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Transformation in Action: Approaches to Incorporating Race and Racism into Social Work Practice and Curriculum

A Dissertation Presented

by

RANI VARGHESE

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

May 2013

School of Education

Student Development

Social Justice Education

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Transformation in Action: Approaches to Incorporating Race and Racism into Social Work Practice and Curriculum

A Dissertation Presented

By

RANI VARGHESE

Approved as to style and content by:

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School of Education

DEDICATION

To my parents, Atukathil G. Varghese & Annamma Varghese. You left your homes, families, and lives in India to come to the United States to give your children a better life. Your sacrifices have not gone unnoticed. This accomplishment reflects your commitment to instilling the values of faith, service, and social justice.

I love you, Chachen and Mom!

.

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To the universe and all that you've given me. Thank you for bringing so much love, light, and happiness into my life!

ABSTRACT

TRANSFORMATION IN ACTION: APPROACHES TO INCORPORATING RACE AND RACISM INTO CLINCIAL SOCIAL WORK PRACTICE & CURRICULUM

MAY 2013

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Key leaders within the social work field have repeatedly challenged social work educators to address issues of race and racism, in addition to other forms of identity and oppression, in social work education and practice. Little is known, however, about if and how these issues are being addressed by social work faculty teaching advanced clinical practice courses. This qualitative study examines the manner and extent to which 15 social work faculty, all of whom teach advanced clinical practice courses in one of four graduate social work programs on the East Coast of the United States, conceptualize and address issues of race and racism in their teaching of clinical social work. Analysis of the 15 interviews suggests that most participants view race primarily as an individual ethnic or cultural identity and racism as a largely micro level phenomenon that is the result of racial prejudice. Few participants appeared to understand race as a social identity situated within structures of power and privilege or how racism operates at a structural or institutional level. For example, in discussing a case vignette provided by the researcher, they focused on symptomatology, diagnosis, and assessment rather than the possible implications and effects of race and racism on a client of color. Overall, participants in this study appeared to lack conceptual, historical, and sociological knowledge about race

and racism. While participants in this study view themselves as committed to addressing issues of diversity and social justice, they also acknowledge their struggle to enact this commitment in the classroom. The findings from this study suggest that additional faculty development opportunities and institutional support will be needed before clinical social work educators are likely to meet the challenge to effectively address issues of race and racism as well as other issues of identity and oppression in the classroom.

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CHAPTER 1

INTRODUCTION

Statement of the Problem

In 2005, over 400 social work leaders representing four national social work organizations, the National Association of Social Workers, the Association of Baccalaureate Social Work Program Directors, the Council on Social Work Education, and the National Association of Deans and Directors came together for the first ever Social Work Congress. The purpose of the meeting was to bring together key constituents to identify imperatives that would guide the profession of social work over the next decade. These practitioners, faculty and administrators adopted 12 imperatives, 3 of which specifically outlined the need to address race and racism in social work education and social work practice (Craig de Silva et al., 2007). The profession needs to:

- Address the impact of racism, other forms of oppression, social injustice, and other human rights violations through social work education and practice
- Continuously acknowledge, recognize, confront and address pervasive racism within the social work practice at the individual, agency, and institutional levels.
- Promote culturally competent social work interventions and research methodologies in the areas of social justice, well-being, and cost-benefit outcomes (Clark et al., 2006, p. 4).

Furthermore, specific strategies were developed for achieving these social work imperatives. The action plan included educating social work students about issues of race and racism, in particular institutional racism, advancing anti-oppressive practice and social justice, and developing curricula that supports culturally competent practice (Clark, et al., 2006). As the 10-year mark for accomplishing these imperatives is rapidly approaching, it is critical to examine how these strategies are put into practice,

particularly within educational contexts. In addition, it is important to examine what the challenges are for addressing race and racism in social work education.

Teaching in higher education, at the base level, requires proficiency in knowledge and pedagogy, including "timing, creativity, commitment and organizational skill" (Van Soest & Garcia, 2003, p. 3). In social work education, given that the core values of social work are social justice, advocacy, and self-determinism, social work educators face the additional challenge of helping social work students understand societal oppression, such as racism, and preparing them to translate their understanding into practice (Van Soest & Garcia, 2003). The challenges for social work educators in the 21st century include: preparing social work students to work with diverse populations, managing classroom dynamics and bridging students' classroom learning and their practice in the field, and acknowledging social work's relationship to race and collusion with racism (East & Chambers, 2007).

Teaching and learning in a helping profession, such as the field of social work education, require careful planning and delivery. Therefore, social work faculty members experience the challenges of balancing excellence in teaching while maintaining a focus on issues of race and racism. Social work practice courses are core locations in which students learn the knowledge and develop the skills to work with individuals, families, groups, organizations, and communities (Schriver, 2004). This task includes preparing practitioners to actively learn to engage and develop working relationships with clients, identify problems or needs as well as resources or assets in a timely and culturally sensitive manner. Practice courses are laboratories where students simulate the practice of social work. They learn to define their roles as clinicians, help clients become aware of

various maladaptive intrapsychic, interpersonal, and social patterns, and learn to build a relationship or alliance with the client. They also learn to apply various theories, such as psychodynamic theory, empowerment theory, cognitive-behavioral theory, ecological-strengths theory, or feminist theory, to clinical practice.

Bertha Capen Reynolds describes teaching and learning social work practice as "intimately related, each influencing the other with much movement back and forth between stages" (cited in Hendricks, 2003, p. 74). In practice courses, educators have the challenge of not only preparing student practitioners to work with clients but also helping them understand that a client's complex bio-psychosocial functioning includes a complex mixture of privileged and marginalized social identities. Furthermore, effective teaching of student practitioners also means situating clients' concerns within a larger sociopolitical and historical context.

Given the challenge to include issues of race and racism in teaching social work practice, this proposed qualitative study attempts to explore how social work faculty (in particular clinical social work faculty) conceptualize, understand, and incorporate issues of race and racism in their teaching of practice. Clinical social work, a practice specialization, has been under a lot of scrutiny within the overall field of social work. The field's alignment with psychotherapy has been characterized as a desertion of social work's social justice mission. In addition, it has been described as utilizing a medical, pathology-based model of treatment (Maschi, Baer, & Turner, 2011). This research attempts to address these criticisms and situate the field within its contemporary context. Furthermore, it examines the ways the field of clinical social work has responded to the mandates by the Social Work Congress related to issues of race and racism.

Background and Purpose of Study

Race and racism, one of many manifestations of social oppression and injustice, has had clear impact on the field of social work. The field of social work has had a long-standing relationship to addressing (or not addressing) issues of race and racism. Throughout the early- and mid-20th century, while social sciences were developing theories, constructs, and empirical research about race and racism, the mental health field was concurrently being developed. The relationship between issues of race and racism and the mental health field became gradually and increasingly connected. Social workers and other mental health workers used psychological theories, concepts, and techniques to collude with, aid, or support the efforts of the White elite to pathologize and consequentially marginalize, the experiences of communities of color. One of the most egregious examples of this was the active involvement of social workers with the internment of Japanese Americans during World War II (Park, 2008). Other oppressive tools used by practitioners to prove that Whites were superior to other racial and ethnic groups and to force these marginalized groups to conform to dominant standards were intelligence tests, psychoanalytic theories of personality, and behavior modification techniques and approaches. One example of misuse of clinical tools is noted by Sue and Sue (2013) who state, "Terman (1916), a psychologist, using the Binet scales in testing Black, Mexican American and Spanish Indian families, concluded that they were uneducable" (p. 72). In addition, behavior modification approaches or techniques were later used to misdiagnose and over-diagnose children of color with a variety of psychological disorders, such as *hyperkinetic impulse disorder*, which would be later called *attention deficit disorder* (Mayes & Raflovich, 2007; Ramirez, 1999).

Within social work education, issues of race and racism have historically been conceptualized through the lens of assimilation and the practice of segregation. The roots of social work education can be traced back to the adaptation of White ethnic immigrants to US society by social workers. In 1889, part of the mission of the first school of social work, now Columbia University School of Social Work, was to play a role in the assimilation of European immigrants, and thus, it offered many courses on immigration. Furthermore, respected pioneers in the field of social work education exhibited racial and ethnic bias in their scholarship. For example, in 1922 the first Dean of Columbia University, Edward Thomas Devine, characterized in his writings that African Americans were foolish and childlike. These examples reflect the racist ideologies and philosophies central to social work education at that time (Schlesinger, 2004).

With the emergence of the Civil Rights Movement in the 1950s and 1960s, many of these oppressive practices were questioned and challenged by social workers and educators, and social workers became more accountable to their clients. They began to evaluate their methods of practice and to counteract oppressive practices with inclusive practices. For example, social workers "moved from expecting the culturally different client to acclimate to the pre-dominant Euro-American culture to accepting responsibility for providing culturally sensitive and relevant interventions" (Dungee-Anderson & Beckett, 1995, p. 459). Forty years later, the field of social work is still working on addressing these issues in the training of social work practitioners and continues to struggle to overcome its legacy of supporting cultural and racial assimilation during the late 19th and early 20th century (Schlesinger, 2004).

Today, many clients of color still do not have equal access to mental health

services. Because people of color have lower rates of insurance coverage, they have limited choices selecting mental health providers. In addition, there is a lower quality of services provided in outpatient mental health centers located in poor communities of color. Finally, many times clients interact with culturally insensitive counseling facilities and experience racism in the clinical encounter (Miller & Garran, 2008).

Within social work education, the need to address issues of race and racism is often reflected in specific accreditation standards, curriculum, and student recruitment for example, mandating social work schools to include material about people of color. Despite the huge strides made by the field, there is still an "illusion of inclusion" (Smith & Roberts, 2007, p. 121). For example, content related to issues of race and racism is usually relegated to one course and not integrated into the overall curriculum. Furthermore, the experiences of students and faculty of color, the "outsiders-within," are still subject to marginalization, discrimination, negative labeling, and low expectations (Allen et al., 2002; Daniel, 2002).

Race and racism has clearly had a significant influence on the field of social work and social work education. First, the practices of social work have been rooted in the marginalization of communities of color. Secondly, social work education was shaped by its historical involvement in the assimilation of immigrants. Thirdly, while racism violates the ethics of social work as a field of study and as a body of practice, clients of color still experience racism at the hands of their clinician. Finally, while schools of social work have recruited diverse faculty and students, they have not included content about race and racism, and they have not integrated them into the institution

Given these challenges, the purpose of this study is to examine how clinical social work faculty are integrating issues of race and racism in their teaching of clinical social work practice. Clinical social work practice courses are one of the sites where students not only get to think about issues of race and racism but also about the ways issues of race and racism impact educational contexts, clinical concepts and theories, and client engagement and interactions. This study seeks to understand how clinical social work faculty are thinking about issues of race and racism. Furthermore, it explores their attempts to incorporate into the curriculum and their teaching.

Significance of Study

This research is important because it links what is happening "on the ground" in social work classrooms to what is happening within the larger professional field and to broader issues of policy, practice, and teaching. Social work courses are set up to socialize student practitioners to the field of clinical social work and, in particular, to expose them to issues of race and racism in practice. The ways in which issues of race and racism are both introduced and integrated are shaped by the policies of the National Association of Social Work (NASW) and the Council for Social Work Education (CSWE). NASW and CSWE, two governing agencies, set the standards for professional social work practice and education. While both organizations have explicit language in their policies that pertain to issues of social justice and oppression, how that translates into practice, in both curriculum and pedagogy, may differ across institutions. This study examines how clinical social work faculty are interpreting these mandates and putting

them into practice. In this next section, I briefly explore the histories of both organizations and their specific policies related to race and racism.

The National Association of Social Work, established in 1955, and the Council for Social Work, founded in 1952, set standards for social work as professional field and as a field of educational study and have had a strong influence on the promotion of social justice in policy, practice, education, and research. The NASW, the largest social work membership organization, was established by consolidating seven organizations, American Association of Social Workers, American Association of Psychiatric Social Workers, American Association of Group Social Workers, Association for the Study of Community Organization, American Association of Medical Social Workers, National Association of School Social Workers, and the Social Work Research Group. The NASW Code of Ethics, a guide to sustain professional conduct of social workers, revised its statement in 1996, highlighting that "the primary mission of the social work profession is to enhance human well-being and help meet the basic needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living poverty" (para. 1). Furthermore, the field of social work is grounded in core values, such as service, social justice, dignity, and worth of the person, importance of human relationships, integrity, and competence (NASW, 1996). Thus, "the field of social work has a historical commitment to the provision of professionally competent service that is grounded in respect for the worth and dignity of the client, right to self-determination and the promotion of social justice" (Simpson, Williams, & Segall, 2007, p. 6). In addition, given that social workers are bound by a code of ethics in their practice and accreditation

standards in their teaching and training, practitioners and educators need to have the skills to deal with issues of race and racism in their teaching and practice.

Another governing board that influences and shapes social work curriculum, particularly social work schools' efforts to incorporate race and racism is the Council for Social Work Education. CSWE is an organization that works to maintain the quality and integrity of undergraduate and graduate social work programs. CSWE first mandated the inclusion of people of color into curricula and implemented cultural diversity standards in 1970. In 1982, CSWE revised its curriculum policies requiring that "content related to oppression and to the experiences, needs and responses of people who have been subjected to institutionalized forms of oppression" (Standard 7.2, CSWE, 1982) be included in curriculum. In 1992, CSWE mandated that social work schools train social workers in how to provide services to the poor and other oppressed populations and to work to alleviate poverty, oppression, and discrimination. The CSWE took further steps by "mandating that the content on social and economic justice be a central component of the social work curriculum" (Longres & Scanlon, 2001, p. 447).

Such mandates by the NASW and CSWE have been important to social work education and the field of social work, but unfortunately the ways in which these mandates have been translated by programs, practitioners, and professors are inconsistent and often unclear. This study examines the concrete ways that clinical social work faculty integrate issues of race and racism into practice courses.

The study is also important, given that the United States has become rapidly and increasingly racially and ethnically diverse. From 2000 to the 2010, U.S. Census reports that the percentage of Blacks increased from 12.3 to 12.6, Asians from 3.6 to 4.8, and the

percentage of Latinos or Hispanics from 12.5 to 16.3, while the percentage of Whites decreased from 75.1 to 72.4, and American Indian and Alaska Natives stayed the same at 0.9 (Humes, Jones, & Ramirez, 2011). According to the 2008 U.S. Census, it is expected that by 2050, Blacks, Asians, Latinos/Hispanics, and Alaska Natives/American Indians will make up the majority of the US population. These groups will comprise 54% of the total population while Whites will comprise only 46% of the total population. This demographic shift is also reflected in social work settings. Social workers are interacting with a range of different clients. A report by the NASW Center for Workforce Studies observed that 83% of social workers have African American clients, 75% have Latino clients, and 49% have Asian/Pacific Island clients (Schilling, Morrish, & Liu, 2008).

Although there have been significant shifts in racial or ethnic identities of clients being served, Stoesen (2005) argues that the field of social work is not attracting enough social workers of color to keep up with this population trend. From 1974 to 2000, numbers of students of color had grown to represent almost 30% of BSW graduates, 26% of MSW graduates, and 19% of Ph.D. graduates (Schilling et al., 2008). While there have been an increasing number of students of color entering the field of social work, the majority of social work students still identify as White. It is critical that social workers are trained to deal with issues of race and racism in their practice and to work both intra-racially and inter-racially given the demographic shifts in the United States and within social work settings.

By undertaking this study, I hope to contribute to the field of social work education, particularly in the area of teaching clinical social work practice. Clinical social work practice, a specialization within social work, involves working with individuals,

families, organizations, and communities (Kirst-Ashman, & Hull, 2001). In practice courses, students learn to engage and develop working relationships with their clients, collect and assess client information, and plan for service delivery (Shriver, 2004). Social work educators are responsible for preparing student-practitioners to examine their own racial attitudes and behaviors and to address the impact of individual and structural racism within the context of their work with clients.

While in the last 20 years, issues of race and racism have been the focus of social science research, there are limited studies that examine or identify how clinical social work faculty integrate issues of race and racism in their teaching of clinical practice. I plan to utilize what I learn from this study to contribute to the scholarship of teaching and learning in clinical social work and to enhance my own teaching.

Research Questions

Research questions guide the inquiry process. The overarching research question of this study is: How do clinical social work faculty conceptualize and incorporate issues of race and racism in the teaching of clinical social work practice? This study will examine the ways that social work faculty teaching clinical social work practice address race and racism through the course curriculum and classroom instruction, that is, how they deliver course content. Throughout this study, the terms race and racism will be used extensively. For the purposes of this study, race is defined as "a social construct that artificially divides people into distinct groups" (Wijeyesinghe, Griffin, & Love, 1997, p. 88). Race has been used historically to justify the sociopolitical dominance by those racialized as White over those racialized as non-White (Bell, Castañeda, & Zúñiga, 2010;

Omi & Winant, 1994). Racism is defined as a system that affords individual, cultural, and institutional advantages or disadvantages based on racial group membership. In the United States, racism has created advantages for those "legally defined and socially constructed as White" and disadvantages for those "legally defined and constructed as Non-White" (Bell et al., 2010, p. 60). These abbreviated definitions will be referred to and expanded substantively in both the literature review and discussion.

In addition to the overarching research question, the following sub-questions helped shaped the research design. The first sub-question is: How do faculty conceptualizes clinical social work? As part of that, it is important to understand embedded assumptions and guiding conceptual frameworks: (a) What are the core assumptions or principles guiding clinical social? and (b) What are the theories and frameworks guiding clinical social work?

The second sub-question is: How do faculty conceptualizes teaching and learning in clinical social work? Examining underlying theories and frameworks guiding the practice of teaching is crucial here: (a) What theories guide their understanding of teaching and learning in clinical social work practice? (b) What are their approaches to teaching clinical social work practice? and (c) What clinical skills are fundamental to clinical social work practice?

The third sub-question is: How does clinical social work faculty integrate and incorporate issues of race and racism? I use the following questions to explore participants understanding of race and racism in teaching social work practice: (a) How do they understand race and racism? (b) What theories or conceptual frameworks inform their teaching of race and racism? and (c) How do faculty bridge the teaching of clinical

social work practice with issues of race and racism? The overarching research question and sub-questions guided and shaped the review of the literature, the methodology, organization of findings, and discussion.

My Interest

My interest in this research topic grew out of my work as a clinical social worker, my doctoral studies in Social Justice Education and Advanced Feminist Studies, and my knowledge as an instructor in the fields of Social Justice Education, Clinical Social Work, and Women, Gender, and Sexuality Studies. My academic and professional experiences have solidified the relationship and the value of training in these three fields. I am interested in exploring the connections among these fields and identifying the ways in which the fields could inform one another as they relate to conceptualizing and incorporating issues of race and racism.

As a clinical social worker who believes that the profession should be synonymous with promoting social justice, I value my own experiences as an MSW student taking clinical social work practice courses that integrate race and racism. I believe that it enhances my own practice with clients, and I am able to examine my own biases and make links among racism and the issues that clients presented in therapy. My educational experiences in social justice education and advanced feminist studies have clearly broadened my thinking or understanding of clinical issues as well as issues of race and racism. Within my own clinical work, I utilize social justice education by not individualizing clients' concerns but rather by placing their concerns within a larger context. The psycho-education that I now provide my clients includes an exploration of

issues of oppression, such as racism, sexism, and classism and their manifestations at the micro, meso, and macro levels[1]. Given that most of my clinical practice has centered on gender-based violence[2], I now utilize both a multi-level (micro, meso, and macro level) of analysis and an intersectional analysis[3] of violence in providing the highest quality of care (Crenshaw, 1993; Kirk & Okazawa-Rey, 2007).

I also teach a theory course centered on racism and its implications for clinical practice at a school for clinical social work. My scholarly work in social justice education and advanced feminist studies provides a critical, interdisciplinary, and theoretical framework for examining issues of privilege, power, and difference. This lens informs and guides my pedagogy and curriculum development as a social work educator. For instance, I teach race and racism using a critical intersectional analysis, highlighting the ways in which race and racism intersect with class and classism, gender and sexism, and sexual orientation and heterosexism (Weber, 2004). My training in social justice education encourages me to become intentional about what I teach and how I teach race and racism to future social work practitioners. Through my continued interaction with social work faculty and my process of planning and teaching this course, I have become interested in finding how other faculty and schools of social work teach about race and racism. In particular, as a clinical social worker, I want to understand how clinical social

[1] Micro refers to a personal or individual level of analysis; meso refers to a community or neighborhood level of analysis; and macro refers to a national level of analysis. To understand peoples' experience or the complexity of an issue, it is important to explore all levels of analysis and their interconnectedness (Kirk & Okazawa-Rey, 2007).

[2] Gender-based violence refers to interpersonal violence, such as battering, rape, child sexual abuse, stalking, and sexual harassment that occurs in homes, schools, and workplaces where women, in large part, are the victims. Gender-based violence results in the physical, sexual, and psychological harm or suffering (Kirk & Okazawa-Rey, 2007, p. 249).

[3] Having an intersectional analysis means exploring the ways in which race, class, gender, ability, and sexuality intersect, shaping structural and political aspects of various issues, including violence against women (Crenshaw, 1993).

work faculty who teach practice courses integrate race and racism in the teaching of practice.

Similarly, my training in clinical social work influences my identity as an instructor in social justice education. First, my competencies as a teacher and facilitator are shaped by my experiences facilitating therapy or psycho-educational groups as a social worker. My training as a clinical social worker makes me acutely aware of group dynamics within the classroom. I understand that there are a set of both conscious and unconscious processes within the room that support and get in the way of learning and understanding issues of oppression, such as racism. My understanding of the internal psyche[4] and micro level processes of individuals help me develop empathy for my classmates, my students, and myself in the process of learning about issues of race and racism (Berzoff, 2008). I recognize how meso and macro level experiences with race and racism get internalized by individuals at the micro level (Bivens, 2005). In addition, my specialized training in psychodynamic theory helps me recognize and describe my own personal triggers in the classroom and also analyze what is underneath my emotional responses. On the other hand, my training in social justice education helps me contextualize and examine my triggers from the perspective of my own social identities and status in society.

Furthermore, my training in clinical social work and social justice education and my first hand experiences as a social worker inform my current position as an instructor in Women, Gender, and Sexuality Studies. I supplement my discussion of course themes with micro level examples of working with clients. Through my training in social justice

[4] Freud is credited for writing about the internal psyche and the "power of the unconscious mind" (Berzoff, 2008, p 19).

education, I have developed a social justice perspective[5] of curricular content and pedagogical processes. I understand the importance of knowing who my students are, grappling with my own history as a learner, and understanding how that affects my identity as a teacher. I am mindful of the curriculum, materials, and resources that I choose to convey course content to students and the pedagogical processes through which the course content is delivered, in particular relying on Kolb's theory of learning[6] (Adams & Love, 2005).

This study reflects my continued efforts to bridge social justice education and clinical social work. While my educational experiences in social justice education and women's studies have broadened my thinking and understanding of clinical issues as well as issues of race and racism, my training in clinical social work has developed my understanding of micro level processes. I believe my interdisciplinary training and perspective has enabled me to integrate race and racism into social work curriculum

Organization of the Dissertation

The next chapters will be detailed and organized as follows: Chapter 2 includes a review of the literature on the core orientations and history of clinical social work, theories, and approaches to teaching and finally conceptualizations of race and racism. Chapter 3 offers the methodology utilized in data collection and analysis. Chapter 4 presents the findings of this study, focused mainly on how faculty conceptualize clinical

[5] The social justice perspective is "based on an analysis of the process of schooling that includes an understanding that the overarching social structures are characterized by domination and subordination, and that social and cultural differences are used to justify that inequality" (Adams & Love, 2005, p. 587)

[6] Kolb's theory of learning draws from the work of Carl Jung, Jean Piaget, John Dewey, and Kurt Lewin. Kolb identified four elements: concrete experience, reflective observation, abstract conceptualization, and active experimentation that are essential to the processes of learning (Miller, Kovacs, Wright, Corcoran, & Rosenblum, 2005).

social work, how they think about teaching and student learning, and how they conceptualize and incorporate race and racism. Chapter 4 ends with participants' responses to the clinical case of Maria and a summary of the findings. Chapter 5 presents my analysis and interpretation of the data. Lastly, Chapter 5 includes implications and conclusions drawn from the data and provides suggestions for future research.

CHAPTER 2

LITERATURE REVIEW

Introduction

This study seeks to understand how clinical social work faculty integrate issues of race and racism into the teaching of clinical practice. Clinical practice courses are one of the sites where social work students learn direct practice methods, and thus, I am interested in the teaching of practice in clinical social work and the ways in which race and racism is integrated into the teaching of practice. Essential to this review of literature is an exploration of clinical social work as a field of practice, an understanding of the curricular and pedagogical processes associated with teaching and student learning in clinical social work education, and an investigation of concept and theories related to race and racism.

To ground my study, I review three bodies of literature. In the first section, I synthesize the history of clinical social work and define and describe the field. I also discuss the main assumptions and principles guiding clinical social work as well as the theories and frameworks that drive the field. I also situate the field of clinical social work within a larger sociopolitical context and explore how issues of race and racism have manifested itself in the field. In the second section, I present a short review of the main theories of teaching and learning that inform clinical social work education and the most commonly described pedagogies and methods used to teach clinical social work practice. In the final section, I introduce and discuss race as a social category and racism as a system of oppression utilizing a multi-level method of analysis and intersectional approaches. Next, I synthesize key concepts and frameworks for integrating issues of race and racism in the teaching of clinical social work practice. I have selected these three

bodies of literature because they help situate the field of clinical social work and the institutional context of clinical social work classroom teaching within U.S. higher education. Furthermore, these literatures are important because they provide a conceptual and pedagogical foundation for defining and integrating race and racism in social work education. The foreground of attention in this literature review is on clinical social work and issues of race and racism with some attention to teaching and learning in a higher education context.

Clinical Social Work

In this section of the review of literature, I provide a brief history of the field, define clinical social work, identify its core principles, and identify and synthesize the main theories and frameworks guiding the field. Clinical social work as a practice specialization has its roots in casework, whose theory base emerged out of the Charity Organization Societies and Settlement House Movement. Social work practice is the doing of social work, which involves working with individuals, families, organizations, and communities (Kirst-Ashman & Hull, 2001). It has a long history, one that begins with "the friendly visitors in the early 1800s," who volunteered to visit impoverished families (Brieland, 1995, p. 2247). These mostly White, middle-class and upper-class, female volunteers gathered their knowledge and skills through an apprenticeship program, while participating in the Association for Improving Conditions of the Poor in the 1840s and the Charity Organization Societies (COS) in the 1870s. COSs provided employment and legal services to the needy families and focused on assessing the causes of poverty and violence, which sometimes focused on poor family morals (Brieland,

1995). Settlement houses, on the other hand, were comprised of workers, also mostly upper-middle-class, White women, who lived within the community, providing education and support and advocacy for improving social conditions. “The COS and the settlement houses both contributed to the legacy of social work practice” (Brieland, 1995, p. 2249). COSs offered the method of assessment for casework, and the Settlement Houses provided an approach to understanding clients within their environment (Brieland, 1995).

Casework: The Roots of Clinical Social Work

Casework, a largely micro level practice, began in England and the United States in charity organizations in the late 19th century (Toseland & Rivas, 2005). It grew out of the experience of charity organizations using the “case method” of work, meaning careful assessment and accountability (Brieland, 1997; Toseland & Rivas, 2005). The field of casework was mainly focused on problem-solving, rehabilitation, and the provision of concrete resources. “Casework sought out the most underprivileged victims of industrialization and diagnosed and treated worthy clients by providing them with resources and acting as examples of virtuous, hardworking citizens” (Toseland & Rivas, 2005, p. 46). Early casework writings emphasized improving practice by careful study, diagnosis, and treatment. Richmond (1922) defined the casework method as “those processes, which develop personality through adjustments consciously effected, individual by individual, between men and their social environment (p. 98-99). The belief in the dignity and worth of the individual was a central part of casework (Johnson, 1955).

Mary E. Richmond, an early pioneer in the field, had a strong influence on casework theory and established the basic principles of casework practice. She began her

career in at the Charity Organization of Baltimore in 1988 (Specht & Courtney, 1994). Although she was responsible for creating the first training course for social workers, her main contribution was her emphasis on the relationship between the individual and the environment and her rejection of the then pervasive ideology of innate character flaws of the poor. She defined the environment as more than the physical space but rather referred to "the horizon of the [person's] thought, the boundaries of his capacity for maintaining relationships, and it narrows to the exclusion of all those which have no real influence upon his emotional, mental and spiritual life" (Richmond, 1922, p. 99). Her intervention in the client's environment and understanding that environmental factors shape personality is now referred to as *indirect treatment*, and her emphasis on the relationship between the worker and client is now referred to as *direct treatment* (Woods & Hollis, 1990).

The first formal school of social work, the New York School of Philanthropy, which would evolve into what we know as Columbia University School of Social Work, began by offering six-week summer training in 1898 and then expanded to offer courses in the academic year and to a two-year program in 1910. Richmond served as a part-time faculty before becoming a full-time faculty member at Case Western University. Her landmark books, *Friendly Visiting Among the Poor: A Handbook for Charity Workers* (1899), *Social Diagnosis* (1917), and *What is Social Case Work* (1922), provided the basis for casework practice theory. She was associated with producing teaching materials, including case histories (Woods & Hollis, 1990).

During the Milford Conference from 1923 to 1927, eight generic aspects of casework were identified.

> Knowledge of typical deviations from accepted standards of social life; the norms of human life and human relationships; the significance of social history as the bases of particularizing the human being in need; established methods of study and treatment of human beings in need; the use of established community resources in social treatment; the adaptation of scientific knowledge and formulations of experience to the requirements of social casework; the consciousness of a philosophy which determines the purposes, ethics and obligations of social case work; the blending of the foregoing into social treatment. (American Association of Social Workers, 1931, p. 15)

These early caseworkers recognized the importance of a focus on social environmental factors. But after World War I, there was a shift to emphasizing psychological theories and factors due to the association of social workers with psychiatrists. The focus on psychiatric social work began at Smith College School for Social Work and the New York School of Social Work. Smith College School for Social Work was "born in response to the need for trained social workers to work with the soldiers returning from the battlefields of Europe and suffering from what was then called shell shock" (Hartman, 2008, p. 13). That specialty eventually developed into what we now call *clinical social work*. The cases in Richmond's (1917) *Social Diagnosis* were examined and critiqued by Mary Jarrett, one of the founders of the Smith School for Social Work, as reflecting psychiatric problems and not social problems and thus the second text by Richmond (1922), *What is Social Casework?* reflected that critique. The addition of the word "personality," in the second text reflected a more psychological emphasis (Franklin, 1990). This shift led to how clinical social work would be seen, as a micro level-focused specialization.

By the 1950s, casework developed into two major and competing schools, functionalism and diagnostic. The *functional school*, led by Virginia Robinson, Jessie Taft, Kenneth Pray, and Ruth Smalley emphasized the importance of the client/worker

relationship opposed to centering diagnosis (Franklin, 1990). One the other hand, the *diagnostic school*, led by Gordon Hamilton, Florence Hollis, Fern Lowery, and Annette Garrett, focused on diagnosis as essential to therapy (Franklin, 1990). The 1960s brought family group treatment, crisis treatment, short-term treatment, and task-oriented treatment (Woods & Hollis, 1990). Caseworkers used the skills offered by group work to work with a number of family members to "develop social skills, improve communication and decision-making and to provide treatment" (Brieland, 1995, p. 2253).

Casework initially utilized a micro level perspective, examining the inherent flaws of the poor but was later shifted to a meso level perspective, influenced by the Mary Richmond's concept of a person in environment, which was part of her perspective on social casework (Grant, 2008). During World Wars I and II, casework shifted to a solely micro level practice, in response to returning soldiers. Casework or psychiatric social work, based in the diagnostic school, later evolved into what we know now as clinical social work.

History of Clinical Social Work

Clinical social work, a largely micro practice, is a contemporary term to describe psychiatric social work. The 1950s and early 1960s, with a greater focus on eradicating the nations' social problems, brought a wave of criticism for the diagnostic method of casework. Proponents of casework or psychiatric social work, influenced by the psychosocial approach based largely in Freudian theory and ego psychology, was characterized as elite and pathologizing by the general public as well as some social workers. Thus, the field of social work turned its attention away from direct practice,

such as individual, group, and family practice, to community organizing, social policy, and programming (Goldstein, 1996, 2007). Casework was seen as participating in the oppression of marginalized groups and was pushed to defend as well as to evaluate its current methods of practice.

> The Civil Rights movement, feminism, and somewhat later, the gay liberation movement contributed to an anti-labeling and anti-treatment atmosphere. There was widespread criticism of the medical model. Supporters of individual treatment were accused of being agents of social control and were attacked for "blaming the victim" rather than the effects of oppression, poverty, and trauma and for "pathologizing" the behavior of women, gays and lesbians and other culturally diverse persons rather than respecting their unique characteristics and strengths. (Goldstein, 1996, p. 90)

On the other hand, some defenders of casework argued that three individual factors (micro level practice, psychodynamic theories, and pathology) were being conflated. While micro level work is not inherently pathologizing, given its historical connection to casework grounded in psychodynamic theory, the relationship between those factors were established. In the 1960s and early 1970s, social work moved toward becoming a professional field, and there was a renewed interest in direct practice.

Furthermore, supporters of casework felt that it was insufficient to examine client problems as solely as a result of social environments. These direct practitioners organized to re-establish themselves and casework or psychiatric social work, based in psychodynamic theories, which metamorphosized into what we know now as clinical social work in order to "restore its status and credibility" (Hartman, 2008, p. 20). Clinical social work was seen as a scientifically rigorous methodology for understanding client's problems and assessing interventions and outcomes. Practitioners began to call themselves *clinical social workers* and to see themselves as "scientific-practitioners." Some clinical social workers regarded themselves as superior to other social workers or

specially trained and, thus, continued to align themselves more closely with psychiatrists and psychologists than with social workers.

During the continued critique of practitioners who were psychodynamically oriented in the late 1960s and early 1970s, clinical social workers shifted into the private sphere and clinical social work developed a current reputation as a profession of practitioners composed of mostly middle-class, White women. In 1971, they organized themselves into the National Federation of Societies of Clinical Social Work in response to the criticism (Goldstein, 2007; Swenson, 1998) and established the *Clinical Social Work Journal* a year later (Goldstein, 1996). Thus, when the term *clinical social work* entered professional language, many connected it to casework focused on psychodynamic theory, inter-psychic processes, and especially the concerns of middle-class clients. "Many social work academics of that period tended to view the goals of clinical social work as ill-suited to the profession, whose mission was to address the concerns of poor and oppressed populations" (Goldstein, 2007, p. 16). Again, while some clinical social workers felt marginalized by social workers, in community practice, community-based social workers saw clinical social workers as privileged and separatists. In 1976, the National Association of Social Workers recognized and established standards for clinical social work (Goldstein, 1996). The association of clinical social work with pathology and the tension between micro level clinical social work and meso/macro level community practice still exists today.

Today, clinical social workers make up the largest proportion of social workers, "70 percent at the Masters level and 40 percent at the Doctoral level" (Swenson, 1998, p. 2). Furthermore, according to the Substance Abuse and Mental Health Services

Administration, clinical social workers provide 41% of the outpatient mental health services (Simpson et al., 2007). Clinical social work, based in psychodynamically-oriented casework or psychiatric social work clearly has a long history. That history includes the narrative by some that clinical social work, as a field, is incompatible with combating issues of oppression, including issues of race and racism. This study attempts to examine the contemporary ways clinical social work faculty are addressing issues of race and racism in their teaching.

Definition and Core Assumptions of Clinical Social Work

The term clinical social work has largely been identified in two ways, as a practice focused on psychotherapy or an "umbrella term, another name for social work treatment, direct practice or micro-systems intervention" (Goldstein, 1996, p. 92). The American Board of Examiners in Clinical Social Work defines clinical social work as a "healthcare profession based on theories and methods of prevention and treatment in providing mental-health/healthcare services, with special focus on behavioral and bio-psychosocial problems and disorders" (American Board of Examiners in Clinical Social Work, n.d., para. 1). The National Association of Social Workers (2005) defines clinical social work as the practice of maintaining healthy psychosocial functioning of individuals, families, and groups. It involves such things as assessment, diagnosis, assessment, diagnosis, treatment (including psychotherapy and counseling), advocacy, consultation, and evaluation and is based in knowledge of theories of human development. Clinical social work, among other fields of social work, furthers the overall goals, principles, and values of the social work profession.

Although there are many opinions, definitions, and perspectives of what constitutes clinical social work, given its complicated history, the focus on the "person in environment," a cornerstone of social casework, and "the concept of a relationship" are seen as defining factors in clinical social work (Brandell, 1997; Simpson et al., 2007; Swenson, 1998). The "person in environment," refers to the integration of "individual factors, relational dynamics, and situational influences," and the "concept of a relationship," refers to "the dynamic connections between two or more people and transactions among intrapsychic, interpersonal and sociocultural systems" (Simpson et al., 2007, p. 4-5).

Person in environment refers to a framework for conceptualizing a client's problems (Thyer, 2007). This perspective is used to place the concerns that clients may have within a context. Clinicians may use the *concept of the relationship* as a tool to understand that humans can shift and grow and to directly intervene. The therapeutic relationship has been an integral part of clinical social work and is not seen as only a developmental tool but in itself a clinical intervention. Clinicians use themselves within the relationship to model particular behaviors and to engage in self-disclosure as a way to help their clients. The use of self refers to the ways in which the clinician may bring his or her self, their "honesty, genuineness and awareness" into their interpersonal interaction with clients (Arnd-Caddigan & Pozzuto, 2008, p. 235).

There are some dissenting views about the value or role of the relationship in clinical social work. Thyer (2007), a self-identified clinical social worker and academic, challenges the idea that the relationship between social worker and client is central to clinical social work and believes that it is based in theoretical bias or partiality toward

psychodynamic theories. He states that this particular viewpoint "flows naturally from the definition's embrace of psychodynamic theory as preferred conceptual orientation" (p. 26). He further describes other effective interventions that do not involve a therapeutic relationship, such as self-help books.

Overall, clinical social work is based in "professional ethics and values, biopsychosocial development, psychopathology, psychodynamics, interpersonal relationships, environmental determinants and clinical methods" (Simpson et al., 2007, p. 4). While clinical social work theoretically "emphasizes the need to understand clients as operating in multiple environmental milieu or systems that influence their behavior and reactions and are reciprocally influenced by them" (Brandell, 1997, p. xiii), clinical social work operates mostly at the micro level.

Clinical Theories and Frameworks

Clinical social work draws from single and multiple theoretical frameworks. These theories are based in micro, meso and macro perspectives. Psychodynamic theories, seen as micro level theories, such as ego psychology, object relations theory, self-psychology, relational theory, and attachment theory, have been a central part of clinical social work. Ackerman stated that group and family theories, based in meso and macro level perspectives "combined psychodynamic understanding with interpersonal concepts of family as a social system" (as cited in Simpson et al., 2007, p. 7). By the 1970s, psychodynamic or psychoanalytical theories (micro analysis), the dynamic stream of clinical social work had fractured into other streams: family theories (meso analysis), ecological systems theories (macro analysis), and cognitive behavioral theories (micro

analysis) (Brandell, 1997; Swenson, 1998). In more recent years, relational and biological or neurological theories (micro analysis) have taken central stage. Clinical social work, a master's level specialization, now draws from multiple theoretical frameworks that utilize the micro, meso, and macro analysis, although practitioners will claim all or only one of the frameworks. "Clinical social work's broad practice base and integrative knowledge base create a diversity of opinion regarding professional identity and curriculum content" (Simpson et al., 2007, p. 6).

Some of the main theories that inform clinical social work are psychodynamic, cognitive behavioral, family systems and life cycle, and biological theories. Psychodynamic theory has had the longest partnership with clinical social work and "provide[s] ways of understanding and explaining the clinician's and client's inner life and world of meanings" (Simpson et al., 2007, p. 7). Psychodynamic theories include drive theory, ego psychology, object relations theory, self-psychology, and relational theory. Relational theory is considered a more contemporary theory and emerges out of object relations theory. It is a two-person vision of psychotherapy, where the therapist's psychology is acknowledged as being part of the dynamic process. Cognitive theories highlight the relationship among cognition, behavioral, and emotional adjustments. Cognition refers to "self-statements, perceptions, appraisals, attitudes, and attributions and is viewed as a complex system of organized beliefs" (p. 8). Family theories "combined psychodynamic understanding with interpersonal concepts of family as a social system" (p. 7). Narrative therapy evolved from family therapists but now is used with individuals. Ecological systems theory places an emphasis on the individuals being

embedded in their external world, whereas biological theories focus on psychobiological and neurological processes.

Clinical Skills

While practitioners may engage in a range of theoretical models, clinical social work involves a particular set of clinical skills fundamental to practice, such as assessment and diagnosis, development of a therapeutic relationship, use of self, the importance of empathy, and listening skills. In this section, I define and describe each of these clinical skills.

Assessment helps the practitioner understand who the client is and what issues the client is presenting with. It requires a biopsychosocial assessment, which tries to ensure that there are not any medical issues that are getting in the way of the physical and psychological well-being of the client, understanding the psychological functioning, and finally, how social-environmental factors are impacting them (for example, the death of a family member or the loss of a job). As part of assessment, clinical social workers may diagnosis their client using both categorical and descriptive formulations (Simpson et al., 2007). The use of the *therapeutic relationship* is a clinical skill that entails building a rapport with the client and understanding that the relationship involves "interpsychic, interpersonal and environmental dynamics" (Simpson et al., 2007, p. 10). As part of the relationship building, clinical social work practice involves the *use of self* and *empathy*. Use of self requires being attune to the conscious and unconscious processes within the relationship and using oneself to elicit the thoughts or patterns of behavior of the client. Empathy describes the ability of clinicians to relate to the client and understand the

feelings and experiences of the client. Finally, *listening* necessitates a range of expertise in hearing manifest and latent content and affect. It is important that the clinician not only hear what the client is saying but also notice feelings and patterns of behavior. Listening also means being aware of or noticing one's own triggers and reactions, in essence self-reflection (Simpson et al., 2007).

The field of clinical social work has been characterized as insensitive or indifferent to issues of race and racism. In the last decade, there have been some key historical periods where issues of race and racism have been addressed in practice and in teaching.

Clinical Social Work and Racism

The field of clinical social work has conceptualized race and racism in various ways. In the 1960s, the early literature on race in clinical practice focused on examining race in the treatment relationship. The question centered on the intra- and interracial dynamics between the therapist and the client, with the assumption that the worker was White. Other literature focused on the role of the therapists' counter transference[7], particularly the function of unrecognized biases. The work of these authors to highlight the hurdles caused by unexamined racism was largely ignored. In fact, some authors argued that acknowledging racial differences of clients would, in part, support the "myth that individual treatment would be invalid for deprived populations" (Mishne, 2002, p. 15). Furthermore, they argued that it would lead to over-identification with clients of color.

[7] Transference and countertransference are part of the therapeutic relationship. Countertransference is "a transference reaction" or feelings, unconscious/conscious processes and reactions to a client by the therapist" (Cooper & Lesser, 2005, p. 32).

> An example of this noted by early commentators was called "white guilt," whereby clinicians affected by the 1960s civil rights movement preferred and sought out only black clients, for whom they leaned over backward. Adams (1970) noted that welcoming their abuse and acceding unrealistically to their demands were actions that benefitted neither clients nor clinicians. (Mishne, 2002, p. 15)

In the 1970s and 1980s, there was an explosion of literature that examined work with particular ethnic or racial groups, in particular Blacks and Latinos. McGolderick, Pearce, and Giordano's (1982) groundbreaking book, *Ethnicity and Family Therapy*, pushed the field of clinical social work to bridge ethnic and racial factors with the process of therapy.

> Just as family therapy itself grew out of the myopia of the intrapsychic view and concluded that human behavior could not be understood in isolation from its family context, family behavior also makes sense only in the larger cultural context in which it is embedded. (p. 4)

Increasingly, clinical social work began to take into account culture, ethnicity, and race, but the distinctions between the cultural differences of ethnic groups and the unique contours of racism experienced by people of color were unacknowledged. Also, unfortunately, some of that early literature focused solely on "minority" status of people of color, thus giving more attention to deficits rather than to strengths. Subsequent editions (McGolderick, Giordano, & Garcia-Preto, 2005; McGolderick et al., 1996) do provide a critical look at culture and expand their discussion to include race and racism.

While clinical social work and the reliance on psychodynamic theories, in particular, reflect a history of minimizing and denying the importance of social and cultural diversity, the field of clinical social work has made considerable strides in the last 15 years to address issues of race and racism (Basham, 2004).

One of the current challenges is negotiating between a focus on internal psychological processes and a focus on sociocultural processes (Basham, 2004). While good clinical social work includes knowledge of clinical issues and competencies in their treatment, it also includes exploring psychological, social, and economic impacts of various forms of oppression, such as racism, classism, and sexism. There is "an opportunity to demonstrate that sociocultural theories are not separate from clinical theories; rather, they are a fundamental part of how social workers empathize and connect the client's experience" (Simpson et al., 2007, p. 9). Furthermore, it is important to recognize the ways the racialized positions of the clinician or client impact the clinical encounter or exchange. Contemporary criticisms of clinical work reflect a longstanding debate about its usefulness in working with people of color. Some of the challenges are based on the belief that clinical social work reflects middle-class norms, retreats to stereotypes that stigmatize people of color, and although it professes a focus on the "person in environment," there continues to be a lack of attention paid to environmental conditions and strengths within families. Also given clinical work's focus on micro practice and the conflation of micro practice and pathology, the field of social work as a profession has identified the field of community practice as a more viable option in addressing the needs of people of color. While the field of clinical social work has begun to acknowledge the importance of examining issues of race and racism, it has failed to fully integrate sufficient knowledge and skills related to race and racism in the teaching of practice (Chestang, 2004).

Maschi et al.'s (2011) study extensively reviewing social justice content in clinical social work literature using content analysis as a methodology uncovers a

shortage of articles related to race and racism. The goals of their scholarly work was to examine how peer reviewed literature defined and integrated social justice with clinical social work, how social work and social justice were conceptualized; what theories and frameworks were drawn upon and what strategies were used for integrating clinical social work and social justice. After reviewing 59 scholarly databases related to social work, they identified 36 peer-reviewed articles that addressed the relationship between the field of clinical social work and social justice. A significant number of the articles, 75%, were theoretical and conceptual articles. Of the 36 articles, only 9 engaged empirical study framework using "minimal, weak empirical evidence" through the use of survey and case studies (Maschi et al., 2011, p. 238) Of the 36 articles, none of the articles addressed issues of race and racism and few, 8%, discussed the context of social work education.

In some contemporary schools of clinical social work, there has been a shift from the cultural competence model that is discussed later in this chapter, focused on learning the facts of a racial group without taking account the role or identity of clinician to the cultural responsive model, influenced by postmodern theory, constructionist theory, and intersubjectivity. As the field continues to grow, it is helpful to identify models of practice that will help the field to integrate topics of race and racism and to bridge the micro and the macro levels of analyses. Furthermore, given the reciprocal relationship between practice and teaching, it is important to explore some of the most effective frameworks for integrating issues of race and racism into clinical social work.

Summary and Conclusion

Clinical social work, the focus of this study, evolved from casework grounded in the psychosocial approach strongly influenced by Freudian theory. Casework had come under fire for its participation in pathologizing marginalized groups, and, thus, clinical social work emerged out of casework as an attempt to regain its integrity. Although three factors—micro practice, psychodynamic theory, and pathology—were being conflated, critics were not distinguishing between them and some social workers saw clinical social work as elite. On the other hand, clinical social work also felt marginalized by other branches of social work. In the 1970s, while psychodynamic theories were still dominant, clinical social work fractured and began to take into account cognitive behavioral theories, family theories, and ecological systems theories. Clinical social work slowly began to recognize issues of race and racism and began to take into account a meso and macro analysis, influenced, in large part, by family therapists who were using a systems perspective. Only in the last 40 years has there been some shift in the field of clinical social work to move beyond Western and Eurocentric perspectives and cultural values and begin to take into account issues of race and racism. In fact, the movement toward understanding issues of race and racism and social work practice continues to evolve not only in schools of social work but the academy in general.

Teaching and Learning in Social Work Education

The field of social work, like other disciplines in higher education, has begun to address issues of race and racism in the practice of teaching and student learning. This shift has happened for many reasons. First, demographic changes in the population of the

United States have contributed to diversify the student body that has lead to increasing number of students of color in social work classrooms. Faculty find themselves teaching diverse students, addressing issues of race and racism and even facilitating inter-racial classroom discussions without sufficient preparation or the training to do so. In addition, student practitioners are interfacing with more racially and ethnically diverse clients and are demanding the knowledge and skills to work with these assorted populations. Finally, the accreditation process by CSWE has forced schools of social work to diversify their curriculum, and to shift from a monocultural Eurocentric curriculum to a multicultural curriculum that actively seeks to include the voices and experiences of people of color. The struggles of colleges and universities are parallel to those in society. "Understanding the nature of issues of race and racism in higher education is inseparable from understanding the nature of race and racism in society" (Chesler, Lewis, & Crowfood, 2005, p. 7-8). Social work faculty have had to rethink or re-imagine the field of social work education. They have had to be more intentional about incorporating issues of race and racism.

