the use of self, critically engaging in and with conventional clinical theories, and using experiential teaching methods, these educators sought to assist students in developing a reflective knowledge base with an appreciation for multiple perspectives and critical consciousness. Finally, these educators raised cautions regarding the tensions and challenges associated with today's risk-averse, neoliberal education and practice climates (e.g., lack of institutional support for social justice commitment).

Results of this study corroborate the instrumental role of critical social theories when practice is approached from a social justice perspective (Baines, 2011; Finn, 2016; Fook, 2012). Although we are anecdotally aware that practice teaching in (generalist) schools of social work usually does not involve the explicit use of critical social theories, our study suggests that these theories can help the educators to go beyond cultural competence and conceptualize social injustice as an issue related to power and larger social relations. Our study specifically demonstrated that the educator's use of critical social theory can assist students in interrogating therapeutic relationships and the associated power and power dynamics inherent in clinical practice. For instance, educators might consider using a case scenario with a complex therapeutic relationship and explaining it from the perspective of power and social relations using a critical social theory (e.g., intersectionality, critical race theory).

Contrary to past research results indicating that educators rarely engage in innovative methods to teach social justice in the classroom (Vincent, 2012), our study results showed a clearer link between social justice–oriented teaching and transformative pedagogy (Brookfield, 1995; Mezirow, 1990). Our results support the argument made by critical education scholars, such as hooks (1994), that meaningful, transformative learning must involve active engagement from the educators and the learners. Perhaps because of the varied definitions of social justice, our results suggest that educators intentionally use less conventional teaching methods to assist students in making sense of what social justice looks like when sitting with clients. Specifically, our study contributes an argument that educators should model the use of self in the classroom for students so that students can draw a parallel process for their work with clients. For instance, although only one participant explicitly discussed whiteness in the context of the use of self, past literature on cross-cultural practice stresses that the discourse of whiteness remains dominant and rendered invisible when White clinicians work with clients of color (Lee & Bhuyan, 2013). Modeling the use of self in the classroom means, for instance, that White educators might critically elicit their own positionalities (e.g., What does it mean to be a White clinician to practice in a predominantly racialized neighborhood?) in discussing their clinical work with clients. This might allow the educators to assist students, especially those from the dominant social groups, in interrogating their own standpoints and approaches to working with marginalized clients. Our study also illustrated that educators might

critically appraise conventional practice theories and their Eurocentric theoretical origins. Similar to Finn's (2016) work on social justice–oriented teaching, our participants involved students in learning multiple perspectives about psychosocial development and treatment, beyond the conventional, Eurocentric underpinning. Educators, for instance, might consider posing an open-ended question in class, so that students can critically explore how particular clinical theories or practice models might or might not work with clients from marginalized communities. Finally, it is noteworthy that our results showed the importance of active learning opportunities in which students can experientially learn and reflect on the often uncomfortable, uncertain, and unpredictable nature of clinical practice when taking social injustice and its impacts on the client well-being into account. The use of experiential teaching methods, such as simulation, appears to play an essential role in advancing clinical social work education.

Furthermore, results of this study confirmed Morgaine's (2014) work on social workers and Varghese's (2016) on social work educators that social justice–oriented work is particularly challenging when institutions do not provide educators with adequate support for this commitment. Our study results upholds a need for further institutional-level support in advancing our commitment to social justice in clinical social work education. Nonetheless, students often enter practice in an agency context where funder and interprofessional and organizational issues are prioritized over social justice concerns. To prepare students to stay committed to social justice and better navigate neoliberal practice climates, educators might, for instance, consider including a detailed description of the agency's context and larger political contexts (e.g., lack of funding) when using a clinical case study. This might allow students to proactively develop strategies to engage in clinical practice from a social justice perspective in an institutional context.

Finally, much of the previous literature (e.g., Morgaine, 2014; O'Brien, 2010) indicated that social workers often feel as though they were not doing enough social justice work when they conceptualized social justice as policy- or institutional-level changes. In contrast, participants in this study appear to view social justice much more flexibly in the context of clinical practice and corroborate Fook's (2012) postmodern critique of social work practice, which questions whether power exists only on a structural level, and the only worthy social change is total change that happens on a macro level (e.g., organizational or policy change). They are deploying what Hugman (2003) refers to as "critical postmodernism" (p. 1035),integrating understandings about diversity and fluidity with an ethical lens that goes beyond the individual, attending to context, structures, and history (Weinberg, 2016). Our results indicate that changes might occur on a much smaller scale (than total change) but are nonetheless noteworthy when social justice is sought in a clinical practice context. These participants' teaching in fact shows subtle but important ways to work towards social justice as they model how future clinicians might use their personal, cultural, and relational power (i.e., power is not only structural) to challenge or resist the hegemony of whiteness and other Eurocentric values inherent in clinical practice.

Limitations

The study has several notable limitations. Results of the study only reflect the perspectives of a small number of Canadian social work educators. Although the 12 participants were recruited from electronic mailing lists sent to a total of 42 schools by the Canadian Association of Social Work Education (n.d.), results of this English-language-based study likely reflect the perspectives of Anglophone Canadian social work education (only 21 schools offer MSW programs in English) and certainly exclude the experiences of those in Francophone Canada and those who work closely with students as field educators. Although generalization is not the goal of qualitative research per se, transferability of the findings in this study to social work education in other educational or practice contexts should be done rather cautiously. Additional, similar comparison studies (e.g., in the United States, Francophone Canada, experiences of field educators, Indigenous and racialized educators) are necessary to address this limitation. Sampling biases of this study should be noted. Recruitment of the participants was based on their self-claims that they teach clinical practice from a social justice perspective. Readers should be

cautioned that this sampling method might have excluded those who might meet the study criteria but not see their own focus on teaching social justice. Similarly, the lack of racial, cultural, and gender diversities should be recognized in the context of this study sample consisting predominantly of White cisgender women. Although we made concerted efforts to recruit Indigenous and racialized educators, only two racialized educators participated in this study. This might corroborate other scholars' assertion that clinical social work is a profession embedded in whiteness (Lee & Bhuyan, 2013) and reflect our observation that clinical practice is taught predominantly by White educators. Perspectives that counter whiteness, such as those of Indigenous and racialized educators, are essential for future research that seeks to advance clinical social work education.

Conclusion

This study adds to the growing body of literature that addresses clinical social work and social justice through a focus on teaching. This article specifies ways social justice principles can be incorporated into teaching clinical practice. Addressing social injustices and dismantling inequalities is a mandate for all social workers (Marsh, 2005), including those who provide clinical services (McLaughlin, 2011). This commitment must begin in the classroom, where social work educators have the opportunity to play an instrumental role in promoting justice-oriented practice with the next generation of clinical social workers.

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