In addition to specific information about race and racism, there is a need for more knowledge about teaching and student learning in master's level education. In 2007, the Council for Social Work Education (CSWE) reported that there were over 180 accredited Master of Social Work (MSW) programs and 39,000 students enrolled. In addition, there are 8,000 faculty, 74% of whom are teaching full time in schools and departments of social work (Anastas, 2010). In practice courses, faculty members not only introduce student practitioners to the discipline of social work but also train them on the practice of social work. In addition, the process of teaching and student learning in practice courses

takes place in two contexts, within the educational institution and within an agency or field setting. Given the links between classrooms and field settings, practice faculty have had to link what they do in the classroom to real life experiences of student practitioners in the field. In this next section, I examine a brief history of teaching and learning in higher education and the shift to more student-centered models and theories of learning as a backdrop to discussing the field of social work education. I also review some approaches and pedagogical tools for teaching clinical social work practice utilizing a multi-dimensional model of multicultural teaching and learning. I bring teaching and learning theories that are well established in education to bear on clinical social work.

Teaching and Learning in Higher Education

Within higher education there has been a movement away from lecture and listen methods with passive learners with faculty as experts and learners as novices to an approach that is more interactive and participatory. In recent years, the educational system in the U.S. has become more comfortable with a student-center and active learning methods in higher education. Based in a discipline-centered approach, early education approaches emphasized the assimilation of content valued by a particular discipline or field of inquiry. The mind was seen as "a storing place for the transaction of ideas" (Gitterman, 2004, p. 98). The students were treated or constructed as largely empty vessels that teachers then imparted knowledge into (Freire, 1974; Gitterman, 2004). Philosophically, this approach made students reliant or dependent on faculty and the role of faculty became leading students to "predetermined correct answers" (Gitterman, 2004, p. 99).

This movement within higher education from passive learning to greater engagement reflects the influence and work of John Dewey. He believed that an organic relationship existed between teaching and learning. He identified two things that needed to be in place for this to happen. First, there needed to be interaction between the subject and the learner. He believed that "student experiences and learning needs must be integrated with structured curriculum" (Gitterman, 2004, p. 96). Second, connections needed to be made between abstract concepts and real life experiences. This approach made teachers partners or guides in student learning and self-discovery. Dewey believed that ultimately the quality of experience and interaction is what produced learning (Gitterman, 2004). This method invites students to be invested in their learning, which is critical especially in social work practice courses, where students are trained to apply theory to practice.

Scholars of higher education have described these shifts in the field from content-centered and faculty-driven to student-centered and experientially-driven as involving four general periods, Age of the Scholar, Age of the Teacher, Age of Developer, and Age of Learner (Ouellett, 2010; Sorcinelli, Austin, Eddy, & Beach, 2006). These four stages are general descriptors of the field of higher education, particularly in research universities and do not tease out differences between research institutions versus teaching institutions, smaller or larger institutions, private or public liberal arts institutions, or specific disciplines.

Prior to the 1960s, institutions of higher education tended to focus mostly on faculty research and scholarship. The unintended consequence on this overemphasis on faculty scholarship was the assumption that excellent scholarship would automatically

reflect excellent teaching. This is not surprising since during this time period, the practice of teaching, was largely informed by a banking model of education where students were seen as containers to be filled with information (Freire, 1974). The developing interest in rethinking the curriculum, envisioning faculty as instructors and examining student learning emerged as a result of the student rights, human potential, popular education and critical pedagogy movements of the 1960s and 1970s (Freire, 1974; Ouellett, 2010). During this period students demanded a role in both shaping the curriculum and their experiences in the classroom (Ouellett, 2010; Sorcinelli et al., 2006).

During the upheaval of the 1960s and 1970s, there were many social forces at work that resulted in student uprisings that raised questions about the role of the teacher and the role of the student. It led to more student voice and greater emphasis on faculty teaching. During this period, faculty also demanded that broader evaluative tools be used to determine their success beyond their publication record. Institutions responded largely in three ways, offering one-time workshops on teaching, establishing faculty development centers, or offering grants for individual faculty members interested in improving their teaching. During the 1980s the attention and commitment of institutions of higher education to faculty development resulted in more colleges and universities establishing formal faculty development centers to support the acquisition of knowledge and skills to improve teaching and learning on campus. Also through the support of private foundations there was more investment in faculty development.

By the 1980s and 1990s, there were two major, convergent forces at work: there was more scholarly literature on effective teaching and learning, and there was a shift in the demographics of students. There was more focus on attending to teaching and the role

of faculty as a “sage on stage” to attending to student learning and the role of the teacher as a “guide on the side” (Sorcinelli et al., 2006, p. 3). Institutions recognized the process of teaching and learning as a partnership where the “teacher create opportunities for students to make their own discoveries and find their personal meanings” (Gitterman, 2004, p. 100). They moved from an instruction paradigm where colleges or universities focused solely on instruction to a learning paradigm where the focus was on producing learning (Barr & Tagg, 1995). For example, knowledge being solely transmitted by faculty to student was recognized as being co-constructed by students and faculty. Another example is that the mode of learning shifted from memorizing to relating (Fink, 2003). There was room made for student-centered approaches and collaborative learning (Chickering & Ehrmann, 1996). During this period there was greater awareness of effective teaching, student-centered approaches, and emerging scholarship.

The 1990s also ushered in a significant shift in the demographics of students on college campus, which also called attention to the listen and learn methods of faculty. As larger numbers of women, students with disabilities, people of color, and older students began attending institutions of higher education, it forced faculty to think more broadly about how curriculum would meet the diverse “backgrounds, experiences and concerns” of these students (Morey & Kitano, 1997, p. 2). This emerging commitment to multicultural education offered an entry point to examine course content, teaching methods as well as the role of faculty and students through the lens of cultural and social diversity (, 2009; Chesler et al., 2005; Schoem, Frankel, Zúñiga, & Lewis, 1993). Paradigms, such as the Multicultural Teaching and Learning model, which later evolved as “Teaching for diversity and social justice perspective,” grounded in social justice

education principles and methods (Adams, Bell, Griffin, 1997; Adams & Love, 2005; Jackson, 1988; Marchesani & Adams, 1992) and Universal Design (Burgstahler & Cory, 2008) helped advance faculty efforts to "address issues of equality, accessibility, social integration and community" (p. 3). Social justice education emerged during this historic period as a field whose pedagogical approach to education is both student centered and takes into account the changing demographics.

Social Justice Education

The field of social justice education, rooted in the work of Paulo Freire, humanistic education and Civil Rights Movements of the 1960s and 1970s has taken more of a socially just, student-centered approach. Social justice education, an inter- and cross-disciplinary field, has been influenced by theories of intergroup relations, including social identity development theories, Black and feminist studies, multicultural and teacher education, and critical race theory (Adams, 2007). It has also evolved into a formalized academic program within the last 20 years which prepares practitioners and scholar-practitioners to work in formal and non-formal education settings to critically examine issues of oppression, empowerment, and liberation in classrooms and organizations. Social justice education includes "both an interdisciplinary framework for analyzing multiple forms of oppression and set of interactive experiential pedagogical principles to help learners understand meaning of social difference and oppression in both the social system and in their personal lives" (Bell, 2007, p. 2).

Social justice education seeks to generate knowledge and practices that support the examination of distinct and intersecting social justice issues, such as racism, sexism,

classism and ethno-religious oppression as well as the application of these concepts in formal and non-formal educational settings (Adams et al., 1997). With a focus on primary, secondary, and higher education, students develop an ability to analyze systems of domination and subordination at the interpersonal, societal, and institutional level and examine the ways in which these structures get reproduced in their interpersonal relationships and in the classroom (Adams & Love, 2005). Social justice education embraces social justice principles such as equal participation in society, the distribution and redistribution of resources, and the physical and psychological safety of all members of society (Bell, 1997). The goal of social justice education is to

> enable people to develop the critical analytical tools necessary to understand oppression and their socialization within oppressive systems, and to develop a sense of agency and capacity to interrupt and change oppressive patterns and behaviors in themselves and the institutions and communities of which they are a part. (Bell, 2007, p. 2)

Social justice education is also a "reflexive blend of both content and process" that supports equity and social action (Carlisle, Jackson, & George, 2006, p. 57). Although social justice education is a relatively new academic field, it has made critical contributions to the scholarship of teaching and learning, and thus, social work education can benefit from examining this specific field in education and integrating many of its insights about student-centered curriculum and pedagogy. Furthermore, social justice education can provide social work education with some concrete conceptual frameworks for teaching and learning about social justice issues.

Multicultural Teaching and Learning Model

In this section, I introduce a model that synthesizes an approach to teaching and learning that is student-centered and draws on active learning and critical pedagogies and methods. This model foregrounds four critical dimensions of social justice education teaching. The Multicultural Teaching and Learning model, a four quadrant interactive framework rooted in social justice principles, is a useful tool for understanding and responding to the multicultural collegiate environment. The first dimension involves understanding the classroom experiences of college students, particularly what they bring into the classroom. Students, based on their social identities and social location, may experience the classroom differently. Social identity is one's sense of belonging or identification with a particular social identity group (Harro, 2000). A social group is a collection of people who share a range of physical, cultural, or linguistic characteristics within one of the socially constructed categories of race, ethnicity, sex, gender, age, religion, nationality, socio-economic class, sexual orientation, ability, and first language (Adams et al., 1997; Harro, 2000). Entering college may be the first time that White students have sustained interactions with students of color, and, thus, begin to think about their own racial identity. Up until World War II, there were very few students of color in predominantly White institutions. Students of color largely gained access through the GI Bill, Civil Rights Act of 1964, or tribal colleges. Students of color have reported experiencing racial stereotyping, low expectations, or exclusion/marginality at the hands of their peers and faculty. Furthermore, first generation college students lack knowledge about the expectations or norms of higher education culture (Chesler et al., 2005). With these different dynamics at play, faculty need tools to assess their students.

As I noted earlier, the changes in student demographics required attention to the instructor's sense of self in relationship to his or her students. The second dimension involves knowing what an instructor brings into the classroom. Faculty members bring into the classroom not only their history as a learner but also as an individual with a unique understanding of social identities. "Social identity awareness includes analysis of one's multiple and interacting social identities as well as one's identity statuses and the impact of those identities and identity statuses on various dimensions of one's classroom practice" (Adams & Love, 2009, p. 11). The ways faculty may set up the classroom or interact with their students are based on these experiences. While many students of color may have positive interactions with faculty, some students of color report feeling that faculty do not care about them, single them out as spokespersons for their racial/ethnic group, exhibit discomfort in interacting with them and have low expectations of them as students (Chesler et al., 2005).

> Many faculty have not been trained or educated to consider the classroom as a social group or social system in miniature with interpersonal and intergroup dynamics that affect students' abilities to learn as well as their social comfort and identity. (p. 117)

The third dimension includes having curriculum that reflects inclusive and diverse course content across social and cultural identities. Material that is presented in class can result in members feeling included or excluded from the academy. Furthermore, being exposed to different authors or perspectives helps prepare students to be full participants in a diverse democracy (Hurtado & DeAngelo, 2012).

> For students of all races, not learning about the intellectual contributions of diverse racial groups, and not learning the nation's or the world's histories of racial domination and subordination, diminish their ability to understand contemporary social dynamics and their own embeddedness in these patterns. (Chesler et al., 2005, p. 113)

Curriculum cannot stand alone but is experienced by students through pedagogy, and, furthermore, pedagogy cannot be isolated from the curriculum, from students, or from the instructor. As a result, the fourth dimension ensures engaging a range of pedagogical processes that meets the diverse learning styles of students (Adams & Love, 2005; Marchesani & Adams, 1992). Anderson and Adams (1992) argue that "one of the most significant challenges that university instructors face is to be tolerant and perceptive enough to recognize learning differences among their students" (as cited in Chesler et al., 2005, p. 130). One particular style of teaching does not work for all students. Given that students have different needs, faculty have varied levels of comfort interacting with diverse students, and evidence linking students' experiences with diversity-related curriculum to civic-minded practice, it is vital that faculty develop a range of ways of engaging students and promoting sustainable intergroup interactions (Chesler et al., 2005; Hurtado & DeAngelo, 2012).

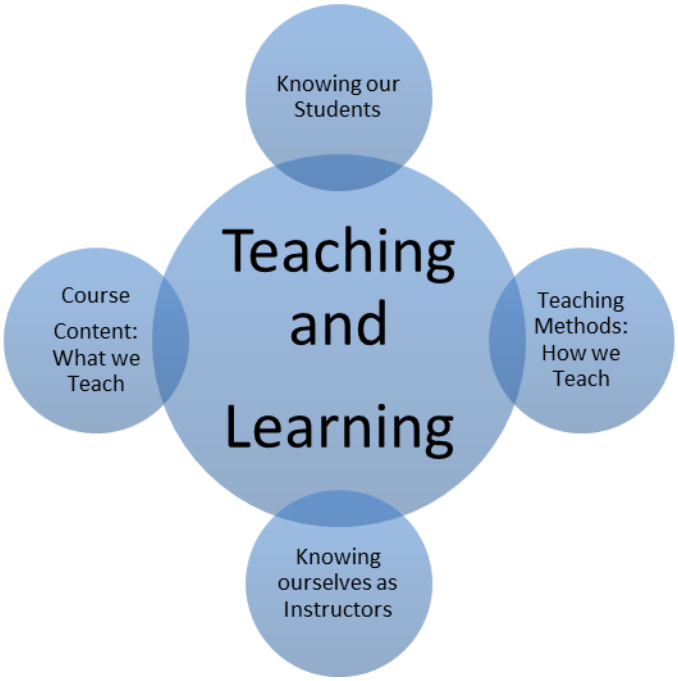

Figure 1
Dynamics of Multicultural Teaching and Learning
(Adapted from Marchesani & Adams, 1992)

This four-quadrant framework, based on both disciplinary and interdisciplinary methods is a useful tool for understanding the process of teaching and student learning in clinical social work practice courses. Some links can be drawn between this four-part approach to teaching and social work practice. Social work practice involves learning who our clients are, gathering this information via an intake or assessment form, and building rapport and trust with our clients. It means recognizing the ways in which personal values, beliefs, social histories, and experiences impact our work with individuals, families and groups. Finally, it entails utilizing various practice theories or methods at different points in our work with our clients. What may not be explicit in social work practice is that issues of race and racism are embedded in each stage of the

process. For example, race and racism may impact ones' capacity to build cross-racial relationships with clients. In this next section, I synthesis key ideas about teaching and student learning in social work education utilizing the multi-dimensional model of multicultural teaching and learning.

Knowing Our Students

Scholars have argued that students, based on social identity, experience collegiate classrooms in very different ways (Chesler et al., 2005). Students come into social work classrooms with their own personal and social histories. These particular narratives shape how students will interact with their peers, the instructor, and the course material. Given the growing number of students of color enrolling in social work programs, considering how specific students learn is critical to the practice of teaching. Reynolds (1965) and Saari (1989) both offer a five-part model providing insight into student learning processes in clinical social work education. These models, however, do not take into account issues of race and racism.

Reynolds (1965), a significant contributor to thinking about teaching and learning in clinical social work said, "Learning involves the whole person, and has important emotional and social as well as intellectual motivations" (p. 62). She identifies five stages of learning that reflect an attempt to understand the unique ways in which social work students shift in their learning process. The five stages include acute consciousness of self, sink-swim adaptation, understanding the situation without the power to control one's activity in it, relative mastery, and learning to teach what one has mastered. This model recognizes that learners may recycle through one or more of the stages.

The first stage, acute consciousness of self, is marked by the learner feeling insecure about what he or she knows and anxious to be in the position of a new learner. The learner may engage in behaviors that are disruptive to the classroom, making jokes and even being aggressive. The second stage, sink-swim adaptation reflects the learner becoming more comfortable in his or her surroundings and while he or she may cognitively understand the course material falls short in practice or skills. The third stage, understanding the situation without the power to control it, is described as when the learner is able to be self-reflexive about his or her own practice. He or she is able to move away from mimicking particular skills, to tolerate making mistakes, and to begin feeling confident in his or her own knowledge and skills. Stage four, relative mastery, reflects the learner being completely comfortable in his practice and is able to learn from his or her impasses. One of the pitfalls of this stage is thinking that one's learning is done and not recognizing the importance of future professional training and support. The final stage, learning to teach, represents the shift from learner to teacher. The learner can now provide the training for future practitioners (Reynolds, 1965).

This framework provides social work educators a description of the stages that a student practitioner, learning about social work practice, may move through. Unfortunately, the description of the stages that students move through is largely divorced from issues of race and racism. For example, thinking about the first stage, *acute consciousness of self*, using the lens of social identity, students of color may experience the college classroom as hostile and isolating and may utilize a range of defenses to cope with their feelings and anxieties.

Saari (1989) builds on Reynolds (1965) and Platt (n.d.) and presents five stages: caring helps, talking helps, understanding helps, reliving helps, and reorganization helps. Saari acknowledges the limitations of a linear model but finds the stages useful in thinking about the learning process for students engaging in social work practice. The first stage, caring helps, reflects a student's desire or values of wanting to help others. As a learner, they may not recognize that a desire to help someone does not automatically translate into having the skills to help. They may first rely on the power of caring as a way to engage their clients. Stage two, talking helps, shows the student shifting from sole reliance on caring to learning specific techniques to utilize in their practice. The challenges that students have at the stage is that they are paralyzed by the fear of doing or saying the wrong thing. They forget that being with their client is equally important as what they do with their client. The third stage, understanding helps, exemplifies the learner having memorized theoretical concepts and mimicking practice techniques but not yet having made meaning of these theories and practice in their work. Or learners may reject theoretical concepts and ideas before having a full understanding of what they mean for their practice. Stage four, reliving helps, is when the student practitioner has moved into the role of a professional practitioner and understands how the work between the clinician and client is symbolic of real-life interactions. Practitioners, in stage four, recognize the importance of continued learning. Stage five, reorganization helps, reflects the life-long role of being a learner (Saari, 1989).

Both models of learning (Reynolds, 1965; Saari, 1989) are useful in helping instructors anticipate the challenges that new learners have stepping into social work classrooms. The limitations of these models are that they are devoid of any discussion

about social and cultural diversity, which is critical to thinking about the process of teaching practice.

Knowing Ourselves as Instructors

Faculty have been considered integral to the process of teaching and learning, in part largely to their disciplinary expertise and ability to convey subject material. In addition, while having knowledge and skills within your academic area is one part of successful teaching, it is vital that instructors look at their own academic socialization or history as learners. Many times our own experiences as learners and the ways in which we learn may dictate how we teach. “Most faculty have been trained in lecture-mainly classes or discussion sections within relatively homogenous classrooms” (Adams & Love, 2009, p. 5).

Brookfield (1990) offers some suggestions of ways in which faculty can stay committed to their understanding of themselves as teachers. Teacher biographies are one example that one can use to understand oneself as a learner. “Reflecting on all these features of your learning experience has powerful implications for your own teaching” (p. 37). Creating a teacher biography will help clinical social work faculty think about their impact on student learners. Faculty should be able to identify the informal theories that they have absorbed through their experiences as a learner that they may have thought was common sense. Educators may begin to realize that their perspective on teaching is based on their own excitement and frustrations as a learner. Another way of getting clinical social work faculty to think about the experience of teaching and student learning is having faculty themselves learn something new themselves. By putting themselves in the

shoes of other learners, they have insight into the peaks and valleys of learning. Thus, when they teach, faculty can become aware of what teaching practices or pedagogies defer learning versus encourage learning in clinical social work classrooms. Another way of thinking about one's own learning is to keep a journal as a way to track critical incidents that support or hinder student learning. Finally, utilizing colleagues is critical. "In comparing vividly remembered episodes, insulting or affirming teacher actions or methods and exercises that worked especially well," faculty will get a sense of what has worked well and what has not worked (Brookfield, 1990, p. 39).

As part of thinking about one's socialization and experiences as a teacher, it is also important to reflect on your beliefs and attitudes related to social and cultural diversity. Clinical social work faculty, based on their membership in advantaged or disadvantaged social identities, may have difficulties engaging with emotionally charged discussions around issues of oppression. They may not feel like they have the skills or knowledge to interact with a diverse group of students. The role of the social work educator includes "doing our own work related to oppression and diversity" (Van Soest & Garcia, 2003, p. 23). Being mindful of what faculty bring into the classrooms is a three-part process that involves an acknowledgement of our disciplinary or interdisciplinary expertise, an awareness of our own academic socialization and finally a commitment to understanding our own social and cultural identities.

Curriculum

Curriculum includes the specific materials and resources that communicate course content to students. Content in social work education is shaped by a number of factors,

including individual faculty and departments, higher education institutions, and more importantly, the guidelines of the CSWE. In 2008, CSWE approved the Educational Policy and Accreditation Standards, which moved the field of social work toward a competency-based model of education. As part of the educational policies, there are only two competencies that explicitly address issues of diversity and oppression.

In many ways, social work curriculum not only conveys to students the theoretical frameworks, specific concepts, and skills related to social work practice but also which social group perspectives are valued and respected versus others. A monocultural, exclusionary type of curriculum centers dominant worldviews or contributors to the field, mainstream histories about the field, and homogenous theories and information sources. On the other hand, a multicultural curriculum presents an inclusionary narrative, in which a multitude of people's perspectives and diverse ideas are represented (Adams & Love, 2005). One model (Schuster & Van Dyne, 1985), based in field of women and gender studies, provide a six-stage model for creating change within social work curriculum. The six stages include: (1) invisible women, (2) search for the missing women, (3) women as disadvantaged, subordinate group, (4) women studies on their own terms, (5) women as challenge to disciplines, and (6) women as challenge to the disciplines.

The first stage highlights the ways in which content about women is largely absent or marginalized within the curriculum. The course content, in this stage, is largely centered on male authors and writers. Students are seen as vessels in which faculty deposit information. This exclusive stage reflect the ways in which the field of clinical social work field has been described as historically ignoring or pathologizing people of

color and other marginalized groups in their practice and curriculum (Schuster & Van Dyne, 1985).

The second stage reflects an additive model of adding content about women. Many times the women are always constructed in relation to men, such as a course on female Shakespeares, Napoleans, or Darwins. Content about women always resembles content about men. Students may take away the notion that women are peripherally a part of history or literature. Clinical social work's first efforts to take into account a person's ethnicity, culture, or race in thinking about social work practice exemplify this additive thinking..

The third stage reflects a problematization of why few women are a part of the curriculum. Through the process of question posing, the category of woman as a disadvantage group emerges. It reflects an understanding of "the Other." In thinking about the field of clinical social work, there has been a shift to understand that people of color are different and experience individual, cultural, and societal oppression and subordination. The fourth stage reflects a transitional/multiple perspective and a move within liberal arts institutions where specific fields, such as Women's Studies, are founded to study the experiences of women. Questions about who is represented or not represented in the category of women may be raised to take into account issues of class, race, and sexual orientation. This stage reflects the popularity of "specialty courses" about how to work with different marginalized groups, such as a course on practice considerations of Black and Latinos, which is seen as an elective or may be required but not seen as foundational to the curriculum.

In the fifth stage, there is a shift from solely women-centered curriculum to thinking about how to transform conventional curriculum. This stage represents the field of clinical social work seriously thinking about how to formally and systematically integrate issues of race and racism into its foundational courses. The most inclusive stage, "The Transformed Curriculum," examines the relational nature of men's and women's experiences across all courses and all disciplines. In thinking about clinical social work curriculum, issues of race and racism would not be taught in its own siloed course but would be integrated into practice in addition to policy, human behavioral, and research courses.

Teaching Methods

It is important in social work education to think not only about the curriculum we include but how we deliver it. One enduring problem in social work education is the tension between "the subject matter, what is taught and the methodology, how it is taught" (Gitterman, 2004, p. 95). Social work faculty have historically taught from a subject-centered way. Malcolm Knowles's 1972 work on principles of andragogy shifted the thinking of social work educators. Andragogy is described as a theoretical lens for helping adults learn best (Bogo & Vayda, 1989, p. 29). It is based on a few assumptions, namely that adults need to be self-directed in their process of learning, the previous life experiences of adult learners need to be valued and taken into account and adults value learning in terms of its application and not for learning itself (Memmott & Brennan, 1998; Gitterman, 2004).

Social work practice courses have worked toward addressing the needs of adult learners by engaging concepts, such as andragogy, and as a part of that, self-directed learning, notion of life-long learning, and transformational learning. Adults, particular in social work, are seen as life-long learners who look for continued training and knowledge. This is concept was present in the final stage of both Reynolds' (1965) and Saari's (1989) model for student learning. Furthermore, the adult learner takes control of the learning process and engages in active self-reflection throughout their process (Memmott & Brennan, 1998).

Pedagogical tools for teaching clinical social work practice include the case method, role-plays, films/audio tapes, experiential exercises, and lectures. Friedman stated that "different modes of teaching tend to be best for learning different things and for different parts of the learning process" (cited in Anastas, 2010, p. 35). Based on adult learning theory, classroom discussion seems to be the most common mode of teaching. Case method or experiential exercises are also common teaching modes. Through this active method of learning, students become more self-aware, link ethics and values, learn theoretical knowledge and apply that knowledge to social work practice (Anastas, 2010).

Finally addressing learning styles and the pedagogical tools enhances student learning in social work practice courses. Taking into account the process in which students learn and the type of students who are in practice courses, the role of the teacher is then to facilitate the most effective learning environment.

Thinking about the unique needs of students allows them to be full participants in the classroom. Kolb's model of learning styles is useful in social work education. He presented four learning modes: active experimentation, concrete experience, reflective

observation, and abstract conceptualization (Anastas, 2010; Bell & Griffin, 2007). Instructional activities that support active experimentation involve action projects, role plays, and case studies. Activities that engage concrete experience include videos/film, readings, role plays, simulations, and interviews. Utilizing logs, journals, and discussion supports reflective observation. Finally, lectures or writing sustain abstract conceptualization. It is important that through our teaching we engage the variety of learning styles and not only students' preferred styles that are in the room (Bell & Griffin, 2007). While social identity and social location is not explicitly named, it is vital to examine how those factors impact the learning process for some students. Social work students represent a diversity of races or ethnicities, classes, and genders, and thus, it is important that we think creatively about the ways we can create an optimal learning experience for all students.

Summary and Conclusion

The field of social work education has increasingly shifted from a teacher-centered to a student-centered model and was challenged to move from a monocultural, Eurocentric curriculum to a more inclusive, multicultural curriculum. As the United States continues to become increasingly diverse related to race, class, gender, and national origin, it is important that clinical social work faculty are prepared to address the challenges of teaching in a multicultural society. These faculty need to be creative in their efforts to address the dynamic needs of students from a multi-prong approach. As we move forward, there has been a new set of challenges impacting faculty and higher education institutions including the complexity and diversity of faculty roles, assessment

of teaching and student learning, and the needs of part-time or adjunct faculty (Ouelette, 2010; Sorcinelli et al., 2006). Social work faculty represents a diverse group of people with a range of demands on them, junior faculty, senior faculty, graduate students, and adjunct or part-time instructors. Junior faculty need the mentorship and support of senior faculty to succeed as new scholars and teachers. Graduate students need to have established preparation to step into the role of professor. Finally, given that a number of courses, particularly in social work education, are taught by part-time or adjunct faculty, it is critical that these members of the academic community are acknowledged and supported in their efforts. The curricula demands of CSWE shape not only what social work faculty are teaching but how they are teaching. An institutional study needs to be undertaken of the impact of competency-based education on faculty experiences with teaching and student learning. As part of that inquiry, issues of race and racism need to be considered.

This study attempts to examine the ways clinical social work faculty conceptualize and integrate issues of race and racism in social work practice. Thus, it is important to review literature defining or describing race and racism and illustrating how issues of race and racism have been integrated into practice.

Integrating Race and Racism in Clinical Social Work

In this section of my review of the literature, I introduce, review, and synthesize key concepts and theories for conceptualizing and integrating issues of race and racism. I have selected literature from the fields of social justice, social work and women, gender, and sexuality studies as they have informed this study. Furthermore, as stated earlier, my

disciplinary training across these fields has supported my own thinking about issues of race and racism and introduced me to multi-level methods of analysis and intersectional approaches to examining issues of social identity and oppression at the local and societal levels. In this next section, I examine multi-level analysis and intersectionality.

Micro, Meso, and Macro Levels of Analysis

A multi-level method of analysis (Figure 2) is a multiple dimensional approach that utilizes a micro, meso, and macro understanding issues of race and racism to examine how these issues get integrated into clinical social work practice. The micro approach represents an individual, interpersonal, or intrapersonal analysis; the meso approach reflects a family, group, or institutional analysis; and the macro approach represents a societal/cultural analysis (Hardiman & Jackson, 2007; Kirk & Okazawa-Rey, 2007). This framework is useful for understanding how racism gets manifested and bridges three levels of analysis: the individual, the family, group or institutional, and societal. Furthermore, these models support organizing and differentiating issues of race and racism within social work practice.

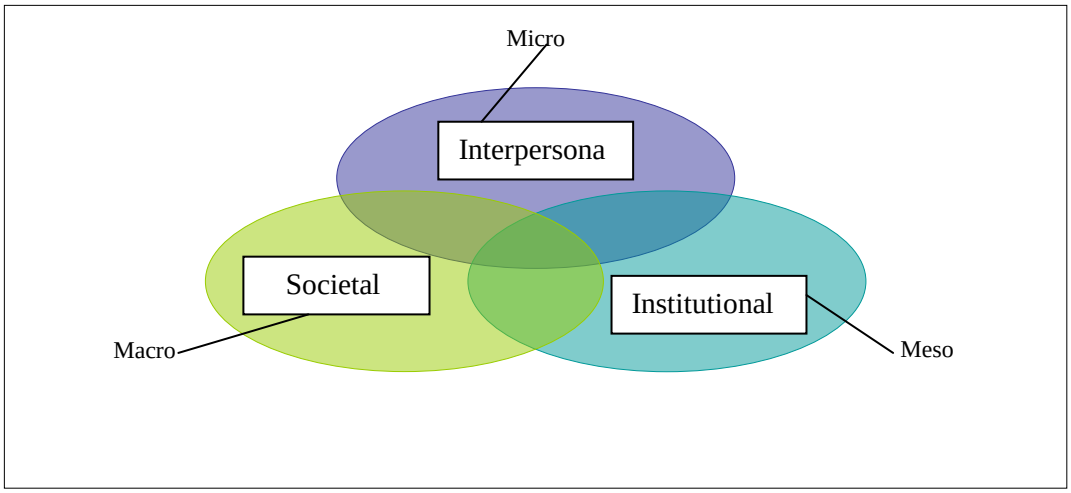

Figure 2
Multi-level Analysis

The micro context includes individuals and families and both interpersonal and personal processes. A micro level of analysis is a term used to describe a personal or individual perspective of persons or various issues (Kirk & Okazawa-Rey, 2007). For example, a micro level analysis of gendered violence may mean characterizing the violence perpetrated by individual men as "stemming from a personal characteristic," or flaw (Abraham, 2002, p. 5) or providing individual attention to the psychological effects of rape and/or other trauma on women (Kirk & Okazawa-Rey, 2007). A micro level approach to issues of race and racism may mean exploring the beliefs, attitudes, or behaviors, both conscious and unconscious, of individual members of a racial group who collude with racism (Hardiman & Jackson, 2007; Miller & Garran, 2008). Having a micro analysis in the context of social work practice means focusing on the internal psychological processes of individuals and the interpersonal work between the therapist and an individual.

The meso context reflects social institutions, such as the community, workplace, school, or neighborhood. A meso level of analysis is a term used to describe a local or

community perspective of the relationships among groups, communities, institutions, and various issues (Kirk & Okazawa-Rey, 2007). A meso level analysis of gendered violence may mean exploring cultural or religious responses to violence. Gendered violence would be considered a reflection of the social structure of society and "arises out of the very normative structure that defines women as inferior" (Abraham, 2002, p. 5). Examining issues of race and racism using a meso approach reflects an exploration of the ways in which the dominant, privileged, or agent racial group discriminates against or marginalizes the subordinate or targeted racial group (Miller & Garran, 2008). For example, identifying the cultural messages we receive about various subordinate groups reflects a meso level analysis. Having a meso analysis in the context of social work practice means focusing on group dynamics within a family or group system; it also means observing the ways in which the various subsystems interact.

Finally, the macro context represents large historical and societal contexts and norms. A macro level of analysis utilizes a national or societal perspective to explore the relationships among groups, communities, institutions, societies, and issues (Kirk & Okazawa-Rey, 2007). A macro analysis of gendered violence may mean identifying the national laws and policies that protect women, such as the Violence Against Women Act, which provided federal grants to state, tribal and local communities to support victims of gender violence (Seghetti & Bjelopera, 2012). In thinking about issues of race and racism, a macro level analysis means examining "discriminatory behavior that is embedded in important social institutions," such as Jim Crow segregation in the South (Pincus, 2000, p. 32). Having a macro level analysis in the context of social work practice means focusing on the governmental policies (i.e., welfare reform) that impact the people

in various communities. Macro level social work practitioners may also work at obtaining resources for various groups of people.

Clinical social work educators and professionals are encountering increasingly diverse classrooms and caseloads. As part of their teaching and practice, they may find themselves having to address issues of race and racism. A multi-level analysis is one useful tool for understanding the levels and types of race and racism.

Intersectionality

The fields of social work and women's studies have had similar trajectories in their attempts to address issues of race and racism in scholarly and practical endeavors. Early on, the field of clinical social work was largely influenced by a Western, Eurocentric worldview that neither acknowledge nor considered issues of race, class, or gender in theorizing or in clinical practice. The field shaped by psychiatry, often pathologized clients whose racial, ethnic, or religious identities, values, and beliefs were different from or did not fit a dominant, White, male, Anglo, Christian, and middle-class paradigm. The social justice movements of the 1960s, including the Women's Liberation Movement and the Civil Rights Movement, contributed to the shift in the profession of social work to consider race, class, and gender, but these categories was conceptualized in static ways. Clinical social work educators saw racial or ethnic groups sharing some essential characteristics and focused on learning the facts about that group but not exploring their own attitudes. They used the additive model of "adding difference and stirring" (Hesse-Biber & Yaiser, 2004b, p. 105). Furthermore, educators "presented issues of race and gender separately" (Morris, 1993, p. 99). Feminist social literature

presented women as “generic” and excluded discussions of race and racism. In social work literature on issues of race and racism, authors did not tackle the ways that race and gender intersected. The field of clinical social work has grown and is still thinking about categories of difference as changing and evolving, understanding the interrelationships between the categories and addressing their own identities in their work (Dean, 2001).

Similarly, Women’s Studies emerged as field heavily influenced by a White and middle-class women’s movement, which emphasized the inequalities between men and women and centered the discourse on a universal or unified category of woman (Landan, 1992). As many feminist scholars, particularly women of color, lesbians, older women, and women with disabilities, have argued that the field did not “recognize that being a women, is in fact, not extractable from the content of which one is a woman…that is, race, class, time, and place…we have to still recognize that all women do not have the same gender” (Brown, 1997, p. 276). Woman was a universal category that signified, “White, middle or upper class, heterosexual and Western” (Hesse-Biber & Yaiser, 2004b, p. 105). Women of color scholars and activists pushed against the notion of a monolithic category of woman by asking the question, “Which women?” and in response, the field shifted from not including difference, such as race, class, sexuality, sexual orientation, ethnicity, or nationality, to including difference but in static ways. For example, the Combahee River Collective’s Black Feminist Statement (1977) contributed to the discussion by pushing back on White feminists for obscuring or erasing the participation and contribution of Black women and other women of color to the women’s movement. *This Bridge Called My Back* (Moraga & Anzaldúa, 1981), one of the first anthologies that centered the writings and experiences of women of color illustrated the ways gender,

race, class, and sexuality impacted these women. Collins (2000), in the late 1980s and 1990s, also criticized White, middle-class feminists for ignoring the diversity in women's lives. In *Black Feminist Thought*, she talks about the subjugated experiences of Black women, describing them as outsiders within (Hesse-Biber & Yaiser, 2004b, p. 101). Through the tireless work of Barbara Smith, Cherríe Moraga, Gloria Anzaldúa, Patricia Hill Collins, and other feminist scholars and activists, the discipline not only began including difference but analyzing the interconnectedness of difference "among the oppressors as well as the oppressed," (Hesser-Biber, & Yaiser, 2004b, p. 105).

Both fields had made efforts to move away from a "add difference and stir" framework to a more integrated approach. As part of these efforts, they have had to recognize that people are multi-dimensional, and thus, their experiences extend beyond issues of race and racism to include issues of class and classism or gender and sexism. Intersectionality is a framework for understanding the dynamic ways that issues of race, class, and gender intersect, resulting in a particular set of experiences for those who identify as dominant and/or subordinate. This study focuses on how participants engage issues of race and racism in relation to other issues of social identity and oppression in the teaching of clinical social work practice. In the next section, I examine the work of a few scholars, largely women of color feminist scholars (Andersen & Collins, 2004; Crenshaw, 1993; Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009; Weber, 1998) who describe and discuss intersectionality.

While intersectionality, the second key concept, seems to be a more contemporary perspective and has permeated various disciplines, the roots of intersectional thinking can be traced back to late 19th and 20th African American scholars, such as WEB Dubois and

Anna Julia Cooper, who presented the idea of a double consciousness or a multiple consciousness. In 1892 Cooper said, “The colored woman of today occupies, one may say, a unique position in this country. She is confronted by both a woman question and a race problem, and is as yet an unknown or unacknowledged factor in both” (Murphy et al., 2009, p. 20). Sojourner Truth’s speech, “Ain’t I a Woman?” at the 1851 Akron Women’s Conference, highlighted the unique experiences of Black women within the suffragist movement and larger patriarchal society. Intersectionality was first introduced as a theoretical approach during the late 1960s and early 1970s through the work of the Third World Women’s Alliance who coined the term “triple jeopardy” to reflect three systems of oppression: sexism, racism, capitalism or imperialism that impacted women of color (Aguilar, 2012). The inclusion of intersectionality within academic fields was further developed through the activism of Black and other women of color feminist scholars and activists (Murphy et al., 2009).

Intersectionality is a theoretical perspective, guiding paradigm, methodology, and framework “through which a theorist, researcher or practitioner views the social world” (Hulko, 2009, p. 48). Furthermore, it posits that socially constructed categories of oppression and privilege, such as race, class, gender, and age, simultaneously interact to create unique life experiences (Murphy et al., 2009).

Several contemporary scholars (Andersen & Collins, 2004; Crenshaw, 1993; Murphy et al., 2009; Weber, 1998) discuss intersectionality across disciplines. Many of their perspectives overlap and have common characteristics. Murphy et al., in one of the first social work books on intersectionality, presents several key themes and concepts of intersectionality. The first theme, contexuality and dynamism of interactions, recognizes

the contradictory aspects of categories, such as race, class, gender, and sexuality. Part of this theme means understanding that these categories are socially constructed; meanings of these categories shift across time and space. Also it is important to understand that categories of race, class, and gender interact on three contextual levels, micro, meso, and macro. The second theme or concept is mutual constitution, which means that while race, gender, or class are each fundamentally different and unique, they operate in juxtaposition with each other, thus, changing the meaning of the category. This is exemplified by Brown's (1997) statement, "women do not have the same gender" (p. 276). As a feminist historian, she discusses how categories of race and class shape women's lives and how different women's experiences are relationally linked. For example,

> Middle-class white women's lives are not just different from working class white, Black, and Latina women's lives. It is important to recognize that middle-class women live the lives they do precisely because working class women live the lives they do. (p. 275)

The final theme, simultaneity and multiplicity, gets at the ways in which we can have multiple identities at one time that afford us privilege and oppression (Murphy et al., 2007).

Andersen and Collins (2004) critique an additive approach to intersectionality. They describe the limitations of this method of adding difference and stirring. While the authors do consider that the effects of race, class, and gender do add up, they believe that using this framework ignores the social or structural context of the categories of race, class, and gender as well as the connections between them. Another criticism of the additive approach by the authors is that it operates from a comparative versus relational approach (i.e., Black working women vs. Latina lesbians) and that it is not useful to

quantify social inequality. These authors believe that a comparative approach, which encourages comparing and contrasting different group experiences, may be a first step in engaging intersectionality, but it may be insufficient. They believe a relational approach is much more useful in supporting the examination of the interrelationships among diverse group experiences. They argue that systems of power and oppression are produced and reproduced through social interaction. A final critique of the additive model by Andersen and Collins is that it places people in either/or categories and does not account for the importance of simultaneously assuming that all categories are relevant and determining which ones that are salient in a given context. Collins and Andersen argue for a matrix of domination approach to analyze race, class, and gender. They present this framework, describing multiple, interlocking levels of domination that stem from the societal constructions of race, class, and gender relations. This structural mosaic considers individual consciousness, group interaction, and group access to institutional power and privileges.

Weber (1998) identified six ways of engaging categories of race, gender, class, and sexuality and their intersections. The first way is to think contextually, that race, class, gender, and sexuality as constructs are never fixed and static and that their meanings change across geopolitical and historical spaces. The second approach is to understand that race, class, and gender are socially constructed and not biologically determined. The third theme is that these categories are related to systems of power where members of some groups systematically get access to resources and privilege while others do not. The fourth way is to recognize the relationship between micro (social psychological) and macro (social structures) processes. These categories are embedded in

everyday interactions and institutions, such as schools, and within policies, laws, and practices. To understand these categories and the relationship between these categories, we have to hold both a micro and macro analysis. The fifth approach is to recognize that race, class, gender, and sexuality operate simultaneously in social institutions and these social institutions are connected, for example, comprehending the ways in which schools sometimes serve as pipelines to prisons and the criminal justice system. Race, class, and gender impact who is policed and surveilled both in schools and in communities. Finally, the last way is linking academia and activism. The knowledge that one gains about race, class, sexuality, and gender needs to be linked to practice and the ways you can use this knowledge to make change (Weber, 1998).

Crenshaw (1993) utilizes an intersectional analysis to explore how race, class, gender, ability, and sexuality intersect, shaping structural and political aspects of the lives of women of color. In particular, she offers the concepts of structural intersectionality and political intersectionality to interrogate the experiences of women of color who experience violence. Structural intersectionality highlights the ways we need to link the backdrop of race, class, and gender with a woman's most recent experience of partner violence. She describes the ways racial discrimination and class oppression have resulted in a specific set of experiences. "In most cases the physical assault that leads women to shelters is merely the most immediate manifestation of the subordination they experience. The observations reveal how intersectionality shapes the experiences of many women of color" (p. 95). Political intersectionality reflects the ways in which women of color experience their identities as not fitting the dominant interests of the groups they may be a part of, woman and person of color. As part of this, the interests of women of color get

lost within political agendas, activism, and academic discourse grounded feminist and anti-racism theorizing and organizing efforts (Crenshaw, 1993).

The common links among these four authors is an understanding that categories of race, class, gender, and sexuality are inescapably linked, that these categories are constructed contextually, and there is no biological basis for these categories; furthermore, that these categories exist simultaneously and people can experience privilege and oppression at the same time. Finally, these categories are embedded within a matrix of domination and subordination and are made of the fabric of individual, micro level interactions, community, meso level institutions and national, macro level policies, histories, and practices. An intersectional analysis allows a clinical social worker to fully understand a clients' identities and experiences with issues of race and racism and how it intersects across categories of race, class, and gender. In this next section, I am going to utilize a multi-level analysis and intersectionality to talk about issues of race and racism.

Conceptualizing Race and Racism

In 1978, Justice Harry Blackmun was quoted as saying, "In order to get beyond racism, we must first take account of race" (Delgado & Stefancic, 2001). It is not only critical to examine the meaning of race and its connection to racism but compulsory to the exploration of issues of racism. Race began as a "folk concept" in the early 18th century and developed into a biologic or scientific concept in the mid- to late 18th and 19thth century. It was used as a tool to categorize and differentiate "inherently unequal human populations" (Smedley, 2007, p. 14) and rationalized the oppression of Native Americans and the "enslavement of African Americans" (Feagin, 2006, p. 14).

By the 19th century, the concept of race had five core ideologies, many of which are reflective in contemporary policies and practices. The first presumption was that human groups were distinct biological entities. Groups were not divided based on "objective variations in language or culture but based on superficial assessments and value judgments of phonotypic and behavioral variations" (Smedley, 2007, p. 28). The second element was that the ranking of these groups was required or obligatory. The third presumption was that physical characteristics of different groups were "manifestations of inner realities, linking of physical features with behavioral, intellectual temperamental, moral and other qualities" (p. 28), and the fourth was that these characteristics were inheritable. The last element of race was based on the idea that each race was created uniquely by nature or God so was, thus, immutable. This characterization of race was used as a mechanism to place Blacks at the bottom of the social strata after the Civil War and used by Nazis in the 20th century to justify the extermination of Jews (Back & Solomos, 2000; Smedley, 2007).

Race, now considered by most scholars to be a social construct, artificially divides groups of people into "distinct groups based on characteristics such as physical appearance, ancestral heritage, cultural affiliation, cultural history, and ethnic classifications" (Wijeyesinghe et al., 1997, p. 88). Furthermore, the American Anthropology Association defines race as an "ideology used to justify the domination of one identifiable group of people over another" (Miller & Garran, 2008, p. 15). Similarly, Smedley (2007) defines race as a worldview that is a "culturally structured way of looking at, perceiving, and interpreting various world realities, upholding the idea that groups are by nature unequal and can be ranked along a gradient of superiority-

inferiority" (p. 18). The Webster's New International Dictionary defines ethnicity, differentiated from race although the terms are used interchangeably at times, as "racial, linguistic, and cultural ties to a specific group" (Smedley, 2007, p. 31).

While some scholars still utilize race as neutral classificatory term to distinguish or classify the biophysical variation between populations, the derivative of the word, "racism" provokes strong responses and reactions (Smedley, 2007). Anthropologist Ruth F. Benedict formally first used the word racism and defined it as "the dogma that one ethnic group is condemned by nature to congenital inferiority and another group is destined to congenital superiority" (Bonilla-Silva, 1997, p. 465). Even though there are many contemporary ways of defining or conceptualizing racism, for the purposes of this study, I define racism using an integrative approach. Racism is individual or group prejudices or behaviors, institutional and structural policies and practices, as well as historical narratives that provide unearned opportunities and privileges to dominant racial groups which in turn contributes to the subordination or marginalization of minoritized racial groups. This definition incorporates a micro, meso, and macro perspective and builds on three conceptual frameworks offered by authors, such as Miller and Garran (2008), Smedley (1997), Bell (2007), Bonilla-Silva (1997), Delgado and Stefancic (2001), and Tatum (1997).

The first conceptual framework, racism as an individual or psychological phenomenon, utilizes the individual as the unit of analysis. This perspective is reflective in the belief that racism "are matters of thinking, mental categorization, attitude and discourse," reflecting a micro/psychological perspective (Delgado & Stefancic, 2001, p. 17). In contrast to the first one, the second conceptual framework, racism as a cultural

and institutional phenomenon, does not focus on the single person but the person in contexts, such as families and institutions. This perspective is reflective in the belief that racism not only involves the beliefs and actions of individuals but cultural messages and institutional policies and practices (Tatum, 1997) that provide privileges and social power to dominant racial groups, such as Whites, at the expense of subordinate groups, such as Asians, Blacks, Latinos, and Native Americans (Derman-Sparks & Phillips, 1997). This reflects a meso/institutional perspective. The third conceptual framework, racism as a structural and historical phenomenon, reflects an examination of the broad social system. This perspective is reflective in the belief that racism has historically determined and currently determines who gets tangible benefits such as best schools and best jobs or substantial rewards, reflecting a macro/structural/historical perspective (Bonilla-Silva, 1997; Delgado & Stefancic, 2001).

These three conceptual frameworks emphasize different contexts in their analysis of racism: the internal process and the individual person, the person embedded into families and institutions, and broader societal and historical contexts. While this study focuses on issues of race and racism, it is important to understand that these issues intersect with issues of gender and sexism or class and classism. Furthermore, all forms of social identity and oppression impact the profession of clinical social work, emerging in social work classrooms and in clinical work with clients.

The next section presents five different conceptual frameworks for incorporating issues of race and racism that has been adapted from the work of Dean (2001). These frameworks conceptualize race and racism and incorporate multi-level analysis or intersectionality in a variety of ways. Some of these frameworks emphasize a more micro

level of analysis versus a meso or macro level of analysis. Furthermore, many of these frameworks do not engage an intersectional approach.

Frameworks for Integrating Race and Racism

In this section, I have discussed five distinct frameworks (Dean, 2001) for integrating issues of race and racism in the teaching of clinical practice: monocultural, cultural competence, culturally responsive, critical race, and social justice framework (Table 1). While not all these frameworks take into account issues of race and racism (monocultural and culturally competent), others make it central to their clinical work (culturally responsive, critical race, and social justice). In this section In discussing these frameworks, I will highlight the ways they use a micro, meso, and macro level of analysis and ground the discussion in the evaluation of a clinical case. By utilizing the same clinical case, I am able to identify what assumptions are made about the client, highlight what emphasized and what is left out and what aspects of race and racism is brought into the clinical encounter.

Table 1
Frameworks for Incorporating Race and Racism

Frameworks	Monocultural	Cultural Competent	Culturally Responsive	Critical Race	Social Justice
Descriptors	-Issues of race and racism are ignored. -Racial, ethnic and cultural groups are pathologized.	-Racial, ethnic & cultural groups are reduced to fixed or static entities.	-Shift from solely examining the client's race and ethnicity to exploring the clinician's race and ethnicity.	-Issues of race and racism are seen as central.	-Ground in culturally responsive and CRT -Emphasis on intersec-tionality.

Monocultural Framework

The monocultural framework (Pinderhughes, 1989; Ridley, 1995; Sue, 1981) promotes micro level clinical social work practice where issues of race and racism are either largely ignored or particular racial or ethnic groups are marginalized and pathologized. Students who are taught clinical social work using a monocultural framework learn both theoretical concepts and practice applications but are not trained to take issues of race and racism into account. Instead, students may be taught to focus on the inner world of the client, to recognize that the past matters, and to appreciate the importance of building a relationship or alliance between the therapist and the client. They may also be encouraged to utilize some sort of development model, understand the role of transference and countertransference in therapy, support the client's developing insights, assess mental status and current functioning as well as diagnose the client. Students may be taught to draw from a range of psychodynamic theories, such as drive theory and ego psychology. Many of these theories are based on a Eurocentric worldview or mode of thinking. While there is no real focus on the culture, ethnicity, or race of the clinician, the assumption that may be unconsciously transmitted in this framework is that the clinician is White.

Students may be encouraged to label those outside the dominant paradigm of White, male, upper-class, heterosexual as problematic, dysfunctional, and disrespectful (Pinderhughes, 1989). People who also do not fit dominant paradigms are labeled as being other or different. This framework justifies pathologizing African Americans, Native Americans, and ethnic immigrants or forcing them to conform to dominant standards (Pinderhughes, 1989). Students may work from a cultural deficient or deficit

model that claims that people of color have an inferior culture or no culture at all and the conformity model, which creates a normality standard by which everyone is measured (Ridley, 1995). Students are taught to utilize a micro level analysis, situating clients' issues or problems within themselves and are not encouraged to pay equal attention to macro level environmental factors. Students are taught to stay focused on building a therapeutic relationship and providing their clients with coping skills. "It is beyond their expertise to address issues of justice and other psychopolitical matters" (Prilleltensky, Dokecki, Frieden, & Wang, 2007, p. 25).

In applying a monocultural framework to a clinical case, the clinician may respond in a range of ways. Maria is a 25-year-old, non-traditional college student in a large public university who was referred for services by a faculty member. She reports feeling sad and having trouble sleeping and finishing her daily tasks. A clinical social worker providing therapy from a monocultural framework would begin the first session doing an intake, where the clinician may begin to collect diagnostic data about Maria. The clinician may begin by explaining the process of intake or an assessment meeting, getting a confirmed consent and exploring why the client came in for services. The focus of the clinician is on establishing some rapport with the client.

Once the presenting problem is established, the clinician may ask about the duration of the problem or concern. In this case, Maria reports that she has been feeling "depressed," since beginning her first year at college. She reports that she "cries for no reason," and "some days, has trouble getting out of bed." The clinician may ask demographic information, such as whether this person is single, married, or divorced; is working, in school, or unemployed; and where she lives. Maria reports that she is single

and lives on campus with a roommate. She also reports that she is a first-year student and that her major is mechanical engineering. The clinician may also obtain some family history. Maria reports that she is the oldest of four children and that her mother and father have been married for 25 years. She notes that her family lives about 4 hours away in the northeast part of the state. The clinician may also get information about the client's previous counseling experiences as well as explore the client's developmental and medical history. Maria notes that she has never had counseling before and that she has had a "normal," medical history. The clinician ends by testing her mental status and current functioning.

Using ego psychology as the clinician's theoretical orientation, the clinician may explore the client's ego functions. For example, the clinician may utilize reality testing to gauge the client's understanding of her physical or social reality. The clinician may also examine what level of defenses she is using, including those that are characterized as immature or mature. The clinician concludes that Maria is utilizing mature defenses to cope with her sadness. She utilizes humor throughout the session to minimize her concerns.

During the course of the session, Maria shares that "she is having a hard time being away from her family." She also discloses that she and her roommate do not get along and that she experienced her roommate as "standoffish." Maria self-discloses her Puerto Rican heritage in the process of therapy but while the clinician acknowledges her disclosure, she does not ask her any follow-up questions.

By the end of the first session, the clinician suspects that Maria has not fully individuated from her Puerto Rican family and may be stuck in a stage of

rapprochement[8]. She believes that Maria is enmeshed with her Puerto Rican family and, thus, has not fully developed object constancy[9] (Flanagan, 2008). She believes that her interpersonal difficulties with her roommate are based on a pattern of unhealthy attachment patterns that formed during development. As Maria leaves, the clinician begins writing her case notes diagnosing Maria with dysthymia, a mild form of clinical depression and making a therapy plan to focus on Maria's unhealthy attachment to her family throughout the next sessions.

This vignette illustrates both strengths and limitations of using a monocultural framework. On one hand, the clinician is focused on establishing a relationship with Maria by explaining what the intake process entails as well as being empathic to her concerns. The clinician also obtains demographic and relevant information about her presenting problem. On the other hand, the clinician does not explore Maria's disclosure of her Puerto Rican heritage as well as describes her connection to her family as "overly clingy and dependent," which may be reflective of the clinician's Western value of "independence and autonomy" (Flanagan, 2008, p. 150).

Cultural Competence Framework

The next framework, the cultural competence framework, is rooted in ethnological and anthropological studies. The cultural competence framework, a largely micro level practice, takes into account meso and macro factors. While early theorists in the cultural competent movement addressed the need for clinicians to acknowledge

[8] One of the concepts in Margaret Mahler's developmental model is the process of separation-individuation. This term refers to the last stage of Mahler's, a object relations theorist, model where a child has opposing needs, a need to be close as well as the need to separate (Flanagan, 2008).
[9] The last sub-stage of Mahler's separation-individuation theory which refers to the establishment of a "healthy, stable and positive representation of the mother and others" (Flanagan, 2008, p. 155)

various racial and ethnic groups, these groups were seen as static or monolithic entities. Students, using this framework, are taught to see members of a racial/ethnic group as sharing some essential characteristics that define them and "endure over time and in different contexts" (Dean, 2001, p. 625). *Ethnicity and family therapy* (McGolderick et al., 1982, 1996) is an example of a book that students may be encouraged to read that "contain chapters about the particular beliefs, practices and characteristics of different ethnic groups" (Dean, 2001, p. 625). The ethnic sensitive social work practice model utilizes this framework (Devore & Schleshinger, 1981).

Typically the clinician's focus is working with the client and not the clinician's own subjectivity. Similar to the monocultural framework, students are also taught to assume that the clinician is White. Clinicians from dominant racial or ethnic groups may characterize their work with clients from subordinate racial or ethnic groups as working with the "other." Furthermore, while clinical social workers may acknowledge the need to know a client's culture, ethnicity, or race, there is not an exploration of the clinician's own culture, ethnicity, and race as well as its relationship to issues of power and privilege. Similar to the monocultural framework, the underlying assumption made by clinicians is that the clinician is White. The focus of the culturally competent framework is on learning the facts of another culture and not changing one's attitudes and awareness (Dean, 2001). A clinician is seen as having a toolbox of clinical skills, and a client's ethnicity or racial identity determines their intervention with the client. "If a group is seen as a stable entity, then it is possible for clinicians to develop schema that allow them to interact 'more competently,' with members of the group" (Dean, 2001, p. 625).

Similar to the clinician from the monocultural framework, the clinician begins the first session completing an intake, obtaining demographic information as well as establishing why the client was there for services. The clinician notes that on the intake form that Maria is Puerto Rican and refers to her knowledge on Puerto Rican families from *Ethnicity and Family Therapy* (McGolderick, 1982, 1996; McGolderick et al., 2005). She remembers that Puerto Rico is a commonwealth of the United States and that a majority of Puerto Ricans speak Spanish. The clinician also remembers that there is focus in the Puerto Rican community on spiritual values and that while a majority of Puerto Ricans are Roman Catholic, there are a significant percent believe in spiritism[10] (Garcia-Preto, 1982). She also remembers that Puerto Ricans value respect for authority and wonders how that will impact their therapy work together, given her role as the clinician and the Maria as the client. The clinician asks Maria whether she is was born in Puerto Rico or in the United States. Maria notes that she was born in the northeast region of the United States, but she traveled back and forth throughout her childhood and early adult life to Puerto Rico. The clinician notes Maria's migration patterns and plans to bring up that theme in future sessions.

The clinician may also get information about the client's previous counseling experience as well as explore the client's developmental and medical history. When Maria notes that she has never had counseling before, the clinician asks her what it is like to come to therapy. The clinician understands that "in times of stress Puerto Ricans turn to their families for help" (Garcia-Preto, 1982, p. 164) and explores whether her decision to come to therapy was her own or that of her residence director. The clinician also gets

[10] M. Delgado (1978) defines it as the "belief that the visible world is surrounded by an invisible world inhabited by good and evil spirits that influence human behavior" (Garcia-Preto, 1982, p. 169).

relevant family history. She recognizes that Puerto Rican culture is focused on collectivism and that family and community ties may be critical to the Maria. She explores with Maria what is like being four hours away from her family. Maria shares that it is "hard to be away from her family and that she misses her parents, siblings, and other extended family that live near her." Maria shares that she is going through "culture shock," being at the university and that she cannot find anyone really "gets her. While the clinician attributes Maria's sadness to the distance from her family, she recognizes that Maria may also feel conflicted about her need to assert a separate identity from her parents and community. The clinician notes in her process notes that she will come back to the role of Puerto Rican culture and its connection to Maria's presenting concerns in the next session.

This vignette illustrates both strengths and limitations of a cultural competence framework. The clinician's background knowledge of Puerto Rican history and culture are critical to her work with Maria. She explores with Maria whether her decision to come to therapy was her own and elicits that Maria "felt funny about being in therapy and that it was something that folks in her family and community only did when forced to." On the other hand, the clinician did not focus on the subjective interaction between her and Maria. Given Maria's difficulty finding someone who "gets her," what does that mean for her and the clinician?

Culturally Responsive Framework

The culturally responsive framework, a largely micro level practice, involves a strong emphasis on meso and macro level systems and processes. It is guided by the

social constructionist stance and postmodern theory (Basham, 2004).This framework forces students to question whether people can be truly competent with the culture of another (M. Goldberg, 2000). There is an acknowledgment of various racial and ethnic groups but based on the idea that cultural identities are changing and evolving (McGolderick et al., 2005). Furthermore, students are encouraged to move away from primarily learning about other racial/ethnic groups and acquiring skills to work cross-culturally to examining their own ethnic, racial, and cultural biases. This framework involves values, ethics, and self-reflection; cross-cultural knowledge and skills; and empowerment and advocacy (Basham, 2004, p. 291). In this framework, students are taught to consider that the identity of the clinician may not be White. Students learn working definitions of race and racism; familiarize themselves with the guidelines established by the National Association of Social Workers about culturally competent practice; and review a range of literature that explores issues of race and racism in clinical social work practice.

This framework acknowledges that therapists bring both conscious and unconscious knowledge and feelings into work with clients. There is focus placed on the clinician's cultural countertransference (Perez-Foster, 1999). The culturally responsive framework supports the belief that clinicians need to become aware of their own cultural baggage and hold it in the forefront of their work with clients (Laird, 1998; Perez-Foster, 1999). It is also grounded in the belief that learning is ongoing and that clinicians should operate from the stance of "informed not knowing" (Basham, 2004, p. 289). Although students may come in with some knowledge and skills about ethnic, racial, and cultural groups besides themselves, they are encouraged to think critically about ethnicity, race,

and culture and to develop exploratory questions (Basham, 2004). Questions that students are encouraged to think about include “How does the racial/ethnic identity development for the client and the clinician effect the therapeutic alliance?” and “How does the theme of race interface with transference?” (p. 302). A mode of practice draws from this framework is relational or intersubjective therapy or psychoanalysis.

Applying the culturally responsive framework to the clinical case, there is a shift between the solely focusing on the client’s culture, ethnicity, and race to the role of the clinician’s culture, ethnicity, and race. Similar to the other frameworks, the clinician begins the first session completing an intake, obtaining demographic information as well as establishing why the client is there for services. The clinician notes that on the intake form that Maria is Puerto Rican while references her knowledge about the history of Puerto Rico and Puerto Rican cultural practices, the therapist begins to think about her own ethnic and racial identity as an Indian person. She begins to think about her own cultural worldview, what information and messages she received about her own racial/ethnic group as well as Maria’s racial/ethnic group.

As the clinician obtains more information about Maria’s feelings of sadness, Maria shares that “she doesn’t feel like she fits in and that doesn’t belong here at this university.” The clinician, aware of her own experiences of feeling like an outsider at her undergraduate institution, asks Maria what she means. Maria identifies that she grew up in a community where the majority of folks were Puerto Rican so that she was “getting used to being around so many different people.” The clinician, aware of her and Maria’s different racial and ethnic identities, asks Maria how she feels being in therapy, sitting across from someone who may be different from her. Maria responds by initially saying,

“she doesn’t know,” but remarks that “the only Indians she knew owned the convenient stores in her neighborhood.” supposing that the clinician is of South Asian descent. The clinician acknowledges her statement and begins thinking about how Maria’s particular experiences with Indians will affect their therapeutic alliance and writes in her process notes, “Pay attention to cultural transference and countertransference.”

This vignette illustrates both strengths and limitations of working from a culturally responsive model. The case exemplifies the importance of focusing on the subjective interaction between the clinician and Maria. The clinician was able to reflect on the messages that she received about Puerto Ricans as well the messages that Maria received about Indians. Racial transference and countertransference that operate ‘in the treatment can be investigated introspectively, and then discussed with the client to avoid their enactment in ways that distort, limit, or prematurely end the clinical work” (Dean, 2001, p. 626). Given Maria’s comments about “not fitting in” and “people being different,” the clinician utilized the framework to ask Maria how she felt sitting across from her. While this framework is effective, the limitation of this model is the lack of emphasis on the ways racial or ethnic groups are treated in larger society. While the clinician focused their work on building their relationship and alleviating Maria’s stressors, the clinician did not address meso level and macro level factors that are affecting Maria, such as being a person of color at a predominantly White college institution. The field of clinical social work practice is currently largely grounded in the cultural responsive framework and given its limitations, in the next section, I introduce two frameworks that emphasize the structural or institutional complexities of racism..

Critical Race Framework

The significance of critical race theory in this study is to suggest the importance of a macro, systemic analysis of the ways race and racism in U.S. history is reproduced at micro and meso levels. Much of critical race theory emphasizes the historical nature of race and racism within the United States and the ways these concepts get infused into personal narratives. A critical race framework, grounded in critical race theory (CRT), is based in the belief that race is social constructed, meaning that "race and races are products of social thought and relations" (Delgado & Stefancic, 2001, p. 7). Furthermore, racism is interwoven into every strand of society; that people in power have material interests in maintaining a system of racism and due to the subjective experiences of people of color with race and racism, they have the right or competence to speak to their experiences (Delgado & Stefancic, 2001; Solórzano & Yosso, 2001). A clinician from this framework does not see racism as an individual or psychological problem but more of a systemic problem (McDowell & Jeris, 2004). Furthermore, the "critical race theory movement (CRT) is a collection of activists and scholars interested in study and transforming the relationship among race, racism, and power" (Delgado & Stefancic, 2001, p. 2).

In this framework, students are taught to look beyond traditions, norms, or patterns of a racial group and to explore the ways in which the racial group is treated in the larger context. Students understand how prejudice, power, and discrimination affect various ethnic groups (Dean, 2001). Students learn that clients are affected by environmental systems and historical contexts (Crether, Rivera, & Nash, 2008). In addition to examining the contemporary significance of race and racism, students learn to

listen to the experiences of racial oppression of clients, which includes the energy it takes being a member in a marginalized racial group, understanding the relationship between internalized racism and institutionalized racism, a client's stage in a racial identity development, a client's assets and strength in responding to racism; and methods for coping with racism (Van Voorhis, 1998). Clinicians who work from a critical race theory framework believe that people of color are the experts on issues of race and racism and that Whites do not have the same authority (Delgado & Stefancic, 2001). While students are taught to consider that the identity of the clinician may not be White, they learn that the majority of clinicians who work with people of color are White.

Similar to the cultural responsive framework, students are taught to examine and learn about their own racial identities as well as the identities of their clients; to utilize a strengths based perspective which allow the clients' struggles to grounded in their strengths, resources, and assets versus blaming the client; "perspective taking," meaning understanding where the client is coming from and how their experiences may be similar or different from the clinician's; and addressing issues of bias, race, and racism (Miller & Garran, 2008). Furthermore, students are taught to consider that the identity of the clinician may not be White. The difference between the critical race theory framework and the culturally responsive framework is its focus on meso and macro level stressors and ability to situate clients within a historical or social context. Given critical race theory's strong focus on meso and macro level factors, clinicians from this framework struggle to work with interpersonal and interpsychic processes, such as racial transference and countertransference. Furthermore, while clinicians from this framework acknowledge an intersectional analysis, they place issues of race and racism at the center.

Maria is a 25-year-old, first-year college student in a large public university, reports that her family is four hours away, and that her major is mechanical engineering. Applying a critical race theory framework in this means focusing on issues of race and racism and a strong emphasis on meso and macro levels of analysis. Similar to the other frameworks, the clinician may begin the session completing an intake, obtaining demographic information, and getting clarity on why Maria came in for services. When the clinician becomes aware that Maria is Puerto Rican, she wonders what her experiences may be like, given that people of color make up only 8-10% of the college campus. Furthermore, she wonders how Maria experiences coming into a college counseling center where there is only one staff of color.

In exploring Maria's presenting problem, Maria reports "feeling out of place and not adjusting well." The clinician remarks to Maria that it must be difficult to be a Puerto Rican student on a predominantly White institution. Maria affirms her observation and says, "It's hard being the only Latina" in her engineering classes. The clinician asks Maria if she has had similar experiences in her life and what resources or strengths did she use to cope with her feelings and negotiate her environment. Maria reports that when she was in high school, her city instituted a program that integrated the racially homogenous schools. Maria reported that she went from a school where a majority of kids were "like her," to a school where "everyone was different." In hearing Maria make the distinction, the clinician asked her to clarify. Maria reported that many of "the kids at the old school were Black or Puerto Rican, had grown up together in the same neighborhood whereas most of the kids in her new school were White and lived in a nice area." The clinician asked what was the difference between that situation and the one she

was in now, and Maria remarked, “I could go home!” The clinician begins to make connections between Maria’s two experiences of being in predominantly White institutions as well as shares some history about “busing programs.” The clinician normalizes Maria’s feelings by relating it to her very own experiences as a person who identifies as Indian. The clinician informs Maria of a student group on campus for Puerto Ricans and gives her the contact information. The clinician speaks to the director about creating a psycho-educational group for people of color.

This vignette reflects the strengths and limitations of working from this framework. The clinician has a strong understanding of historical and institutional racism. She is not only knowledgeable about the percentage of students of color on campus but understands the impact of “busing programs,” in predominantly Black and Latino communities. While the clinician also does a great job of connecting Maria’s experience of being at a predominantly White university with her experiences of being at a predominantly White high school, she does not explore Maria’s comment about being the only woman in the class. The clinician’s clear focus is on issues of race and racism and does acknowledge Maria’s experiences of being one of the few Puerto Rican women in her classes. Furthermore, while the clinician does normalize Maria’s concerns by connecting to her own experiences of being Indian, the clinician needs to be mindful about the possible different experiences they have as people of color.

Critical race theory as a body of literature has centered race in its analysis of the U.S. legal system, constitutional law, and political life, and subsequently it has expanded into other families of critical race theory. Critical legal scholars, such as Crenshaw (1989), critiqued critical race theory for having a lack of attention to intersectionality

(Esposito, 2011). Other branches of CR, such as critical race feminism (FemCrit) and Latino/a critical race theory (LatCrit), grounded in intersectionality, expands attention to other oppressions (Yosso, 2005). In this next section, I introduce a social justice framework rooted, in part, in a multi-level analysis and in intersectionality.

Social Justice Framework

The social justice framework builds on the culturally responsive framework as well as the critical race theory framework. The key factors that distinguish it from the other frameworks are the clinician's focus on an intersectional analysis of the client' social identities and its emphasis on a multi-level analysis of how these identities are experienced in different social contexts. Students learn that clinical social work from a social justice perspective involves understanding that not only experiences of race and racism but gender and sexism, socioeconomic class and classism, sexual orientation and homophobia, ethnoreligion and ethnoreligious oppression (including anti-Semitism and Islamaphobia), as well as ability and ableism intersect and shape a clients' world. Furthermore, it means that besides examining clients' social realities that clinicians need to consider their own experiences with issues of race and racism, gender and sexism, and socioeconomic class and classism as well as power and privilege.

A social justice framework, drawing on the principles of social justice education, is "both an interdisciplinary framework for analyzing multiple forms of oppression and set of interactive experiential pedagogical principles to help learners understand meaning of social difference and oppression in both the social system and in their personal lives" (Bell, 2007, p. 2). Operating from this framework, the clinician develops an ability to

analyze systems of domination and subordination at the interpersonal, societal, and institutional levels and to examine the ways in which these structures get reproduced in their interpersonal relationships and in the practice (Adams & Love, 2005, p. 587). Given clinical social worker's emphasis on individual and interpsychic processes, a social justice perspective would expand our reliance on individual solutions for systemic factors, such as racism and sexism. Promoting social justice from this framework means embracing "community development such as partnering with a self-help/mutual aid organization, conducting participatory action research, creating partnerships and coalitions and working in natural community settings" (Speight & Vera, 2004, p. 15).

This framework supports social justice principles, such as equal participation in society, the distribution and redistribution of resources, and the physical and psychological safety of all members of society (Bell, 1997). The goal of social justice framework is to

> enable people to develop the critical analytical tools necessary to understand oppression and their socialization within oppressive systems, and to develop a sense of agency and capacity to interrupt and change oppressive patterns and behaviors in themselves and the institutions and communities of which they are a part. (p. 2)

This approach is both a "reflexive blend of both content and process" which supports equity and social action (Carlisle et al., 2006, p. 57).

Similar to the critical race theory framework, students are taught to consider that the identity of the clinician may not be White. They are also taught to examine why clinicians working from a monocultural or culturally competent framework may make the assumption that "the clinician is White." Students learn to critique the ways in which the field of social work positions the clinician as the "expert," and work toward increasing

the client's power within the therapeutic relationship and within mental health agencies (Swenson, 1998). Furthermore, clinical social work from a social justice framework means providing services that "decrease a client's relative deprivation in political, economic, social, spiritual and psychological spheres" (p. 534).

Students learn that social justice is defined as "a vision of society which the distribution of resources is equitable and all members are physically and psychologically safe and secure" (Bell, 2007, p. 1). This framework represents a unique approach to clinical work; the clinician promotes psychological and human development and growth by "addressing issues related to individual and distributive justice" (Crethar et al., 2008, p. 270). Clinicians from this framework also pay equal attention to micro, meso, and macro perspectives. There is an attempt not to privilege one level of analysis over another. Clinicians from this framework stress the "psychopolitical dimensions of human development" and the complete assessment of the full range of relevant factors that affect human development" (Prilleltensky et al., 2007, p. 34). This framework supports empowerment to the individual as well as active confrontation of injustice and inequality in society due to its effect on the client as well as those in society (Crethar et al., 2008). Models of practice that draw from this framework include empowerment practice (Gutierrez, Parsons & Cox, 1998), which involves the clinician supporting a client's positive sense of self, focusing on the social and political realities of one's environment, the cultivation of resources and strategies (Gutierrez et al., 1998), and ecological practice, which guides the clinician to examine the client as part of a larger social system and moves the clinician from looking at individual pathology (Browne & Mills, 2001).

In applying a social justice framework to a clinical case, the clinician may respond in a range of ways. A clinical social worker providing therapy from a social justice framework would focus the first meeting with the client on building rapport and by sharing a little about herself. The clinician shares that she is a social worker and that she has been working with for a several years. The clinician encourages Maria to ask her any questions throughout the session. The clinician begins by getting some background information about the presenting issue and some brief demographic information about the client.

The clinician learns that Maria identifies ethnically as Puerto Rican and racially defines herself as Latina. The clinician asks Maria how she distinguishes or connects being Puerto Rican and Latina. Maria reports that she "sees being Puerto Rican as part of her culture but being Latina as part of connection to other folks who are like her." The clinician makes a note to herself to refer back to the chapter on Latino racial orientations (Ferdman & Gallegos, 2001). The clinician asks Maria if there are other parts of her identity that are important to her. Maria reports that "being a girl" is important to her.

She learns that Maria is from a city in the northeast part of the state and observes that it is a predominantly Puerto Rican, Black, and Irish community. She notes to herself that the city has historically had tensions related to issues of race and racism and socioeconomic class and classism. The clinician also learns that Maria is a first year college student studying mechanical engineering. She asks Maria how her classes have been. Maria reports "feelings of sadness," and identifies that the reason why she came in was that she felt "off balanced." She noted that she and her roommate did not get along and that she did not connect with anyone in her classes. The clinician normalized her

feelings, citing the difficulty of being a first-year student and being away from friends, family, and things that felt familiar. The therapist referred back to Maria's disclosure that she was Latina and affirmed the challenges of being at a predominantly White institution and being a woman of color in a major where most other students are White and male. Maria responds by saying, "On top of that my roommate is ignorant." She states that her roommate, who is from a small town and has never been around a person of color, makes stereotypical comments. Maria states that she has raised the issue with her roommate but has not followed up with her residence advisor. The clinician explains that Maria's feelings of sadness appear connected to a number of external stressors in her life. They agree to continue to explore this issue in subsequent sessions. The clinician and Maria make a plan and identify the resources available to her on campus as well as in the surrounding community.

This vignette represents the strengths of working from a social justice framework. The clinician in this vignette makes connections between individual problems and societal forces; has a cultural worldview, pays attention to the interaction between the subjective worlds of the client and the work; utilizes an intersectional analysis; and builds on the assets, resiliency, and resources of the client.

Conclusion

In this chapter, I provided an overview of the bodies of literature I have reviewed. In the first body of literature I defined clinical social work and examined theories and frameworks in the field. Clinical social work, which developed during the 1960s and early 1970s out of case method of social work, now make up the largest percentage of

social workers. The core principles of clinical social work include a focus on the "person in the environment" and the "concept of a relationship." There are several theories and frameworks within clinical social work including psychodynamic, cognitive behavioral, systems, family life cycle, and biological theories. In the second body of literature, I introduced theories about learning and approaches to teaching clinical practice. The case method and role-plays are common pedagogical tools for teaching clinical social work. In the last section I examined the ways race and racism have been conceptualized in Women's Studies and social work utilizing a multi-level and intersectional analysis. Drawing from the work of Dean (2001), I introduced five frameworks for integrating race and racism entitled the monocultural, culturally competent, culturally responsive, critical race and social justice framework. These frameworks illustrate various approaches for incorporating race and racism into the teaching of clinical social work practice.

CHAPTER 3

METHODOLOGY

Introduction

This qualitative study examines how clinical social work faculty conceptualize and incorporate issues of race and racism in the teaching of clinical social work practice. This study employs in-depth interview, as a methodological approach, with 15 participants at historical clinical social work schools and schools with a strong clinical social work strand. A historical clinical social work school is defined, in this study, as a school that has historically offered a specialization in clinical social work. A social work school with a strong clinical social work strand offers a track in clinical social work in addition to other tracks in administration or community organizing. This study was influenced by feminist theory (Hesse-Biber & Yaiser, 2004a) and grounded theory approaches (Charmaz, 2006) to qualitative research. This chapter describes, in detail, the research design for this study; including the approach and rationale; site selection and participants; data collection methods, data analysis strategies; trustworthiness, and ethical considerations and limitations.

Research Questions

There are four types of research questions, exploratory, explanatory, descriptive, and emancipatory. An exploratory question investigates a phenomenon; an explanatory question explains the patterns of a phenomenon; a descriptive question documents and describes the phenomenon and an emancipatory question provides an opportunity for social action (Creswell, 2007; Marshall & Rossman 1999). The central research question of this study, both an explorative and descriptive question, is “How do clinical social

work faculty conceptualize and incorporate issues of race and racism in the teaching of clinical social work practice?" The sub or secondary questions I used to guide the design of the study and construct interview questions were 1) How do faculty conceptualize clinical social work? 2) How do faculty conceptualize teaching and learning in clinical social work, and 3) How do faculty conceptualize issues of race and racism?

Overall Approach and Rationale

In order to fully understand the conceptual and professional experiences of social work faculty, integrating issues of race and racism in the teaching of clinical social work, a qualitative study was undertaken. Qualitative research involves an "inquiry process of understanding based on distinct methodological traditions of inquiry that explore social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting" (Creswell, 1998, p. 15).

Qualitative research has four characteristics: the focus on the participant's emic or insider perspective; the researcher is the primary person who does data collection and analysis; it involves field work; and employs an inductive research strategy (Merriam, 1998, p. 7). The value of a qualitative study is that it "delves in depth into complexities and processes" (Marshall & Rossman, 1999, p. 57). Furthermore, a qualitative study provides the researcher a deeper perspective and understanding of a phenomenon—thus, how clinical social work faculty conceptualize and incorporate issues of race and racism in the teaching of clinical social work practice. In addition, qualitative research can be both interpretative and critical in nature, (Locke, Silverman, & Spirduso, 1998). In

interpretative research, the researcher utilizes "thick description" and the words and narratives of participants to illustrate the qualities of a phenomenon and to generate theory or knowledge as well. While critical research may engage similar methods to interpretative research, it emphasizes a commitment to socially responsibility, social justice and equity and begins with an interrogation of ones' assumptions within a particular socio-political context. A researcher operating from a critical research framework also believes that "all research is value bound and see [*sic*] it appropriate that they make their subjectivity (personal values about the question and commitments about their role as researchers) explicit and public" (Locke et al., 1998, p. 143). A critical framework is aligned with the principles of feminist research.

My approach to this study was anchored on critical and feminist approaches to research and theorizing. A researcher's epistemological position influences the entire research process, it impacts who is seen as the "expert" in the research and understands that knowledge is always socially situated. Methodology is defined by Harding (1987) as "theory and analysis of how research does or should proceed," while methods reflect the "step-by-step process for collecting data" (as cited by Hesse-Biber, Leavy, & Yaiser, 2004, p. 15). There is a direct relationship between epistemology, methodology, and methods. One's theory of knowledge shapes how one thinks about the research process and how one collects data. Various scholars define or describe feminist research in several distinct and overlapping ways (Dankoski, 2000; Hesse-Biber & Yaiser, 2004a; Reinharz & Davidman, 1992). Reinharz and Davidman define feminist research in three ways. First, feminist research is research that is conducted by those who self-identify as feminist. Second, feminist research is research that is found in feminist books or articles.

Third, feminist research is research that is recognized by feminist organizations. Dankoski (2000) states that feminist research examines the type of questions that are asked, explores the theories driving the research, considers the methodology employed, looks at the ethics of the researcher and notes the ways the research advances a feminist agenda, meaning how the research examines constructions of gender as well as power imbalances of race, socioeconomic status, and sexuality. Finally, Hesse-Biber et al. (2004) describe feminist research, as "research conducted within a feminist framework is attentive to issues of difference, the questioning of social power, resistance to scientific oppression, and a commitment to political activism and social justice" (p. 3). These three constructs reflect how I identify myself as a researcher and how I conceptualize or approach to this qualitative research.

First, I define myself as a feminist and my feminist training has shaped the type of questions I asked and the bodies of literature I examined. I am also influenced by Black feminism, particularly the work of Collins (1990, 2000) who argues against a universal idea of woman but engages an intersectional analysis in talking about the ways in which race, class, and gender are interlocking and interrelated categories. For example, as I was working on my literature review, I needed conceptual organizers to shift through and organize the literature and employed both intersectional and multi level analysis to sort through the literature. Throughout the research process, I was aware of the ways in which my positionality as a South Asian, female researcher impacted my ability to recruit participants, participants' comfort or discomfort with me and how I approached the analysis of the research data. My own reflexivity, the process when the researcher recognizes, examines, and understands how his or her own assumptions, social

background, and location affect the practice of research, was very much part of the research process (Hesse-Biber et al., 2004). Finally, I also see this work advancing a feminist agenda within fields of clinical social work and social work education. I believe that issues of race, class and gender are central to social work practice and social work curriculum.

Site Selection and Participants

Fifteen participants volunteered for this study from four higher education institutions in the East: two private historical clinical social work schools (Locust College and Beech College) and two private social work schools with a strong clinical track (Maple College and Pine University). Fifteen participants in total were recruited; four each from Locust College, Beech College, and Pine University, while three participants in total were recruited from Maple College. These sites were utilized because there was a larger possibility of entry and they had the potential to yield rich data. All four schools offer both a Master's and Doctor of Philosophy degrees in Social Work and four schools have a mission statement that reflect diversity, multicultural, or social justice values. To examine participant responses across four similar types of institutions, I originally chose four private historical clinical social work schools. However, due to the lack of responses back from potential participants at two of the historic clinical schools I had originally identified, I decided to also include in this study, two social work schools with a strong clinical social work strand. While I do not know why there was a lack of response to my emails from faculty working at the historical clinical social work schools, I can surmise that the reasons may have been related to faculty being inundated with a number emails

about participating in research studies, faculty being overwhelmed with their own work responsibilities, a lack of interest or discomfort with my topic, a lack of connection or relationship with me as the researcher, their perception of my racial identity, the institution's climate around engaging issues of race and racism and the chair of the sequence's lack of follow through forwarding my email solicitation to faculty who fit the scope of this study. Table 2 below provides the institutions, the type of school, mission statement, and number of faculty members that participated in this study.

Table 2
Institutional Profile

Name of institution	**Clinical School or Clinical Strand**	**Number of participants participated**
Locust College	Historical Clinical Social Work School	4
Beech College	Historical Clinical Social Work School	4
Maple College	Clinical Social Work Strand	4
Pine University	Clinical Social Work Strand	3

Participants in this study included full-time or adjunct faculty who have taught 2nd year/advanced clinical social work practice courses for at least 3 years in an accredited Master's in Social Work program. The decision to select participants who teach in Master's in Social Work (MSW) programs as opposed to a Bachelor's in Social Work (BSW) program is based on rationale that specialized training in clinical social work does not occur at the bachelor's level. It is also important for participants in this study to have three or more years of experience teaching the course because new faculty often experience more difficulties or challenges as they become more confident and competent

in teaching clinical social work practice courses. Both full-time and adjunct faculty were included in this study because full-time and adjunct faculty in most schools of social work teach the clinical social work practice courses. In this study, 7 out of the 15 participants identified themselves as adjunct faculty, while 8 identified as full-time faculty, 6 identified as tenure track faculty, and 2 identified as clinical faculty. Participants who identified as adjunct/part-time faculty and clinical faculty largely had MSW degrees, while full-time tenure track faculty had a PhD. There was only one adjunct/part-time faculty member who had a PhD. To select a diverse group of participants, the sample selection was stratified based on gender, race or ethnicity, and years of experience. In this study there were 4 participants who identified as men and 11 participants who identified as women. There were 3 participants who identified as people of color, in particular Black and Latino, while there were 12 participants who identified as White. Table 3 outlines the participants, the race and gender of the participant, the participant's current position, years of teaching, and highest degree attained.

Table 3
Participant Profile

Participant	Race	Gender	Current position	Years of Teaching	Highest Degree
Thomas	White	Man	Adjunct/Part-time Faculty	9 or more	MSW
Kate	White	Woman	Adjunct/Part-time Faculty	9 or more	MSW
Victor	White	Man	Full-time Faculty	9 or more	PhD
Sarah	White	Woman	Adjunct/Part time Faculty	3-5	MSW
Jose	Person of Color	Man	Full-time faculty	9 or more	PhD
Mary	Person of Color	Woman	Full-time Faculty	9 or more	PhD
Rhonda	White	Woman	Full-time Faculty	9 or more	PhD
Bonnie	White	Woman	Adjunct/Part time Faculty	3-5	MSW
Stephanie	White	Woman	Full-time Faculty	9 or more	MSW
Elizabeth	White	Woman	Adjunct/Part time faculty	3-5	MSW
Molly	White	Woman	Adjunct/Part time faculty	3-5	PhD
Angela	White	Woman	Full-time Faculty	3-5	PhD
Betty	White	Woman	Full-time Faculty	9 or more	MSW
Vivianna	Person of Color	Woman	Full-time Faculty	3-5	PhD
John	White	Man	Adjunct/Part time Faculty	9 or more	MSW

Data Collection Methods

Participants were sought through convenience sampling and purposeful sampling (Creswell, 1998). While convenience sampling identifies participants based on time, money and effort (Marshall & Rossman, 1999), purposeful sampling identifies participants based on their ability to "purposefully inform an understanding of the research problem and central phenomenon in the study" (Creswell, 2007, p. 125). I gained human subjects review board consent prior to piloting my research study,

recruiting participants and my data collection. I completed an online course through the Collaborative Institutional Training regarding the use of human subjects review and submitted appropriate paperwork to the School of Education before beginning data collection.

As an adjunct faculty/part-time member in the field of clinical social work and a member of a national organization of professional social work educators, I had access and the ability to recruit a wide and diverse network of participants. I employed two specific methods to locate participants. First, given my role as an adjunct faculty member at one of the sites of interest and my familiarity with another site in the study, I directly contacted the chair of the practice sequence and colleagues who I knew taught 2nd year/advanced practice courses. I sent an electronic version of the recruitment letter (Appendix A) to the potential participants. Participants expressing interest in the email solicitation were further contacted via email to review the purpose of the study, to confirm criteria required for participation, to discuss the time involved in the study, to review recording and consent procedures and schedule a date for a face-to-face or video Skype interview. At the face-to-face interview, participants were asked to sign a letter of consent (Appendix B) and complete a demographic questionnaire (Appendix C). Prior to the interviews via Skype, I provided each participant an electronic interview packet (Appendix D) that included an introductory letter, a copy of the agenda, a demographic questionnaire and two copies of the informed consent, one for their records and one for me, the researcher. I asked participants to review the demographic questionnaire and consent form. Participants then emailed me the completed demographic form at the beginning of the Skype interview and mailed me their signed consent form after the

interview. At the face-to-face and video Skype interviews, I asked those participants for the names of other faculty who teach the 2nd year/advanced clinical social work course.

The second strategy I incorporated to recruit participants was to examine the websites of the three other sites and identifying faculty who teach 2nd year/advanced practice courses. All three schools of social work have extensive web pages and that include the names and pictures of full-time faculty members and the names of part-time/adjunct faculty as well as the courses that they teach. I sent an electronic version of the recruitment letter (Appendix A) to the potential participants. Participants expressing interest in the email solicitation were contacted via email to review the purpose of the study, to confirm criteria required for participation, to discuss the time involved in the study, to review recording and consent procedures and schedule a date for a face-to-face or Skype interview. At the face to face interview, participants were asked to sign a letter of consent (Appendix B) and complete a demographic questionnaire (Appendix C). Prior to the interviews via Skype, I provided each participant an electronic interview packet (Appendix D) that included an introductory letter, a copy of the agenda, a demographic questionnaire and two copies of the informed consent, one for their records and one for me. I asked participants to review the demographic questionnaire and consent form. Participants then emailed me the completed demographic form at the beginning of the Skpye interview and mailed me their signed consent form after the interview. At the face-to-face and Skype interviews, I asked those participants for the names of other faculty who teach the 2nd year/advanced clinical social work course.

The goal was to recruit at least 3-4 faculty members from each school, and I recruited these participants over the course of a year and a half, in particular from

December 2009 through May 2011. In total, I recruited 15 faculty to participate in this study. Similar to the challenges I had securing participation from two of the four historic clinical social work schools, I had difficulties recruiting and scheduling interviews with participants across the remaining historic clinical social work schools and social work schools with a clinical social work strand. For the most part, full-time tenure track and clinical faculty were more responsive to my emails recruiting participants. Given that a number of schools relied on adjunct faculty/part-time faculty, I would emailed these participants two or three times before getting a response. Almost all of these adjunct/part-time faculty worked full-time jobs as a social work practitioners outside the academy in addition to teaching a graduate course. One of the participants taught multiple courses across two campuses of the same institution. Two of the participants were also doctoral students in addition to working full-time and teaching a 2nd year/advanced practice course. In some instances, I had to be creative about how I could reach the number of interviews that I needed to be able to conduct the study. My willingness to interview participants on video Skype came from this need to be innovative. I also broke down the interview into two parts for one of participants who worked in private practice and had only 50-60 minutes slots open and was not able to be interviewed in one sitting for 120 minutes. There were a few full-time and part-time faculty who never responded to my email. Similar to the reasons I stated above (lack of time or discomfort with the topic, their perception of my racial identity, etc.) about why faculty from the two original historical social work schools who did not respond, I imagine that those reasons apply as to why I had difficulty recruiting faculty to participate or getting faculty to even respond to my email.

Data Sources

I used 15 interview verbatim transcripts as the main data source in this study to help me develop a deeper understanding of participants' frameworks for and experiences with integrating issues of race and racism into teaching of clinical social work. In most instances I conducted one semi-structured, audio-taped, 120-minute interview, face-to-face or via video Skype with each participant, asking them how they conceptualized clinical social work, how they thought about teaching and learning, and how they conceptualized and integrated race and racism. In a few instances, I structured the interview into two sessions to accommodate participants scheduling issues. Altogether, I interviewed 12 of the 15 participants face-to-face and three of the participants via Skype. Interviews allowed the participants in the study to provide detailed descriptions about the ways they conceptualize clinical social work and race and racism, their teaching methodologies, course content, and themselves as faculty who integrate issues of race and racism in the teaching of clinical practice. Patton stated:

> We interview people to find out from them those things we cannot directly observe…we cannot observe feelings, thoughts and intentions. We cannot observe behaviors that took place at some previous point in time. We cannot observe situations that preclude the presence of an observer. We cannot observe how people have organized the world and the meanings they attach to what goes on in the world. We have to ask people questions about those things. The purpose of interviewing, then, is to allow us to enter in the other's person's perspective. (as cited in Merriam, 1998, p. 72)

To accomplish the goals outlined by Patton (1990), I developed a structured interview guide, which includes an interview agenda, set of detailed questions and a case scenario (Appendix E).

The interview guide was structured into four sections. The first section asks participants to explore the ways they conceptualize and understand clinical social work.

The second section asks participants to think about their understanding of teaching and student learning as well as their experiences in clinical social work classrooms. The third section asks participants to describe how they understand issues of race and racism and how they link it, in their teaching, of clinical social work practice. The last section of the protocol asks participants to review a case (Appendix F) and to talk about how they would use this case in the classroom. While the first three sections of the protocol address the main questions guiding the study, the last section of the protocol invites participants to examine experiences of a non-traditional female college student of Puerto Rican descent. The case provides the reader some demographic information, a description of the presenting problem and a brief psychological/medical history of a 25-year-old Puerto Rican woman named Maria who is a non-traditional college student at a public university. I chose to use the case to invite participants to explicitly describe and demonstrate their thinking about clinical social work, classroom methods for engaging students, their assumptions and understandings of race and racism, and the ways it may be impacting the experience of this particular client.

I relied on a interview guide (Appendix E) that remained consistent throughout all 15 interviews, although after my first interview, I did add a few probing questions in the section on asking participants to define race and racism, which remained throughout the rest of the interviews. I went back to ask my first interviewee these follow up questions to be consistent. At the beginning of each interview (face-to-face or via Skype), I explained the purpose of the interview, told them that this was one of 14-16 interviews at both historical clinical social work schools and schools with a strong clinical social work strand, and that each of the participants in the study would be interviewed asking the

same questions. Furthermore, I provided the participants a copy of the interview agenda and asked participants to read and sign the consent form, to complete the demographic form, and answered any questions about the study and the interview process. The demographic form asked relevant information about participants such as number of years of teaching, highest degree attained, gender, and racial identity. The consent form had specific information such as the central purpose of my proposed study, collection methods, explanation of confidentiality and participant rights, the benefits and risks of the study, and signature of the participant and researcher (Creswell, 2007).

I finally reminded participants that the interview was to be up to 120 minutes, that there was not "right" or "wrong" answers to the questions in the interview, and that I was not looking for only positive responses but the range of experiences that faculty have teaching clinical social work and incorporating issues of race and racism. Lastly, I explained that the interview had four sections and explained what each of the sections was focused on.

Data Analysis

Data collection and data analysis go hand in hand and are 'interrelated and simultaneous processes" (Creswell, 2007, p. 150). There are six stages to data analysis: (1) organizing the data; (2) generating categories, themes, and patterns; (3) coding the data; (4) testing the emergent understandings; (5) searching for alternate explanations; and (6) writing the report (Marshall & Rossman, 1999). I had the 15 interviews transcribed verbatim by a professional transcriber. I first listened to the audio recordings and followed the transcripts to ensure that the audio files were transcribed accurately. In

addition, for the first set of interviews, I filled out an interview cover sheet (Appendix H) for each participant. The interview sheet allowed me to enter demographic information about each participant, such as what school they taught at, the racial/ethnic and gender identity of the interviewee, and the number of years that the participant taught 2nd year/advanced clinical practice. I began by noting my overall observations/reactions to the interviewee and recorded my thoughts on how the participant described clinical social work, what they thought about teaching and learning and how they thought about issues of race and racism. The last two sections of the interview cover sheet included notes about the participants' responses to case of Maria (Appendix F) and my overall thoughts about how the interview was conducted (i.e., how well the interview protocol was followed, use of probes, etc.). For the second set of the interviews, I informally took notes each of the interviews rather than filling out an individual interview cover sheet. To manage my data, electronic copies of transcripts and interview cover sheets were put into file folders on a secure computer. I kept hard copies of the informed consent forms, demographic questionnaires and transcripts in separate folders in a locked file.

Grounded theory is based in the following components, (1) simultaneous involvement in data collection and analysis, (2) constructing analytic codes and categories from the data, and (3) using the constant comparative method (Charmaz, 2006). The qualitative approaches and techniques used to manage and make sense of the data drew from grounded theory methods and related techniques (Charmaz, 2006). I began an informal analysis of the interviews while listening to audio recordings and writing notes about what the participants shared. I then read and re-read the transcripts to get familiar with the data and to begin open coding for salient categories, themes, and patterns. "The

process of category generation involves noting patterns evident in the setting and expressed by participants" (Marshall & Rossman, 1999, p. 154). I employed line-by-line coding that helped me create broad themes and categories. I also utilized the interview questions, the study's purpose, meanings made explicit by participants, and my knowledge of the research topic to help generate these initial codes. Using inductive analysis and relying on interview data from all four sections, I collapsed many of the broad themes into sub-themes. To uncover and search for meaning, I looked for broad themes and sub-themes to "to elaborate the topography of meaning expressed by the participants" (Rossman & Rallis, 2003, p. 276). Once I constructed a number of initial coding categories, I examined and reexamined my data to make sure that the categories are aligned with the data. Relying on focused coding, I utilized the more frequent and significant codes to shift through the data. I utilized the constant compare method (Glaser & Strauss, 1967) throughout the inductive process. This method allows the researcher to "make comparisons between data, codes and categories into order to advance conceptual understanding," and makes room to interact "with your data and emerging ideas." (Charmaz, 2006, p. 179). Grounded theory, in its more contemporary form, supports researcher self-reflexivity. I was aware throughout the process, how my own social location impacted how I approached and analyzed the data. Finally, I used axial coding to make links and highlight relationships between the categories. Similarities and differences were identified, described and explained and I aligned the established categories with the three specific sub-questions that guided the study.

Trustworthiness and Ethical Considerations

To insure trustworthiness of the data and to limit research bias, an array of measures were taken, including the use of peer debriefing and triangulation. Through the various phases of research, I utilized the critical feedback from members of my dissertation committee and a small group of colleagues who served as peer debriefers and critical readers. Throughout the research process, I utilized the input of a group of female colleagues who were themselves working on research and from across a variety of academic disciplines. I met with these women monthly, and they provided me either individual written comments or large group verbal feedback. The input provided helped me clarify how to best approach the data and makes sense of the themes that emerged as I began to analyze the data. To strengthen the validity of my findings, I also relied on triangulation techniques. Triangulation helps establish validity "using multiple sources or data or multiple methods for confirming the emerging findings" (Merriam, 1998, p. 204). I compared multiple methods of data, transcripts, demographic questionnaire and research memos to confirm my sensitivity to ethical issues is an integral component of qualitative research. The researcher "anticipates issues of negotiating entry, reciprocity, role maintenance, and receptivity and, at the same time, adheres to ethical principles" (Marshall & Rossman, 1999, p. 90). To uphold these principles, I incorporated a number of strategies to protect the participants. Given my role at one of the sites of the study and my personal or professional relationships with a few of the participants, I was self-reflexive and transparent about issues of power and the ways in which my role as a researcher could impact current or future collegial relationships. This is an important consideration as "unequal power relations between the researcher and research

participants serve to transform the research subject into an object" (Hesse-Biber et al., 2004, p. 12). I recognized that these participants were just not just research subjects but my colleagues who had a body of knowledge and expertise to share. To protect participants, I provided an informed consent letter (Appendix B) to each of the 15 participants. The informed consent outlined the purpose of the study, participant's right to refuse to answer any question and their right to terminate their participation. I asked the participants to read the consent letter and to sign the letter. I also provided participants a copy of the letter. In order to further safeguard participants, I asked the professional transcriber to read and sign a transcriber's assurance of research confidentiality statement (Appendix G). I also provided the professional transcriber a copy of the statement. To maintain confidentiality and protect the identity of the participants within this study, pseudonyms were used in place of the participant names and identifying factors were removed from any documents produced from this research. I kept copies of audio files and transcriptions on a secure computer. I also created separate folders for the informed consent forms and demographic questionnaires as well as separate folders for each of the transcriptions. I kept the folders in a locked file, which I, the primary researcher, had only have access to.

Limitations

There were a number of limitations that impacted the generalizability of this study. "No study is without limitations; there is no such thing as a perfectly designed study" (Marshall & Rossman, 1999, p. 42). There are limitations inherent in both design and analysis (Locke et al., 1998). This study was limited by its small sample size and the

context in which the research was conducted. The perspectives represented are of only 15 participants and the institutional contexts of the participants involved were all associated with small, private schools in the east of the United States. The data collected may not be consistent with other types of school and in other regions within the United States. In addition, a majority of the participants identified as White and women, which is consistent with demographics of the field of clinical social work and the larger field of social work but should be considered when reaching conclusions about the research findings. Also given that the study had a specific focus on clinical social work, the results of the study may not be generalizable or useful for other specializations in the social work field. This research was context-specific and future research will need to be undertaken to see if these findings are consistent across context and populations and could be replicated. Also, the interviews that were conducted in this study were one-time only interviews, and there was not any follow up with participants and transcripts were not provided to participants to check for accuracy and clarity. Also given that the interviews were conducted over a 120-minute period, participants' responses at the end of the interview may reflect their difficulty staying engaged for this time period. If questions about the case study were provided earlier in the interview, it may have impacted the quality of participants' answers.

My own positionality as a South Asian woman and as an adjunct/part-time faculty may have impacted the study and how participants responded to me as well. Given my participants' knowledge that I regularly taught about issues of race and racism, they may have felt uncomfortable answering questions related to the study. In fact, one of the participants reported feeling anxious saying something "wrong" to me as the researcher.

While I tried to be self-reflexive about my research relationship with participants and issues of power and social identity dynamics, there are ways that participants may have been less forthright in their answers, given my racial, gendered, and professional identity. Also there are ways my own implicit bias impacted the ways in which I collected and analyzed the data.

Summary

This qualitative study engaged both feminist and qualitative approaches to understand how clinical social work faculty teaching 2nd year/advanced practice conceptualize and integrate issues of race and racism in the teaching of social work practice. The next chapter, the findings, will provide an overview of the participants who participated in this research study and institutional vignettes of Locust College, Beech College, Maple College, and Pine University. The chapter is divided into four sections based on the three subquestions guiding the design of the study and the case study of Maria. The chapter presents the themes that emerged from data gathered through in-depth interviewing.

CHAPTER 4

FINDINGS

Introduction

The purpose of this study was to explore and describe how clinical social work faculty conceptualize and incorporate issues of race and racism in the teaching of clinical social work practice. This chapter presents the findings of the qualitative thematic analysis of the 15 in-depth interviews conducted with self-identified full-time or part-time faculty who teach a required second year or advanced clinical social work practice course in a Masters of Social Work (MSW) Program. The interview guide (see Appendix E) developed for such purpose contained both open ended and closed ended questions derived from the study's central guiding question, "How do social work faculty conceptualize and incorporate issues of race and racism in the teaching of clinical social work practice?"

This chapter is organized into four sections based on the sub-questions guiding the design of the study. Each of the sections ends with a discussion of how it connects to the overarching research question, "How do social work faculty conceptualize and incorporate race and racism in the teaching of clinical social work practice?" The first section addresses the first sub-question of the dissertation: 1) "How do participants conceptualize clinical social work?" Clinical social work, a specialization within social work has had a long and complicated history. There has been a debate outside the field of clinical social work about how it fits within the larger profession of social work (Goldstein, 2007). And within clinical social work, "there is little agreement among practitioners and academic faculty about what students need to know" (Goldstein, 2007, p. 15). While there have been several theoretical articles examining definitions of clinical

social work (Goldstein, 1996, 2007; Simpson et al., 2007), there has not been any empirical studies examining how educators and practitioners define or conceptualize clinical social work. Given that practice classes are one of the sites in training students how to do clinical social work, it was critical to identify what participants teach their students. Furthermore it important to identify what concepts, theories or frameworks they wanted students to take out into their practice.

The second section addresses the second sub-question of the dissertation: 2) "How do participants conceptualize teaching and learning in clinical social work?" Within the broader field of social work, it is has become increasingly difficult to find educators who have expertise in teaching clinical social work (Goldstein, 2007). Faculty may have been trained in the practice of clinical social work but may have not been trained in the practice of teaching. Participants in this study were asked to think about how they conveyed clinical concepts, theories or frameworks to students, how they learned to teach and where they went for support and new ideas.

The third section addresses the third sub-question of the dissertation: 3) "How do participants integrate and incorporate issues of race and racism in the teaching of clinical social work practice?" As part of or in addition to teaching students about clinical concepts, theories and frameworks, participants are mandated by CSWE to incorporate material about issues of social justice. Learning about race and racism, one of the components of social justice, is an important part of clinical social work education. Participants were asked to define and discuss their connections to race and racism, talk about their efforts to incorporate race and racism as well as other issues of identity and oppression.

The fourth and final section examines the case of Maria, a brief case study of a 25-year-old, Puerto Rican woman who was referred for services at the university college counseling center. Through their exploration of the case, participants were encouraged to discuss how they conceptualized clinical social work, how they engaged students in examining the case and how and what aspects of race and racism that they wanted their students to notice and unpack. Participants were also asked how other aspects of social identity and oppression were present in the case study.

This chapter organizes the themes associated with these questions that emerged from data gathered by in-depth interviews. Themes were combined and organized based on the overarching research question and subset questions. Data was grouped and organized into categories and subcategories. Categories were then clustered through the process of examining the responses of each participant while constantly comparing these responses with one another to construct recurring patterns that cut across the data (Merriam, 1998). Additionally, this chapter begins with an overview of the background of the participants of this study, as a whole and individually.

Overview of Participants

In an attempt to help the reader gain a better understanding of the participants as a whole and to add some context to each of their personal backgrounds, Table 3 provides a snapshot of (a) how participants self-identify racially, (b) how participants identify in terms of gender, (c) their current position at the university or college, (d) the number of years they have taught, (e) a pseudonym of the college or university that they are a member of, (f) the type of school they are currently teaching in, and (g) the highest

degree they received. Participants largely identified as teaching at a school where clinical social work was the only specialization or at a school where clinical social work was one of two specializations. There were equal numbers of participants who taught the same number of years of and taught at similar types of schools rather than equal numbers across racial groups or in terms of gender identity. For example, there were 4 men who participated in the study and 11 women, and there were 3 people of color who were participants and 12 people who identified as White. On the other hand, there were 6 participants who taught for three to five years, while there were 9 participants who taught for nine years or more. There were no participants who taught for six to eight years. Participants in the study were either relatively new to teaching second year practice or had been teaching second year practice for quite some time. Also 9 out of the 15 participants taught at a historical clinical social, while 8 out of the 15 participants taught at a social work school with a strong clinical social work strand. Specific characteristics of the participants will be referred to throughout the findings chapter if it is relevant or significant to the theme being discussed.

Table 4
Participant/Institutional Profile

Participant	Race	Gender	Current Faculty Position	Years of Teaching	College or University	Clinical School or Clinical Strand	Highest Degree
Thomas	White	Man	Adjunct/Part-time	9 or more	Locust College	School	MSW
Kate	White	Woman	Adjunct/Part-time	9 or more	Locust College	School	MSW
Victor	White	Man	Full-time	9 or more	Locust College	School	PhD
Sarah	White	Woman	Adjunct/Part-time	3-5	Locust College	School	MSW
Jose	Person of Color	Man	Full-time	9 or more	Beech College	School	PhD
Mary	Person of Color	Woman	Full-time	9 or more	Beech College	School	PhD
Rhonda	White	Woman	Full-time	9 or more	Beech College	School	PhD
Bonnie	White	Woman	Adjunct/Part time	3-5	Beech College	School	MSW
Stephanie	White	Woman	Full-time	9 or more	Maple College	Strand	MSW
Elizabeth	White	Woman	Adjunct/Part-time	3-5	Maple College	Strand	MSW
Molly	White	Woman	Adjunct/Part-time	3-5	Maple College	Strand	PhD
Angela	White	Woman	Full-time	3-5	Pine University	Strand	PhD
Betty	White	Woman	Full-time	9 or more	Pine University	Strand	MSW
Vivianna	Person of Color	Woman	Full-time	3-5	Pine University	Strand	PhD
John	White	Man	Adjunct/Part-time	9 or more	Pine University	Strand	MSW

Institutional and Participant Vignettes

The following section provides abbreviated summaries of each participant as well as an overview of the college or university where they teach. The forthcoming section serves to set a context for the qualitative data cited in each subsequent section. The participants' years of teaching, the type of institution, their role in a full-time or part-time capacity at the college or university, and their racial or gender identity influenced how they have responded to a particular question or subset of questions.

Locust College

Locust College is a historic clinical social work school, meaning that the school was founded as a social work school that offered a clinical specialization. It is located in the East and provides a Master's in Social Work as well as a Doctor of Philosophy degree in Social Work. Locust emphasizes attention to issues of diversity and social justice as part of their mission statement.

Thomas is an adjunct/part-time faculty member at Locust College. He has taught for over nine years at both Locust College and another historical clinical social work school, Sergeant University, that was not included in this study. He received his MSW at Sergeant University, and began teaching clinical social work courses there. *Thomas* works as a full-time private practitioner and identifies as White male.

Victor is a full-time faculty at Locust College and has taught for over nine years there and at other social work schools that were not clinical social work schools. He received his doctoral degree from Locust College and began teaching there as a doctoral student. *Victor* also works as a part-time private practitioner and identifies as a White male.

Kate is a part-time/adjunct faculty member at Locust College. She received her MSW from Locust College and began teaching there soon after taking a job as an administrator. She has been teaching at Locust College for over nine years in a part-time capacity. *Kate* identifies as a White female.

Sarah is an adjunct/part-time faculty member at Locust College. She received her MSW from Sergeant University and is currently a doctoral student at Locust College. She works as a full-time private practitioner. *Sarah* identifies as a White female. She has been

teaching at Locust College for three to five years. All the participants at Locust College teach a required course second year advanced practice.

Beech College

Beech College is also a historic clinical social work school. It is also located in the East and provides a Master's in Social Work as well as a Doctor of Philosophy degree in Social Work. Beech College emphasizes social justice values and multicultural perspectives as part of its mission statement.

Jose is a full-time faculty member at Beech College and has been teaching for over nine years He began teaching there in an adjunct/part-time capacity and later joined the faculty in a full-time capacity. In addition to teaching, he is involved in community-based mental health and serves as a consultant for a number of organizations. *Jose* identifies as a man of color.

Mary is a full-time faculty member at Beech College. She received her MSW at Beech College and her doctoral degree at Locust College. She has previously taught at Locust College as well as Pine University. She currently works in a part-time capacity in clinical agencies in urban settings and serves as a consultant locally as well as globally. *Mary* identifies as a women of color. She has been teaching for nine years or more.

Rhonda is a full-time faculty at Beech College and has been teaching for over nine years. She has also taught at Maple College where she received her doctoral degree. She works in a part-time capacity as a private practitioner and also volunteers in a community-based agency in an urban setting. *Rhonda* identifies as a White female.

Bonnie is a part-time/adjunct faculty member at Beech College where she is also a doctoral student. She received her MSW from Pine University. *Bonnie* also works in an outpatient mental health agency. She has been teaching for three to five years and identifies as a White female. All the participants at Beech College teach a required course second year advanced practice.

Maple College

Maple College is a college grounded in religious teaching located in the East and offers two focuses as part of their MSW program. Students can focus on clinical social work or macro practice as their specializations. Maple College offers both a Master's in Social Work as well as a Doctor of Philosophy degree in Social Work. It upholds the values of their multiculturalism as part of their mission statement

Stephanie is a full-time faculty member of clinical practice and has been teaching for nine years or more. She received her MSW from Pine University and does not have a doctoral degree. She identifies as a White female.

Elizabeth is an adjunct/part-time faculty member and a full-time private practitioner. She has been teaching for three to five years at Maple College where she received her MSW degree. She identifies as a White female.

Molly is an adjunct/part-time faculty member. She received her doctoral degree from Locust College. She has been teaching the second year practice course for two years at Maple College and teaching practice courses three to five years total. She has also taught at non-clinical social work program in the Northeast. All the participants at Maple

College teach a required course second year advanced practice focused on children and families.

Pine University

Pine University School for Social Work offers two specializations as part of their MSW program. They offer a specialization in clinical social work and a specialization in macro social work. It is also located in the East and provides a Master's in Social Work as well as a Doctor of Philosophy degree in Social Work. Pine University centers social work practice in multicultural environments as part of its mission.

Angela is a full-time faculty member and has been teaching at Pine University for three to five years. She identifies as a White woman.

Betty is a full-time faculty member and has been teaching at Pine University for nine years or more. *Betty* received her MSW from Beech College and does not have a doctoral degree. She identifies as a White female.

Vivianna identifies as a woman of color. She is a full-time faculty member. She has been teaching at Pine University for three to five years.

John is a part-time/adjunct faculty member who has been teaching for nine years or more. He identifies as a White male. Each of the participants at Pine University teaches a different social work course that falls under the framework of a required advanced second year practice course. *Angela* teaches a course exploring cognitive and behavioral treatment. *Betty* teaches a course examining brief treatment. *Vivianna* teaches a course exploring group work and *John* teaches a course addressing family therapy.

Numerical Categories

Participant responses were organized or broken down by fractions or particular descriptors. If 13 to 15 participants responded similarly, “all” or “almost all” is used to designate this. When 11 to 12 participants responded the same way, “most’ or “three fourths” is used. If 9 to 10 participants provided the same answer, “more than half” or two thirds is used to highlight this. If 7 to 8 participants responded similarly, the terms “half” or “one half” is used. “Less than half” or “one third” was used if 5 to 6 participants replied similarly. If 3 to 4 participants responded in a similar fashion, “one fourth” is used and finally, when 1 to 2 participants replied, “few” or “one eighth” is used.

Table 5
Numerical Categories

Number of Participants	Descriptor or Descriptors Used
13-15	Almost all
11-12	Most, Three Fourths (3/4)
9-10	More than half, Two Thirds (2/3)
7-8	Half, One half (1/2)
5-6	Less Than Half, One third (1/3)
3-4	One Fourth (1/4)
1-2	Few, One Eighth (1/8)

How Do Participants Conceptualize Clinical Social Work?

Teachers and practitioners within the field of clinical social work have had difficulties reaching consensus about what defines it. “There is little agreement among practitioners and academic faculty about what students need to know,” (Goldstein, 2007, p. 16). In addition, “MSW curricula vary widely with respect to nature and depth of clinical content. Furthermore, academicians and clinicians often differ in their views

concerning essential content and best educational models," (Simpson et al., 2007, p. 3). Thus, the purpose of this research was to examine the ways in which participants defined, conceptualized, or described clinical social work. As part of the question, "How do participants conceptualize clinical social work?" I asked participants to name the core concepts, principles, theories, or frameworks that guide clinical social work. I wanted to know how the participants not only thought about clinical social work but also what they wanted students to be more knowledgeable about or take out of the classroom and into their practice. This section presents the themes that emerged in the interviews with participants as outlined in Table 6. The table is organized around the themes or sub-themes that emerged from interview questions: 1) How do participants define clinical social work? 2) How does institutional culture influence how participants defined clinical social work? 3) What concepts and principles do participants want their students to learn? and 4) What clinical social work theories and frameworks do participants want students to be knowledgeable about? The table is broken up into two columns, one column that lists the question that was asked of participants and a cluster of themes that emerged from the discussion.

Table 6
Conceptualizing Clinical Social Work

THEMATIC CLUSTERS	
How do participants define/describe clinical social work?	Participants characterized clinical social work: • As a broad field of practice (breadth) • As a field that has a past (historical roots) • As a field that serves diverse constituencies in many different settings (diverse focus)
What do participants think is unique about clinical social work?	Participants described what makes clinical social work distinct, different or unique from other fields of social work and disciplines as follows: • Attends to the person in the environment • Engages a multi-level analysis • Centers the relationship between clinician and client • Focuses on direct practice • Exhibits a commitment to diversity and social justice
How does institutional culture influence how participants defined clinical social work?	The various factors that influenced how participants defined and/or taught clinical social work were: • Their own academic education and training • The type of institution (religious versus non religious) • Their professional role as a practitionerThe significance of the social work accreditation board

What concepts and principles do participants want their students to learn?	Some of the concepts or principles participants wanted students to learn and take out into their field practice were:
	• Gaining practice skills
	  ○ Assessing or interviewing a client.
	  ○ Listening deeply.
	  ○ Establishing goals or objectives.
	  ○ Utilizing targeted intervention skills.
	  ○ Ending the treatment.
	• Learning how to be with a client versus a solely focusing on what to do with a client.
	• Being aware of themselves as practitioners and what they bring into the room or into the relationship with clients.

What clinical theories and frameworks do participants to be knowledgeable about?	Some of the clinical theories that participants wanted students to be familiar with were as follows:
	• Applying practice theories
	  ○ Multiple theoretical orientations such as cognitive behavioral, psychodynamic, or narrative.
	  ○ Single theoretical orientation such as psychodynamic.
	• Sociological theories
	  ○ Social justice principles and critical race theory.

Defining or Describing Clinical Social Work

Within the field of social work, clinical social work is sometimes conflated with psychotherapy and casework. Furthermore, some of its critics "view it as ill-suited to a profession whose mission was to address the concerns of the poor and oppressed populations" (Goldstein, 2007, p. 15). The purpose of this research was to hear in the participants' own words how they viewed the field of clinical social work and what values, knowledge, or skills they taught their students. Participants acknowledged the historical criticism of clinical social work and talked about the ways in which the field had shifted. They discussed the different type of clients their students worked with and the range of settings they worked in. They also named what they thought was distinct about clinical social work versus the larger field of social work and other disciplines. Participants described and defined the field of clinical social practice in terms of breadth, foci, and in relationship to other fields of social work For instance, many participants noted the breadth of the field, the range of settings in which clinical social workers worked and the various populations that social workers interfaced with. Some participants also described clinical social work in relation to other fields in social work and the extent in which it has been traditionally constructed.

Breadth of the Field

Clinical social work has moved from the margins of social work to being seen as a legitimate field. It has also shifted in how it is largely defined. Goldstein (2007) states that "many professional bodies embraced a broadened view of the term" (p. 16). In their overall definition of clinical social work, about one third of the participants described it

using variations of the term “broad,” for example, “It is a very broad umbrella term,” or “Clinical social work is more broadly defined.” Participants either defined clinical social work based on their own interpretation or referenced how it was seen within the larger social work field.

Historical Roots

In describing clinical social work, the participants noted its historical roots. Participants spoke about the ways in which clinical social work is often seen or what associations are typically made with the field of clinical social work. Participants characterized traditional clinical social work with words such as “therapy,” “psychotherapy,” “counseling,” and described it as seeing clients within the therapy hour, meaning a “50-minute hour.” Clinical social work, in the traditional sense, also meant work that happened in an outpatient context. A few of the participants went on to say that while clinical social work included therapy and the therapy hour, it was wider and included other focuses. For instance, Bonnie described how clinical social work may be perceived but that in reality, the work that students are doing in the field is much broader.

> Traditional clinical model, which is more outpatient work, doing therapy, the therapy hour but also encompassing the work my students are doing right now, working in hospitals, prisons, doing things outside what we traditionally think of clinical social work, not necessarily the therapy hour, doing assessment with clients in hospitals or in prisons or crisis intervention.

Adding to the varied responses, another participant, Victor, discussed while he recognized clinical social work as theoretically multi-faceted, in their own practice, he focused more specifically on psychotherapy.

> I think of clinical social work often times being associated with some sort of counseling and or psychotherapy. Although I recognize clinical social work is

> more broadly defined with other things like case management and a range of sort of social interventions like child welfare. I don't only define clinical social work as more psychotherapy, therapeutic activities but that is what I practic**e** but I tend to recognize that it's a broad range of activities.

Participants generally talked about clinical social work based on their own experiences as social work practitioners or based on their reflection of how it was seen within the larger field of social work. Participants also characterized social work based on who clinical social workers worked with and the settings in which clinical social workers worked.

Diverse Focus

Clinical social work is largely based on whom practitioners serve and the settings in which the services are rendered. Half of the participants noted that the setting or the context in which clinical social work occurred was significant. While the field of clinical social work has been critiqued for promoting "private practice with middle-class clients," (Goldstein, 2007, p. 16), participants described a range of settings and diverse constituents. Rhonda stated, "I see clinical, the sort of perspective as a clinician lending itself to work in a lot of settings." Stephanie also discussed the diverse settings in which clinical social work could take place.

> Sometimes it's 50 minutes to an hour in an outpatient office, sometimes it home-based work with a home-based team. Sometimes it's in a residential program, a hospital, in a detox, a DYS program so I think it's in a lot of different settings.

Additionally, participants noted that clinical social work takes place with a variety of constituents. Three fourths of the participants described it occurring largely with individuals, families, and groups. Jose described a social worker as "someone who works in direct practice with individuals, families, couples, groups." A few participants also

referenced communities and couples as other types of constituents with whom clinical social workers work.

Unique Orientation

Almost all of the participants defined clinical social work as distinct from other areas of social work and other disciplines. These participants described how clinical social work as a strand of social work or a practice field was different from the fields of social work where policy, research, and/or community organizing were the focus. Simpson et al. (2007) describe "a shared foundation that is not only at the core of clinical social work but also the larger field of social work" as the *person-in-situation* perspective and the concept of *relationship* (p. 4). The person-in-situation "integrates individual factors, relational dynamics and situational influences," (p. 4). And the relationship reflects "the dynamic connection between two or more people" (p. 5). Furthermore, the authors believe that these core orientations guided "the development of social work's knowledge and skills," (p. 4). Participants identified these two concepts as what made clinical social work distinct within the larger field of social work not just distinct from other disciplines. Some of the reasons that participants identified what made clinical social work an unique field within social work and across other clinical disciplines, such as psychology and psychiatry, included the *person-in situation* or *person-in-environment* perspective, the attention paid by clinical social workers to the client's context or the environment, and the *relationship* between the clinician and the client. Participants further identified *multi-level analysis*, the analysis and/or intervention at one or more

levels, the attention to *direct practice* or intervention with clients, and the *commitment to issues of diversity and social justice*.

Person in Environment

Paying attention to the context that clients are a part of is important in clinical social work. Half of the participants reported that the concept of the "person in environment" is unique to clinical social work. Participants talked about taking the whole person into account; however, they used different language or expressed it slightly differently. Participants talked about the *person in environment* concept theoretically and how it applies to practice. Participants talked about the importance of looking at the social environment or the context in which clients are embedded. From a practice perspective, participants also talked about how to work with contextual influences on individual people and the importance of acknowledging the ways factors outside a person, such as a poorly performing school or growing up in a single parent household, can shape a client. Vivianna, discussed her belief that clinical social work took into account a comprehensive view of a person, working with peoples' sociocultural backgrounds as well as their personal identities or situations. Comparing clinical social work with other disciplines outside of social work, Angela stated,

> And I guess I often think of clinical social work as how it is distinct from other disciplines like psychology and psychiatry…like the diverse roles the clinical social worker has in contrast to the psychologist or the psychiatrist, seeing very much what the contextual influences are around the individual, taking that into account.

Similarly, Molly compared clinical social work with other strands of social work when positing,

> The difference between clinical social work and other strands of social work is that other strands of social work tend to focus on changing the environment and making the environment better, rather than changing the person in their environment… an example of more of a generalist type of social work would be maybe helping them with their housing situation. Helping them with their financial situation, getting their children enrolled in school. Things that practically need to be done in their life that they are having difficulty doing themselves and may need some help doing in the form of case management, [rather] than a clinical perspective would be kind of what I am thinking of, sitting down with the person and finding out why it is that they can't do this themselves. Why can't they fill out the form to get the financial resources that they need? Why can't they enroll their child in the school that makes sense to them? Why can't they problem solve. Why do they need help solving these problems?

Molly seemed to reference in her statement this shift that has happened in the larger field of social work from a more integrated *person-in-environment* approach to a more binary, dualistic or either/or perspective of *person-and-environment* or *person-or-environment* (Simpson et al., 2007). She is distinguishing clinical social work from other strands of social work as having a *person-in-environment* focus.

Multi-level Analysis

The participants distinguished between the *person-in-situation/environment* and *multi-level analysis* although the concepts seem to overlap. The difference seems to be that the *person-in-situation/environment* reflects an epistemology whereas multi-level analysis reflects a methodology although these have similar characteristics. Half of the study participants stated that attention to the *micro* (individual, interpsychic, and/or familial) level and the *meso* (community) level or the *macro* (institutional and/or policy) level or a combination of all three was unique to clinical social work. Two of the participants reported the importance of being "micro-focused" or the "psychological nature" of the work. The rest of the participants talked about considering two levels, the

micro and *meso* or the *micro* and *macro*. For example Betty noted that in clinical social work there was a "simultaneous consideration of inside and out…intrapsychic phenomenon and what we may consider to be environmental influences." Another participant, Kate, stated that "historically attending to the inside and outside" was unique to clinical social work. Clinical social work requires one to think about the dual focus, "to what is happening inside a person and what is happening externally in their world." Stephanie's quote further illustrated the focus of clinical social work at both the micro and the macro level.

> I don't really separate clinical social work as clinical and macro, I think it is an artificial construct. I think that for me clinical social workers are also trained to be macro thinkers and they should also be thinking about what are the needs of their clients and the community that they work in.

Angela further stated,

> It's not that we are just sitting in our separate blocks. So there is no way for me to teach clinical practice without my students understanding, let's say mental health…I am teaching my course on mental health, then how can they not be thinking about policies that are related to mental health and services and so forth or issues that are going on in terms of context in the community level and how that's affecting the individual that they are working with.

It seems while some participants distinguished clinical social work from the field of social work policy, other participants seemed that identify the interdependent relationship between clinical work and policy work.

Relationship with Client

The concept of the relationship has had an important role in the development of clinical social work. "Clinical social work has long appreciated that the therapeutic relationship is the primary vehicle for intervention," (Simpson et al., 2007, p. 5). About one third of the participants also described the importance of the establishing and

working with the relationship between the clinician and client. Participants described working with the relationship in a couple ways. One participant talked about it as "engagement," two participants talked about it as "how to be with people," and another participant described the relationship as "therapeutic." For example, Victor stated,

> What makes clinical social work more specific or more unique than some other parts of social work is the emphasis on the relationship and so then the understanding of how one uses self differently as a professional in clinical social work. So yes, sort of the focus or the emphasis on using the relationship as a real part of the treatment.

Elizabeth noted that establishing the relationship was a "soft skill" in clinical social work and was more difficult than "hard skills" such as filling a governmental form. While Simpson et al. (2007), described the relationship as a core orientation of clinical social work, it also reflects a clinical skill. "The conscious use of relationship is a principal skill of clinical social work," (p. 10).

Direct Practice

"Intervention" or "doing" with clients was another unique aspect of clinical social work. While most participants used the term intervention, many of the participants did not expand on what they meant by intervention. One fourth of participants identified intervention as an important part of clinical social work. Two of the participants did provide more description about what they meant by intervention. Stephanie described assessment, diagnosis, and treatment as core of clinical social work stating "To do the assessment, figure out what is going on, what the diagnosis is, which will help you figure out the treatment." Sarah described social workers as action oriented, stating, "It is also about the doing, the clinical piece is also about the action." This reflects Simpson et al.'s

(2007) perspective who describe assessment and diagnosis as one of the fundamental skills to clinical social work.

Commitment to Diversity and Social Justice

Finally, participants talked about issues of diversity and social justice as unique to clinical social work. One fourth of the participants talked about issues of diversity and social justice in a variety of ways. Participants described the field of clinical social work as being unique because of their work with marginalized populations or the field being different because of its sensitivity to issues of diversity and social justice. Elizabeth talked about issues of difference in the clinical encounter, "being able to sit with somebody who maybe is so different than you." Jose shared clinical social work's commitment is to understanding how inequity affects clients and to "understand[ing] oppressive institutions." This was a significant finding given that the field of clinical social work's characterization of not addressing the needs of oppressed populations. Goldstein (2007) supports this counternarrative by stating, "For our profession's inception, it has been those engaged in direct practice who have put themselves on the front lines in working with clients who face a multitude of person-in-environment problems including effects of poverty, discrimination and oppression" (p. 16).

Given the orientation of clinical social work to look at a person within a context, it made sense to look at the institutions in which participants were situated. Participants were asked about the institutions they were in and how that influenced or did not influence how they defined or taught clinical social work. Only a few participants noted that the institution impacted how they defined clinical social work, while all the

participants identified that the institution impacted how they taught social work, given that they had a common syllabus or they were at an institution that was a faith-based institution. Participants pointed to other factors that influence how they defined clinical social work such as their experience as practitioners or the role of the social work accreditation board.

Academic Education and Training

Context can influence the parameters of clinical social work education (Simpson et al., 2007). Only three of the participants identified the role of institutional culture in shaping how they defined clinical social work. These participants had obtained their academic training in clinical social work at the very institution where they taught. They discussed having difficulty deciphering which part is institutional culture, which part is their own social work education and which part is their own experience. Bonnie noted,

> University culture?...Probably, yeah…I have been there a long time to sort of pull apart which part is institutional and which part is me learning how to teach it is hard, ..I think the model of how I teach it and how I understand it is based in least part on institution, the other in part is based on my own experience. But I have been in their doctoral program I want to say this is my sixth year. So I did all my doctoral classes there and I learned to teach there. Six years is a decent amount of time in my …social work career.

Furthermore, there is a parallel process in terms of what doctoral level student teachers are learning to focus on in their teaching and what is actually emphasized in the Master's in Social Work program. Bonnie went on to say,

> I mean what I sort of learned as a doctoral student there are the same pieces of clinical social work that are emphasized at the Master's level. The doctoral courses are taught by the more senior faculty so they have been designing the syllabi and guiding the curriculum for a long time.

On the other hand, all of the participants identified the role of institutional culture in influencing how they taught clinical social work. Victor stated,

> The institution in which I work certainly shapes how I might teach clinical social work; it doesn't as much shape my own sort of views around clinical social work. I think those have sort of remained consistent or constant regardless of the schools that I am at.

For participants who had received masters-level and doctoral-level training in a different social work program than where they were currently teaching, they found that the institution influenced how they then taught. Angela shared that she received generalized training in social work but worked at an institution that offered specialized training in clinical social work.

Religiously Based Institutions

Participants working at religiously influenced schools of social work, like Maple College, stated that the larger institutional faith-based culture influenced their teaching of clinical social work. Molly shared an example of how it comes into her classroom.

> So the classroom content might get shaped by the nature of the institution...for instance, if you are teaching in a Catholic school you might get a question about sin. What is sin? You would not get that in a public institution. Necessarily. You would get I perceive this as a sinful act, how can I respond to it morally when I know that is not the teaching of social work? So when it comes up it definitely comes up in the classroom. Absolutely! Those kinds of questions about morality are coming from inside the social work student, …from internal conflict that they are having with some of the teaching and so if it is internal conflict that they are having, they really need to resolve that before they go out into the social work world and practice. That is why it becomes clinical in nature.

Also participants talked about how being given the same syllabus across sections of the same course influenced what they may teach.

Professional Role as a Practitioner

While all the participants talked about institutional culture playing a role in their teaching, other factors, such as one's own definition of clinical social work and one's identity as a social work practitioner, shaped their teaching. For some participants, the larger institution's theoretical orientation and their own training were congruent. They intentionally chose the school in which they taught because it reflected their own theory base. Victor stated,

> The institution in which I work certainly shapes how I might teach clinical social work; it doesn't as much shape my own sort of views around clinical social work…I think those have sort of remained consistent or constant regardless of the schools that I am at.

A few of the participants shared how it was their own experiences as clinical social workers that shaped the way they defined and taught clinical social work. In response to my question about the influence of institutional culture, Betty said,

> To some extent, but it's much more influenced by my years as a clinician. Much more...much more. I mean I think what's always in my mind… (long pause) in any situation that I am interacting with students is I think about their clients. You know? I mean that's sort of the direction that my thinking takes me.

Mary shared that she practiced in an agency situated in a marginalized community and that her work with "poor people of color influences the way I teach." She said that many students were placed in similar agencies, and she and her colleagues worked hard to make the course relevant for those students. Given that a few of the participants have their feet firmly planted within their own practice, it seems as if that influenced how they thought about clinical social work.

Social Work Accreditation Board

Accreditation and licensing requirements are factors that influence clinical social work education. One of the participants, Stephanie, described how the larger social work education accreditation board impacts or shapes how an institution may define and teach clinical social work.

> Well, I think part of what our program has to deal with is accreditation, so accreditation has to do with clinical social work and… sort of like objectives. Basically, … we have all of these things that we need to hit in our program so in fact I am not so sure if the institution defines clinical social work as much a CSWE defines what clinical social work is and we make sure that our courses are accredited, have all of the required components. It's actually driven by the institution, the choices, once you have gone beyond accreditation and the clinical social work program then you have flexibility so you can decide whether your program is going to be more like Birch [School of Social Work], which is more sort of psychodynamic or psychoanalytic or you could be more like Pine [School of Social Work], which is more narrative and very post modern.

While only one participant identified the impact of the Council for Social Work Education (CSWE) in shaping how she may define and teach clinical social work, given the recent changes in re-accreditation standards, this may shift. In 2008, CSWE moved to a competency-based outcomes approach when they approved the educational policy and accreditation standards. Clinical social work schools, in their efforts to be reaccredited, have to think about how their specific curriculum advances those standards.

Concepts and Principles

Clinical social workers serve as "front line providers of services" and thus student practitioners need to learn basic or fundamental practice skills in their work with clients, (Simpson et al., 2007, p. 10). Participants shared what they wanted students to learn about clinical social work in the context of their teaching. Participants highlighted what

practice skills they emphasize, reiterated engaging the client and their work together, and acknowledged the use of self in clinical work.

Gaining Practice Skills

Half of the participants considered a variety of practice skills that students should know and bring into the clinical work with their clients. Participants highlighted the skills needed at the beginning of clinical work, the middle of clinical work, and the end of clinical work. At the beginning of treatment, knowing how to interview or assess a client and goal-setting was noted as important. For one of the participants, Mary, she believed exploring culture, ethnicity and identity was important part of assessment. Another skill that participants identified was the ability to listen deeply. Rhonda said, "One of the things I think is major is interviewing. How to listen and how to really hear and pay attention and get the details of what somebody is saying." Simpson et al. (2007) reiterate this by saying, "Listening skills include empathic listening, following process, and recognizing themes and patterns" (p. 11). As part of clinical work, participants identified the importance of establishing goals and objectives. Angela stated, "How to establish goals, you know what the objectives are. Those are the kind of basic skills for us to start with." Participants noted that with the information that one collects at the beginning of treatment, one could diagnosis and treat or intervene with clients. Kate explained the process,

> I want folks to be able to do a complete assessment of clients…an assessment of where the client is developmentally or diagnostically or even if the client is medically ill, how that medical illness impacts where they are in their own life stage and development and to be able to see where client's strengths are, where the vulnerabilities are, how you intervene with the thing that the client may get

> the most mileage out of. Assessment skills and targeted intervention skills that are appropriate to the client's capacities, strengths, weaknesses, vulnerabilities…

Participants shared that the end of treatment is as important as the beginning. One of the participants, Jose, discussed the need to terminate, "Finally termination. All of our relationships are professional and are going to be ended." Participants shared that there is a range of practice skills that they wanted their students to learn, assessment, active listening, establishing goals and termination. There was only one participant, Mary, who alluded that including issues of social identity should be central to those skills.

Being with a Client

Participants shared that one of the skills they wanted their participants to learn was how to be with a client versus what to do with a client. One third of the participants discussed the ways in which clinical social work was a collaborative or relational process. Participants shared this idea of moving away from teaching their students what to do with the client in favor of teaching how to be with a client. Elizabeth described in detail what that process looks like.

> It's like having a respectful curiosity. Empathize is a word that is overused in our field, I think. But when I say empathy [it means] getting where that person is coming from, getting what their struggles are, their strengths are, how they are kind of related to you. I feel like I try to teach students that therapists one down or therapists even is a much more successful place to be with clients, with that kind of respectful curiosity, to really be with them and to do active listening and to really reflect back what they are hearing, not just firing questions. I feel like we get those forms that we fill out, we are working with clients and furiously writing down things and then you are never talking or looking or making eye contact and how is that effective in communication?

Simpson et al. (2007) describe this process involving emphasizing, understanding and explaining. When student practitioners begin developing relationships with their clients,

it gives them an opportunity to "think critically and empathically about who the clients is, why she or he is seeking help, what kind of help the client is seeking, why this agency or this social worker and why now?" (p. 10).

Use of Self

As part of teaching clinical social work practice, participants identified that they wanted student-practitioners to be aware and think of themselves in relation to their client. One fourth of participants identified the importance of their role or roles as a practitioner in clinical social work. They stated that they stressed that they wanted their students to consider their own thoughts, feelings and responses to their clients and their clinical work. Victor acknowledged this process by stating,

> I'd also want my students to learn and have an appreciation for their own sort of responses… to clients and how they as a professional have a responsibility for understanding their own responses in terms of whether you call that countertransference or whatever term you use. That's a big part of clinical social work education.

Furthermore, Mary stated,

> It is really important to consider both the social worker's identity and self as having a lot of influence on the person and the interaction and both should be considered equally as much as possible.

Bonnie highlighted some of the questions that she raises for her students in thinking about clinical social work.

> I want them to be conscious of their use of self, how are they using it. What do they bring in and how does that interaction affect the two of them, affect the work that is being done? I mean I want them to be very conscious of their assumptions and beliefs and even their style of working and how that impacts the relationship. I want them to approach the work thoughtfully and think about what's happening and what could be happening.

In encouraging students to think about their role as practitioners, participants also shared student-practitioners should be aware of issues of power and have a stance of respectful curiosity. Betty illustrated this clinical stance by saying,

> It has to do with an attitude of respect, it has to do with an interest in knowing people… it has to do with a collaborate stance and you know there is leeway within what I would call a collaborative stance and there is still room to offer information, sometimes judiciously offer opinions on, offer guidance, it doesn't mean we throw our hands up and we say nothing and this is a total, you know a relationship with no hierarchy. They are not naive, but the stance of in general sharing power and doing that consciously and being respectful and appreciative of what clients know and their expert knowledge on their lives and themselves, that is essential. I also, sometimes the way I would say it to a student would be, "Try to be more of an anthropologist and less of a missionary.

According to participants' responses, teaching students about clinical social work practice involved concrete skills such as assessing or interviewing a client, knowing how to listen, establishing goals and objectives, utilizing targeted interventions and thinking about ways to end treatment. Participants also identified teaching students process skills, such as how to be with a client, meaning how to build rapport and being aware of oneself as the social worker.

Theories and Frameworks

Clinical social work is not only about learning practice skills but also about examining "particular theories of human development and models of treatment that are taught," (Simpson et al., 2007, p. 7). The participants identified a range of psychological theories of human behavior.

Participants identified specific practice theories that they wanted students to learn and apply. More than half of the participants discussed that they teach their students to

learn and apply a variety of practice theories or treatment models. In describing the importance of theory, Elizabeth stated,

> You have to have intentionality behind what you do with clients and it has to be based somewhere in theory. The cool thing is that we get a language as clinical social workers and learn how to maybe see things through a viewpoint, right, which is maybe not the end all be all but it is at least a starting place and it informs what then we do next and I think that is one thing in particular that makes you a clinical social worker as opposed to just a social worker.

Elizabeth's statement highlights that theory is a critical part of learning how to be student practitioners in clinical work.

Practice Theories

All the participants noted that they invariably teach a range of theories at their schools. Participants either taught multiple theoretical frameworks or taught multiple theories that fell under one theoretical orientation. For example, Bonnie named the range of theoretical orientations,

> What do I teach?…cognitive behavioral therapy, psychodynamic, solution focused, narrative, those are the four that we really highlight in the advanced practice course.

In contrast, Sarah shared that she teaches from a relational theoretical framework which is a "more contemporary theory than like drive theory, Freudian, or even like object relations theory." Participants stressed not only the knowledge of theories but the importance of the application of a theory or a variety of theories. Bonnie stated,

> I want them to be able to learn the practice theories, to be able to recognize them, to be able to distinguish between them and then be able to apply them as needed. I want them to be able to do it thoughtfully. One of the things I really work with them on is instead of just saying this is what I would do with this client, I would have them say theoretically this is what I think is happening and so based on that clinical theory, I would do x, y, and z.

Participants also talked about the ways in which they teach students to have a particular lens from which to look at or evaluate practice theories. Betty stated,

> Before I even get into theories, what I invite people to do is you know apply a postmodern perspective to any theory. It's just a theory. I mean essentially it's a fiction. Some are more helpful than others, but they are created by certain people, who live in a certain place at a certain time and who has a certain history and a particular family life and particular issues.

Two of the participants noted that they teach students to operate from an evidence-based model, a lens that they use to find and evaluate the appropriate practice theory.

Sociological Theories

One of the participants, Mary, discussed how she initially stresses social justice principles, critical race theory, and culturally responsive practice interventions as the larger backdrop in her class and then proceeds by shifting the focus on various theoretical perspectives, including psychodynamic theory, family systems theory, and cognitive behavioral theory. Mary stated,

> I really want people to have an appreciation for social justice, for…the ways to think about how people have unequal access to resources and how that unequal access can influence who they are…and so I spend a lot of time thinking about how to include principles of social justice…in my practice um course and its one of the main theoretical um lenses of the course.

Mary went on to talk about how she then tends "to focus on the perspectives that allow a lot of room and a lot of latitude…to address culture and race…and ethnicity and gender and class." Mary's own personal and theoretical values were based in social justice principles, and, thus, she drew from practice theories that she felt were congruent with those values.

Participants largely identified psychological theories of human behavior as theories they conveyed to student practitioners. Almost all of the participants did not identify sociological theories or sociocultural theories as important or central to teaching clinical social work practice. Sociocultural theories provide an opportunity to understand "roles, power, patterns of interaction, institutions and meaning making within society," (Simpson et al., 2007, p. 9) and address issues of gender, race, ethnicity, socioeconomic status, sexual orientation, etc.

In summary, while conceptualizing clinical social work, participants talked about what clinical social work was and how it was seen as a field as well as whom clinical social workers worked with and in what settings. Participants also talked about how clinical social work was unique opposed to other disciplines such as psychology and other specializations within social work and the specific skills and theories that students needed to learn.

In thinking about the larger research question in regards to conceptualizing and incorporating race and racism, almost all the participants in this study did not explicitly make connections to race and racism in thinking about how they conceptualize and teach clinical practice. They identified concepts, such as *person-in-environment, multi-level analysis, the relationship, being with a client, the use of self,* or practice skill, such as *assessment,* which lend themselves to talking about issues of race and racism but did not explicitly provide examples grounded in race and racism. The two findings, which relate more directly to the larger research question, were that a few participants believed that clinical social work has a commitment to diversity and social justice and that one participant grounded her teaching of clinical social work practice in sociological theories,

such as critical race theory and social justice principles. Interestingly, 3 of the 15 participants who made significant connections between the conceptualization and teaching of clinical social work and concepts of identity and oppression were the only people of color in this sample. Vivianna, a person of color, made a connection between understanding ones' sociocultural background as part of the *person-in-environment* concept. Mary, a person of color, who had done a lot of teaching and training about race and racism, did connect understanding the client's culture and ethnicity as part of *assessment* and centralized critical race theory and social justice principles in teaching advanced practice. Finally, Jose, a person of color, made the link between oppressive institutions and presenting problems and how that reflected one of the ways clinical social work was committed to diversity and social justice. These two examples reflect concrete ways in which a few participants are thinking about and incorporating race and racism.

In this next section, the focus shifts from examining what participants want students to learn about clinical social work to how participants, as experienced instructors, shape the classroom or structure the learning process. In other words, how do participants convey to students what they want them to learn?

How Do Participants Conceptualize Teaching and Learning in Clinical Social Work?

Social work practice faculty serve in the role of socializing students to the profession and the practice of social work. "While professional development is supported and encouraged by many aspects of social work curriculum, practice classes carry a particular responsibility in this endeavor" (Kemp, 1998, p. 331). Anastas (2010)

identified some of the factors important to the process of teaching and student learning in social work education: the roles of teacher and the learner, the subject matter, and the setting. There are two settings in which social work practice courses are embedded, the educational setting, the university or college where the classroom is and the social service setting, the agency, school, or hospital where the field instruction may take place. Given the multiple factors related to student learning and the settings in which learning take place, it was important to understand the process of teaching and student learning of clinical material, such as clinical concepts, theories, and frameworks. In conjunction with exploring how clinical social work faculty define and conceptualize clinical social work, it is important to understand participants' experience of teaching and learning in clinical social work practice courses. As part of the research question, "How do participants conceptualize teaching and learning in clinical social work?" participants reported what pedagogical theories or frameworks guided their understanding of teaching and learning in clinical social work practice. This section also underscores participants' approaches to teaching clinical social work practice and examines the outcomes fundamental to the learning of clinical social work. This section presents the themes that emerged in the interviews with participants as outlined in Table 7. The table is organized around the themes or sub-themes that emerged from interview questions: 1) What theories and pedagogical frameworks guide participants understanding of teaching and learning in clinical social work? 2) What are the assumptions that influence or guide how you teach? 3) What are participants' approaches to teaching clinical social work? 4) What resources have been particularly helpful to participants teaching practice? 5) How did participants learn to teach clinical social work? The table is broken up into two columns, one column

that lists the question that was asked of participants and a cluster of themes that emerged from the discussion.

Table 7
Conceptualizing Teaching and Learning in Clinical Social Work

THEMATIC CLUSTERS	
What theories or pedagogical frameworks guide participants' understanding of teaching and learning in clinical social work?	The theories or frameworks that guided participants' teaching of clinical social work: • Learning theories and tools such as adult learning theory. • Clinical theories such as group theory and relational theory. • Social theories such as postmodern theory. • No specific theories ○ Relying on intuition & years of experience • Pedagogical frameworks such as critical pedagogy and learning styles.

What are the assumptions that influence or guide how you teach?	The assumptions that influenced participants' teaching:
	• About students
	  ○ Are responsible for their own learning
	  ○ Are not one-dimensional.
	• About role as teachers
	  ○ Balance didactic teaching with experiential teaching.
	  ○ Use of themselves or self disclosure in the classroom.

What are participants' approaches to teaching clinical social work practice?	Participants described their approaches to teaching: • Engage multiple teaching styles (experiential, case examples, lectures, etc.) • Focus on experiential activities • Use case examples • Rely on lectures • Facilitate small group and large group discussions • Utilize and name classroom dynamics
What resources have been particularly helpful to participants teaching practice?	The resources that supported teaching: • Having conversations with colleagues • Reading books about teaching • Utilizing the expertise of the teaching chair • Attending conferences & reading student evaluations
How did participants learn to teach clinical social work practice?	Participants learned to teach: • Rooted in their experiences as students in the classroom. • Anchored in work in the social work field. • Based on previous teaching within and outside the social work field • Through organized faculty/course meetings. • By taking a course on teaching, co-teaching with a senior faculty, or reading about teaching.

Theories that Guide Teaching and Student Learning

Anastas (2010) states that "the best teaching is based on a sound understanding of learning" (p. 13). In thinking about teaching in clinical social work education, it is important to examine some of the theoretical approaches to understanding the learning process. Learning theories attempt to describe how people learn. Participants talked about utilizing learning theories in largely three ways: some identified specific learning theories for teaching and learning, such as adult learning theory; some identified clinical theories, such as relational theory that were not learning theories per se but still shaped the way in which they thought about teaching and student learning; and some could not identify any theories that guided their teaching but relied on such things as their intuition or years of experience teaching.

Learning Theories

Learning theories impact how the participants thought about their students and how they conveyed the material to students. Half of the participants were able to identify the specific learning theories they used to think about teaching and learning. Seven of the participants identified adult learning theory as one of theories that has shaped their understanding of their students and how to set up the classroom. Given that learning happens within the postgraduate environment, social work educators typically encounter students who are in adulthood, have established identities separate from their families, or are entering the field of social work later in life (Anastas, 2010). While participants talked about adult learning theory differently, many participants talked about the idea that

participants come in with prior knowledge or wisdom, and they may desire to make the material that they are learning immediately relevant. Betty stated,

> Basic adult learning concepts including…adult learners want to be respected for what they know, that they learn best in an environment where they have some choice (laughs), that they are [the quickest] to engage around content and the process as well, that they see it as having immediate relevance to what they are doing. This is an applied degree. They want to see how is this relevant…I mean this is the urgency that I feel all the time from students. "How is this going to help me with my client tomorrow?" And because I am first and foremost, besides being teacher, a clinician, I am thinking about the clients, too…I have to tell you I am also a pragmatist and I am very big on helping people have some ideas on what they can try. And I think [my perspective] has [been] shaped…by some of the reading and thinking I have done in terms of adult learning theory.

Jose echoed this same sentiment and said,

> I very much believe in adult learning. Part of adult learning is to honor what it is they bring into the class, their subjective sort of subjective knowledge and theory. Adult learners learn something not for the sake of "Oh it's wonderful to learn theory." It is… "How is this going to be useful to me?" So adult theory is about pragmatism. How am I going to use this, how is this going to apply, how is this going to broaden me in whatever way?

Kate shared that adult learning theory helped her think about adult learners in her class. She noted the challenges that students have coming with prior knowledge but simultaneously having to make room for new information. She described how this experience sometimes throws students off balance.

> I think there are concepts out of adult learning theory that are important when you are dealing with graduate students who are adult learners. I think a lot about what it's like for an adult learner to have to, in some ways set down, not lose, but set down previous ways of thinking to make space for new ways of thinking. I think that when students have to do that they are vulnerable to losing a sense of confidence as an adult that had to let go of something. They have to let go before they filled in a whole lot of new stuff and I think that makes people quite vulnerable, so I think some of what we…think of as kind of regressive in students is about what it's like to be an adult learner who has been a competent, grown up adult person who set something down in order to learn something new and that it decenters people.

Some of the other concepts that individual participants identified as part adult learning theory were that students were responsible for their learning, learning was a shared process or experience and the classroom was a place where people learned from one another.

Clinical Theories

Dore (1993) explores the parallel process of practice and teaching in educating student practitioners.

> The theories, skills, and the techniques for working with clients can be applied to the teaching of students because the dynamics of human change are the same and because, like the dynamic worker-client interaction, the teacher-student relationship is the medium through which active learning takes place. (p. 181)

One fourth of the participants talked about how they may use clinical theory to understand their students, to build rapport with their students, and to set up the classroom. Two of the participants described how they see similarities in facilitating a therapy group and teaching a classroom of students. Elizabeth stated,

> I think there is…some group theory I think that comes through in teaching because it's another group…[you are] facilitating [a] group and…thinking about what are the kind of conditions where people are feeling that ability to share, and catharsis happens. When you are learning and integrating skills you have to be in a place where you feel supported and you feel challenged and you feel able to digest information and ask questions in a safe environment, which is really what a therapy group is in a lot of ways. Now it's not a therapy group because we are not working on therapy goals, per say, but I think the group theory [of] norming, forming, storming, and performing…certainly happens in the classroom [and it] is something that I am pretty aware of…What am I going to do today to attend to people feeling safe or what am I going to do to attend to people being challenged?

Molly similarly stated that she comes to teaching from a clinical background and uses clinical concepts to shape the class and make sense of learning processes.

> So I think it's interesting to look at it. Probably because I come from a clinical background, primarily being a clinician more than a teacher I come at it from a clinical background. Really make the classroom more of a group experience…so it's not…just knowledge coming out [and] its being imparted and they are supposed to absorb. It has to be an interactive process, it has to include what they are bringing into the classroom, they have to bring in questions, they have to bring in case examples, they have to bring in conflicts, if they have any…it has to be dynamic. It can't just be I am imparting wisdom and you have to absorb it. I need to know where they are coming from and that is where the cultural context makes a difference. If they are coming from very different perspectives in the classroom then we have to negotiate that and it's almost like a group therapy experience that I have to mediate sometimes.

Two of the participants also talked about relational theory as a lens through which to understand their interactions with students. Betty talked about her relationship to her students in the context of the classroom.

> I also bring in ideas about the relational context of learning into the classroom, so that I am very aware of…who I am and how I relate to students, what I share, what I don't share,…how I speak about…my own mistakes and what I have learned from them and my own little quirky neurotic things that are getting in the way. I am very much guided by the goal, which I don't always achieve, of authenticity in relationships and that includes authenticity in the classroom. So there is that sort of evaluative, authoritative use of self, but I am very aware of wanting to help people learn and be challenged and get way outside their comfort zones in a way that may be at times very uncomfortable. I am not into making everybody feel good, but I don't want to shame people and that is the balance that sometimes is tricky, figuring out how to address pushing people, but not in a way that leaves them shamed out or humiliated in front of me [and] in front of their peers. That just never helps. So I think a lot about what I share and how I share it. You know I don't want to become excessively self referential, but…I feel like they are learning things about (pause), clinical use of self, even though my role with them, obviously is not as a clinician. I feel like there are still lessons learned from the way we relate to one another in a classroom setting. That certainly guides my teaching.

The participants highlighted the ways in which they used clinical theories to help them understand and work with their students.

Social Theories

While participants may have not been able to identify specific learning theories, they were able to identify other theories that guided and shaped their teaching. One of the participants did not classify postmodern theory as a learning theory but identified how it influenced his teaching. Victor discussed the type of learning environment he created in his classroom. He wanted students to approach their learning with an "open," "inquiring," and "not knowing" stance. He described connections between this learning stance and students' approach to clinical work of "not knowing." He stressed the importance of "tolerating uncertainty, ambiguity, not wanting students quickly to go [in and] make an assessment or a diagnosis."

No Specific Theory

A few of the participants spoke about their teaching as not grounded in a specific theory but based on their lived experiences. Approximately one fourth of the participants were not able to identify a learning theory for teaching and learning and spoke more about how they relied on their years of teaching experience and their experiences as a student or their "intuition." Sarah shared

> I wouldn't say that I have a theoretical model from which I teach…I teach really organically. I have been a student most of my life, so I think I use my own experience as a student to inform my teaching. There was little, very little lapse if any between myself being a student and being a teacher.

While half of the participants were able to name learning theories that guided their teaching, they did not provide much detail. In fact, all the participants had to pause and take time to answer the question denoting that this was not a question they were used to answering.

Pedagogical Frameworks

While learning theories highlight the factors that influence the learning process, pedagogical frameworks describe how theory is applied to the learning and teaching practice. Participants discussed the ways that theories of Paulo Freire (1970), including his writing, *Pedagogy of the Oppressed*, influenced the ways in which they thought about teaching and learning. About one fourth of the participants identified how learning is an active and dynamic process and how they try to engage their students to be active participants in their class. Vivianna noted,

> I have used Freire's model. He has helped me to teach…I believe in a participatory approach where students are responsible for participating and actively contributing to the class as well as receiving the information from me or the facilitator of the class.

A few of the participants referenced Freire's criticism of the banking model of education and how they operated their class in a more participatory way. Jose stated, "I have also been somewhat influenced by Freire. So I don't believe in the banking form of education where I pour into you and then you vomit it back to me." Angela also addressed this.

> I think I am very much influenced by Freire's works in terms of…I don't think…the student is the canister and [I am] pouring in knowledge to them. I do think it's a very dynamic process. That is what I love about teaching. It's that…you walk in there and you just don't know what's going to come up like necessarily. I see it as…a very dynamic, very collaborative process…where I am the learner and the teacher and…they are the learner and the teacher at the same time. That is my ideal…obviously I may falter at times with that, I may push my own agenda. (Laughs).

Angela's description reflects the fashion in which learning is a student-centered process. A few participants also talked about the different learning styles of their students and how they, as teachers, used a range of pedagogical tools, role-playing, using videos,

or lecturing—to meet their students' needs. Learning styles reflect attention to the ways in which people learn best. The participants shared in more detail later in this chapter how they engaged these tools. Elizabeth identified three ways of learning, "auditory, visual and kinesthetic." Bonnie discussed the different methods of teaching she used to structure her class.

> When I think about how do I…structure my class, I really try to aim for different styles of learning. I try to do some lecture…and Power Point for [some] students so that they [are] able to see the information in writing, write it down and hear me talk about it. I try to do some hands on stuff, whether its role playing, whether it's small groups where [students] are just discussing the case. I try to get the students to participate and give examples so that they are not all my examples. I try to use some video for the students who do better… watching what we are talking about, versus reading about it. And then…the reading assignments for the students who like to read about…here is the theory and here is an example of how it is put into practice with a client. Trying to get [at] it, several of those learning styles.

Participants did not specify the specific theorists or models that they drew from which shaped how they thought about learning styles. For example, Elizabeth did not specify that she was pulling from Neil Fleming's model of VAK when identifying three ways of learning: visual, auditory, and kinesthetic (Fleming & Mills, 1992). These modes of learning shaped how she thought about teaching and student learning.

Assumptions

Given the difficulty that some participants had identifying the learning theories that guided their teaching, as a follow-up, participants were encouraged to identify some of the assumptions that influenced or guided their teaching. Participants had assumptions largely about their students and about their roles as teachers. While the participants' responses were organized as distinct categories, their comments overlapped in the way

these assumptions worked together. There were a few common assumptions across participants

About Students

Half of the participants talked about their student's responsibilities as learners. They had assumptions about whether students had read assigned readings or prepared for class, about whether students wanted to be in class, about whether students had prior clinical experience, and about students' desires to help people.

Seven of the participants also spoke about their understanding that students were not one-dimensional people and the importance of seeing students as humans with full lives. Participants expected students to bring their own knowledge or experience into the room and to contribute to the class atmosphere. To encourage students to contribute, some participants asked about students' ethnic and cultural identities and experiences in the field. Mary described what she does in her classroom.

> So the assumption that I have is that…every person contributes to that atmosphere and so I spend a lot of time at the beginning of the class, especially in the first class asking people to identify themselves ethnically and racially and culturally and asking them to tell me about their name and asking them to tell me…you know what their experience has been…working with different populations of clients.

Finally, one of the participants shared her assumptions about the range of students with different learning needs that she teaches. Rhonda talked about diversity of students with whom she interfaces.

> There's an enormous range represented…the intellectual ones who love the theory and get connected to that in some ways. But there are other students who are intuitive and you know emotionally sort of right on target in ways that are really interesting and there are some that are…that immediately go at it from a point of view of social justice…Don't talk to them about a diagnosis. They absolutely

> reject those ideas so I kind of enjoy the mix…and there are some who are very concrete and they really want to know what to do…and "give me a formula or tell me what [to do with] this kind of client" [They want to know] I get that kind of client and I do this kind of treatment.

The ways in which participants identified their assumptions about their students could be characterized as part of adult learning theory.

About Role as Teachers

"Whether teachers want or expect it, some students will see them as role model" (Anastas, 2010, p. 50). Half of the participants talked about their roles as instructors in the classroom, which included thinking about what they offer as a teacher, providing structure, making room for discussion, and helping students to synthesize and think critically about readings or allow for uncertainty. "While teaching is indeed an interactive process, it is the teacher who is responsible for shaping the student-teacher relationship in a way that will enable the student to learn" (p. 33). Molly stated that one of her assumptions lies in keeping a balance between covering the material and making room for discussion.

> My assumptions largely fall in line with keeping the classroom as structured as possible so that…all the material can get covered…There are challenges if you don't cover all the material and…have a really interesting discussion, that's a balance you have to achieve. You got to get both. You have to have the interesting discussion to kind of spur their interest and motivate them and get them engaged in the thinking [or] process of the material, but also cover the material, too. So…my perspective is to keep it task oriented, make sure I cover all the tasks, but also try to leave space for them to…have those discussions and curiosity in the classroom.

Thomas shared the balance between being open to what students need along with his role to impart knowledge.

> I think one of them is learning, being open to really seeing what students need, rather than being totally focused on what you think they need or what you imagine they need. Obviously they come in with needs, but I also have needs as somebody who is trying to train, impart a knowledge base and a skill base to people that I have certain things that I feel I do need to…get across to them and that I need to…try help them to…be developing.

Two of the participants talked about how they used their selves in the classroom and ways their own disclosure made room for their student to share their difficulties. Sarah stated,

> I model what I teach in terms of the use of self…[I] use a lot of my own examples from my work. I bring up my own cases frequently [and] I…talk about my mistakes a lot. I guess I've built assumptions both as a student and then an instructor that the closer you are…the more learning can happen…So, I work under the assumption that I have gained over the years that if I am more available emotionally to my students…then students will be braver with themselves in their own experience…as sort of a holding space. Also being available to hear students' struggles in their work…their confusions and their pain that they have certainly acquired over the course of working with people about real life human experience…opening myself up [to] both to hear them, but to also expose some of my own struggles so that students know that's part of this work, whether they are learning it or they are experienced and seasoned.

Participants' expectations of their students and themselves provided insight into how they set up their classrooms. They understand that teaching was a dynamic process and that students came in with their own histories as learners and that their role as teachers were to balance providing content and facilitating the process.

Approaches to Teaching

There are multiple methods of teaching that are "designed to help teachers maximize both intellectual excitement and interpersonal rapport with students (Anastas, 2010, p. 35). These different modes of teaching are used to help students learn different things and related to different parts of the learning process (Freidman, 2008). Participants

were asked to describe how the set up the classroom and how they taught students about clinical values, skills, and knowledge. Participants talked about their approaches to teaching in two specific ways. They either discussed the actual practice of their teaching, in particular, what specific ways in which they conveyed course material, or they talked about teaching in a more theoretical or meta-level way.

Multiple Teaching Strategies

Participants typically described their approach to teaching as involving multiple modes of teaching. "The use of several teaching techniques engages a wide range of learners," (Anastas, 2010, p. 34). Three fourths of the participants reported engaging two or more pedagogical tools for teaching whether it was lecturing, using case examples, facilitating large or small group discussions or utilizing role-plays. Betty illustrated this by saying,

> Well this circles back to another pedagogical idea from adult learning which has to do with…people have such different learning styles and…I make it my mission to really sort of mix it up so that I do some lecturing, there is some large group discussion and there is some work that happens in small groups, there is some work that is very experiential…there is role playing and there is a mixture of all of those…my goal really is to try to maintain focus and clarity of goal while simultaneously using lots of different teaching strategies.

In describing specific pedagogical tools that participants used in the classroom in teaching specific concepts or theories, participants cited experiential activities, case studies, lecture or Power Point and discussion as the most common methods for teaching.

Experiential Activities

Experiential activities allow students to understand, make meaning and apply clinical social work skills and knowledge in the classroom. Two thirds of the participants shared using experiential exercises in their teaching. Angela shares the purpose of utilizing experiential activities in class.

> One of the best ways to learn yourself is to practice tools on yourself first. So they kind of focus on themselves a bit, in fact they even as part of their ungraded assignment…choose either a cognitive or a behavioral goal…a target goal that they would like to kind of focus on themselves to change over the course of the semester. First they assess it and then they…try out an intervention. They are doing that on themselves before and mastering some of these tools before they actually start doing it with the clients.

Role-playing was the most common experiential activity participants used. Participants also described using group dynamic exercises. Participants said that role-plays were something that they used in class to get students engaged. Participants either split up the class in dyads to do role-plays or utilize the participation of the entire class. Participants stated that students were more willing to observe in a role-play rather than participate given their newness as practitioners. Angela stated

> Role-plays are with smaller groups. It depends kind of what it is. Sometimes they are in dyads and sometimes....there is more people because lets say it's more clients and one of them is a therapist and I want them to kind of…change roles too, so maybe…make it a little bit bigger. Multiple people can be…participating in something. I am the client and the class is the one clinician but with different voices. They are kind of jumping in because they are not really sure, especially earlier on what should be said and they need a little bit more of the feedback initially. So they see that before necessarily getting into small groups because…early on they are like, "well I don't have the model yet to base anything on yet."

Stephanie explained how she employed large group role-play for students to learn the specifics of cognitive behavioral treatment.

> Might be a foursome where you have a live team who is sort of…supporting them. Fishbowl is probably my favorite where the client is up in front of the room and the class as a group sort of as one mind is interviewing this person and I am sort of on the blackboard taking a lot of notes…and sort of giving them cues…if they want to follow up on something [I] put a star next to it so they need to go further than that. Usually the fishbowl of one person is going and as long as that person is on a roll then we know we are practicing CBT, cognitive restructuring as long as they are on track we kind of let them go until they say that they want to tag off to somebody else and somebody else chimes in. People call time out and say, "I am confused that this doesn't feel like cognitive restructuring this is psychodynamic to me." So in the time outs that we are doing we are identifying and applying theory to practice so we are saying, "In what ways does this feel psychodynamic?"

Participants used experiential activities as a way to engage students as well as give them an opportunity to practice with their peers, to instruct them on how to be with their clients and how to utilize particular clinical concepts or theories.

Case Studies

The case study methodology allows one to look deeply at the elements of a individual, family or group. Two thirds of the participants said that they either used their student's cases or brought in their own cases to illustrate theoretical models, treatment methods or particular clinical issues or all three. Angela talked about how she used her and her students' cases to talk about cognitive behavioral therapy methods. Kate stated, "I'll pick a theory, a diagnostic group, [and] a case that illustrates it and then I think about…teaching modalities." She would bring in a case about someone diagnosed with a personality disorder, such as borderline personality disorder, and ask students to think about how object relations theory, a psychodynamic theory, would be useful in this case and then about possible treatments. Stephanie further discussed the value of bringing in

multiple cases to demonstrate a particular diagnosis so that students did not have a one-dimensional view of a particular clinical issue.

> I bring in multiple cases. So in any given class I am probably talking about, I don't know, three, five, six different clients because if I only talk about one case then they walk away thinking this is what ADHD is like and that is not true. There has to be a diversity, so, you know, we are looking for sort of racial diversity and gender diversity and we are looking for family constellation and we are looking for setting, socioeconomic setting and status. We are looking for a lot of different factors in the cases that I would present.

While Stephanie was intentional about bringing in cases where the client or clients were racially diverse, it seemed as if she was not as deliberate about bringing cases where the worker or clinician were of different races.

Overall, using case studies as a pedagogical method in class allowed participants to illuminate or explicate particular theories or concepts that they wanted students to learn as well as to highlight the multi-dimensional nature of social work practice.

Lectures

Lecturing is one the most common teaching methods employed in higher education today (Bligh, 2000). Half of the participants used lecture or Power Point in the classroom. Participants used lecture to talk about clinical theories (i.e., cognitive behavioral therapy), clinical issues (i.e., child depression), and to discuss class readings. Participants described using lecture as a way of transitioning to a small group or large group discussion, question posing, or clinical cases. Victor described how he would lecture to introduce theories or concepts in an abstract way, but his hope was that students would then ground it in real life examples.

> With whatever sort of topic area we are working on at a particular time I would usually spend a bit of time myself giving some of the underlying or some of the

> key theoretical concepts. I start with more cognitive understanding and then I would… have the students…begin to think about how what we are talking about cognitively or theoretically has manifest in their own work with clients.

Four of the participants used Power Point as part of lecturing. Power Point was utilized to enhance classroom interactions and not to impede student participation. Vivianna illustrated this example.

> So normally what I do at the beginning of the class I have a power point presentation where I share the main themes of the class, the theory that we are talking about, background information on it. I try to…ask questions throughout the presentation. "Tell me about an example in your internship or in your field that you have seen x, y, and z."

Lectures were one of the ways participants shared or conveyed information to students. Lectures seemed to be a starting point for classroom teaching and then participants utilized other pedagogical tools to help the dyadic information come alive.

Large Group and Small Group Discussion

Discussion can be used as a tool to drawing out participants and guide students through the learning process. Half of the participants utilized discussion as a pedagogical tool. Participants either discussed using large group or small group discussions. As part of large group discussion, many of the participants utilized question-posing to evoke classroom participation. Angela expounded on her classes that focused on addiction, where they deliberated on which approach they would use in the context of substance abuse issues. Using two students' cases of clients at risk, she asked them a number of questions: "How would we assess this client for suicide? What level risk would I put this client at? What would I do? Would I need hospitalization? Do I do more frequent contact?"

Half of the participants used small group discussions to help students learn a concept or idea. Bonnie talked about using small group discussions and why she utilizes this mode of teaching.

> Sometime I will take a case and sort of break [them] down into small groups and talk about it. Theoretically what you think is going on, what will be your treatment, where would you start with this client, why would you start there? I have some real great talkers in my class and some that don't talk that much [so] I try to break [them] down into smaller groups to get everybody participating a little bit more.

Fewer than one third of the participants utilized video in the practice courses to convey specific class material. Participants most commonly used videos to illustrate a clinical intervention. For example, Molly talked about how she used a video on family therapy so students could see what it was like to counsel a family.

While some participants focused on the technique of teaching meaning what pedagogical tools faculty used to teach, participants also talked about using the dynamics in class or the relationship with their students as an approach to teaching.

Classroom Dynamics

Understanding and working with the group process is a critical pedagogical tool in social work practice and in the field of education. One of the participants described how he employed the group dynamics of the class to teach a particular concept to the class. He utilized a classroom interaction and engaged the class to make sense of it. Victor illustrated this by saying,

> I also try to utilize the classroom interactions as a way of demonstrating…some of the conceptual framework that we are talking about. So for example, if we are talking about issues of gender and there is an interaction in the classroom where a male student might unknowingly sort of make a sexist remark or sexist comment…[and] if I feel like I have a good working relationship with a class as a

> whole and I know the individuals to have the strengths to do this, I will try, often try to have them, have the students deconstruct their interactions with each other as a way of illustrating the concept that we are talking about.

Participants also believed that teaching was an interactive, mutual or two way process. As part of that, some of the participants described the need to acknowledge the underlying power differentials or dynamics in the classroom. One of the participants discussed that the issue of power was an intrinsic part of the relationship with her students and that she made multiple attempts to minimize the power differential between herself and her students. Stephanie stated that she was transparent about assignments. She shared that she puts several examples of papers online for students to see so they have a clear idea of what she expects on an assignment. She stated, "I think it's really important to be totally transparent about assignments. I just think that when we are not transparent then it's about power." Thomas also talked about how his relationship with his students is an important part of his teaching.

> We are teaching something that has to do with…relationships, something that has to do with vulnerability, we are teaching something that has to do with some very important empathic skills. We have certain things to do in a classroom that are… relationship based and that have to do with ability to be with people in a caring and empathic way…and so I think that you know one of the things we model in the classroom, or try to model, [which] goes beyond, you know, the knowledge base.

Participants talked about their approach to teaching as a two-part process. Participants focused on the method of teaching, meaning how they engaged pedagogical tools, such as experiential exercises, case studies, use of lecturing and discussions, both small and large group as well as the relational nature of teaching meaning how instructors used themselves to as part of teaching or conveying class material.

Resources for Teaching

Participants were asked about the resources that guided their teaching. Participants largely talked about utilizing the advice or expertise of their colleagues but also talked about books they used to think about teaching as well books they used to think about the content area of the class. Participants also discussed using a colleague that was designated the teaching chair and whose role was to serve as a resource around teaching pedagogy. Finally one participant talked about an annual conference that her university sponsored regarding teaching and learning. Interestingly, most of the support that the participants identified for teaching came from informal conversations or meetings. Given the challenges of teaching clinical social work practice, participants did not have many formal mechanisms for getting support around their teaching.

Colleagues

Most of all the participants found that conversations with colleagues were useful. Many of these exchanges took place either one on one, at monthly faculty meetings, or at meetings that took place once or twice a semester. In many of these exchanges, it was to meet to talk about the syllabus or to problem-solve around student concerns. For the most part, many of the schools did not have organized weekly meetings to talk about teaching and learning. One's involvement in the meetings depended on one's role at the college or university. It seemed as if more full-time faculty were able to attend these meetings whereas adjunct faculty, due their other responsibilities as full-time social workers or parents, attended the meetings they could fit into their schedule. Bonnie described this dynamic.

> I think there were two meetings this semester for Advanced Clinical Practice. One was a morning where I didn't have child care so I couldn't go and the other was an afternoon one where I could go, but no one else could go so. I mean they talk about it, talk about trying to put together…a discussion board, but I think it is hard because half of the faculty are adjunct and half of them are full time, so, most of the adjunct want to be there in the evenings and the full time want to be gone by four, so it's sort of to get us all in the same room is sort of hard.

A few of the adjunct faculty talked about how they had more of an opportunity to focus on teaching because they did not have the research demands that were placed on full-time faculty.

Books

Written material about teaching was one of the resources that participants utilized to support them in teaching clinical social work practice. Many of the books regarding teaching that participants identified did not come from specific profession-based disciplines. This is striking as "literature on teaching in higher education is typically addressed to teaching in academic disciplines, and not to the professions" (Anastas, 2010, p. 2). Half of the participants identified specific books that helped them in their thinking about teaching and student learning. Jose described using a number of books by Brookfield (1984, 1986, 2006) He also named Fink (2003). Jose seemed to have the most knowledge among participants about written material about teaching and learning. In asking why, he shared that he was taking a doctoral course on teaching so that he could teach it the following year. Mary also identified using Stephen Brookfield as a resource but also identified using Adams et al.'s (2000, 2010) textbook. Betty shared that she relied on the work of Freire (1970). She stated,

> I guess one person I am really quite fascinated by [is] Paulo Freire. I am very drawn to his way of thinking about teaching and learning and I think it resonated

> with me because one of the first things of his I read described [the] banking method of teaching and was like "Oh my God that was my whole education until I was like in my twenties." The teacher sort of dispense these items and the only work of the student is to…like a banker, sort of file them away in different little boxes and then memorize them and regurgitate them back and that was it. That was a lot of what my own learning experience was like and…the freedom to be a question poser. It doesn't mean you have nothing to offer and that you just sit around and don't have a structure and just kind of hang out with people and chat. We never run a class in that…loose a structure, but I think just for myself that freedom to not know, the willingness to be surprised and the freedom to change my mind about something. I have felt so strongly about [this] and [in] that regard I think that he has been influential.

Molly said she subscribed to the *Chronicle of Higher Education* because "it is the biggest thing that keeps me thinking about classroom teaching on a regular basis." Rhonda shared that Bain (2004) influenced her to write a speech about "inspirational" teaching. She said that he had interviewed a number of people about the characteristics that made a good teacher and that stayed with her. Victor identified Mishna and Rasmussen (2001) as well as referenced reading feminist articles in the past about teaching. Interestingly, many of the participants who were able to name books that helped them think about their teaching and learning had the most years of experience teaching.

Half of the participants either could not identify a book that helped in their thinking about teaching and student learning, or they identified books that spoke to class content. One of the participants discussed staying current on cognitive behavior theory. Some of the other books specific participants identified Madsen (2007). One of the participants illustrated how she used different clinical concepts to inform how she saw her students.

> It does talk about how to reach out, how to have that kind of curiosity. He calls it …collaborative inquiry or something and so…at some level it does influence how I teach things and how I look at things. Anything solution focused…[it] certainly [impacts] how I think about people learning in the classroom because they have

> the answers. I really do believe that students have the answers [and] they just don't know that they know them yet.

Many of the participants did not seem like they had a strong grasp of written material about teaching and student learning. Half of the participants drew from a variety of authors to help them think about the process of teaching and learning. The other half of the participants could not think of texts related to teaching and learning or identified resources focused on clinical social work content.

Teaching Chair

One of the schools of social work, Maple College, had someone designated within the school of social work to support other faculty with their teaching practice. Three of the participants shared that their school had a teaching chair whose primary job was to serve as a resource to other social work faculty. Each of the participants shared how they were mentored or utilized her expertise. Molly illustrated this by saying,

> We also have the resource of a person at the school who is just devoted to teaching and what I have done when I have run into little stumbling blocks or issues in the classroom, I will consult with that person. I have found it to be more supportive than anything. Its not helpful in terms of she tells me what to do, but she supports what I am doing. She said, "You did the exact right thing…that is perfect." You know so if you are having a tough issue you can just bounce it off somebody and they can say, "Oh yeah, I have had that happen in my classroom and this is what I did."

It seems that having someone who has expertise in teaching and can serve as a mentor or role model for other faculty was significant to these participants.

Conferences and Student Evaluations

There were other resources that participants relied upon to think about teaching and student learning. One of the participants talked about an annual conference that the school hosted around teaching and learning. She noted that she did not find the conference completely useful because some of the workshops did not translate across disciplines. One of the participants talked about how her job as field director served as a resource for her in her teaching. She talked about the ways in which the field internship and teaching are closely tied. In her role, Kate learned what students needed in the classroom in order to enter the field and what teachers expected students to learn in the field.

> Its quite interactive so I feel with my two hats on my head as Director of Field and as [a] teaching faculty that there's a good flow back and forth of what are they really doing in the field [and] what do they really need to do in the classroom. I [am] hearing from the field [what] they are not getting from the classroom and I get equal grief from the faculty about coming into second year practice not knowing [something] from the field. So it flows.

Finally, one of the participants identified that she relies on the evaluations of her students as a resource. While there were only one participant who offered each of these resources, it may be important to keep in mind as schools of social work think about ways to support clinical social work faculty.

Journey to Teaching

Anastas (2010) states, "We know something (but not a lot) about the teachers who are currently working in social work education" (p. 6). Participants were asked about how they learned to teach and in that process shared how they came to become social work practice faculty. Participants learned how to teach in multiple ways: they drew on their

experiences as students, as social work practitioners, and through actual teaching opportunities in and outside the field of social work. Valentine et al., (1999) explained that while many doctoral graduates in social work become full-time faculty, only one third to one half of doctoral social work programs have courses on teaching (as cited by Anastas, 2010). Interestingly, only a few participants actually learned how to teach by taking a class on teaching and learning.

Experience as a Student

In thinking about teaching, it is vital that we think about our own histories as learners and as a person with prior academic socialization (Marchesani & Adams, 1992). Participants most commonly referred to their own experiences as students. One third of participants talked about their own education experiences and, in particular, how their own teachers who served as templates for their teaching. Molly illustrated this by saying,

> That is a good question. That is a really good question. I think how everyone learns to teach is by our role models and people who taught us…You know so I think it's just years of having some really excellent teachers and I have internalized those role models and they come out when I teach. I draw from that, from the experience I've had on the other side of the classroom.

Victor shared how he had internalized and tried to replicate the characteristics of the teachers he has had.

> I think quite honestly…when I did my MSW, I had two or three professors who taught in the sort of way that I am describing and it really made sense to me. I think I just internalized or I appreciated their sort of learning stance and then when I did become a teacher, [I] tried to replicate some of that…attitudes of openness, not being authoritative.

One of the participants, while citing that her teachers had some influence on her as an educator, talked more about her own identity as a student. She talked about how her own struggles as a student shaped or influenced the way she taught.

> I am not very smart…I am not an intellectual person. I am not. I am married to a very smart person, but I am not very smart. I am very average and so I did very average in school. I was not the best writer, didn't get amazing grades so I think it was scary to be a teacher and to be viewed as someone who is an expert and knows everything and part of my teaching style comes from this place of humility. So I often have students in class who are smarter than I am, who are better readers than I am. When you said, "what is your teaching philosophy." I dreaded that question because…I have never read anything. I am not a reader. I have a learning disability, it's really hard for me to read. It is hard for me to comprehend what I read, I have to read it multiple times. I am not an intellectual in that way. I am a practical person and so I think that has really influenced the way that I teach.

Many of the participants strongly relied on their own experiences as students to shape the classroom. While the role of the participants is to socialize students into the profession of clinical social work, it seems that there is another process, which is the socializing of students to what good teaching is and is not.

Experience in the Social Work Field

Given the symbiotic relationship between the educational setting and the agency setting, participants talked about how their identity as teacher was shaped by their work in the field. One third of the participants talked about their experiences in the field of social work shaping their identities as teachers. They discussed the ways in which they provided trainings, workshops, or seminars to people in and outside their agency. Some participants also talked about their roles as supervisors shaping their identities as teachers. Betty talked about her role providing trainings and referenced being a supervisor.

> I worked again for like 25 plus years at a bunch of different settings, but a lot of it was in a community mental health system and within that system I started out supervising interns and supervising staff. I became [the] agency's training director in that capacity. I taught seminars for students and for staff. I organized training events for the whole system. I had an interest in teaching and I got to do a lot of it in that setting. So before I ever taught here I was teaching groups of you know 15 students and groups of staff, seminars on substance abuse treatment and seminars on play therapy and seminars on this and seminars on that for years and that made a huge difference. Supervising made a huge difference. It keeps me very close to the student experience. Because it isn't years back, decades ago, I mean it is very current and having seen so many students go through these phases and stages in their learning and starting out totally freaked out and insecure and "Oh my God I can't do this!" and you know seeing sort of the very, normative stages that students go through as interns has been really helpful and I think it helps me…it informs my judgments about what I focus on in the class because I am drawing on all these students that I supervised over the years, and what their needs were, what their worst anxiety is centered on, what they were most hungry for in terms of [the skills they] need.

The role of teacher in the academic setting and the role of teacher in an agency setting seem closely tied together. There are some similarities in the ways in which participants engaged student learning the field and in the classroom.

Previous Teaching Experience

A few of the participants came to teach clinical social work practice with previous teaching experience. One fourth of the participants' journey to social work was based on teaching within and outside the field of social work. Mary shared that she had been teaching the second year practice course for about six years. Prior to this course, she had taught first year practice and other electives for a number of years. While some participants taught multiple courses at one college or university, other participants had taught at multiple institutions, across bachelor's and master's level courses, across specializations in social work and across disciplines. Some participants also began their

journey as a teacher outside of the field of social work. Angela said that her experiences teaching abroad shaped her identity as an instructor.

> I did a lot of teaching actually before I went back to graduate school so I was teaching abroad for a while and I actually studied the teaching—I was living in Spain for a while and I was studying teaching of English in Spain and the different systems and observing their systems and obviously the teachers themselves who were taught different pedagogies as well. I kind of learned a little bit from them and was teaching the curriculum for a while. So those things kind of influenced the kind of teaching over time and what I was comfortable and not comfortable with.

One fourth of the participants also described being thrown into the role of the teacher or presenter. Kate described the way she began teaching second year practice.

> I remember getting hired here and getting absolutely no preparation. Somebody else who taught the course before took me out for a cup of coffee and told me a little bit about the structure of the course. I had very little instruction in it.

Participants had a range of previous teaching experience. While some folks had experience within the field of social work, many folks had learned to teach outside of the field. It seems that their experiences teaching did not happen in a systematic or thought out way but that they essentially fell into teaching.

Course and Faculty Meetings

There were a few participants who talked about learning to teach through structured meetings with colleagues. One fourth of participants discussed that organized collegial meetings where they talk to their peers about teaching strategies or techniques helped shape them as a teacher. Rhonda experienced this type of collegial support.

> There were a few summers in a row when I taught at [college] and there were a group of us who were teaching second summer practice. So we would meet before we taught the class, the whole group of teachers would meet and that was wonderful! Wonderfully collegial and we would say, “Alright, how are you going

> to teach this case? What are you going to do about this case? And how have you taught it before?" And that was really quite a lot of fun and very collaborative.

While there were a few participants who learned to teach utilizing the expertise of their colleagues, it seems that it was a very valuable tool for participants.

Coursework, Co-Teaching, and Reading

The rest of the participants described an array of ways in which they learned to teach. One eighth of the participants said they learned to teach through mentorship, auditing a course, co-teaching with a senior faculty member, involvement with intergroup dialogue, and reading about teaching. Only 2 out of the 15 participants learned to teach by taking a course on teaching as part of their educational experience. The participants shared that they were students at the doctoral program and took a course on teaching and learning and began teaching within the same institution. Sarah shared her experience.

> In my doctoral program, there was a semi heavy component in teaching Social Work, so meaning we had maybe (long pause) three…courses on teaching Clinical Social Work. I think it's become just part of the fabric of (pause) my academic experience. I started teaching Clinical Social Work while I was still a doctoral student and many people do so …again it felt very, very fluid for me. It didn't feel like I had to go learn to teach somewhere because I was both learning about teaching as a student and learning about teaching clinical social work as a student.

In summary, participants, in this study, largely learned to teach by trial and error and did not have academic and professional training in teaching social work. Given that many of the teachers relied on their own histories as learners as the basis for how they taught, it is important that faculty have opportunities for continued dialogue about teaching and learning. It is clear that while participants did not have formal training

around teaching and student learning, they thought deeply about who their students were and what were the best ways to engage their students.

There were a few ways in which teaching and student learning in clinical social work practice connects to the larger inquiry of how faculty conceptualize and incorporate race and racism in their teaching. Given the role of socializing students to clinical social work, it is important to look at what information is conveyed about what is important in clinical social work practice. While there were a few explicit ways in which faculty wrestled with issues of race and racism in their thinking about student learning and their own teaching, a small number of the participants did address issues of race and racism in thinking about teaching. One of the few ways in which participants integrated race and racism was in thinking about the assumptions they had about their students. One of the participants highlighted that she asked her students in her first practice classes to identify themselves racially and ethnically. This same participant later as references using the text, *Readings for Diversity and Social Justice* (Adams et al., 2010) as a resource for helping her think about teaching Another participant named how she brought in a range of racial identities through her selection of case studies. Given that number of the participants identified that they learned to teach from the experiences of being students themselves, it would be important to wonder if their teachers or the curriculum in their educational experiences incorporated race and racism.

As part of teaching and learning in clinical social work practice, participants may have to incorporate issues of race and racism. In this next section we examine how participants incorporate issues of race and racism.

How Do Participants Integrate and Incorporate Issues of Race and Racism?

The previous sections were largely dedicated to illustrating how participants defined clinical social work and how participants conveyed this in their teaching. In addition, these sections also examined how participants linked issues of race and racism to defining clinical social work or to the process of teaching and student learning. This section will address the participants' efforts to incorporate issues of race and racism in the teaching of clinical social work practice. The goals of clinical social work education include providing students with knowledge and skills to address issues of race and racism in their practice. The NASW (1996, 1999) code of ethics explicitly identifies that work on behalf of marginalized populations and a commitment to social justice is central to the field. In addition, the CSWE (2001) mandates that curriculum in clinical social work schools has to address advancing human rights and social and economic justice. Funge (2011), citing the work of Sharron Singleton, states, "However, the extent to which social work educators are comfortable with, focus on, and integrate social justice-related content may depend on a number of related factors" (p. 75). As part of the research question, this study explores how participants understand race and racism, the theories or conceptual frameworks inform their teaching of race and racism, and how participants bridge the teaching of clinical social work practice with race and racism. This section presents the themes that emerged in the interviews with participants as outlined in Table 8. The table is organized around the themes or sub-themes that emerged from interview questions, 1) How do participants define race and racism? 2) How participants learn these definitions of race and racism to be true? 3) How do participants incorporate race and racism in the teaching of clinical social work practice? 4) What are the challenges and

benefits for incorporating race and racism? 5) Where do participants go for new ideas and support? 6) Are there any other theories or frameworks that support participants thinking or efforts to incorporate race and racism? 7) What other issues of identity and oppression do participants incorporate? The table is broken up into two columns, one column that lists the question that was asked of participants and a cluster of themes that emerged from the discussion.

Table 8
Incorporating Race and Racism

THEMATIC CLUSTERS	
How do participants define race?	Participants conceptualized race by: • Making a connections between the concepts of race, ethnicity and culture • Describing it as socially constructed. • Exploring the incongruence between self- identifying racially and being identified racially.
How do participants define racism?	Participants characterized racism as: • Occurring through micro level individual thoughts, attitudes or behaviors. • Operating through macro level institutional policies and practices
How did participants learn these definitions of race and racism to be true?	Participants defined race and racism based on: • Their own personal experiences observing race and racism, participating in cross-racial relationships and communities, and experiencing racism. • Their own academic training. • Their roles as social work practitioners and social work faculty.
How do participants incorporate race and racism in the teaching of clinical social work practice?	Participants introduced content on race and racism: • Through case examples or vignettes • Using course readings • Exploring current policies, practices and contemporary events • Utilizing videos and films • Facilitating experiential activities
What are the challenges and benefits of incorporating race and racism?	Some of the challenges of incorporating content on race and racism are: • The affective responses and resistance from students. • The limited skills of teachers facilitating discussions. • The lack of time based on other course demands. Some of the benefits of incorporating content on race and racism are: • The impact on students becoming stronger and better practitioners • The effect on larger society or the world
Where do participants go for new ideas and support?	The resources that participants used to help them think about ways to integrate race and racism are: • Through conversations with trusted colleagues • Attending faculty or course meetings
Are there any theories or frameworks that support participants thinking or efforts to incorporate issues	Theoretic frameworks participants relied on to introduce material on race and racism included a/an: • Emphasis on no formal theory • Focus on clinical theories or concepts, such as

of race and racism?	countertransference and relational theory. • Grounded in other theories, such as critical race theory, social justice theory, racial microaggressions, racial identity development models, contact theory, Rosenthal effect, theories of discrimination, white privilege.
What other issues of identity and oppression do participants incorporate?	Some of the other issues of identity and oppression that participants emphasized were: • Addressing sexual orientation • Attending to socioeconomic class • Focusing on religion and spirituality • Naming gender, immigration, and age • Highlighting other identities (age, language, disability, ethnicity, a combination of several)

Conceptualizing Race

Race is a "sociopolitical not a biological construct," that is used to artificially divide different groups of people into distinct racial categories, (Bell et al., 2010, p. 60). As part of understanding how participants thought about race and racism, they were asked to describe how they defined race. Participants, in this study, defined race in largely three ways. They talked about the relationship between race, ethnicity, and culture; discussed how race was socially constructed; and they elaborated on the process between racially identifying oneself versus being racially identified. Half of the participants responded to the question asking them to define race with laughter, silence, or stated that they had never been asked that question before. One participant, Bonnie, stated that she hoped that it was already covered in the "racism" class.

Connection between Race, Ethnicity, and Culture

Race, ethnicity, and culture are terms that are many times linked and "are intrinsically forms of collective social identity" (D. Goldberg & Solomos, 2002, p. 5). Half of the participants described race as something connected to ethnicity and culture.

Participants talked about specific ethnic groups that fell under racial categories. For example, Stephanie said,

> I think there is a distinction between race, color and ethnicity. Thinking about race and [the] sub categories of race. Some people might say…Black, but within Black we might have African American, we might have Caribbean. Under Latina, we might have Dominican or Puerto Rican or Columbian.

A few of the participants discussed the ways in which racial categories reduced the complexity and heterogeneity of ethnicities represented in the category. Stephanie shared that she identified as White but her Italian and Irish heritage was really important to her. She discussed her challenge filling out my demographic questionnaire. Furthermore, she shared that she had not changed her maiden name to her married name because her spouse had a non-ethnic name. Another participant, Vivianna, shared that she did not feel that the term Latino represented her identity. She struggled to fill out the census form because she did not believe that it fully reflected her full mixed race background. Finally, participants simply defined race as reflecting the cultural background, beliefs, and practices of a person. For example, Molly stated, "I define it as someone's cultural background," while Bonnie shared that she would talk about who the members are of various cultural and ethnic groups as well as the "cultural beliefs" that are attached to each of these groups.

Socially Constructed Concept

Social construction refers to the ways in which concepts that seem immutable or unchangeable are actually mutable or changeable. One third of the participants described race as something socially constructed. Victor stated, "I define race in terms of it being sort of a social construct…I don't define it as a biological sort of entity or as a biological

sort of given." One of the participants, Betty, shared that a large number of students enter her classroom with the idea that race is a biologically or genetically-based category and that part of her work is to move students to think differently. One of the participants, Jose, talked about how the meaning of race shifts based on the situation or context and that race has real life political, social, and economic consequences. Out of the 15 participants, 3 participants defined or described race related to biological or physical characteristics. Sarah said, "[Race is] that which is genetic and biological and…there are certain features, physical features that kind of go along with, genetically go along with…race." Furthermore, Thomas stated, "I've never been asked to define it. I would say that race itself means a particular biologically based…it's part of a biologically based identity we call race." One of these participants described race as both socially constructed and having genotypic and phenotypic significance. Mary shared, "I define race as related to one's skin color…race is both phenotypic and genotypic…race in this country is socially constructed." Mary also named that race impacted one's access to power and privilege.

Incongruence between Self-identity and Prescribed Identity

The concept of racial identity can be shaped by multiple factors, one of which is whether one's membership is chosen and/or is imposed. One third of the participants talked about the messiness or complexity of race. Participants described the differences between how someone personally identifies and how those around them identify them. Participants talked about how many times that those two processes are not congruent and

how someone identifies is not the race they are marked. Kate illustrated this idea in her definition of race.

> In that same dual focused way again…I think it is about people's internal definition of themselves, which could be about a whole bunch of things. It could be about a shared racial heritage with family; it might not be. It could be about skin color; it could not be. And how people get classified from the outside, which might not match how they are thinking about themselves on the inside. So I sort of have a dual focus in thinking about what race is as kind of an internal experience and a social external.

Rhonda used a contemporary example by talking about the ways in which President Barack Hussein Obama confounded people by his choice to identify as African American on the U.S. census rather than identify as White or mixed-race.

Out of the 15 participants in this study only 2 participants, Mary and Jose, talked about the social realities of race. These participants had a more complicated understanding of race and, thus, made connections between particular racial identities and resulting advantages or disadvantages.

Conceptualizing Racism

Bell et al. (2010) define racism as a "set of institutional, cultural and interpersonal patterns and practices that create advantages for people legally defined and socially constructed as 'White,' and the corollary disadvantages for people defined as 'non-White' in the United States" (p. 60). Similarly, participants characterized racism occurring in largely two ways, at the micro individual level, at the macro institutional level. Furthermore, focusing at the macro level, participants also discussed racism involving issues of power and privilege.

Micro Level

Participants defined racism largely as an individual, micro level thoughts, attitudes and/or behavior. Thirteen out of 15 participants described racism using language that highlighted interpersonal, one on one interaction. Elizabeth talked about racism being related to prejudice. "I think when people are prejudiced against somebody merely because of something they see…and related to color or an expression of themselves. I don't think it's bigger than that." Both Elizabeth and Bonnie discussed how racism plays out in a multi-layered way. Elizabeth believed that racism occurred in both directions, it was not only about Whites discriminating against people of color but also about people of color discriminating against Whites. Bonnie also named that she did not buy into the idea that people of color could not act in a racist manner. While acknowledging the dominant power structure that privileged some groups while not others, Bonnie shared that she felt the model of only White people could be racist was too narrow and left out the feelings and interactions that occur between people of color. Bonnie said,

> You could be racist if you were White, but you couldn't be racist if you were Black. I think it leaves out some of the subtleties of racism around the non-dominant groups and how they act towards each other and the feelings [that they have] about each other.

Both of these participants also talked about how racism occurs in unconscious ways. Participants in this study largely defined racism occurring in individual interactions. A few of the participants did not see racism as something that occurred solely by Whites against those who identify as people of color but something that could occur by people of color against Whites. Furthermore, one of the participants raised the idea of horizontal racism and the ways that racism could also occur between people of color.

Macro Level

Participants also characterized racism as more of a structural and cultural phenomenon, giving one social group more access to resources than another social group and social power. Less than half of the participants described racism operating in a more macro and institutional ways. Stephanie described racism as something created by Whites and that racism centered Whiteness and everyone is compared to that standard. Although, Stephanie's example to illustrate this, not using the term "people of color" in class because it "feels racist" seemed to miss the historical and political significance of the term and reflect a more rudimentary understanding of racism. Jose illustrated that he thought racism was not about individual thoughts or behaviors but more about institutional power.

> Racism is an institutional, structural and cultural…privileging of one racial group over another and it is about the ability to exercise power over certain groups of people. I make a distinction between individual prejudice, acts of discrimination and an "ism."

In some instances, participants defined racism as both a micro and a macro process. John stated that racism was "both a personal and institutional societal oppression of one group…using racial categories to oppress them." Furthermore, Angela said,

> I think of racism in many different ways. I think of racism in kind of a micro sense of people are discriminatory towards other people and I think about institutionalized racism and where there are certain things that are set up at a systematic level that are barriers to a either social mobility or to a (long pause) certain norms and roles of what is kind of accepted and not accepted.

Building on this idea that racism involved power and privilege, Angela talked about the role of power in racism. "I think about… institutions and I think about…institutional power and I think about misuses of institutional power such that some people are privileged and others aren't. Some people have access to resources,

some people don't." Participants, in only a few instances, gave more detail or gave specific examples about what they meant by institutional power. Mary talked about the ways resources are allocated to particular individuals, groups, and families relating it to issues of access. Angela referred to the barriers to social mobility. Victor described racism as the lack of opportunities related to economics and education. Thomas gave the example of a person specifically not being able to get a job based on how that person or persons are perceived. While participants used the term privilege in describing racism, none of the participants specifically talked about White privilege.

In defining racism, participants were able to identify the ways that racism occurs at the macro level without explicitly using language, such as institutional, structural, or systemic. Also in many of the instances, they did not specify who had access to these advantages and who were being disadvantaged.

Context for Learning about Race and Racism

As a way to provide a context for how participants understood race and racism, they were asked to share how they learned these definitions of race and racism and their responses fell into three broad categories: personal, academic, and professional. Three fourths of the participants referred to examples related to their personal lives. While all the White participants shared that they learned about race and racism by observing racism occur, participating in cross-racial relationships or communities, all the people of color in this study shared that they learned about race and racism through the experience of being directly victimized by racism or making sense of their racial identity. Two thirds

conveyed stories related to academic training and half of the participants talked about their professional careers as places where they learned these definitions.

Through Personal Experiences

There were several different personal instances in which participants talked about learning about definitions of race and racism. One of main ways participants learned about race and racism is through their relationships. These relationships were in the context of friendships, romantic partnerships and parenting. Many of the participants went back to memories related to primary and secondary schooling. Sarah talked about going to a school where her friends of color were tracked into lower or remedial classrooms. She stated,

> I learned about racism when in elementary school students were tracked academically and all the white kids were in the…higher tracks than all the minority children were. [I felt it] viscerally, I don't think cognitively…feeling like something is off about this. Why are my friends who live in the projects, you know, who have darker skin in this class full of forty kids and these other children who live in middle class neighborhoods who are fairer in classes of 15? You know that kind of thing. I don't know how I could have verbalized that, but I can remember feeling like, "what's going on?"

One of the participants also talked about how she was discouraged and essentially not allowed to be in a cross-racial friendship. She shared that her parents and people within the school put pressure on her. She noted she had this experience during a time when students of color were being bused to her school. She stated that people pretty much stayed within their group and that "people couldn't tolerate that kind of integration." One of the other participants, Elizabeth, recalled two examples of witnessing physical and verbal violence related to race and racism. She talked about witnessing her friend, whom I define as biracial, get beat up because she was a person of color.

> And I went to public school for two years because the second year I was there…my friend, Amy, who was mulatto, half black and half white was walking through a hallway and a girl beat the crap out of her because she was dark…And she was on student council and…the cheerleading squad and she was…a little preppy girl and they didn't like the duality and they merely beat her up because was dark and that is what they said to her and I think that image has stuck in my life so vividly, like I can feel what I felt when I was in that environment. I was so shaken I went to my dad and I was like, "I can't go to school here because I don't feel safe because people are beating each other up in the hallways."

Elizabeth also talked about the here and now and her attempts to intervene with a neighbor. She stated that right after 9/ll, she was outside with her Egyptian neighbor when a group of White men pulled up and got out of their car and started screaming at her neighbor. She shared that she intervened by telling the White men to get back in their car and to leave. Elizabeth talked about how she felt people made, "snap judgments [about race] based on what they see." She said that this behavior was something she saw on a regular basis. She noted, "Being out just in the social world, you, unfortunately see that. You see people who don't want to sit next to somebody on the [subway] because they are African American or White."

Betty discussed that her biggest learning about issues of race and racism came through her failed cross-racial/cultural marriage.

> Probably the biggest [lesson] was previously being married. This marriage ended and [I] divorced someone from a different race and culture from myself, and you know (pause) that was one of a long list of reasons why we ended up divorced. I mean we didn't get each other in some very essential ways. That is part of why I think the work around micro aggressions is so meaningful to me. I must say before I lived with that man I didn't see it. I did not see the stuff that was being done or not done or said or not said. I just didn't see it. I don't know where I heard this (pause), I don't know where I got it from but I heard someone say the thing about white privilege that is the most incredible, or the most privilege part of it is you can kind of be aware that you have it, but you don't have to do anything about it. (Laughs) Yes, this is white privilege but, so what, you know? No sense of action based on it. But I think before that marriage, the failure of that marriage…I have to say it wasn't very much on my radar screen

Betty shared that through that relationship, she began to see the daily experiences of racism and understand the concept of microaggressions. She also began to really think about her own privilege as a White person.

Three of the participants also talked about becoming aware of race and racism because they grew up in a diverse city or area of the country. Interestingly, all these participants grew up in Mid-Atlantic States. Two of these participants noticed race and racism because of the sheer number of different types of people or because they lived in the inner city, while one of the participants discussed noticing segregation based on race and class.

One fourth of the participants also discussed their own families. One participant shared that her parents were also social workers and how they instilled this idea that race was not only about how people looked. Another of the participants who identified as White talked about how for most of her life, her mother was in a cross-racial relationship. She said that growing up in her household, dialogues about issues of race and racism were commonplace. Sarah described how she herself witnessed racial profiling when driving home with her mother and her mother's boyfriend.

> The first thing that came to mind was when I was in middle school, my mother and her boyfriend who was black…were driving home one night and they got pulled over…for no reason at all that they could tell and the white police, my mother is white and the white police officer asked my mother, looked at both of them in the car and asked her if she was okay. And they came home. Of course she was and they came home and told me and my siblings why that had happened and [had] a very overt conversation about race and racism and I remember that clearly.

Besides her experience of growing up in a multi-racial household, Sarah also identified that her learning about her Jewish identity and anti-Semitism was a springboard for her understanding about race and racism. Similarly, Thomas shared that his experiences as a

gay man was a window into understanding the experiences of people from other racial backgrounds. Thomas said,

> [By the] virtue of [being a] gay man, being aware of the toxic effects of being treated differently and what it means to be different…gave me a much fuller understanding of the meaning of those things…[the experiences] other people might have had from the different backgrounds.

These two participants' understanding of their other marginalized identities, such as being Jewish or being gay, helped them grasp issues of race and racism.

While the personal journey to understanding race and racism for many of the White participants was about where they grew up, their cross-racial relationships, or the messages from their families, for the participants of color in this study, it was about lived experience. For all three of the participants of color, understanding of race and racism came from being the recipient of racism or negotiating their racial identity. Jose said that he learned about race and racism from his own experiences identifying as Latino and as a gay man. He shared his experience of being in college where a Sociology professor told him that he could never be a scholar because he was "too emotional like most Latinos." Jose was clearly affected by that story because he ended by saying, "Fuck it. Look at me now." Mary shared that she learned about racism as a Black person born and raised in the South during the Jim Crow era. She grew up attending segregated schools and was fully aware of the reality of lynching in the South. She said that she was a "product of parents who were involved in the Civil Right struggle in the South."

While Vivianna did not explicitly use the word racism, she discussed her experience of growing up in Puerto Rico and coming to the United States as an adult. She talked about the dual process of being privileged and marginalized. She shared that she was not identified as a person of color in Puerto Rico and had class privilege but became

a person of color in the United States. She noted that while she was knowledgeable about United States because she studied U.S. history in Puerto Rico, she learned quickly that people in the United States did not know the history of how and why Puerto Rico became part of the United States. She noted that her own experience of migration influenced her interest and work around immigration.

> So that to me has been a very transforming process and now I am an advocate of people learning more about it, not just about my own Puerto Rican identity but the Latino culture and what it means and about immigrants. The immigrants from other countries who had visa[s] and other situations. Crossing the ocean made a huge difference. For me and many people.

Participants in this study learned about race and racism through their personal experiences with race and racism. White participants learned about race and racism by observing their friends being academically tracked or observing violence enacted against people of color, receiving messages discouraging them to make cross-racial friendships, or through the process of understanding their own marginalized identities, such as being Jewish or as a gay man. People of color learned about race and racism through the experience of hearing racist stereotypes, living through as racially charged social movement, and through the experience of immigration, being classified racially differently across dissimilar contexts.

Their Educational Training

While participants observed or noticed race and racism through personal experiences, participants learned it conceptually and obtained a language to talk about race and racism in formal educational settings. While some participants valued their academic training, not all participants were satisfied by their experiences learning about

race and racism. Two thirds of the participants talked about their experiences learning about race and racism in college, in particular at the undergraduate level. Only two participants referenced learning about race and racism in their master's or doctoral training in social work. Stephanie talked about taking a three-day racism course as a graduate student and how it served as a "wake up call" for her.

> So when I was in graduate school, there was…a three day racism class that you had to take… and it was part of the orientation…And it was intense, they really pushed your buttons, they really challenged you. For me it was a great wake up call and it made me aware of things I had never been made aware of like walking down the street if I see three black kids walking toward me. Would I respond the same way if I saw three white kids walking towards me and I had just never thought about it, I had been living in a racist way of thinking and not even aware of it, so for me it was a huge aha! It made me aware of my whiteness for the first time in my life.

While one participant identified her master's-level social work training as the place where she learned about issues of race and racism for the first time, interestingly three of the participants, without being prompted, identified master's programs in social work as places where they did not get any, or what they characterized as useful information about issues of race and racism. One of the participants talked about how she felt the information that she received was "superficial." The other two participants went to school at a time where there was not a class about issues of race and racism. One participant said that there was a half-day workshop during orientation and another participant talked about a week-long course that you took between the first and second semesters. Thomas said the course was entitled, Black and Hispanic Life Styles.

Participants learned about issues of race and racism through undergraduate courses in psychology, sociology, history, and political science. Besides the discipline, the time period in which participants went to school mattered. Three of the participants

explicitly referred to the year in which they went to college and the type of commitment the school, and the student body had looking at issues of race and racism. Participants also described the learning process they moved through, from thinking about cultural differences to biases to understanding institutional racism. Kate discussed her experiences learning about these issues in college.

> That has just been continuous. It made me think almost developmentally. I think…first awareness of difference, then awareness, "oh there's bias in the universe…that really impacts people." But probably not until college taking racism courses at [college] and…learning a little bit more about the system, systemized racism. So learning more…probably from an intellectualized standpoint like an exposure. You know it was the seventies. We had these all day retreat things…I would learn about [it] in an intellectualized way. I think the impact of bias plus power as oppression.

One of the participants talked about her involvement in a program called Intergroup Dialogue, first as a participant and then as a facilitator. She shared that hearing a group of diverse peers talk about issues of race and racism in a direct way was "enlightening" for her. She shared that talking to her peers felt different from talking to her family or her friends about these topics. There were a mixture of responses describing participants' formal learning about race and racism in academic settings.

Through Professional Roles

Some participants' learning about race and racism deepened through their work as faculty, administrators, or practitioners. Participants talked about their role as teachers and practitioners as a place where they learned about race and racism. Half of the participants referenced their institution of higher education or the social work agency as contexts for which they learned concepts, such as race and racism. Participants referred to their colleagues as one of the sources of their learning. They described instances where

they talked to their colleagues about their particular research interests or where their colleagues challenged them about their silence around issues of race and racism. One of the participants described witnessing her colleague being racially profiled by police. She shared how it helped her understand the impact of racism on African American men.

> But you can know that African American men have such a painful, frightening history with the police. You know that in your head. I as a white person can know that. He and I were at a meeting in [this city] and I am driving…he is driving, we were driving in and out…he was driving and we are yapping away, yap, yap, yap, yap and all of a sudden he goes quiet and he is not talking and I sort of personalized it, "What's the matter?" I said, "You got quiet." Do you feel alright?" And he said, "There is a cop behind us." He went quiet, so this dear man who I care about so much and we are having just a normal day coming home from a field meeting and yapping away and he goes silent because there is a cop behind us because he was scared. Just an…almost an unprocessed fear response. That is yet another layer of learning beyond what you know in your head is to see "Oh my God! He is scared." So I think you learn it big and you learn it…personally.

Participants also talked about their work as practitioners interfacing with clients of color. They talked about the challenges to building a cross-racial relationship and watching their clients get discriminated against based on race. Participants discussed the transition of understanding racism on a purely theoretic or intellectual level versus a deeply personal level. Stephanie illustrated this dynamic by saying,

> I would say…I knew about it intellectually. I had learned about it and um I knew about it but the first time I really experienced it or understood what it was when I started working with adolescents. I took a job working with adolescents, homeless adolescents in New York and I was working with boys who were eighteen to twenty one. I was going with them, taking them somewhere and we had to take a cab, try to get a taxi cab and none of the taxi cabs stopped for us and I couldn't figure it out and I was at a loss for what was going on and the boys told me, they said, "It is because of the color of our skin and taxi cabs don't stop for us." That was the first time it hit me on a personal level that I really got it as far as not just hearing or learning about it…I hadn't experienced it myself and I didn't know. I had heard about it but I didn't know what it felt like. After being with those boys I knew what it felt like to them and that changed something internally for me because then I understood. It's not something I lived with, but I understood what it was like for someone close to me and then I could empathize more with their situation and understand it.

Lastly, participants discussed their roles as educators and their own teaching as a place in which they fine-tuned their understanding of race and racism. Participants talked about how teaching about issues of race and racism forces you to really think about and understand the constructs and the concepts in order to convey the material to students. One participant mentioned his experience teaching a course on racism, and the other two participants referenced their roles as clinical practice teachers.

Incorporating Race and Racism in the Teaching of Practice

Participants discussed incorporating race and racism in largely two ways, through case study material and through course readings. Participants also shared how they bring up issues of race and racism through experiential activities as well as videos. They talked about race and racism in the context of clinical theories, institutional policies and practices as well as current events.

Case Examples or Vignettes

Given participants' use of case examples to teach clinical material, it is no surprise that participants used this as a method to incorporate race and racism. Participants incorporated issues of race and racism largely through cases examples or vignettes. Three fourths of the participants discussed how they engaged issues of race and racism through clinical cases. Participants talked about either utilizing their students' cases or bringing in their own cases as a springboard to talk about racism that their clients may experience or racism that student practitioners may experience. Furthermore, they used cases to talk about the social identities of clients, the social worker's own racial

identity and subjectivity, bringing up race in a clinical encounter, the relationship between the clinician and client, examining our racial assumptions about our clients and the links between culture, ethnicity/race, and diagnosis. Many of the participants talked more at length about race than they did racism. Only four of the participants explicitly or implicitly talked about racism as it related to using case material.

Case Examples about Racism

In focusing specifically on racism, Angela, one of those four participants, described a case vignette that she brought in based on her former student's work in a hospital emergency room. She utilized this case to explore issues of racism, power, and privilege and to demonstrate the importance of unpacking assumptions. She described an African American male in his early 50s who was physically restrained and brought in to the emergency room by the police for "randomly assaulting people, being physically out of control and shouting." She said that she first got students to raise questions about what physically assaulting someone meant, for example, "Did he shove or punch somebody?" or "Did he have a knife?" She then shared that when the man was being checked into the hospital, he identified that he was agitated and did not remember the incident that brought him into the emergency room. He further explained that he had been diagnosed with schizophrenia at one point early in his life and that he had had a couple admissions to psychiatric hospitals. These admissions had been around the same time of year as this incident. Angela shared that the emergency room social service staff then interpreted his behavior as "disorganized as evidence of psychosis" and gave him a diagnosis of schizophrenia. Furthermore, she suggested that he be prescribed anti-psychotic

medication. She said that she engaged her students to continue to ask questions, such as, "Who were those people who said [he] was assaulting?" "What is their context?" "Where are they coming from?" Are these White police officers [that brought him in] and what is their context?" "Is this guy running around in an all White shopping area where he is the only man of color to seen?" Angela talked about the importance of getting students to see what is not initially evident about the case. She discussed the importance of examining "Who holds the power to craft the narrative about a person?" and further explored the case by inquiring, "Did the White police officers get to define this man's story?" She discussed how stories or narratives get told about a person and how that then becomes the truth. She illustrated this point beautifully by ending the story stating,

> The follow up to the vignette is the guy actually is a [veteran] who is experiencing a PTSD flashback, because he heard a car backfire and he didn't assault anybody, he was trying to push people down to the ground to keep them safe. He was…re-experiencing combat stuff with the triggering of the car back [firing]. He wasn't trying to hurt anybody and definitely wasn't somebody that was schizophrenic … so I think its part and parcel of the examination of power and the misuses of power and the treacherous path of starting to think that certain people wield power based on all sorts of different things that start to tell stories about a person and [which] follow that person and then start being viewed as the truth about that person. Then students are supposed to use that information as if its truth and its just really scary.

While Angela did not explicitly use the language, racism, she gets at the ways in which racist stereotypes may impact how someone is read, diagnosed, and treated. Also while she did not explicitly use the word, privilege, she got at the question of who has power. Only one participant, Victor, clearly named White privilege in talking about case material. He stated that he talked about his own privilege as a White man through cases as well as through self-disclosure. Again, while he did not overtly talk about racism, there is a relationship between the privileges that Whites accrue and the system of racism.

Only two participants explicitly used the language of racism or oppression, to talk about the experiences of a client and to talk about the experiences of a student practitioner. Molly shared the example of a child experiencing depression and anxiety and how it is important to look at what in the environment is causing the difficulties. She stated, "We might look at it in terms of [what] is causing [the] anxiety…if that child is living in a racist culture is that impacting them and making them depressed?" Molly stated that she encouraged her students to both intervene at two levels, with the environment to figure out what can change and with the child to build up strength to combat his or her environment. Mary discussed bringing in a case of 28-year-old immigrant from Sierra Leon who identified as gay and had Muslim parents. She stated that she got students to think about the client's "double oppression," being gay and Black, living with a Muslim family. Bonnie described a case where an African American student practitioner had a White client, who she had been close to, say some "really nasty, racist things" to her. The student stated that a large part of her academic training had been geared toward White practitioners working with clients of color and that she needed resources about clinicians of color working with White clients, given that her caseload was primarily White. Bonnie discussed how ones' racial identity played a part in the clinical relationship, in particular being a member of a marginalized racial group. She raised the question, "How do you work with or move on from an incident like that?" Kate echoed similar views as Bonnie's student. She reported that she felt that student practitioners of color did not get as much attention or support in their clinical education around what it was like for them to work with White clients.

Case Examples about Race

Participants engaged issues of race more than they did issues of racism. Almost all the participants talked about race in the context of case examples. In talking about race, they described it in the context of racial identity and in particular, ethnicity and culture. They talked less about U.S. racial categories, such as Black or Latino but made references to ethnic groups, such as Dominicans and African Americans in their examples. They talked about race related to the social identity of clients and clinicians. They discussed the interplay between the client's and the clinician's racial and/or ethnic identity, how to directly engage issues of race with clients, assumptions clinicians had made about their clients, and finally, how issues of ethnicity and culture relate to one's understanding of a family or individual client.

Participants addressed race by bringing in a diverse set of cases to represent a range of racial identities. One of the participants, Angela talked about the importance of bringing in a range of cases because she wanted to make sure what she was doing in the class felt relevant or connected to what the students were seeing or working with in their placements. Kate discussed how she was intentional about bringing cases in that were not stereotypical or one-dimensional. She described wanting students to situate the clients within a socio-historical context rather than learn specific cultural facts about their clients.

> We are representing a good range [of cases] and trying not to do a cookbook kind of thing. I want students…to wonder, "if this might be relevant?' As opposed to a cookbook…"all people from the Dominican Republic think this." "What do you know about what was going on in the Dominican Republic when she was growing up?" They will look it up and think about the politics or the political situation or the social or economic situation.

Participants talked about not only having students grapple with their client's social identities but also their own identities as social workers and how that impacts their work. Half of the participants talked about how they challenged their student to think about themselves and their own identities. One of the participants, Angela, discussed how in order to talk about or address race at all, students needed to begin with their own identity. Thomas discussed how our values and our own identities impacted how we reacted to our clients.

> We bring our values into a treatment room and our values we can't leave them outside our treatment room. We bring all of our subjectivity into the room, including those values…if we believe in the necessity of examining counter transference…then that becomes an important aspect of what needs to be examined inside ourselves, how we may be reacting, how we feel we should be reacting to somebody based on who they, based on aspects of their identity, particularly when that identity is different from our own. Although, you know having the same identity can be just as big a minefield sometimes as having difference in identity.

Thomas's quote points to the interplay between the clinician's identity and the client's identity. Vivianna also referenced this interaction but in the context of group work. She said that she asked her students to think about the dynamics of a group when the facilitator and the group members were of different races. Victor noted that he encouraged his students to think about impact of race in clinical relationships when the client and the social worker were of the same or different races. Victor expressed this by stating,

> Issues of race…get…talked about whenever we are talking about any case study even if the case appears to be or is written up in the way that the client is Caucasian and the clinician is Caucasian. I would always invite the students to wonder about…that sort of racial composition of the dyad in terms of how that is playing out in the treatment. So certainly through case studies, clinical material…if the students have an openness and…sort of the strength to be able to discuss their own experiences in terms of their racial identity that happens in the classroom as well.

Victor's quote also gets at the idea that White is many times not seen as a racial identity and that students needed to make sense of what that identity meant in addition to other identities, such as Black or Asian. Elizabeth also talked about the dynamic with her students. She described getting a paper where a White, Irish, middle-class student practitioner wrote about working with a White, Irish, middle-class family and noted that there no issues of diversity except age. While Elizabeth did not push her students to think about what it meant to be White, she challenged her student to think deeper into what it means to be Irish and what it means to have access to particular types of education, focusing more culture and ethnicity as well as class. Kate talked about the importance of looking at clinicians and clients of color dyads. She named some of the challenges that student clinicians of color had working with clients of color, such as assumptions about them having a "shared identity" or this idea of "we are all in this together" and not being prepared for pushback from clients. In many of the examples provided by participants, the underlying, implicit assumption was that the clinician was White and the client was a person of color.

Participants discussed working with their students around how to bring up issues of race. Sarah stated that "race is always in the room" and that part of the work of the clinician is to figure out when to bring it in. Jose suggested that beginning with "an broad open ended question that invites the story" about race He stated that obtaining information about their experiences in treatment were important so that as a clinician you did not repeat the same mistakes. He also illustrated how one of his students used her knowledge of colorism in the African American community to ask her client if her challenges were related to colorism.

> One student she was working with this African American woman and the woman was talking about how her mother preferred her sister and this was a history…and she made a remark about light skinned and the other part of the family and the clinician said, "Do you think that's why your mother prefers your sister over you is about lighter skin?" And she just asked her very naturally. She is a white woman…from a kind of privileged background; she has a great relationship with this woman. So I use that to say this is how you talk about it naturally. You knew something about colorism in the black community, about privileging around whose lighter, who's darker, all of that. And you were quite natural about it; you didn't stay stuck on it. She said no because she was lighter skinned than her sister so and you moved on to whatever the next thing was. I [say], "nicely done," or "that was a good question to invite [the story]" and I invite people when you make a mistake to say, "I made a mistake. I'm sorry."

Jose's example also shows how there is not a perfect science to inquiring about issues of race and like other interventions you make in social work practice that may not go as well as you planned, you acknowledge it and move on or forward.

Participants also talked about challenging the assumptions that students had about their clients. Largely these assumptions were about ethnicity and culture. Elizabeth talked about how it was important for students to have an "open curiosity." She encouraged her students to cease making generalizations and applying this to everyone they interact with. For example, she said that when she first moved to the area, people told her that Dominicans and Puerto Ricans did not like each other. She said that one could not take that message and assume that when sitting with a Dominican family that they definitively did not like Puerto Ricans. That it is important for that family to tell you that if it is part of their paradigm or even if it was relevant. Mary also talked about the importance of being curious about peoples' lived experiences. She said, "Just because you working with a 60-year-old African American man that lived through the Civil Rights era, you don't really have any idea of what that means."

> You don't know if they marched, you don't know if they got beat up…you don't know if they lived somewhere where it didn't matter, like you don't know

> anything. Just because it is an African American man who lived during that time you think you have some idea of what that means? You can't assume that you know that. You have to find out what that experience was about, what that was like for them. Did they have an experience with it at all?

Participants discussed the links between race, ethnicity, culture and mental health issues. Kate provided an example of how hallucinations may mean one thing in a clinical setting whereas it may mean something entirely different for a cultural or ethnic group.

> I try to help them…understand the difference between something that is a psychotic disorder and a hallucination, which is a result of an illness and is disorganizing to the person and something that might be a consonant, a culturally consonant belief that is not about psychosis. [For example] somebody from a particular Latina/Latino culture sees the grandmother at the foot of the bed after her death. How do you know that is a hallucination or a culturally consonant belief? Do you know culturally consonant belief systems tend to organize people and psychosis tends to disorganize people? Culturally consonant beliefs tend to bring people towards each other and psychosis tends to isolate people.

While participants talked about the range of ways they incorporated race, many of the participants did not directly address how they incorporated racism. They did not specifically give examples of how they addressed racism; instead, they gave more examples related to race, ethnicity, and culture.

Using Course Readings

Participants brought in issues of race and racism through readings largely about clinical practice. Half of the participants addressed issues of race and racism through the readings centered on issues of race and racism within the context of theories, within clinical work and within the relationship between culture, ethnicity, and clinical diagnosis. One of the participants, Angela, shared that in the context of her course on cognitive behavioral therapy (CBT), she brings in more scholarship on evidence practice with diverse populations. She acknowledged that CBT was developed with very racially

homogenous populations and that the field has been working on expanding its scope. Mary noted that she started her second year practice course with a couple of readings on critical race theory and made links to intersectionality. She said that she would then use case material to make the concepts come alive, for example, bringing in a case of a 28-year-old immigrant from Sierra Leone who identified as gay and had Muslim parents. She said that she would have her students grapple with the ways he experiences "double oppression because he is gay [and] he is Black."

Participants also identified a couple of authors who talked about their own challenges with race and racism in clinical work. Sarah talked about Melanie Suchet's work. Suchet (2004) discusses "racial blunders," that she has made. Sarah noted that by bringing in examples of clinicians having "racist moments," it allows or gives students permission to talk about when they subtlety or subconsciously engaged in racism. Rhonda shared an article by Weinberg (2006) that discusses the relationship between a middle-class, White social worker and a Black client who was a new young mother. Rhonda noted that the article got at the ways the social worker tried to take on some of the power differentials in the helping relationship between her and the woman. Participants also talked about the ways in which ethnicity and culture are related to diagnosis. Stephanie talked about trying to include a range of readings that discussed clinical issues with particular racial and ethnic groups. For example, she said that she included an article about ADHD and African American youth. She noted that she would then try to expand the discussion to other ethnic groups. Similar to the case material, participants largely engaged issues of race rather than issues of racism. Participants

engaged racism through the readings on critical race theory and through Suchet's and Weinberg's work.

Participants also brought in issues of race and racism through current issues, videos and films, and experiential activities.

Current Policies, Practices, and Events

Discussing real-life events or policies was one way of bringing in content about race and racism. One fourth of the participants addressed issues of race and racism through current policy, practices and events. Kate referenced differential jail sentencing related to drug use based on race and the over diagnosis of African American men. Elizabeth shared that she talked about issues of Affirmative Action.

Videos and Films

Finally, participants brought in content about race and racism through videos and film they may have selected. One fourth of the participants also brought issues of race and racism by showing a clip from, *In Treatment* (Levinson, 2008). This HBO original show follows a psychologist, Dr. Weston, as he sees a range of clients. In the episode that both of the participants discussed, Dr. Weston meets Alex, an African American fighter pilot in Iraq who was seeking treatment after bombing a school and killing 16 children. Mary stated that she used that particular segment to help students create treatment formulations, and Rhonda used it to get at the relationship between the White psychologist and the African American client.

Experiential Activities

While participants largely utilized experiential activities to bring in clinical concepts and theories, only a few participants used interactive class activities as a way to incorporate race and racism. The activities that were described really engaged the concept of social identities. Jose described an activity where he had students write down their social group membership in social identity categories such as race, ethnicity, sex, gender, sexual orientation, religion, disability, age, and class. He stated that he had students talk about what identities were more or less salient to them now and how that would look over time or based on a one's privileged or subordinate status. Vivianna stated that she had her students bring in the intake forms from the agencies into her class. She discussed how she had students try to fill out the forms using their own racial identities. She noted that they then had a discussion about how the racial categories were 'inclusive or non-inclusive," of peoples of identities. Stephanie noted that she had tried a new exercise where she asked her students to introduce themselves. She said she modeled it by sharing her name, her sexual orientation, her race, ethnoreligious identity, and a personal descriptor or characteristic. She reported that the activity and her own disclosure encouraged participants to share parts of their own identities. She shared that she was mindful about how beginning with an exercise like this "was sending a clear message to the class that this was part of our conversation that we need to be having". While Jose and Vivianna seemed to have experience utilizing exercises about social identities, it seemed that Stephanie was newer to engaging this method. She shared that her consciousness about social identity and issues of race and racism had been raised a year prior through her participation in a department sponsored and supported anti-racism training. Her statement

speaks to the power and importance of continued opportunities for faculty to get training within their institutions.

There was a range of ways that participants incorporated issues of race and racism, through case material, readings, current events and experiential classroom activities or exercises. It seemed for a few of the faculty, particularly the faculty of color and faculty who had been teaching for a while talked about race and racism with more urgency and fervor. Mary talked about how she "pushed" issues of race and racism because "it is important to me." She also noted that the she had a class of mostly White students and that she felt that her students would address everything in a case but issues of race and racism. Mary shared, "I think that students do have good intentions, but I think that unless you push it…then they are going to graduate and they are going to go off and they won't [address race and racism]." She noted that her identity as a full professor influenced her comfort in pushing it and maybe would not have done that when she began teaching or did not have job security. At the same time, Mary stated that she did not want her students to think that incorporating issues of race and racism was her personal agenda but universal concern. Mary shared that she wanted her students to know that addressing race and racism was important "universally and not just important because they have a black faculty member."

Challenges of Incorporating Race and Racism Content

In exploring what gets in the way of integrating content about oppression in social work classes, Singleton (1994) identified that students' responses to the material, the capacity of the instructor, and the lack of institutional support impacted faculty comfort

level when teaching content on race and racism. Participants identified a number of challenges when trying to teach about or incorporate issues of race and racism into their practice course that echoed Singleton's study. Student resistance, lack of skills or comfort facilitating conversations about race and racism and the limited time were some the challenges that participants identified.

Student Responses and Resistance

Negotiating students' reactions to material on race and racism can be feel overwhelming especially if instructors don't feel like they have the skills needed to manage these responses. Half of the participants identified the responses by students as one of the most common challenges incorporating issues of race and racism. Participants identified how conversations about race and racism stirred up students' emotions, such as hostility, pain, anger, and fear. Sarah talked about some of the emotions talking about race and racism evoked for students.

> The challenges are that it's scary for folks…to be even asked about race and racism…let alone be humbled enough to really talk about it. I find you really need a group of really daring and comfortable folks. I think you have to set an environment in which people feel like this is [a] conversation [that] needs to happen and people [can] make mistakes. Beverly Tatum was a professor of mine in college who writes a lot about racism and she said once and I use this a lot in my own classes how calling somebody out on racial ideas/racist ideas is like telling somebody their fly is down…and people really want to know it but they are embarrassed but the moment of being called out can be really humiliating and expose a lot of vulnerability. If you can get past that sometimes you can have really rich dialogue.

Angela shared that sometimes she experienced "resistance," from students because they came into a class wanting to learn the methods of the cognitive behavioral therapy (CBT) but do not want to spend as much time "reflecting on their roles and their

power and privilege." John identified that he worked with "a pretty privileged white group of students," some of which were new learners about race and racism and thus did not understand the connection between race and racism and clinical work. John also made the point that students' understanding of race and racism was influenced when these students took the required racism course. At three of the four schools, the students were introduced to required content on race and racism. Vivianna also highlighted this idea that students were "at different stages of their understanding of racism." She connected it to the varied life experiences of the students she interacted with in the classroom. It seemed that the racial makeup and the knowledge and skills that students bring into the classroom impact the type of conversations that these participants had about issues of race and racism. Furthermore, it seemed that at some schools, students did not take the concepts they learned in their first year class about race and racism into their second year practice class. Jose defined this process as "what's taught and what's caught." He linked it back to adult learning theory stating, "learning is ongoing." So while students may get it at one level in class, it may be years later that they are in field that the link between theory and practice clicks.

Stephanie discussed the challenges of having an MSW program in a religious institution. She stated that students' religious stances and religious beliefs translated into their thoughts and beliefs about social identity and oppression. Using an example about sexual orientation and homophobia and not race and racism, she talked about dealing with students who believed "homosexuality was evil, [was] a disease and [was] wrong." Stephanie said that she had to start with where these students were and use the ethics of

the field to help them think about how they would reconcile their personal beliefs with the professional expectations of the field.

Limited Skills as a Facilitator

Participants also discussed feeling insecure about their own skills facilitating conversations about race and racism, in particular managing the conflict in the classroom. Bonnie said,

> I think one of the challenges is that I don't feel particularly well trained in how to do this. (Long pause) We have a required race and racism class, which, I think the people who teach that have done some more apprenticing with that class and watching other people talk about it. I haven't and I don't feel like it's particularly one of my strengths. It can be hard to kind of figure out how do I navigate this conversation in a way that is safe so we can have the discussions that we need to have. But, you know, (laughs) how do I do that? It can be hard. Sometimes I feel like I am still trying to (unclear). Um, (pause) and sometimes the students are pretty open to having those discussions, sometimes there, it can be a little hard to draw out on topics, it depends on the makeup of the class, who is in the class.

Bonnie is pointing out that some of her colleagues who teach second year practice have had the opportunity to teach the required racism course at her school and thus has had more practice teaching about race and racism. Even Kate who has been teaching for 26 years reported, having her own fears about saying the wrong thing in class. She described even being nervous in the interview with me that she would say "something stupid." She described using her own emotions as a way of understanding how her students feel who are new to learning about race and racism. Rhonda, who has also been teaching for many years, describes not only the challenges of "managing all the intensity in the classroom," but allowing the messiness of the conversations. She stated, "It took years to come around to understanding that I didn't have to wrap [the conversation] up in a nice, neat package or have everybody calm down when they left." Jose talked about the difficulty

that new faculty had in thinking of ways to incorporate issues of race and racism. He shared that he spent a lot of time with them helping them think through ways to bring it and keep it in the room. He stated, “Because like most people if it’s not important to them it [can] drop off their radar screen.” Based on participant responses, it appears that there is a particular set of skills that go along with facilitating discussions about race and racism that faculty needed support and training around how to have those conversations.

Lack of Time and Other Course Demands

Given that students may be simultaneously in an educational setting and in an agency setting, clinical social work practice faculty may feel the pressure to teach particular clinical concepts and theories and have difficulty weaving in issues of race and racism. One fourth of the participants shared that they struggled with the limited class time, finding ways to balance talking about clinical content and conversations about race and racism. Elizabeth stated,

> It’s the time. Right? Like I would like to have a conversation about racism for 25 minutes, but I don’t have the physical time within a two hour class to do that ever. So it has to be an abbreviated conversation that is woven into the rest of it. So making sure that can get done is sometimes a challenge not because it’s not important but because of the time limitations.

Mary, who has taught about issues of race and racism for a number of years, shared that she felt a responsibility to incorporate content about race and racism in a well thought out ways even with limited time. She felt that providing too little information could be detrimental to the students and their clients. She gave an example of one-minute papers as a way for students to think about issues of race and racism without taking a lot of face-to-face class time processing the issues. One-minute papers are a writing exercise

where students respond to writing prompts, eliciting their thoughts and ideas about class material. Thomas also talked about the challenges incorporating all aspects of race and racism. “One of the challenges is of a strictly practical nature. You can’t cover every base. And the problem is that students expect you to.” He stated one of the tools he used to get students to be self-reflexive about their own experiences and prejudices related to race and racism was through the framework of countertransference. Participants described creative ways of incorporating race and racism into their courses given the time restraints they described.

Benefits of Incorporating Race and Racism Content

There can be multiple benefits for incorporating issues of race and racism into their teaching of clinical practice. Interestingly, participants had a harder time answering the question regarding the benefits of incorporating race and racism. Although, it was clear that for the participants, it was important or vital to include. Betty stated, “Boy, I mean, it’s funny, I am drawing a bit of a blank because I feel like it just seems so essential that I hardly know how to answer the question.” Participants talked about the benefits of incorporating race and racism in two ways, students becoming better practitioners and impact on society as a whole.

Impact on Students

Pender Greene and Blitz (2012) state:

> Incorporating issues of race and racism can improve clinical engagement and the therapeutic alliance. Assessing, understanding and responding to experiences related to racial identity and racism related stress can be an important factor in a clinician’s ability to be culturally responsive. (p. 203)

Half of the participants stated that incorporating issues of race and racism could help students become more skillful practitioners Bonnie talked about how it was important for students to know that issues of race and racism was not an add-on but central component to the course. She said, “I think [the benefit] is letting students know that we think this is important. You know this is something we should be talking about, not making a token acknowledgement of and then moving on.” One participant, Jose, even went as far to say that teaching about issues of race and racism was about ethical practice and that if you didn’t incorporate it, students would go into the field and treat their clients as if they did not have a social identity. Participants largely talked about the benefits for their students and how incorporating issues of race and racism made their students better and more skillful practitioners. Sarah stated, “The rewards are that you get to learn more about each other and the world and yourself and be better clinicians and better people.” Thus, it was important for students to practice in the classroom so that they could then take it back to into their work with clients. Participants wanted their students to be comfortable with their own social identities and their own biased attitudes. Victor said,

> The benefits are… that students will begin to understand the complexity individual dynamics and…that they will become practitioners who are…less apt to fall into the trap of sort of becoming racist unknowingly themselves and [with] their interactions with clients so that they are developing their clinical skills in a more nuanced way that appreciates the complexity of…race as part of the counseling, psychotherapy or clinical social work practice. Other benefits is that the student hopefully will develop a…more sophisticated sense of their own racial identity development, not only for their own sort of internal sense of well-being, but again so that they can be more competent practitioners.

Stephanie talked about the benefit of helping her students become aware of how their own clients viewed them. She stated that she wanted her students to think about how being White and privileged came with power. She noted that particularly her younger

students had a hard time with that concept and wanted to divorce themselves or rid themselves of that power. While some students gain insight in the moment from discussions of race and racism, Rhonda discussed how conversations in class may stay with students and that they may understand the implications of it years later. Rhonda described a particularly challenging class where students were discussing one of her cases where she had some difficulties working with an African American family. This case raised questions about the limitations of White social workers working with clients of color and one of the White students had gotten particularly upset and cried stating "I went into this profession because I want to work with black kids and you are telling me because I am white I can't do that?" Rhonda stated that the discussion around race and racism felt very messy to her in the moment. She shared that reconnected with the student years later at the school's centennial celebration. Rhonda shared with that the student said to her,

> I want you to know I think about that class every day. I work in the Bronx. I am probably the only white person in the school that I work in and I travel, you know on a bus where I am one of three white people. I thought I could do so much and I see now what some of the limitations of my whiteness are.

That example gets at the ways in which student understanding and growth regarding issues of race and racism can occur immediately or over an extended period of learning and reflection.

Effect on Society

While some participants talked about the direct impact of incorporating issues race and racism on their students, a few participants talked about how integrating issues of race and racism could have an effect on the larger world or society as a whole. Sarah

stated, “If we are really going to make any progress in this classroom and in this community and in this world we have to be able to have these conversations.” Kate discussed how these conversations about race and racism was about “real life,” that it was bigger than supporting students becoming effective practitioners. John exemplifies this bigger, more altruistic commitment by saying, “It’s a benefit for all of us and the whole society.” The benefits of integrating race and racism extends to beyond working with individual clients and to larger commitment to creating more opportunities for dialogue about issues of race and racism in society.

Support Systems for Incorporating Race and Racism

As explored above, participants had a number of challenges when incorporating issues of race and racism. Nine out of the 15 participants were asked to share where they went for support to help them in their own thinking and teaching about race and racism. Participants identified two main places where they went to sustain their efforts to incorporate issues of race and racism in the teaching of clinical social work practice, conversations with colleagues and through formal meetings and discussions. “Abrams and Gibson suggested that support from other faculty members and from administrators is crucial when teaching social justice-related content,” (as cited by Funge, 2011, p. 76).

Conversations with Colleagues

Of the nine participants asked this question, six participants identified going to their colleagues for support. Participants either described going to a particular friend to

get new ideas, talking to colleagues in general or accessing both to get support. Bonnie said,

> I have a friend who is a fellow doctoral student who teaches a racism class and I emailed her this semester looking for some ideas of…cases…where therapists kind of missed the cultural connection and…made some assumptions about culture. Sometimes I feel like we give some great examples and we don't give examples of what went wrong. I have emailed her before for some ideas.

Vivianna shared that she got support from her colleagues in general as well as specific faculty.

> I got support from peers who are very familiar with this topic and another African American colleague with whom I talk and we share the different perspectives. I learn from her and her experience and she from me. Latina and African American. With her I talk a lot and very openly about it. I also talk with other Caucasian and all the members of faculty no matter what their race is. I talk with them about, "how do they do it in class?" Again, I feel we have a good faculty here that can bring this up.

Participants largely discussed having informal conversations with trusted colleagues and friends, particularly those with some expertise or experience teaching about race and racism, rather having more of a formal opportunity to talk about ways to incorporate issues of race and racism.

Faculty Meetings

Through their participation in formal meetings and discussions, two participants got support from other faculty regarding not only how to incorporate race and racism but also address the challenges of teaching evocative material. Victor noted that "in second year practice all of the instructors meet once a week and that is a really excellent place of not only support but sort of strategizing around how to hand situations in classrooms." Both of the participants that discussed the opportunity to attend institutionally supported

meetings and discussions were at the same institution. At one of the institutions, Locust College, there were multiple opportunities for faculty to come together and discuss ways to incorporate issues of race and racism. Jacobson argues that "faculty members need to create opportunities to support and work with each other, such as repurposing faculty meetings to locate and address…the broader social justice mission of the profession," (as cited by Funge, 2011, p. 76). It seems opportunities such as these are critical to not only incorporate race and racism, one aspect of social justice, in teaching clinical practice but to situate it within a larger context of the field of social work.

Theories for Thinking about Race and Racism

There is a range of theories that conceptualize issues of race and racism. Miller and Garran (2008) identify a range of theories about race and racism, ethnicity theories, race relations theories, psychological theories, critical race theories. and structural theories. Participants were asked to identity frameworks that guided their thinking and efforts to incorporate issues of race and racism. Half of the participants were not able to identify a particular theory that guided their understanding of race and racism while a few participants were able to identify clinical theories, sociological and psychological theories.

No Formal Theory

Some of the participants were not able to identify any of the prevailing discourses around race and racism. Half of the participants had difficulty answering the question and could not identify a theory. Participants shared that they had not studied a lot of theories

about race and racism or didn't know how to categorize what they knew about race and racism into theoretical frameworks. Elizabeth shared, "I suppose I should be embarrassed…I am sure they are coming from some place. I don't know what it is." Betty said,

> Well it's funny, I seem to be drawing a blank. I don't know whether it's because it's one of those moments where I am…a perpetual beginner with this stuff. I am thinking what do I know anyway and what am I drawing on? Maybe its prompting yet another wave of sort of self-doubt (long pause) and maybe part of it is about [drawing] from so many sources that it's hard for me to sort of summarize.

Molly stated, "I would say there is no formal or official theory that guides it." Stephanie noted that she did not know what theories she may be using to incorporate or teaching about race or racism in her practice class.

> No. Again, not because there aren't in the world, but again, I am just not well read. (Long pause) Do you know what I mean? And I guess I haven't sought out theories to help me do that in the classroom. That is not my way in general of doing it, it is more experiential. Somebody may come in and say. "I think you are using this theory and this theory and this theory." And I may say, "Okay." (Laughs) I am sure I am not the only one who does it this way and I am sure there are people who have written about it and they call it something and I just don't know what it is. (Laughs)

Participants had difficulty identifying the theoretical contexts in which they conceptualized, defined and analyzed race and racism. Participants identified that while they learned about race and racism, they did not learn the theories underpinning these definitions.

Clinical Theories

Drawing once again upon their clinical training, one fourth of the participants identified clinical concepts, theories or frameworks that guided their thinking about race and racism. Thomas talked about his reliance on countertransference, "part of how we

experience them, how we react to them, and how we endeavor to understand who they are and help them," as a tool to grappling with race and racism while Sarah talked about using the principles of relational theory to understand how "intersubjectivity affect one another and all our aspects of identity. How we, you and I are constantly co-creating every moment of our experience. And I teach that notion…through the lens [of] race and racism." Rhonda identified narrative therapy as a tool in which to understand race and racism. She stated,

> I think the narrative stuff has really helped with that because it…names the stuff as socially constructed in certain ways so it really forces you to look at how you are contributing to whatever ways you are sort of naming things or thinking about them. I think that has probably helped me.

Participants in this study identified clinical concepts and theories to help them think about race and racism. In many of the instances, these theories helped participants helped them think about how to work with race and racism in clinical interactions.

Other Theories and Concepts

Other participants identified theories or concepts that traditionally describe or conceptualize race and racism. On fourth of the participants identified a range of social psychology, sociological, or educational concepts and theories, which helped in their thinking about race and racism but many of them did not provide great detail. Two of the participants, John and Rhonda identified critical race theory. While Rhonda shared not knowing much about critical race theory, John stated that while he had read about critical race theory, he did not bring it in a concrete way into his practice course. John in addition to Mary also identified "social justice theory" or "social justice ideas." Two participants, John and Bonnie also noted their knowledge of racial microaggressions in helping them

understand and talk about subtle forms of racism. Bonnie stated that she had students think about, "the experience of microaggressions and…what that can be like for a client to experience sort of subtle racism over and over…or subtle assumptions based on their race." Mary and Jose said that they used racial identity development models. Jose was the only participant who discussed, in great detail, a number of authors, concepts and theories that helped his thinking about race and racism. He discussed Gordon Allport's theory of contact hypothesis. He said, "Another model is the contact hypothesis…the more exposure you have to some group the less likely you are going to be biased toward a group or your bias will drop." He also talked about Rosenthal's effect or the self-fulfilling prophecy, which he said was based on "a study when researchers tell teachers certain things about their students [and] you get what you expect." He also referred to Fred Pincus's framework of discrimination as well as Peggy McIntosh's concept of White privilege. Jose said, "Pincus is a sociologist who does a lot on discrimination…he talks about individual, social and institutional discrimination. McIntosh's privilege…the concept of privilege…you have to understand that not everyone has access to what you've had." While a few of the participants were able to identify theories that underpin their conceptualization of race and racism, Jose was the only participant who articulated a real understanding of theories of race and racism.

Other Issues of Identity and Oppression

"Social diversity and social justice are often used interchangeably to refer to social differences as well as social inequality" (Adams, 2010, p. 1). Social diversity may refer to social categories such as race, gender, sexuality while social justice and

oppression refer to social inequality (Adams, 2010). Participants were asked what other aspects of social identity and oppression they included in addition to issues of race and racism.

Issues of sexuality and homophobia appeared to be the most common forms of social identity and oppression that participants integrated into the class in addition to race and racism. Two thirds of the participants identified sexuality or sexual orientation as something they also brought into clinical social work practice courses. One of the participants discussed that as part of a diversity initiative, the school as a whole focused on issues of sexual orientation. Elizabeth stated that the school had a community dialogue and that presenters were scheduled to speak. The larger institutional commitment impacted the material that she brought into the room. Participants also talked about sexual orientation in the context of a number of clinical issues. One of the participants, Betty, shared that she brought in issues of sexuality within the semester due to the increased number of suicides by people who identify as gay or lesbian. Other themes that came up were around self-disclosure, how you respond to clients wanting to know your sexual orientation and language, how using partner is more inclusive than specifically using husband or wife. Thomas talked about the importance of examining issues of transference and countertransference, asking his students to think about their reactions to someone who is gay or lesbian. Thomas also stated that he offered examples from his own practice to help students think about internalized homophobia Again, as present in other sections within the findings, Thomas identified the value of using one's own mistakes as a tool for teaching. Thomas said,

> I will try to give them examples of places where I missed things or I did something that I regret doing, having done [it] because unconsciously there was

> some kind of…internalized homophobia or defenses against those things that unconsciously pushed me in a particular direction that I was not aware of. So, I try to model those things for students and the students really appreciate that, you know to find out how, where I messed up, but I am also modeling this sort of transparency, about talking about things in a way that's exposing…its vulnerability. I am trying to teach them that, you know, they can make themselves vulnerable.

Only one of the participants, Molly used the language of heterosexism and homophobia. It seems that discussions of heterosexism and homophobia were something that got brought into the classroom by students. She stated that she encouraged students to perspective take, to be aware of other peoples' thoughts as well as examine your own experiences.

Socioeconomic Class and Classism

Secondly, issues of class and classism were the next most common form of social identity and oppression that participants brought into discussions of clinical social work practice. Half of the participants talked about class identity and classism. Participants talked about issues of class and classism generally and not in much detail. They also talked about it in the context of teaching clinical practice or their personal experiences with class-based assumptions. Angela shared an assumption one of her colleagues at suburban-based community mental health agency made. She said that in a conversation about the level of noise in the waiting room, one of her colleagues, assumed it was one of Angela's Medicaid-based clients. He said, "Well, you know, a lot of these [State] Health people, I mean, let's face it, I mean, they are under-organized, they are overstressed." She went on further to point out that it was actually a family with a lot of class privilege that was making a lot of the noise. She noted that she talked about class a lot because of all

the assumptions that were put on poor or working class people. This example was one of the few that looked at class oppression; whereas, most of the participants talked about class identity. Within the classroom, Elizabeth talked about the ways class was tied to regionality and the assumptions that people make about what it means to be from the Northeast. Another participant, Kate, discussed that class was something she felt was under discussed in terms of the relationship between the clinician and client and even discussing class identities of students.

Religion and Spirituality

Participants also incorporated issues of religion and spirituality into their discussions about social identity and oppression. One fourth of the participants talked about bringing in issues of religion and spirituality. Participants discussed wanting students to think about various beliefs or cultural assumptions about particular religions as well as the ways in which religion or spirituality shaped or influenced their clients. None of the participants talked specifically about ethno-religious oppression such as anti-Semitism or Islamaphobia. One of the participants, Bonnie, discussed her work with a Jewish student who had been placed in a rural area. While she did not name anti-Semitism, she talked about the challenges or difficulty of being the only person of your social identity in a particular area, particularly as a Jewish clinician, working with non-Jewish clients.

> We talked about…those issues as sort of what [it] might [be like] in a community where nobody else is Jewish and you don't know anybody else who is Jewish. What… assumptions might they [you clients] be making? We talked about it more around therapist's identity versus client's identity.

While spirituality and religion are topics that are addressed in clinical social work literature, ethnoreligious oppression may be a relatively new area of study.

Gender, Immigration, and Age

Participants also addressed other issues of social identity and oppression but provided limited detail. One fourth of participants also talked about bringing in gender, immigration or age. In terms of gender, the participants did not go into detail or share specific examples of how they incorporated gender. Only one of the participants, Molly, referred to incorporating sexism but did not expand on what she meant by this. In terms of immigration, participants talked about the importance of understanding the experiences of immigrant groups related to language barriers or cultural attitudes toward mental health. Similar to issues of class, sexual orientation, and gender, participants seemed to focus more on social identity rather than talking about these concepts in relationship to oppression and discrimination. In terms of talking about age or ageism, many of the participants named it without providing detail. Molly discussed the assumptions that were made about older students in social work, that they were only interested in working with adult clients and not children.

Other Social Identities

A few participants talked about other form of social identity and oppression. Only two or less participants shared that they brought in language, nationality, ability, or transgender identity or talked about several of the identities or forms of oppression at once. Interestingly, while participants talked about willingly incorporating a wide range

of social identities and oppressions, there seemed like institutional or maybe pressure from the field to begin incorporating issues related to transgender identity and transphobia. Participants largely incorporated issues of identity rather than oppression. This is consistent with ways participants focused more on issues of race rather than racism.

In summary, participants largely addressed the overarching research question, "How do social work faculty conceptualize and incorporate issues of race and racism in the teaching of clinical social work practice?" In defining and incorporating race, participants talked about the connections between race and ethnicity and culture. They also described it as socially constructed and the difference between how one self identifies versus how one is identified racially. Participants described racism more as micro individual thoughts, attitudes or behaviors and less so as macro institutional policies and practices involving issues of power and privilege. Participants largely learned about race and racism through personal experiences but also identified educational or academic training and professional roles as significant in their learning and understanding issues of race and racism. Participants of color in this study largely learned what race and racism was by being the targets of racism; whereas, White participants learned it through witnessing their friends or their clients experience racism.

Participants brought in issues of race and racism through case vignettes, course readings, current events, film and video, and experiential activities. Overall, participants seemed to focus on racial identity rather than racism throughout the discussion. Participants identified a number of challenges incorporating race and racism such as student resistance, their own lack of skills as a facilitator and balancing the time it takes

to teach clinical social work concepts and theories and about race and racism. Participants described the benefits being that it helped students become skilled practitioners and the ways it benefited society as a whole to discuss issues of race and racism.

Participants were largely not able to identify the theory base or frameworks that underlined their understanding of race and racism. This may because participants are learning about race and racism without understanding that there are a range of theories and frameworks that shape how one may think about race and racism. A few of the participants were able to identify theories that helped them in their thinking about race and racism including clinical theories as well as critical race theory, social justice theory and the concept of racial microaggressions. Finally participants emphasized bringing in or addressing sexual orientation and socioeconomic class the most in addition to issues of race and racism. They incorporated religion, gender, immigration and other social identities less so.

In this next section, participants were asked to review the case of Maria and describe how they would use it in the classroom.

Clinical Case of Maria

The previous sections were dedicated to exploring how participants defined clinical social work, how participants thought about teaching and learning and how they conceptualized and integrated race and racism. This last section will examine the participants' real life efforts to work with issues of race and racism in the context of clinical social work practice. I provided the participants the case of Maria who is a 25-year-old, Puerto Rican, college student in a large public university in the Northeast who

was referred for services by a faculty member because she reported feeling sad, having trouble sleeping and finishing her daily tasks (Appendix F). I asked participants to review this case and asked participants how and when they would teach the case. I also asked them to identify issues of race and racism that they would highlight about the case. This section presents the themes that emerged in the interviews with participants as outlined in Table 9. The table is organized around the themes or subthemes that emerged from interview questions, 1) What aspects of the case would you highlight to students? 2) What concepts or terms and clinical theories or practices would be important for students to know as they grapple with this case? 3) Are there issues of race and racism that you would think would be important to raise? 4) Are there other issues of social identity and oppression that you think would be important to raise? The table is broken up into two columns, one column that lists the question that was asked of participants and a cluster of themes that emerged from the discussion.

Table 9
Clinical Case of Maria

THEMATIC CLUSTERS	
What aspects of the case would participants highlight?	Participants noted that they wanted the students to: • Pay attention to clinical symptomatology • Highlight family dynamics • Notice ethnicity and culture • Consider student status • Explore life history • Look at mental health usage • Think about relationship to peers • Examine demographics of the institution
What concepts or terms and clinical theories or methods would be important for students to know as they grapple with this case?	Participants wanted their students to be able to: • Diagnose and have knowledge of mental health disorders. • Reflect on the client's social identity • Examine the environment. • Do a thorough assessment.
Are there issues of race and racism that participants would think would be important to raise?	Issues of racism that would be important to explore: • Interpersonal interactions and campus climate Issues of race that would be important to explore: • Racial identity and culture shock
Are there other issues of social identity and oppression that participants think it would be important to raise?	Other aspects of social identity and oppression that is significant • Age & Gender • Sexual Orientation & Class

Aspects of the Case

Clinical Symptomatology

As part of clinical practice, many practitioners may look at a client's mental state. They may look for evidence or characteristics that do not fit "normal" mental health functioning. In reflecting on the aspects of the case that participants would highlight to their students, most or three fourths of the participants talked about the symptoms that

Maria presented with and how that was connected to issues of depression. Elizabeth stated,

> Her feelings are depressed. She says she cries for no reason, given her symptomatology and then her non-symptom stuff that she is saying. She is reporting being away from her family, classmates are standoffish and she is going through culture shock…that nobody really gets her. So kind starting there.

Molly further states, "She is having a hard time being away from her family…that is what is causing her to be depressed. We would look at her depression, the depressive symptoms." While several of the participants identified symptoms of depression as something that they would want students to notice, the participants highlighted a range of reasons for the depression, for example the distance from her family or the relationship with her classmates and/or roommate. Only two of the participants, Jose and Mary, were adamant about normalizing Maria's presenting concerns. They both reported that her case was not necessarily reflective of clinical depression. Jose stated,

> I would say, "This woman is not disturbed. She doesn't have a personality disorder. I am not sure she has clinical depression. She has normal depression, so you know I would want to make sure that they don't make her sicker."

Mary stated. "I would use it to exemplify some of the normative issues that come up when one is in a new setting or in a setting like college." It seems that different participants had different ideas of what was "normal" versus "not normal" presenting symptomology.

Family Dynamics

Examining a client's family history, a critical part of clinical social work practice, can reveal "multigenerational patterns, significant life events, rituals, roles, and the nature of relationships among family members" (Thomas, 1998, p. 25). Most of the participants

in this study noted that they wanted their students to assess Maria's family system. Participants highlighted dynamics such as, Maria's relationship to her family, messages about moving away or individuating from her family, the significance of being the oldest child, and the length of her parents' marriage as important to understanding this case. Molly exemplified this by stating,

> I would want them to pay attention to the family she comes from, that she from an intact family where her parents have been married for twenty five years old, she is the oldest of four, her parents…had her pretty quickly after being married or had her before they got married, so we would want to pay attention to it's a very close family. She is very close to them; she has never lived away from them, now she is four hours away.

Many of the ways in which these participants viewed Maria's relationship to her family is largely through the lens of culture. Thomas states,

> She is having a hard time being away from her family. So there are separation issues, these may dovetail with certain prerogatives, culturally in terms of children remaining with parents, unmarried children remaining with parents that would not be an uncommon thing in the Latino culture.

Participants also paid attention to who made up Maria's family, status of her parents' relationship, and her birth order. Most of the participants talked about Maria's family in terms of cultural norms, roles, and expectations.

Ethnicity and Culture

Participants honed in on Maria's ethnic and cultural identity as a Puerto Rican. More than half of the participants highlighted that Maria's ethnicity and culture was something that they would want their students to pay attention to. Many of the participants talked about Maria's sudden exposure to a collegiate environment that may

not be culturally familiar to her and furthermore not affirming of her ethnicity. Mary considers this by saying,

> I would want them to know what are some of the…cultural traditions of being Puerto Rican and I would want them to understand that a lot of her difficulties seem to have been around the school setting so there is something about the environment that is not affirming of her culture. So I think that it would be helpful for her to talk about sort of some of the cultural characteristics of Puerto Ricans

Participants talked about Maria's experience through the lens of biculturality, that as student she was encountering a different culture than her own and through the lens of ethnicity. Many of the participants started talking about the case by stating simply, "She is Puerto Rican."

Student Status

Given the context of the university setting, half of the participants discussed her identity as a student and her age. In particular that she is identified in the case study as a "non-traditional" student and someone who identifies as "25 years old." Participants noted that it would be important for students to think about "what is going on at 25 developmentally" or the "certain assumptions that one would make at that…particular stage of their life cycle."

Life History

Less than half of the participants discussed the important of Maria's past history and what choices or life events led her to be at the current university. A few of the participants noted that Maria traveling back and forth from Puerto Rico was significant. For example, Kate stated, "The traveling back and forth throughout her childhood and

early adulthood to Puerto Rico. I wonder who is there. Who is Puerto Rico? Whose family is there?" Other participants did not provide much detail about what was significant about Maria traveling back and forth to Puerto Rico but just noted that it was something that they wanted their students to pay attention to. Kate also pointed out that she would be wondering what Maria had done for the years after graduating high school assuming that she graduate when she was 18. Kate said, "I'd be curious what happened in those intervening six years. Where had she been? What had she been doing? How did she decide to come to college now?" Participants noted that migration patterns were something that was important to highlight as they reflected on this case.

Mental Health Usage

As part of a clinical assessment, practitioners may inquire if a client has used mental health services and what that experience has been. Less than half of participants thought it was important to look at Maria's past experiences accessing mental health assistance and the meaning she attached to accessing these services at that moment. Angela wondered if there was "stigma going to therapy." Participants noticed that she had not accessed services prior and what meaning did her or even her family attach to accessing services. John states, "She is saying she has no background [accessing services] so that raises concerns about what she has in her head about counseling…what it is and how it works." Furthermore, Kate discusses the cultural meaning for her family, stating "She talks about no one else ever having gone to a shrink. So I think about that word and what it means to seek help outside the family for Puerto Rican families who might be inclined to have more of a norm of seeking help [or] insight in the family." Elizabeth

reported that Maria's use of the word "shrink" was significant and that it may give the practitioner an idea of how she feels about the mental health profession. She shared that shrink is typically related to the profession of psychiatry and that she felt her use of the word was a bit "cheeky or flip."

Relationship to Peers

Less than half of the participants noted that they wanted their students to think about Maria's relationship with her peers, in particular to her roommate and classmates. The participants did notice that the roommate was described as "standoffish," and they talked about the importance of contextualizing the relationship between her and her roommate. Kate noted how age may be significant for Maria stating, "I wonder if she had age mates at 25. If she is paired with a roommate who is you know 17 or 18." A majority of these participants shared that they would want the students to wonder about the age, ethnicity, or race of the roommate and how that would impact their relationship. Bringing attention to racialized experiences, Victor stated

> I want to get a little bit more information about the problems with the roommate and whether the conflict there is, well, first of all I want to know what the roommate's ethnicity and race was and whether the conflict [is there] because of a result…I would presume from the way this is written, although I would certainly want to ask that the roommate might be identified as Caucasian and whether there is some sort of microaggressions or racialized experiences happening there.

Thomas further asks, "Is the client's roommate standoffishness is that code word for some kind of feeling that she is getting or being treated differently because she is different. Being treated in a dispriveged way because of that difference." Stephanie raised the same possiblity in her exploration of the roommate's ethnicity or race but complicated the case by raising the question of whether the roommate could be Puerto

Rican and her standoffish may be related to her wanting a White roommate. While Victor described an interracial encounter, Stephanie illustrated the dynamics of an intraracial interaction. Both participants eluded to the ways racial identity can influence or impact intergroup and intragroup relations on a college campus. These participants are referencing prejudicial occurances in their comments.

Demographics of Institution

In addition to looking at the context of Maria's interpersonal relationships, less than half of the participants identified that they would want their students to notice the demographics of the school in which Maria is a student. Participants noted that the institution was public and was located in the Northeast. They also raised questions about the "diversity" of the school in terms of both students and faculty and how those things may impact her "feeling like nobody gets her."

Finally, based on participants' earlier discussions about using oneself as a practitioner in clinical treatment, it was surprising that only one participant pointed out that the role of the practitioner was something that he would highlight to his students. Thomas states

> I might also ask them what they might do that would be specifically with regard to their identity versus their client's identity and I ask them very clearly in my classes to speak for thow they are personally. So, if they are a person, a White person and they're thinking about treating Maria I want to find out what they may be experiencing as a White person treating Maria. Or…if they are [an] African American person treating Maria, what is it going to be like with them [two].

Given that clinical social work is grounded in a two-person psychology model, it was significant that out of 15 participants, only one participant highlighted the identity of the clinician working with Maria.

Overall, while many participants noted the differences in Maria's and her peers' racial identities or the larger demographics of the university, only a few linked Maria's experiences to the context of racial prejudice or discrimination. Furthermore, they are focusing largely on the micro-level interactions and they are not thinking about meso-level or macro-level dynamics.

Concepts, Clinical Theories, Practice Methods, and Formulations

In asking participants to reflect on the concepts, clinically related theories, methods, and formulations that they thought would be important for students to know as they grappled with the case, they identified four things that they wanted their students to be knowledgeable about: formulating a diagnosis, exploring social identity, examining the environment that Maria is embedded in, and conducting an assessment.

Disorder and Diagnosis

As part of their clinical training, not only do student practitioners have to learn to identify and organize client symptoms but have to determine how these symptoms fit a particular mental health disorder. Half of the participants discussed the importance of familiarity with and knowledgeable about mental health diagnosis. Participants wanted their students to be able to analyze what is going on with a case. Bonnie states, "I want

them to have a pretty decent concept of diagnosing depression and anxiety and adjustment disorder." Jose stated,

> I would say I would want them to talk about the continuum of depression and where they would put her, with the…more organic, what we used to call…endogenous depression and the sort of more normalized [experience]…this is a hard period.

Stephanie stated that she would facilitate a discussion with her students about what triggers depression, "We would have a conversation about whether its major depressive disorder or whether its adjustment disorder and we would use it that way." In relation to the case, it seems that the three most common mental health disorders that the participants identified were depression, anxiety disorder and adjustment disorder.

Social Identity

In addition to Maria's student status, half of the participants identified other aspects of Maria's identity or experience that they thought would be important for students to notice such things as nation, gender, culture, and ethnicity. The participants noticed experiences of ethnicity and culture as well as experiences of nation and migration". Kate states, "She is Puerto Rican and her family came from Puerto Rico and went back and forth. What do we know about Puerto Rican culture that might be relevant to her? What might be important religious concepts for her?" Furthermore, Vivianna reported, "First, I would look at the Puerto Rican background and cultural, specific culture…then mental health concepts such as depression. How this is defined for her in that culture." Again, it seems that participants were making meaning of Maria's culture. Jose described the importance of language and migration patterns, "I would want them to know about things like acculturation. She's born in this country…What is the fluency of

her English because she goes back and forth." While one participant, John, identified race, he did not provide much detail.

Examining the Environment

Person in environment, a core concept in clinical social work, encourages practitioners to look at the context in which their clients are embedded. Less than half or one third of the participants highlighted the importance of looking at the environment stressors that contributed to Maria's presenting problems. While participants did not use the language of person in environment, the examples they provided eluded to this concept. Participants were aware of the challenges that Maria may have and how that may be related to the collegiate environment. Bonnie stated, "Thinking about what might be going on. I want them to be thinking about systems, about sort of what this system is like for a student like this? What interaction between the environment and the individual here." Rhonda raised the question, "There is the issue of being different. Being one of [your identity] in this college environment. What is that about, what is that like?" Besides looking at the stressors in the environment, Victor points out the importance of looking for support systems within the environment. He stated,

> Other things for the students to consider would be how, whether Maria has a support system at college that would be somewhat of a protective factor for her, [and] how isolated she feels and if Maria didn't have the support network, how students would begin work with her to develop such a network.

While most of the participants focused on the challenges in the environment, Victor was the only participant that raised the idea of operating from a strengths perspective and looking for resources in the environment.

Assessment

Assessment was one of the practice skills that participants earlier identified as central to clinical social work practice. In examining the case of Maria, less than half or one third of the participants talked about assessment as skill that they wanted their students to employ. Participants talked about assessment in different ways, to assess what is going on with Maria, see what theoretical model may be useful for treatment and to think about Maria's ethnicity and cultural background. Sarah's reflection highlights a combination of these three ideas.

> I would use it in an assessment unit because there is enough information in this case to play with an assessment. We can use the case to be curious about what it means for Maria to be Puerto Rican, to live in America, to go to school in the Northeast. We can think about Puerto Rican culture as best we know it theoretically and make some considerations. We try to look from the case from various theoretical perspectives so I might want to ask students to think about this case from an ego psychology lens…we might look at different with one case just to get some stronger knowledge about theories.

Interestingly enough Sarah noted that she could not make an assessment related to race because "there was not enough information to sort to make any sort of assumptions." It seems that different participants utilized assessment to obtain sociocultural information about Maria, while others used it to obtain more clinical information. Because "many social workers and therapists have been taught that besides asking certain specific questions during the initial assessment, they should follow the client's lead for determining issues for clinical attention," they have difficulty bringing up race with their clients (Pender Greene & Blitz, 2012, p. 206).

Race and Racism

As part of clinical social practice, student practitioners may be encouraged to engage issues of race and racism that may be present in the case. Participants were asked if there were issues of race and racism that they would raise about the case. Interestingly many participants did not talk about issues of race and racism explicitly up to this point in the interview. It seems as if unless prompted, participants reflected on the case devoid from these issues.

Interpersonal Interactions and Campus Climate

In thinking specifically about racism, half of the participants pointed to number of things but there were no significant common responses. A few participants noted institutional dynamics and the racial differences between Maria and other students. Only one participant discussed colorism in the Puerto Rican community and the idea of a double consciousness. Three of the participants shared that the exchanges with the roommate and her peers could be based in racism. Angela stated,

> The issues around the roommate would be important to understand…who the roommate is and why does she feel like the roommate is being standoffish? What is that about? Obviously when someone is feeling racism…some things are overt but a lot of it is so covert now and so it's the not knowing what is going and that is stressful.

Angela's statement highlights the ways in which racism occurs in subtle ways and that Maria may not be able to clearly define what she is experiencing and thus use words that such as "standoffish," or feeling "culture shock," or her not finding anyone who "gets her." Elizabeth makes a connection between Maria's use of the word standoffish and the experiences of racism for her students. "How might racism play into…[the] day to day if

she feels like her roommate is standoffish. Is she experiencing racism?" Rhonda also talked about the questions she wanted her students to ask in regards to Maria's experiences saying, "How much of [her challenges] is because of the racial differences that she is experiencing…and what is that experience like?" She also identified other questions she would want her students to think about related to how Maria is treated by her peers on campus. Rhonda stated, "What do you think she is experiencing? How do you think people in her classes are treating her? Do you think people are talking to her?" She stated that she would then encourage her students to think about how they would ask questions to get at the information.

Both Angela and Rhonda's comments get at this idea of racial microaggressions. "Racial microaggressions are brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional" (Sue et al., 2007, p. 273). The authors go on to highlight that racial microaggressions do not have to involve human interactions but can be reflected in the environment. Participants talked about the ways the environment contribute to racism.

Two of the participants discussed the ways in which they wanted their students to think about the climate on campus. Elizabeth stated that she wanted the students to think about the context in which Maria is placed and asked her students to think about it institutionally and said, "I would talk about institutional racism." Jose stated that he would want to know "what is the college's reputation for being welcoming and inclusive." Mary stated that she would remind her students that Maria's reaction was normal for someone who may be in an environment that was "not friendly," or that was not "affirming or receptive to her." The other point she made that was important was that

Maria may not "be aware of all the ways she is picking up on the environment." This reiterates again the ways in which Maria may not be able to articulate what she is experiencing as racism.

Only one participant, Jose, raised a question about skin color, wondering how "dark skinned" or "light skinned" Maria was and how that impacts the way in which she looks similarly or different from those on campus. While he did not use the language of racism, he did allude to how colorism may shape Maria's experience. Jose also raised the idea of double consciousness and how this was a useful concept to think about how Maria made sense of her experiences on campus. He stated,

> I'd listen to her because sometimes, particularly people of color, they have to do this double consciousness when they are looking at an event they will talk themselves out of [it] being racist when in fact, it is probably was, but you know you have to when you are a visible minority and you experience something [that] doesn't feel right you have to figure out, "Is it just because this person is a jerk?"

Jose is pointing to the importance of student practitioners listening to their client and making space and drawing a potential narrative of racism. Pender Greene and Blitz (2012) stated that "if racial experiences are not recognized, it is possible that the therapist will not develop a complete assessment of the client's…stressors" (p 206).

Racial Identity and Culture Shock

In thinking about race, participants talked about racial identity and culture shock. Half of the participants talked about racial identity whereas one fourth of the participants discussed culture shock. Bonnie shared that she would her students think about Maria's race and how that may impact her experiences at the university. Vivianna also encourages students to ask Maria about "her Puerto Rican/Latina identity," and how that impacts

relationships with those around her including her faculty member. In thinking further about racial identity, Kate wonders if she "thinks of herself as a person of color," and where she is in the "process of racial and ethnic identity" at the age of twenty-five. As part of her earlier exploration of race, Bonnie also introduced this idea of biculturality, the experience of "living in two different cultures" and how she may "be having different difficulties than somebody who was born and raised here." Bonnie's comment implies that she believes that someone who is from two cultures may have challenges adapting to their current context.

In an attempt to understand culture, one fourth of the participants also shared that they would explore what Maria meant by the use of the term "culture shock". Angela stated, "The whole idea of culture shock…what does that exactly mean?" Furthermore, John stated,

> We need to know more about this culture shock she is experiencing and nobody really gets her…that could be the delayed adolescent experience that lots of people have but it could also be what a Puerto Rican immigrant is feeling in a dominant culture that is not or is hostile to Puerto Ricans.

In many of the examples, the participants wrestled with the possibility Maria had a different culture than her peers or that she was in a "new culture" and thus that she was being treated differently.

Social Identity and Oppression

In thinking about other aspects of social identity and oppression, half noticed age and gender identity and less than half or one third noticed sexual orientation and class.

Age and Gender Identity

Half of the participants identified age as something they would highlight to their students. Participants noted that Maria was coming to college at 25 and was living in a dormitory with her peers who are significantly younger. Elizabeth said,

> I personally think she is very courageous being 25 and living the dorm. I have lived in the dorms and phew! I am curious how the age different between herself and her peers [has] impacted her and I certainly want them to acknowledge that.

Participants also reflected on what is means to be a non-traditional student at the university. Rhonda stated, "What happens to students like this, non-traditional students who are older who come into a school". Half of the participants also identified gender as something they would highlight. Many of those comments related to her identity as a woman in her major and what it meant to be "a female Mechanical Engineering student." The other participants noted her gender identity but did not provide as much detail.

Class and Sexual Orientation

Less than half of the participants also noticed class and while a few of the participants would want their students to ask about Maria's socioeconomic status, the rest assumed that Maria did not have class privilege and that she was the first person in her family to go to college. Furthermore, they assumed that her scholarship was financially based rather than academically based. Less than half of the participants also shared that they did not want to assume what Maria's sexual orientation was and would encourage their students to "ask Maria how she identifies in terms of her sexual orientation." The participants, in discussing issues of identity and oppression, largely focused on the identity rather than experiences of oppression. So while the participants talked about the

challenges of being a woman in Engineering, they did not reference sexism but rather gender identity. And in talking about age, class, and sexual orientation, participants reflected on her membership in these groups and not the experiences of ageism, classism, or homophobia and heterosexism.

Interestingly, one of the participants, Stephanie, talked about immigration related to Maria's status. She reported that she was concerned about Maria's status as a documented or undocumented person. Stephanie shared,

> Does she identify as a immigrant, an American? She was born in Puerto Rico so is she an undocumented immigrant? Is she actually a U.S. citizen or not and does she…worry about that? Is it a huge risk to come and talk to us because it would be revealed that she someone has flown under the radar and they don't know about that…because she has lived here her whole life and nobody asked? Maybe she lied on her application?

This is an interesting find given that Puerto Rico is a commonwealth territory of the United States and that Puerto Ricans are citizens of the United States. Of the 15 participants, none identified this fact but absorbed Puerto Ricans as a group into the larger discourse around immigration.

In summary, through the case study of Maria, participants addressed the overarching research question, "How do social work faculty conceptualize and incorporate issues of race and racism in the teaching of clinical social work practice?" Participants addressed race and racism secondary to clinical issues, largely through the lens of ethnicity and culture and from a micro level perspective. They first talked about clinical symptomology and the importance of assessment and diagnosis and when prompted by interview questions, only began to address issues of race and racism. Participants talked about Maria's symptomology detached from Maria as a raced, gendered, or classed person. In most instances, they talked about ethnicity and culture

rather than race or racial identity. More than half of the participants highlighted Maria's ethnic and cultural identity as something they wanted their students to pay attention to. In talking about Maria's history of mental health usage, they reflected on cultural values in Puerto Rican families about seeing a counselor or therapist. In talking about Maria's family history, participants noted that she traveled back and forth to Puerto Rico and reflected on what that meant in her culture. In many ways, a majority of the participants "othered" Maria and her supposed ethnic or cultural values as they constructed narratives about her and her family. The social identity that participants did highlight was age, which is a singular part of Maria's identity.

When participants were directly asked questions about race and racism, a few of the participants talked about micro level racism, particularly through the language of racial microaggressions. One participant explicitly used the language of "institutional racism" while two others noted how the environment of the campus could have an impact on Maria. While participants used the language, race, in their examples, they largely talked about ethnicity. Or they talked about racial identity but in terms how Maria self identifies without a historical or systemic analysis. One of the participants, made the connection between racial identity and what it means to be a person of color on campus. There were a few participants, Jose and Mary who had more systemic analysis and understanding of Maria and this case. Again, in asking participants directly about other social identities, they did talk about age and noted gender. Overall participants talked about issues of race and racism peripherally in discussing the case of Maria.

Summary of the Major Findings

The data for this study were collected utilizing in-depth qualitative interviews with 15 faculty across two types of institutions: historical clinical social work schools and schools with a strong clinical social work strand. The faculty self-identified as either full-time or part-time faculty and had at least three years and up to nine or more years of experience teaching 2nd year or advanced practice courses in MSW programs. This study yielded some important findings related to the central research question, "How do social work faculty conceptualize and incorporate issues of race and racism in the teaching of clinical social work practice?" Several sub-questions were generated to guide the study, which in turn contributed to frame the organization of this chapter. The first section of this chapter addresses the first sub-question: "How do participants conceptualize clinical social work?" The second section addresses the second sub-question: "How do participants conceptualize teaching and learning in clinical social work?" The third section addresses the third sub-question: "How do participants integrate and incorporate issues of race and racism in the teaching of clinical social work practice?" The fourth and final section examines the case of Maria, a brief case study of a 25-year-old, Puerto Rican woman who was referred for services at the university college counseling center.

In the first section, I present my thematic analysis of participants' view of clinical social work in relation to other fields of social work or other disciplines, including psychology and psychiatry. For instance, participants talked about clinical social work in the context of client interactions and the settings in which they worked or could work. In thinking about the larger research question, participants generally characterized clinical social work devoid from issues of race and racism. My thematic analysis suggests that

participants did not make explicit links between practice skills, such as *assessment* and concepts, such as *person-in-environment, relationship between client and clinician,* or *the use of self* and issues of race and racism, despite many opportunities to do so. While participants talked about clinical social work's commitment to diversity and social justice, the White participants did not integrate this commitment in their transmission of clinical social work content to students. By contrast, the people of color in this study, 3 out of the 15 participants, made explicit links between clinical social work and issues of race and racism or issues concerning social identity in the context of systems of oppression. These findings suggest that White participants are not thinking about or incorporating race and racism in the teaching of clinical social work practice, but rather are compartmentalizing attention to issues of race and racism as separate from clinical social work practice. The importance of integrating these two domains of clinical social work practice and the teaching about such practice is one of my significant findings as well as one of my recommendations for practice in the following chapter.

In the second section, my thematic analysis highlights issues concerning classroom teaching and faculty development. A majority of participants talked about their lack of formal training in teaching. They talked about developing an understanding of teaching and student learning either by being students themselves or as classroom instructors through a process of trial and error. Only half of the participants were able to identify any learning theories that guided their teaching of practice. Despite the lack of professional training, workshops, or classes about teaching and student learning, participants conveyed a strong commitment to their students and to their learning process. In thinking about teaching and student learning, very few participants made links to

issues of race and racism. For example, only one participant talked about the value of having students self-identify as members of racial or gender social groups and explore their own social identity experiences as part of setting up her classroom. One other participant discussed utilizing case studies as a pedagogical method of introducing multiple racial identities in the discourse of the classroom. In terms of getting support to improve their teaching, participants utilized more informal conversations or meeting with colleagues to talk about their classroom experiences and seek resources to support their teaching. Most of the formal meetings that participants attended were focused on the nuts and bolts of the course, such as finalizing the syllabus. Many of the part-time faculty only attended such meetings if they were able to fit it into their schedule given their other responsibilities. The findings exemplify the need for faculty to participate in faculty seminars that support their development as instructors in areas such as teaching and learning methods and processes, particularly concerning the incorporation of issues of race and racism into designated course content for clinical social work practice. Addressing issues of race and racism impacts the quality of the exchanges among students, between students and faculty, course content, and teaching methods.

In the third section, I report on the extent to which participants addressed issues of race and racism directly in the classroom and how they conceptualized and incorporated issues of race and racism in clinical social work curriculum. My thematic analysis suggests that a large majority of the participants defined race through the lens of ethnicity and culture and noted the ways it was socially constructed. Interestingly, one or two participants described race as being based on biological constructs or concepts. Participants tended to characterize racism as more of a micro level phenomenon between

individual persons and not an institutional or societal/cultural phenomenon as well. While some participants talked about racism involving macro level processes, many did not give specific information about how systemic manifestations of social oppression might influence structures of power and privilege. Almost all of the participants did not reference White privilege or Whiteness as a critical dimension in conceptualizing racism, although these concepts are generally available as frameworks for addressing systemic and institutional manifestations of race and racism. Most White participants reported learning about race and racism through personal or professional experiences, particularly through witnessing their friends, family, or clients experience racism. All three participants of color stated that they learned about it as part of their own experiences as targets of racism. When prompted to talk about how participants addressed race and racism in their teaching, participants discussed incorporating issues of race and racism through a range of pedagogical tools, such as case vignettes or readings but largely focused on race rather than on racism. Finally, participants reported a number of challenges incorporating race and racism: lack of training to facilitate these discussions and limited time to teach both the course material and concepts related to race and racism. The findings suggest that participants have a stronger grasp on issues of racial identity, ethnicity, and culture than on institutional or systemic racism and that they have not generally integrated race and racism into the teaching of clinical social work practice.

In the final section, I report the thematic analysis of participants' responses to the case study of Maria in the context of their classroom teaching. The examination of the case helped illustrate and shed light on how participants conceptualized and incorporated issues of race and racism in teaching clinical social work practice. One of the key

findings that emerged from my thematic analysis is that participants primarily focused on clinical concepts and theories and secondarily focused on issues of race and racism, primarily through the lens of culture and ethnicity. While the majority of the participants paid attention solely to Maria's circumstances, only one of the participants considered the relationship with the therapist and referenced the importance of the racial identity of the potential clinician and the role it would play in their joint work. Finally, while many participants talked more about the racial identity or ethnicity of Maria and her classmates in their responses to the case, they did not make explicit systemic or institutional links to race and racism. Overall, the findings from my thematic analysis suggest that the teaching of clinical social work practice is primarily organized around clinical symptomatology, concepts, and theories and secondarily around issues of race and then racism.

CHAPTER 5

DISCUSSION AND IMPLICATIONS

Introduction

The main purpose of this study is to understand how clinical social work faculty conceptualize and incorporate issues of race and racism in the teaching of social work practice. Clinical social work, a specialized field within social work, has been criticized for not being aligned with the larger mission of social work, to address the needs of marginalized and oppressed groups. This study explores how social work educators, involved in the training of the next generation of social work practitioners, defined race and racism and conveyed and linked their understanding of these concepts through classroom teaching and clinical social work practice. The results of this study offer us insight about how clinical social work faculty are transmitting the mission of social work through their instruction and teaching of clinical social work practice.

The study is situated within relevant literatures that examine the history of clinical social work, discusses the main assumptions guiding clinical social work, and describes the theories and frameworks that guide and inform the field. The study also draws from literature on teaching and student learning within higher education, specifically social work education, and literature that examines key concepts, theories, and frameworks for defining and integrating issues of race and racism in higher education.

The data for this study were collected utilizing in-depth interviews with 15 faculty teaching clinical social work in the East. All the participants in the study self-identified as full-time or adjunct faculty who teach 2nd year master's courses or Advanced Practice courses in clinical social work practice. The participants teach in either a historic clinical social work school or a social work school with a clinical social work strand. Interviews

with participants were transcribed verbatim and inductively and/or deductively analyzed where broad themes and subthemes emerged from data. The constant comparative approach was utilized in open, axial, and selective coding (Creswell, 1998).

The major research question guiding this study is: “How do clinical social work faculty conceptualize and incorporate issues of race and racism in the teaching of clinical social work practice?” As part of this overarching question, the sub-questions of the study were: How do faculty conceptualize clinical social work? How do faculty conceptualize teaching and learning in clinical social work? How do faculty integrate and incorporate issues of race and racism in the teaching of clinical social work practice? Participant responses were analyzed to generate themes that provided an understanding of core assumptions or principles and theories or frameworks guiding clinical social work; theories influencing the faculty’s knowledge of and approaches to teaching and learning in clinical social work; their understanding of race and racism, theories, or conceptual frameworks that inform their teaching of race and racism in clinical social work practice; and the ways faculty bridge the teaching of clinical social work practice with issues of race and racism.

This chapter is organized into three major sections directly related to the overarching research question that examined how clinical social work faculty conceptualize and incorporate race and racism in the teaching of social work practice. This chapter begins with my own theoretical and conceptual assumptions about race and racism. I use this discussion to situate my thematic analysis of the ways race and racism is conceptualized in this study.

The first section identifies the ways social work faculty are conceptualizing race. The themes that emerge from this study are (1) race as a biological construct, (2) race as an individual identity, and (3) race as ethnicity and culture. The second section identifies how social work faculty define racism. The theme that emerges from this segment of this study involves (4) racism as a micro-level phenomenon.

The third section is broken up into two sub-sections, one that identifies faculty approaches to integrating race and racism in their teaching of social work and a second that describes the challenges of incorporating race and racism. The five themes that arise in this section are (1) linking clinical social work to race and racism, (2) locating the client and the clinician, (3) engaging students of color in social work classrooms, (4) race, migration and colonialism, and (5) students' resistance, facilitation skills, and time restraints. Throughout this section, I illustrate faculty approaches to incorporating race and racism through the case of Maria.

The chapter ends with a blueprint for faculty teaching and incorporating issues of race and racism in the teaching of social work as well as implications for social work practice and curriculum as well as areas for future research.

Assumptions about Race and Racism

This study suggests that social work educators teaching clinical social work use a range of conceptualizations concerning race and racism. For the purposes of situating the discussion of the themes that emerged from my thematic analysis, I begin by differentiating the ways in which I am using race and racism as a guide for discussing participants' responses in this research.

Race as a construct is distinct and separate from racism as a social phenomenon. Race is used as a social organizer, a social differentiator, and as a term to designate a social group or groups. Race was once thought to be biological and genetic, and accordingly it was thought to predict ones' level of intelligence as well as appearance (Blackburn, 2000). Through pseudoscientific techniques, race was treated as if it were essential, immutable, fixed, or constant. Race was used to justify social, economic, and political hierarchies as well as unequal treatment of different groups of peoples according to their racial designations. Ones' membership in a race-designated group either resulted in advantages, such as access to citizenship and rights to education and property, or resulted in marginalization through enslavement, economic immobility, and segregation.

Race is now understood to be socially constructed, meaning that it is not biologically fixed or genetically immutable; thus, the meaning and significance of race shifts in different contexts. Scientists have now challenged earlier claims about the distinct races and recognize that there are more differences within races than across races (Blackburn, 2000). But because of this particular history of treating race as real, contemporarily we use race to categorize people into racial groupings or categories. Many times we use the category of race but deny the histories attached to the experiences of those who identify or get identified as White, Black, or Asian (Smedley, 2007). To talk about race without talking about the conditions or historical legacies that have led a group being "racialized" leads one to talk about race ahistorically and to separate the word from the context in which the word first came to have significant social and cultural meaning (Omi & Winant, 1994).

Many scholars argue that race as a construct is based on the historical practice of racism. Racism, distinct from race but interdependent or inter-reliant, refers to a system of inequality and oppression based on race. Racism, a national and global system and a historical, socio-cultural phenomenon, affords some racial social identity groups advantages, such as those who identify or get identified as White, and stigmatizes or disadvantages other racial social identity groups, such as those who identify or get identified as people of color, such as Blacks, Asians, or Native Americans. Racism as a phenomenon cannot be divorced from a systemic racialized analysis of social, political, and economic institutions (Bonilla-Silva, 1997; Omi & Winant, 1994).

Using that framework as a backdrop, racism can occur on three levels: at the micro (interpersonal level), at the meso (community) level, and at the macro (national or historical) level. At the micro level, racism can occur between individuals, families, and groups, and in many cases, they are unconsciously or consciously acting out their racialized roles within the system and promoting inequality through racial discrimination (Bonilla-Silva, 1997). At the meso level, racism is embedded in institutions, such as schools, and racism gets enacted through social policies and practices. At the macro level, racism has historical roots in enslavement of African Americans and the colonization of Native Americans or indigenous peoples. At the macro level, through national policies, laws, and practices, across racial lines, particular groups are afforded economic, political, and social power. Racism, as a phenomenon, has its structural foundation in the placement of people within hierarchical racial categories, allowing some groups historical and social advantages compared to others (Bonilla-Silva, 1997; Kirk & Okazawa-Rey, 2007).

Within clinical social work practice, the category of race and the phenomenon of racism can take on different meanings. In understanding how clinical social work faculty defined issues of race for themselves and their students in the teaching of clinical social work practice, my analysis finds that a few social work faculty in this study think about race as a (1) biological construct, but more social work faculty conceptualize it through the lens of (2) individual identity and (3) ethnicity and culture in the service of teaching practice. Race was characterized as "just an individual identity," without acknowledgment of social structures of power. In addition, the category of race was simply codified as ethnicity and culture.

Race as a Biological Construct

Race has changed meaning across social, political, and historical spaces, borders, and contexts. As James Baldwin once said, "No one was white before he or she came to America," (as cited in Johnson, 2010, p. 15). What African American novelist Baldwin is referring to is the constructed reality of race in the United States and the ways in which groups, like the Irish, Italians, and Greeks, were once thought of as non-White but became White. Understanding that race is socially constructed is useful in examining the ways in which race has been used and manipulated to benefit some groups and to disadvantage others. In thinking about race

> We must peel away the intricate layers of Western cultural history and look at the material conditions, cultural and naturalistic knowledge, motivations and objectives, and levels of consciousness and comprehension of those who first imposed the classification of race on the human community. (Smedley, 2007, p. 13)

While almost all of the participants in this study defined race as a social category that is socially constructed, a few did conceptualize race as biological. This is interesting as "race has never been an objective scientific classification of human group variation. From the beginning of its use in English language, the term reflected a particular…way of looking at and interpreting human difference" (Smedley, 2007, p. 5). These participants used language, such as "genetic" or "biologically based," to describe race, despite the research that has disproven any biological argument used to justify racial difference. This outmoded biological concept of race raises questions about the quality of instruction and faculty preparation, given the commitment of the social work profession to proactively address race and racism in the social work curriculum.

Race as Individual Identity

Race is an "important calculus of social identity, our interactions are with other individuals are influenced, whether we admit it or not by a racial identity we attribute to others and to ourselves" (Smedley, 2007, p. 1). Furthermore, the centrality of race as a marker of social group membership and social status is inextricably connected to systems of advantage and disadvantage based on race (Zúñiga, Nagda, Chesler, & Citron Walker, 2007). Thus, social group membership places people into a system of domination and subordination, contributing to the development of a social identity that is associated with the meanings that "individuals and groups ascribe to membership in racial categories" (Renn, 2012, p. 11). In this study, clinical social work faculty often equated the construct of race to individual identity, particularly in terms of how they identified themselves or were perceived or categorized by others. For instance, Stephanie self-identified as

“White” and Vivianna considered herself “Latina.” Although participants’ responses in the interviews suggest that racial identity was considered both self-identified and also an identity attributed by others, there was little analysis among the clinical social work faculty I interviewed concerning the ways in which racial identity as a social construct has historically been associated with access to resources or power for some social groups at the expense of others. In fact, Stephanie attempted to minimize or distance herself from the significance of being White by talking about her ethnic background and using the dismissive adage that people could be “black, white and purple.” While racial identity is one way of thinking about race, it is important to highlight that race is also “the major mode of social differentiation in American society,” and “about status and inequality of rank” (Smedley, 2007, p. 18-21).

These findings suggest the importance of attending to social group membership as a conceptual organizer of social experiences at the individual level, but at the same time grappling with the systemic consequences of racial group membership within racially stratified systems that reinforces racial disparities in education, health care, criminal sentencing, employment, housing political representation, among others. Indeed “people of color continue to be disproportionately poor unemployed, underemployed, segregated in poorly resourced communities, reservations and psychologically and physically threatened by stereotyping, bigotry, and hate crimes” (Castañeda & Zuniga, 2013, p. 57).

This shift in emphasis and level of analysis challenges the approach taken by many of the faculty in the study, who did not talk about how racial group membership or its intersection with systemic dynamics of privilege and oppression, particularly in the context of racism. A possible contributing factor may be the micro level therapeutic focus

of clinical social work practice, which may encourage faculty to solely rely on race as a marker of individual experience at the micro level but not as a marker of social stratification at the systems level.

Race as Ethnicity and Culture

Ethnicity and culture are different organizers that are sometimes conflated with race. While race is an organizer for social inequality, ethnicity refers to the "traditions, customs, activities, beliefs and practices that pertain to a particular group of people who seem themselves and are seen by others having distinct cultural features, a separate history, and a specific sociocultural identity" (Smedley, 2007, p. 30) Culture, as a construct that is distinct from ethnicity, signifies the learned language styles, valued orientation, beliefs, habits, and behaviors. Many times, those who are seen to have the same culture are characterized as ethnic groups. In discussions about race, many times people will talk about race, ethnicity, and culture interchangeably.

In this study, while half of the clinical social work faculty conceptualized race as an organizer, they also talked about the ways it was connected to ethnicity or culture. These participants did not conflate race with ethnicity and culture, per se, in all instances, but they talked about the relationship between race, culture, and ethnicity. For example, a few of the participants named the racial categories that existed in the United States and how that was used to organize or separate different groups of people. In addition, they identified that there were a range of ethnicities that were represented under the umbrella of one of those racial categories. Participants referred to skin color, cultural background, and heritage when talking about race. What the participants' discussion, in many ways

left out, was an analysis of power and privilege. It may be that faculty felt more comfortable talking about ethnicity or blurring race into ethnicity as a way to avoid talking about inequality.

This is not surprising, a point made by Park (2005):

> Culture as deficit: A critical discourse analysis of the concept of culture in contemporary social work discourse," where she notes that culture has become the common term to talk about race and ethnicity in the field of social work but its meanings have not been "sufficiently examined in social work. (p. 13)

In her review of social work journals, Park found that "culture appears most often in the primary subject of interest in two related arenas: social work education and social work practice" (p 12). The participants' responses reinforced Park's explanation of the ways in which race, ethnicity, and culture get used interchangeably, instead of being seen as distinct concepts or categories. Furthermore, "culture is inscribed as the marker for difference which has largely replaced the categories of race and ethnicity as the preferred trope of minority status" (p. 11). Culture is constructed against a White, blank, culture-free backdrop, thus making the "cultured other" reflect difference and deficit (p. 22). My research study illustrates how clinical social work faculty are using the category of race but have not interrogated or made sense of its implicit meanings. I propose that future research should examine how faculty understand race, culture, and ethnicity as separate and potentially related concepts.

Conclusion

Overall, most participants seemed to locate discussions of "race" within the context of discussions of individual racial identity, ethnicity, and culture, which is not surprising, given that these constructs are very important to the field of clinical social

work. However a more systemic analysis of the social construction of race and how it intersects with ethnicity and culture within a society that centers Whiteness and European American ethnicities and cultures is critical, given the call to action against race and racism in the social work profession. A focus on more of an individualized racialized experiences is also present in the participants' description of racism as largely a micro level process. In this study, racism was constructed as bias rather than as a multi-level process that has historically disenfranchised communities of color.

Racism as a Micro Level Phenomenon

Racism is a social system of domination and subordination that is based in ideology, social relationships, and practices across racial lines. Racism mediates who has access to economic, political and social goods, and resources. Through the process of racialization, members of society then act out these racial narratives or scripts. A multi-level analysis is helpful in differentiating how racism operates on at the micro, meso, or macro level (Kirk & Okazawa-Rey, 2007).

Racism, a form of oppression, is defined in three ways, reflecting individual practices, social and cultural messages, and institutional practices (Bell et al., 2010; Hardiman & Jackson, 2007; Miller & Garran, 2008; Tatum, 1997). Individual or interpersonal level micro level racism reflects conscious or unconscious biases, attitudes, or behaviors. Institutional level racism is embedded in and involves social institutions, such as government, business, education, legal, and religious organizations. These institutions participate in meso and macro level racism. Finally, cultural racism or what some may refer to as ideological racism is "pervasive and interwoven into social

discourses and narratives" (Miller & Garran, 2008, p. 29). These cultural norms and patterns are imposed, become normalized, and become a measure by which others are judged or afforded access to opportunities and resources. In all three descriptions and levels or types of racism, what is central to the discussion is not only a focus on personal ideology but a system of practices and policies as well as access to social power, such as social, cultural, and economic resources (Tatum, 1997).

A majority of the clinical social work faculty interviewed in this study defined racism as a micro level phenomenon, involving psychological or interpersonal interactions, an approach that is congruent with their person-oriented clinical training. A sociological and systemic understanding of the structural consequences of racism as a system of advantages based on race was neither evident nor communicated explicitly in the interviews. Participants often referenced examples where people were "discriminatory" toward others or that someone is "treated differently" based on skin color and/or other forms of individual "bias" or "bigotry" resulting from cultural or other differences, regardless of social status in society's racial hierarchy.

This finding suggests that for many participants in this study, racism equates to individual forms of prejudice, particularly when participants described racism as Whites who discriminate against people of color and vice versa, or people of color against other people of color. While the participant could have been describing horizontal racism, it seems that these descriptions and examples of racism tended to foreground interpersonal dynamics across and within racial groups with a focus on prejudicial thinking and the ways people may interchangeably use racism and prejudice. Instead of a multi-level analysis of racial dynamics within a system that privileges Whiteness, participants'

clinical orientation may have lead them to foreground the micro level because this lens tends to conceptualize racism in psychological terms, characteristic of individuals who engage in bias or discriminatory behaviors and not as a function of society or system of advantages based on race.

The participants who did talk about racism occurring at the macro level seemed to have more understanding of issues of racism. Interestingly, many of these participants were at schools of social work that had explicit mission statements geared toward addressing race and racism or had explicit courses that addressed issues of race and racism, which may have provided more professional development opportunities for faculty to learn about and grapple with racism in the classroom and in the field from a more system-based perspective.

There were several explanations to account for why a majority of these participants in this study did not have a complex understanding of race and racism. One possibility is that they drew on their personal experiences as their sole body of knowledge to think about and conceptualize race and racism. In many cases, particularly for White faculty who learned about racism through their interpersonal interactions without the language to make connections to meso or macro level processes and societal privilege, it is not surprising to note that they have a more micro level understanding of racism. Another explanation may be that participants had not received any formal education or training about race and racism throughout their own academic training in social work. In instances where they did learn about race and racism, it was through the lens of psychological theories or concepts, such as racial countertransference or intersubjectivity, which in many ways reinforced thinking of race and racism through the micro,

interpersonal lens. Given these dynamics, the interaction between participants' unexamined societal privilege, clinical theories' emphasis on the inner world, individual and intrapsychic experiences separate from the outer world, societal experiences and the lack of formal education about issues of race and racism need to be further researched. In this next section, I discuss faculty approaches and challenges to incorporating race and racism in the teaching of clinical social work practice. I ground my discussion by drawing examples from the case study of Maria.

Applications of Race and Racism

Clinical social work is a practice specialization "used to advance the profession's mission of enhancing human well-being and increasing social justice outcomes" (Maschi et al., 2011, p. 233). In order to truly support one's well-being and support social justice, it is critical that students learn how different forms of oppression can impact human functioning. As part of teaching students clinical social work practice, it is critical that educators introduce and incorporate issues of race and racism. From this perspective, Pender Greene and Blitz (2012) argue that "incorporating issues of race and racism can improve clinical engagement and the therapeutic alliance" (p. 203). The therapeutic alliance refers to the process of building a relationship or rapport with a client and when clinicians do not discuss race or racism, in some instances, clients may discontinue therapy, dropping out after just a few sessions (Pender Greene & Blitz, 2012). Clinical social work practice classrooms constitute a critical site for addressing issues of race and racism and could "indeed provide the seeds for transformation and justice-oriented

practice as model for students to a joint-anti-oppression commitment and practice" (Nagda et al., 1999).

How to best approach and introduce issues of race and racism in clinical social work education and practice is at the center of discussions among social work scholars and practitioners. Several conceptual frameworks have been theorized to guide the field of clinical social work, including the five frameworks introduced in my review of the literature: the monocultural framework (Pinderhughes, 1989; Ridley, 1995; Sue, 1981), the cultural competence framework (Dean, 2001), the culturally responsive framework (Basham, 2004; Laird, 1998; Perez-Foster, 1999), the critical race theory framework (Delgado & Stefancic, 2001), and the social justice framework (Bell, 2007; Swenson, 1998).

The monocultural framework promotes micro level practice where issues of race and racism are largely ignored or particular racial and ethnic groups are marginalized and pathologized. The cultural competent framework is also mostly focused on micro level practice but takes into account meso and macro factors. The focus is solely on the client and learning particular cultural and ethnic artifacts about the client. The clinician's own subjectivity is not taken into account in the cultural competent framework. The culturally responsive framework involves micro level practice with an emphasis on meso and macro analysis. Guided by the social constructionist theory, there is a shift from simply learning about the client's race, ethnicity, or culture to understand one's own identity and the ways that clinical work is a two-person, intersubjectively influenced process.

The critical race framework, grounded in critical race theory as well as meso and macro analysis, is focused on issues of race, racism, and power. Students taught from this

framework would be interested in seeing issues of racism not as an individual problem but as a systemic issue. Finally, the social justice framework, building on both the culturally responsive framework and the critical race framework, is grounded in both an intersectional analysis and a multi-level analysis. The focus is not only on issues of race and racism but also on issues of gender and sexism, class and classism, and sexual orientation, heterosexism and homophobia.

In an attempt to bridge theory and practice, participants in this study were invited to consider the case of Maria, a 25-year-old, Puerto Rican woman who was referred for services at the university counseling center. The case of Maria asked participants, in the moment, to think about and assess a clinical case, demonstrate if and when issues of race and racism were a relevant consideration in the assessment of the case and communicate what they would relay to their students in the classroom about the case. Indeed, the use of a clinical case can provide insight into practitioners' assumptions about a client; highlight what is emphasized and what is left out and how understandings about race and racism get brought into the clinical encounter. These working assumptions can also shed light on underlying premises and conceptual organizers informing a practitioner's evaluation of a clinical case.

Linking Clinical Social Work and Race and Racism

In thinking about faculty efforts to infuse issues of race and racism, linking clinical concepts, such as person in environment and therapeutic relationships, to issues of race and racism is critical part of teaching practice. In addition, particular practice skills, such as interviewing, listening, and assessing, need to be situated within the

context of race and racism, and it is important that student practitioners understand how, in practice, these skills and race and racism are connected. Student practitioners need to be taught that all clinical issues are "raced" just as they are "gendered" so that the analysis of race and racism as well as other forms of oppression should be centralized and cannot be separated from clinical practice. In interviewing an individual client, student practitioners should be trained to listen for, ask for, and assess how race or racism may impact their clients' lives. How can students truly master these skills without addressing race and racism? Unfortunately, most of the participants in this study did not link clinical concepts to issues of race and racism.

In this study, clinical social work faculty primarily focused on clinical symptomology, diagnosis, and assessment and secondarily, related these three concepts to ethnicity and culture. In talking about incorporating race into classroom discussions about practice, participants mostly talked about ethnicity rather than race. While they may have thought they were addressing race, many of the examples the participants provided or the language they used referenced ethnicity directly rather than race. Almost all the participants described and defined Maria's presenting concerns as depression and connected it back to intrapsychic or interpersonal issues, such as her difficulty being away from her family, culture shock, and difficulties with her roommate. They also raised questions about how depression was defined in her culture. Only two of the participants, Mary and Jose, normalized Maria's concerns, connecting them to the difficulties that anyone would have being in a new environment. The participants' overemphasis and diagnosis of depression in Puerto Rican women reflects a common trend. Martinez (2002) found:

> That for low income Puerto Rican women who might migrate to the continental United States, social stressors such as poverty, history of abuse, limited formal education, and a lack of English proficiency when, combined with prejudice and rejection due to issue of race, ethnicity, social class, cultural and language differences, and issues of colonialism in the case of Puerto Ricans, increase the possibility of stressful reactions and patterns of behaviors that could be misdiagnosed as clinical depression. (p. 94)

While Maria was quoted in the case study stating that she was "feeling depressed," Martinez found that participants in her study used depression to identify "a range of emotions or feelings that included anger, concerns, frustrations, hurts, hopelessness, or anything that makes them feel bad" (p. 96). Furthermore, she found there was a vast difference between the clinical definition of depression and the women's own personal definitions of depression. In many cases, the women's definition of depression, in her study, reflected an awareness of oppression in which they felt marginalized, powerless, exploited, and experienced cultural imperialism and violence (Martinez, 2002; Young, 2010).

Locating the Client and the Clinician

Central to clinical social work practice is the concept of a two-person psychology, which emphasizes the importance of examining the psychological and social identities of both the client and clinicians. In practice and specifically talking about issues of race and racism, many of the clinical social work faculty focused on the identity of the client and not at all on the identity of the clinician. In a few instances, where participants were mindful about talking about the clinician's identity, it was assumed that a "raced" client was a person of color and rather than White and that the clinician in almost all cases was White. While the focus of this study was not on looking at the experiences of social work

students, this is an important finding in terms of thinking about how one sets up the examination of a case and guides the classroom discussion of the case and how the guidance may vary depending on the racial composition of the classroom (and the racial/ethnic identity of the instructors). If the curriculum is set up to assume that the case involves White-person of color clinical dyads, this would send a clear message about who is valued as a student in the classroom and who is and is not "raced" in practice. The message is inadvertently conveyed that only people of color have a race, but White people do not. Participants talked mostly about racism as a phenomenon that targets people of color without acknowledging that the racial hierarchy in place in the United States benefits or confers social privileges to White people and that it is not possible to examine who was the target of racism without addressing who is benefitting or perpetuating the conditions (knowingly or unknowingly) that reinforce racism as a system of advantages based on race.

Clearly, the social identities of faculty influence their curricular content and pedagogical approaches. Furthermore, despite recent attempts to embrace a more inclusive racial project, institutions of higher education have historically placed an active role in centering and reinforcing Whiteness in educational policies and practices, and creating racial hierarchies, which is not surprising since most institutions of higher education were established by White Christian men from upper socioeconomic, privileged social backgrounds. "These systems have privileged white faculty members and students and have provided the basis for discrimination and exclusion against members of various racial and ethnic groups" (Chesler, 2013, p. 2). In the same vein, Jayakumar, Howard, Allan, and Han state that while these groups may not know or have

sought this privilege, they benefit “irrespective of whether they are consciously aware of or actively support racist attitudes, practices, policies” (as cited by Chesler, 2013, p. 3).

Given this unexamined privilege, it is not surprising that in application, only 1 out of 15 participants highlighted that she/he would bring in the identity of the clinician in teaching the case of Maria. Furthermore, this finding also illustrates a divide between theory and practice in the enactment of social work education. While participants may be thinking theoretically about clinical work from a two-person psychology, in practice, they fall into old patterns of focusing solely on the client particularly as it relates to issues of race and racism.

Engaging Students of Color in Social Work Classrooms

The assumption related by the participants in this study concerning the role of race in clinician-client dyads raises important questions regarding how to best engage students of color in the social work classroom. In practice courses, students of color may find themselves unable to acquire the training needed to therapeutically address the racism they encounter in cross-racial/ethnic clinician-client dyads if the sole focus is on a White clinician-person of color pairing. One of the participants described a case where an African American student practitioner had a White client say overtly racist things to her and because this student felt that a large part of her academic training had been geared toward White practitioners working with clients of color, she needed resources about clinicians of color working with White clients, given that her caseload was primarily White. It raised serious concerns about how well prepared students of color are to respond effectively to racial microaggressions and how clinical social work may be more

geared toward preparing the White practitioner. In addition, it points to the potential alienation these students feel, having an instructor who assumes such a White-centric stance. “Faculty members’ social identities also seem to play important roles in the choices they make about curricular content and pedagogical tactics (albeit often unconsciously)” (Chesler, 2013, p. 17).

In fact, in the readings that participants reported bringing into the classroom that addressed race and racism, the focus was on the underlying assumptions, power differentials, and overall challenges that White clinicians had working with clients of color. The other types of readings seemed peripherally related to race and racism, such as teaching about a clinical theory or practice method and including a couple of readings that would address how they would use this model to work with diverse clients. In many ways, the needs of student practitioners of color are invisible in the curriculum that participants brought in to address issues of race and racism. While using experiential activities was one of the most common ways participants reported bringing clinical material, very few participants reported utilizing experiential activities to incorporate issues of race and racism. Given the need to have some level of comfort facilitating and exploring issues of race and racism, utilizing case examples or readings may feel more manageable to participants than facilitating an experiential activity.

Race, Migration, and Colonialism

In thinking about the case of Maria, many of the participants constructed a general “immigrant” narrative about her, pointing out her choice to travel back and forth from Puerto Rico to the United States. Most participants in this study did seem to take into

account Puerto Rico's unique relationship to the United States, as a commonwealth territory. Participants did not seem to have an understanding of the difference between migration and immigration, colonialism and imperialism. "Colonialism can be defined as the conquest and control of other people's lands" (Loomba, 1998, p. 2), while imperialism can be described as "the process, which leads to domination and control" (p. 7). Thus, the United States is the "metropole" where power resides, and this power "penetrates and controls" the colony or neo-colony (p. 7). This dynamic interaction between the United States and Puerto Rico thus becomes part of the clinical relationship.

Referencing the context of immigration, one participant erroneously went as far as to point out that she would want her students to think about whether Maria was documented or undocumented. While this participant thinking about issues of nation and citizenship should be encouraged, clearly not knowing that Puerto Ricans are US citizens is disconcerting. The field of social work, in general, has not engaged in conversations on immigration and immigration policy and its impact on social work practice (Park, Bhuyam, Richards, & Rundle, 2011), let alone talked about working with migrants from US territories, such as Puerto Rico, Guam, or the US Virgin Islands and the US policies that govern these territories. This is an important point as "social worker's attitudes towards and knowledge about immigration are likely to influence their practice with immigrant clients" (p. 370).

While migration or immigration was not the focus of this study, it intersects with issues of race and racism. Race discrimination has historically been a part of immigration policies in the United States. For example, through the Chinese Exclusion Act of 1882, Chinese immigration and naturalization was suspended. This law was put in place to

appease White labors who had deep seated racial tensions with Chinese immigrants. Current immigration debates about who belongs or does not belong in the United States draw upon this historical legacy of racism and xenophobia. Issues of immigration and nationality need to be discussed in accordance with issues of race and racism in clinical social work classrooms.

Conclusion

In evaluating the case of Maria, participants typically operated from a culturally competent and a culturally responsive framework. If asked directly about race and racism, a few participants incorporated discussions of racism in a more thoughtful and sophisticated way reflecting a critical race framework. However participants' understanding of race seemed connected to racial and ethnic identity as well as cultural issues, suggesting a more narrow understanding of how dynamics of race and racism play out for individuals in particular contexts and was reflective of the premises guiding a culturally responsive or even culturally competent framework in social work education. None of the participants exemplified working from a social justice framework, as their efforts to incorporate issues of age or ageism or gender and sexism was disjointed from issues of race and racism and did not reflect a true intersectional analysis.

Clinical social work faculty in this study saw themselves committed to addressing issues of diversity and maybe social justice, but in many ways, they were not able to enact this commitment through concrete steps to translate it into their teaching. Unless prompted, faculty did not incorporate attention to race or racism into their descriptions of clinical social work. It was clear from the interview that attention to race and racism is

not a central component in the teaching of clinical social work practice and in the shaping of the curriculum. It is apparent that participants had limited conceptual, historical, and sociological knowledge about race and racism and how they manifest for various racial and ethnic groups in the United States, including people of White European descent. The ways that participants commonly incorporated race and racism reflect one of the findings in Singleton (1994)'s study of faculty's comfort teaching material on racial content in which she found that faculty included content on diversity but no or little content on oppression. She believed that "using diversity content to the exclusion of oppression content allows one to avoid this area of discomfort" (p. 8).

Challenges to Integrating Race and Racism

While this study is not focused on participants' comfort or discomfort teaching race and racism, it is important to identify occasions in which participants did note the challenges incorporating race and racism in their teaching about clinical social work practice. Social work faculty may experience a number of challenges presenting material about race and racism and grounding it in clinical social work practice. Hancock, Waites, and Kiedaras (2012), referencing Van Soest's work, state that "social work educators faced a challenge, not only presenting content on oppression but also helping students translate that knowledge into social action" (p. 7). Participants talked about a range of challenges they had incorporating issues of race and racism. These challenges include (1) dealing with student resistance, (2) limited facilitation skills, and (3) time constraints that prevented their incorporating diversity or social justice content to established clinical social work content.

Student Resistance, Facilitation Skills, and Time Constraints

The issue of student resistance came up during the interviews in various forms for faculty participants. Students' reactions to oppression content sometimes include indifference and active resistance. Student resistance may be reflected in a student asking the question why he or she may be learning about issues of oppression when they had signed up for social work school and a desire to learn skills without the process of self-reflection. "Classrooms can be sites of learning that are exciting, challenging, confusing and confrontational. The students' experience of others in the classroom often precipitates learning opportunities concerning one's professional identity" (Miehls, 2001, p. 230). As the field of clinical social work continues to attract diverse students, classrooms become spaces where students have "divergent identities, interests and values," (p. 230). It is important to consider who your students are and recognize that racial identity development can be a helpful paradigm to make sense of student resistance.

Facilitating discussions about race and racism and working with students' reactions and resistance to these issues go hand in hand. Students' reactions may include raw emotions, such as sadness or anger; in response, instructors may feel inept to manage the intensity of student responses to course material on race and racism. Besides negotiating students' reactions to course material, instructors may also feel a lack of knowledge about issues of race and racism. There may be pressure to say the "right thing" or having solutions and not understand that the process of learning about race and racism is equally messy as learning about clinical practice.

> While we need to do our own work around related to oppression and diversity, we need to get out outside of ourselves in the classroom and get inside the minds of

> the students. We need to continually ask and probe about: What do students need to feel safe? How do they learn best? How do they construct knowledge? How do they make sense of the world? How can we skillfully remind students that this setting is safe as it gets? How can we create a learning environment that is emotionally and intellectually demanding? How can we provide support needed to navigate this psychologically explosive terrain. (Van Soest & Garcia, 2003, p. 23)

Participants' concerns about student resistance and skill for facilitating discussions about race and racism support Funge's (2011) assertion that social work faculty do not feel as if they are prepared to teach, let alone incorporate issues of race and racism. These concerns are probably heightened by limited opportunities for engaging in faculty development activities and faculty rank. For instance, almost half of the participants in this study were adjunct faculty who worked in full-time capacities but had limited training teaching or facilitating discussions about race and racism. In addition, in Funge's study, participants noted that they believed that doctoral programs in social work did not adequately prepare doctoral students to teach, let alone teach in a way that incorporated issues of social justice (p. 84). Jose, one of the participants, echoed this in his discussion of working closely with new faculty or junior faculty and helping them think through ways of bringing in and keeping issues of race and racism in the room.

This relates to the last challenge that participants talked about in relation to incorporating race and racism into an already crowded clinical social work curriculum: inadequate opportunity to balance incorporating race and racism with other course content. While having enough time to teach course material is an issue many faculty share, this comment references the ways in which participants generally separate issues of race and racism from clinical materials, rather than finding opportunities to integrate race and racism within the various topics in clinical curriculum. Faculty clearly need support and coaching in thinking about specific ways in which they can simultaneously

incorporate issues of race and racism while teaching clinical social work practice rather than compartmentalize these different areas.

Conclusion

It is clear that participants pay attention to issues of race and racism and other forms of social identity and oppression, and it is also clear that participants in their discussions of race and racism focused more on the interpersonal dynamics of racial differences and less so on the systemic nature of oppression that get reproduced in the micro level examples they described. Furthermore, they have not forged clear connections between these social justice issues and their core clinical social work curricular content. It appeared that social justice issues are not generally understood to be central to their work or metabolized into their clinical practice. Instead, it is more a variable to consider and an add-on to the required curricular content. Given who is doing much of the teaching, the lapses in what they themselves learned, and their non-systemic and non-integrated approach to race and racism in curricula, it is not surprising to find race and racism being taught in clinical practice from a limited, culturally competent or diversity-focused perspective that does not truly integrate the micro with the meso and macro. This framework limits one's understanding of the meaning of race and racism in clinical social work practice; it misses multiple opportunities to illustrate racism with a range of clinical social work topics; and it perpetuates potentially harmful practices with clients. This study illuminated the critical need for formal and improved faculty development to support one's awareness and understanding of race and racism as a

systemic phenomenon and the need to think about race and racism in more complex and critical ways in relation to the clinical social work curriculum.

Funge's (2011) study of social work educators teaching about social justice found that there were too "few structured opportunities to engage with their colleagues around teaching strategies" (p. 82), and there were even fewer opportunities to bring colleagues around to talk about strategies for engaging social justice. Most of the participants in this study reported utilizing informal collegial relationships to support or help them in their thinking about race and racism rather than formalized trainings or meeting with faculty. Only one the schools in this research had a weekly meeting for faculty to think about issues of social identity and oppression and their own teaching. Faculty clearly need support understanding issues of race and racism from a systemic framework and making strong links between race and racism and clinical work. Clinical faculty who are interested and motivated to incorporate issues of race and racism may need direction on how to proceed. A participant in Funge's study said, "There has to be some sort of inspiration…Otherwise we'll put social justice issues on the backburner, and it doesn't get done…I think the faculty and the whole department need to be reminded of why we are here" (p. 83). One of the key takeaway messages from this study is that faculty desperately need support in their efforts to conceptualize and incorporate issues of race and racism.

A Call to Action: Revisiting Social Work Congress's Action Plan

In 2005, at the Social Work Congress, key leaders came together to discuss the professional future of social work. Out of that meeting, 12 imperatives were outlined in

addition to a strategic plan that would change the landscape of social work. Out of these 12 imperatives, 3 explicitly outlined the need for social work as to address issues of race and racism within the field of practice. The first of these 3 imperative recognizes the need to address issues of race and racism in addition to other forms of oppression in social work education and practice. The second imperative calls for continuous recognition and confrontation of racism in social work practice within the individual, community, and institutional levels. The third imperative highlights the need to promote cultural competent social work interventions. As part of these imperatives, a number of strategies have been outlined, including teaching students about race and racism in addition to other forms of oppression, educating students to recognize systemic institutional racism and oppression, and recognizing and combating racism and other forms of oppression (Clark et al., 2005). The ways that these mandates have been applied within social work agencies and in social work institutions and classrooms has yet to be studied.

In the years following these 2005 mandates, there has been a call to action to refocus these mandates to solely address institutional racism, and there has been a progress report on these mandates. In 2007, the National Association of Social Workers released a document called, "Institutional Racism & the Social Work Profession." This document outlined a call to action for addressing institutional or structural racism with social work. "Although institutional racism as a social issue is not new to social work, its significance and centrality to the profession needs to be clarified and underscored" (Craig de Silva et al., 2007, p. 4). At the 2010 Social Work Congress, the imperatives were revisited and assessed. In practice, many of the changes that have been made to address issues of race and racism have happened at the national organizational and policy level,

and no references were made to address these issues in social work classrooms and agencies. Within the field of clinical social work, it is also not clear whether these imperative have been adopted or if they are participating in these efforts to move the profession of social work forward. In this next section, I offer a blueprint for addressing issues of race and racism in clinical social work education from a systemic and intersectional framework through curriculum transformation, faculty development, and institutional support.

Transforming the Field of Clinical Social Work

This study suggests that a majority of the participants do not think about or teach critically about issues of race and racism nor are they aware of the many opportunities to incorporate issues of race and racism into the clinical social work curriculum. In response to these findings, it would be important to imagine ways of transforming clinical social work curriculum not only to take into account issues of race and racism but also operate from an intersectional analysis. By intersectional, I mean an approach that identifies multiple social identities within any single person's experience and examine the reproduction of systemic patterns of privilege and marginalization based on racism, classism, sexism, heterosexism, and other manifestations of societal advantage and disadvantage. Clearly, social identity and oppression extend beyond issues of race and racism. While categories of race and experiences of racism influence one's social location, it is important to understand "the impact of all forms of oppression, marginalization and privilege is important in all areas of mental health," and that "all people live within the dynamic of intersections of multiple aspects of identity, where we

experience privilege and pain in various combinations" (Pender Greene & Blitz, 2012, p. 205)

While there are a number of curriculum transformational models (Banks, 1991; Green, 1989; Kitano, 1997), the model described years ago by Schuster and Van Dyne (1985) exemplifies ways of incorporating the experiences of women into liberal arts education, and by extension, an intersectional approach that incorporates sexism with racism, sexism and racism with classism, and so forth (Castañeda, 2002). It is a helpful model of understanding ways to transform clinical social work curriculum to fully integrate race and racism, as well as other forms of privilege and disadvantage into clinical social work education.

Schuster and Van Dyne (1985) provide a six-stage model that serves as a template for transforming clinical social work curriculum. The six stages include (1) invisible women, (2) search for the missing women, (3) women as a disadvantaged, subordinate group, (4) women studies on their own terms, (5) women as challenge to disciplines, and (6) women as challenge to the disciplines. Building on Schuster and Van Dyne's (1985) suggestions, a transformed curriculum in clinical social work would include the following aspects:

1. Center race, class, gender, and sexual orientation as categories of analysis in understanding everyone's experiences and not as add-ons or additives (i.e., White men are both raced and gendered). Make connections between larger institutions; commitment and curricular transformation (i.e., Does the institution have a larger commitment to issues of social justice that is then supported within the curriculum, personnel and admission decisions and vice versa).
2. Utilize bodies of theoretical knowledge outside the field of clinical social work. These bodies of theory (drawn from sociology, anthropology, social psychology and social justice education) help us understand dynamics of oppression and inequality in the social world. How can clinical social work programs benefit from interdisciplinary relationships with other departments (i.e., How can we

incorporate theories of race and racism and make links to clinical theories and vice versa?)?

3. Operate from an intersectional analysis (i.e., integrate race and racism with other categories of social identity and systemic oppression, such as gender and sexism, sexual orientation and homophobia).
4. Understand that the student's presence in the classroom serves as material for process of learning about issues of race and racism and other aspects of social identity and systemic oppression. Adams & Love (2005) state that teaching about issues of social identity and oppressions requires attention to curriculum and pedagogy and awareness of your students and yourself as an instructor.

The transformation of clinical social work education affords a number of benefits, "for improved scholarship and intellectual integrity, besides addressing the most basic moral imperatives to meet the real educational needs of all students and move toward a equitable society" (Castañeda, 2002, p. 21). Transforming clinical social work education benefits faculty, student-practitioners, and the clients in which the field serves.

Implications for Clinical Practice and Teaching

There are a number of implications for clinical social work practice and teaching clinical social work course that can be drawn from this study. The most important implications are twofold: (1) faculty development and (2) institutional commitment and support

- Faculty Development: The findings from this study suggest that there is a need to engage clinical social work faculty in faculty development and peer mentoring. Many participants described having limited content knowledge and pedagogical preparation to incorporate issues of race and racism into their classroom practice. From the interviews it appears that faculty do not seem to have had the opportunity to acquire content knowledge related to issues of race and racism and seem uncertain about how to best infuse issue of race and racism when teaching clinical social work practice. Faculty would benefit from examining their own assumptions and experiences with race and racism, talking about teaching and thinking, and learning together about how to present and discuss concepts, such as race and racism, in a racially diverse or homogenous classroom, identify readings or activities that can be helpful when trying to illustrate specific concepts, or using specific clinical skills. Acquiring deeper knowledge and understanding may

enable them to engage more freely in discussion and analysis of historical legacies and contemporary racial dynamics of power and privilege to account for the pervasive impact of racism on various social groups. For example, there may be value for faculty to become familiar with the sociological and psychological theories of racism in the U.S. and in a global context; patterns of immigration and migration of various immigrant and migrant groups and the factors that may contribute to varying patterns of insertion and how these may be linked to particular historical legacies (i.e., Puerto Rico is a commonwealth and Puerto Ricans are citizens of the U.S. even though they do not have the right to vote in national elections).

Furthermore, the participants in this study who had a more advanced understanding of race and racism and made strong connections to clinical practice seemed as if they had opportunities to teach a course on race and racism within their institution. While it may not be feasible to have clinical social work faculty all teach a course on racism, there should be opportunities where faculty get to practice facilitating discussions on social justice issues, given that participants identified facilitation skills as one of the challenges they face for incorporating race and racism in the classroom. Doctoral programs, training future social work faculty, need to have courses that address not only issues of teaching and learning but also how issues of teaching and learning are connected to issues of race and racism. There should be efforts to help them think about ways to incorporate issues of race and racism through faculty mentors or student teaching efforts.

- Institutional Commitment: The findings of this study raise important questions regarding the kind of institutional commitment and support that may be needed to build the capacity of faculty to incorporate and address race and racism and social justice in clinical social work curriculum. It appears from interviews that where there is explicit institutional commitment to addressing race and racism in curriculum (i.e. having a required course on race and racism), faculty members are more aware and engaged with issues of race and racism.

The specific changes that were outlined above need to be made across curriculum to effectively prepare future practitioners to work within racially diverse settings and with diverse populations.

Implications for Future Research

Further study is needed to broaden our understanding of how clinical social work faculty bridge teaching clinical social work practice with issues of race and racism. A possible direction for future research is expanding the scope of study that includes a larger sample of social work schools to help determine if there are similar or different challenges across other specializations within the social work. Also replicating the study with a stratified sample by race and gender and year of degree completion to test the extent to which race and gender demographics as well as when folks got their degrees heavily impacts the extent to which they feel prepared to infuse race and racism.

Other directions for future research may be to look at the ways in which the field's shift to a competency model impacts faculty efforts to incorporate race and racism. In 2008, the CSWE approved educational policy that would move to a competency-based outcomes approach to social work education. CSWE outlined 10 competencies that are a part of all social work practice. The 10 competencies are (1) identify as a professional social worker and conduct oneself accordingly, (2) apply social work ethical principles to guide professional practice, (3) apply critical thinking to inform and communicate professional judgments, (4) engage diversity and difference in practice, (5) advance human rights and social and economic justice, (6) engage in research-informed practice and practice-informed research, (7) apply knowledge of human behavior and the social

environment, (8) engage in policy practice to advance social and economic well-being and to deliver effective social work services, (9) respond to contexts that shape practice, and (10) engage, assess, intervene and evaluate with individuals, families, groups organizations and communities ("Advanced Social Work," 2009). In 2009, key constituents in the field of clinical social work began thinking about how to link those competencies to the field of clinical social work. These constituents came up with specific clinical knowledge, practices, and behaviors that would meet the core competencies. As the field of clinical social work is moving to this competency model, the separation of the clinical competencies from social justice competencies may be further fostered and reproduced, resulting in a lack of coordination. Future research is needed to examine how these competencies will impact, particularly aid or hinder, clinical social work faculty's efforts to bridge clinical social work practice and issues of race and racism or other aspects of oppression. Finally, future research could be undertaken to examine the impact of faculty development efforts in colleges and universities that support and prepare faculty and teaching assistants in the use of classroom methods or strategies for infusing social justice material into teaching. This study would help determine what has worked, such as including teaching mentoring programs.

Concluding Remarks

As I reflect on this research study and begin thinking about embarking on a career in clinical social work teaching practice, I feel excited about applying theory to practice. I am looking forward to teaching clinical social work practice in a way that integrates

issues of race and racism and issues of social identity and oppression. I recognize the commitment of these 15 social work faculty to understand issues of race and racism but also recognize the limitations of moving forward with a commitment with limited training and support. I am eager about bridging my training in social justice education, clinical social work, and feminist studies. I look forward to making issues of social identity and oppression central to my work as a social work practitioner, educator, and researcher.

APPENDIX A

RECRUITMENT LETTER

Date

Dear Participant,

My name is Rani Varghese, and I am a doctoral candidate in the Social Justice Education Program at the University of Massachusetts Amherst. I also have an MSW and teach as an adjunct faculty member at Smith College School for Social Work. As I prepare to enter the field of social work education, I am seeking to understand how experienced clinical social work educators, specifically those who teach 2nd year/advanced practice courses, think about the process of teaching and learning in preparation for clinical social work practice.

I have identified you as someone who would be helpful in my research, and I hope you will consider participating in my study. As a participant, you will be asked to participate in a 90-120 minute audio-taped interview as well as share a copy of your syllabus and other classroom teaching materials. In the first half of the interview, I will be asking you to share your thoughts about clinical social work education and experience teaching practice courses. More specifically, I will explore your thoughts about clinical social work, understand what theories and frameworks inform your teaching of practice, and lastly, examine efforts you have made to incorporate issues of race and racism and social justice in the teaching of clinical social work practice. In the second half of the interview, I will provide you a case, and we will explore how to work with the case in class.

If you are interested in participating in the study, please complete and email the attached brief demographic questionnaire, which will serve as a guide in the selection of participants for the sample in this study. If I do not hear from you in the next few weeks,

please expect me to contact you again about your interest in this research. If you have any questions or comments regarding this study please feel free to contact me. My phone number is 413-530-9781. I can also be contacted via email at varghese@educ.umass.edu

Thank you for your time with this important research!

Sincerely,

Rani Varghese, MSW, Ed.D. Candidate

University of Massachusetts Amherst - Social Justice Education Program

APPENDIX B

INFORMED CONSENT FORM

Title of Study: Teaching and Learning in Clinical Social Work: An Examination of the Ways Clinical Social Work Faculty Integrate Issues of Race and Racism in the Teaching of Practice.

Principal Investigator: Rani Varghese, MSW

Purpose of the Research:

My name is Rani Varghese, and I am a doctoral candidate in the Social Justice Education Program at the University of Massachusetts Amherst. I am conducting this research project as part of the requirements for my doctoral dissertation. The purpose of the research project is to examine the ways clinical social work faculty conceptualize clinical social work, theories, and frameworks that inform their teaching practice and efforts they have made to incorporate issues of race and racism and social justice in the teaching of clinical social work.

Criteria and Procedures:

You are being asked to participate because you were identified as meeting the following criteria (1) a full-time or adjunct faculty member who teaches a 2nd year/advanced clinical social work practice course in a MSW program, and (2) identify as teaching for at least 3 years. If you agree to participate in this study, you will be asked to participate in a 90-120 minute audio taped interview. In the first half of the interview, you will be asked to share your thoughts about clinical social work education and experience teaching practice courses. In the second half of the interview, you will be provided a case, and we

will explore how to work with the case in class. You will also be agreeing to share your practice course syllabus as well as other teaching materials.

Confidentiality:

Your decision to participate in this interview is voluntary. Confidentiality will be maintained and participants' identities will be protected by using a pseudonym in place of your name and having other identifying factors removed from any documents produced from this research. All materials will be kept in a locked file, which I, the primary researcher, will only have access to.

Voluntary Participation

You have the right to refuse to answer any question or to terminate your participation in the interview at any time with no penalty or prejudice to yourself. In addition, you have the right to review any of the materials to be used in the study, and a summary of the findings will be made available to you at your request.

Benefits and Risks/Vulnerability:

There are a number of benefits for participating in this study. The benefits of participating include the chance to reflect on your experiences teaching clinical social work practice and the opportunity to take part in a study that will contribute to the literature on teaching and learning in clinical social work education. You will not be compensated monetarily for your participation. As with any research, there are some potential risks, including feelings of vulnerability or emotional reactions. As a participant, you will receive contact names and numbers of counseling providers if there is a need to process any feelings of discomfort resulting from your participation in this study.

Subject Statement of Voluntary Consent:

You will be furnished with two copies of this informed consent, both of which should be signed if you are willing to participate. One copy should be retained for your records and the other is for my records. By signing this consent form, you are giving me permission to share the results of the study as well as excerpts from your interview with my dissertation committee members and in the dissertation as part of the doctoral degree requirements. You are also giving me permission to disseminate the results at academic and conference presentations as well as manuscripts submitted to professional journals for publication.

Questions:

If you have any questions please feel free to call me at 413-530-9781 or email me at varghese@educ.umass.edu
You can also contact the chair of my dissertation committee, Dr. Ximena Zuniga. She can be reached at xzuniga@educ.umass.edu
If you would like to speak someone not directly involved in the research study, you may contact the University of Massachusetts, School of Education, Institutional Review Board Chair, Dr. Sharon Rallis at sharonr@educ.umass.edu
YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND AND HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

_____ _____

(Print your name) **(Participant Signature)**

(Date)

_____

(Researcher Signature)

(Date)

APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

Thank you again for your interest in my research study. To provide a little background, it would be helpful if you complete the brief questionnaire below and email it back to varghese@educ.umass.edu.

Name:_____

Email Address:_____

Phone Number:_____

1. How do you identify in terms of gender? (mark one)

   ☐ Man

   ☐ Woman

   ☐ Transgender/Genderqueer

   ☐ _____

2. How do you identify racially? (mark one)

   ☐ White

   ☐ Black

   ☐ Latino/Hispanic

   ☐ Asian

   ☐ Native American

   ☐ Biracial/Multiracial

   ☐ Other Racial Category_____

3. How do you identify ethnically?

_____

4. How many years have taught the 2nd year/advanced practice course?

☐ 3-5 years_____(institution or institutions)

☐ 6-9 years_____(institution or institutions)

☐ 9 years or more_____(institution or institutions)

5. What is your current position?

☐ Adjunct/Part-time Faculty

☐ Full time Faculty

APPENDIX D

INTERVIEW PACKET

Dear Participant:

Thank you for agreeing to be interviewed as part of my dissertation research. This interview is one of 12-16 interviews. You as well as other faculty who teach at clinical social work schools or schools that have a strong clinical social work strand will be interviewed using the same questions. Your interview will be part of the data used for this research study, which will help me understand dynamics of teaching and learning in clinical social work practice. This interview will take 90 to 120 minutes to complete.

The interview is designed to gather information about your thoughts about clinical social work, goals, theories, and frameworks that inform your teaching practice and efforts to incorporate issues of race, racism, and social justice. The interview has four sections:

- Defining, conceptualizing, and describing clinical social work.
- Exploring your experiences teaching clinical social work practice.
- Incorporating issues of race, racism, and social justice in the teaching of clinical social work practice.
- Applications in the classroom (I will provide you a case).

In this interview packet, you will find a (1) copy of the agenda, (2) demographic questionnaire, and (3) consent form. In preparation of our interview, please fill out the demographic questionnaire and consent form. If you have questions about either of the

two documents or about my study, please contact me at varghese@educ.umass.edu or 413-530-9781.

Sincerely,

Rani Varghese

Interview Agenda

- Introductory Statements
- Review and answer questions about the consent form.
    - Overview of procedures, expectations, and confidentiality.
    - Answer questions about the research study and research methodology.
    - Sign consent form.
- Interview Questions.
    - Defining, conceptualizing, and describing clinical social work practice.
    - Understanding of teaching and learning. Experiences teaching clinical social work practice.
    - Efforts to incorporate issues of race, racism, and social justice in the teaching of clinical social work practice.
    - Case Example
- Wrap-up- Questions.

APPENDIX E

INTERVIEW GUIDE

Part I: Introduction

Interviewer Opening Statement:

Thank you for coming today and agreeing to be interviewed as part of my dissertation research. As you may know, this interview is one of 12-16 interviews. You as well as other faculty who teach at clinical social work schools or schools that have a strong clinical social work strand will be interviewed using the same questions. Your interview will be part of the data used for this research study, which will help me understand teaching and learning in clinical social work practice.

Before we get started, I wanted to spend a couple minutes outlining the agenda for today. **Provide a copy of the agenda for participants**. We will begin by having you review the consent form, which outlines the procedures, expectations, and confidentiality. I will answer any of your questions about research study, methodology, or the consent form and ask you to sign it. We will complete the interview and then leave time at the end for you to ask any questions.

Interview Agenda

- Introductory Statements
- Review and answer questions about the consent form.
    - Overview of procedures, expectations and confidentiality.
- Answer questions about the research study and research methodology.

- Sign consent form.
- Interview Questions.
    - Defining, conceptualizing and describing clinical social work practice.
    - Understanding of teaching and learning. Experiences teaching clinical social work practice.
    - Efforts to incorporate issues of race and racism and social justice in the teaching of clinical social work practice.
    - Case Example
- Wrap-up- Questions.

Part III: Interview

This interview will take 90 to 120 minutes to complete.

As I mentioned in our phone conversation, the interview is designed to gather information about your thoughts about clinical social work, goals, theories, and frameworks that inform your teaching practice and efforts to incorporate issues of race and racism and social justice. There are no "right" or "wrong" answers to the questions in this interview. I am interested in hearing about your experiences teaching clinical social work practice. Please also know that I am not just looking for the "good" answers and don't want you to feel like you should say only positive things. I am interested in learning about the whole range of experiences that faculty have in teaching clinical social work, the strengths and the challenges or what works and what doesn't.

Please take time to think about the question and answer them as completely as possible. Please let me know if you would like me to clarify any of the questions as we go along.

The interview has four sections:

- First, I will ask you about clinical social work practice. We will spend some time talking about how you define, conceptualize, and describe it.
- Next, I will ask you about your thoughts concerning teaching and learning in clinical social work education. In particular, we will explore your experiences teaching clinical social work practice.
- Next, I will ask you about your efforts to incorporate issues of race and racism and social justice in the teaching of clinical social work practice.
- Finally, I will ask you to review a case and ask you to describe how you would use it in the classroom.

SECTION ONE

Research Questions:

How do participants conceptualize clinical social work?

- *What are the core concepts or principles guiding clinical social work?*
- *What are the theories and frameworks guiding clinical social work?*

Interview Questions: (Need to include 20-30 minutes)

I am going to begin by asking you about how you think about clinical social work.

- Question 1: Clinical social work means a lot of things to people, what does it mean to you?
  - Probe: When you teach a course, what do you want students to learn about clinical social work?
  - Probe: What is unique about clinical social work?
  - Probe: Is the way you conceptualize clinical social work influenced by the institutional culture.
- Question 2: What concepts and principles do you want students to learn?
- Question 3: What clinical social work theories and frameworks do

you want students to be more knowledgeable about or take out of the classroom and into their practice?

SECTION TWO

Research Questions

How do participants conceptualize teaching and learning in clinical social work?

- *What theories guide participants understanding of teaching and learning in clinical social work practice?*
- *What are participants' approaches to teaching clinical social work practice?*
- *What learning outcomes are fundamental to the learning of clinical social work?*

Interview Questions (Need to include 20-30 minutes)

Now we are shifting our focus from what you want students to learn to how you, as an experienced instructor, shape the classroom or structure the learning process, meaning, how do you convey to students what you want them to learn?

- Question 4: Are there some learning theories or pedagogical frameworks that help you think about teaching and student learning?
- Question 5: When you said, you teach (a concept, theory, or framework), how do you teach this (concept, theory, or framework) to your students?
    - Probe: Some people prefer to lecture or use case method or guided demonstrations, how would you characterize the different teaching practices you use?
- Question 6: You have identified learning outcomes that you think are important for students to learn, what are the best ways to teach them?

- Probe: Do you model them? Do you use role plays? Do you describe them? Do you lecture about them? Do you show videos?
- Probe: Can you describe a teaching method, something that you tried that worked?

➢ Question 7: How did you learn to teach clinical practice?

- Probe: So, help me understand that. Did you do it by trial and error. For example, some people think about their TA experience, some people have conversations with trusted friends, some people think about workshops, some people utilize clinical social work supervision.

➢ Question 8: As you have thought about your own teaching practice, have there been resources that have been particularly helpful?

SECTION THREE

Research Questions

How do participants integrate and incorporate issues of race and racism?

- How do participants understand race and racism?
- What theories or conceptual frameworks inform participants teaching of race and racism?
- How do participants bridge the teaching of clinical social work practice with issues of race and racism?

Interview Questions (Need to include 20-30 minutes)

As part of teaching and learning in clinical social work practice, we may incorporate issues of race and racism or social justice in our teaching. The next set of questions will explore how you incorporate issues of race and racism or social justice.

➢ Question 9: People mean different things when they say race and

racism. How you define race? How do you define racism?

- Probe 1: How did you learn this? How did you know this to be true?

- Question 10: How have you tried to incorporate issues of race and racism in your courses? Can you provide an example?
  - Probe 1: What are the benefits? What are the challenges? Where do you go to get support and new ideas?

OR

  - Probe 2: (If they report not trying), have you considered trying, how you would you do it? What do you think the challenges would be? Where would you go for support and new ideas?
- Question 11: Are there any theories or frameworks that support your thinking or efforts to incorporate issues of race and racism?
- Question 12: Besides race and racism, are there any other issues of social identity or social justice that you think should be or you integrate?

SECTION FOUR

CASE

(Participants will be provided a copy of the case)

Demographic Information: Maria is a 25-year-old, Puerto Rican, non-traditional, college student at a public university in the Northeast. She was referred for services at the college counseling services by a faculty member. She is a first-year student, and her major is mechanical engineering. Maria reports that she is single and lives on campus with a roommate.

Family History: Maria reports that she is the oldest of four children and that her mother and father have been married for 25 years. She notes that her family lives about 4 hours away in the northeast part of the state. Maria notes that she was born in Puerto Rico, and she has traveled back and forth throughout her childhood and early adult life to Puerto Rico.

Presenting Problem: Maria reports feeling sad, having trouble sleeping and finishing her daily tasks. Maria reports that she has been feeling "depressed" since beginning her first year at college. She reports that she "cries for no reason," and "some days, has trouble getting out of bed." During the course of the session, Maria shares that she is having a hard time being away from her family. She also discloses that she and her roommate do not get along and that she experiences her classmates as "standoffish." Maria shares that she is going through "culture shock," being at the college and that she cannot find anyone who really "gets her". She reports that her faculty member encouraged her to obtain counseling because of her increasing difficulties in the class. She states that she is "not doing well academically" and that the faculty member suggested that she talk to someone about her stressors. She states that she is concerned about losing her scholarship and that her goal for counseling was to "get things together in order to do well in school."

Medical/Psychological History: Maria notes that she has never had counseling before and that she has had a "normal" medical and psychological history. She reports that she is not "aware" of any family members having "mental health issues" or going to a "shrink."

Interview Questions (Need to include 20-30 minutes)

For this last part of the interview, we are going to examine a case together. I am going to give you a couple minutes to read the case. Feel free to jot down any thoughts or comments.

Before we begin, do you have any general questions about the case?

- Question 13: If you had to use this case in your class, how and when would you utilize it?
- Question 15: What aspects of the case would you highlight to students?
- Question 16: What concepts or terms do you think it would be important for students to know as they grapple with this case?
    - Probe: Would you use it to teach a particular clinical theory, practice method, or clinical formulation? What clinical theories, practice methods, or clinical formulations would you draw upon?
- Question 17: Are there issues of race and racism that you would think would be important to raise? Provide an example.
- Question 18: Are there other issues of social identity (gender, class, sexuality, nationality) and oppression (sexism, classism, homophobia) that you would think would be important to raise? Provide an example.

Ending:

- Any other information that you would like to share that relates to the case? Or other parts of the interview?

Thank you for participating in this interview. The information you

provided was rich and useful to my dissertation work.

APPENDIX F

CASE STUDY

Demographic Information: Maria is a 25-year-old, Puerto Rican, non-traditional college student at a public university in the Northeast. A faculty member referred her for services at the college counseling center. She is a first-year student, and her major is mechanical engineering. Maria reports that she is single and lives on campus with a roommate.

Family History: Maria reports that she is the oldest of four children and that her mother and father have been married for 25 years. She notes that her family lives about 4 hours away in the northeast part of the state. Maria notes that she was born in Puerto Rico, and she has traveled back and forth throughout her childhood and early adult life to Puerto Rico.

Presenting Problem: Maria reports feeling sad and is having trouble sleeping and finishing her daily tasks. Maria reports that she has been feeling "depressed" since beginning her first year at college. She reports that she "cries for no reason" and "some days has trouble getting out of bed." During the course of the session, Maria shares that she is having a hard time being away from her family. She also discloses that she and her roommate do not get along and that she experiences her classmates as "standoffish." Maria shares that she is going through "culture shock" being at the college and that she cannot find anyone who really "gets her." She reports that her faculty

member encouraged her to obtain counseling because of her increasing difficulties in the class. She states that she is “not doing well academically” and that the faculty member suggested that she talk to someone about her stressors. She states that she is concerned about losing her scholarship and that her goal for counseling was to “get things together in order to well in school.”

Medical/Psychological History: Maria notes that she has never had counseling before and that she has had a “normal” medical and psychological history. She reports that she is not “aware” of any family members having “mental health issues” or going to a “shrink.”

APPENDIX G

PROFESSIONAL TRANSCRIBER'S ASSURANCE OF RESEARCH CONFIDENTIALITY

This dissertation project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the University of Massachusetts Amherst Human Subjects Review Committee. In the service of this commitment:

> All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.
>
> A volunteer or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of recruitment, the subject matter of the study, and the hypotheses being tested are also confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.
>
> The researcher for this project, Rani Varghese, shall be responsible for ensuring that all volunteer or professional transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that they have signed this pledge. At the

end of the project, all materials shall be returned to the researcher for secure storage in accordance with federal guidelines.

PLEDGE

I hereby certify that I will maintain the confidentiality of all the information from the studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Rani Varghese, for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project and may make me subject to civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Signed: _____ Date_____

Rani Varghese

_____

APPENDIX H

INTERVIEW COVER SHEET

Interview name:_____

1. School that participant teaches at (check one): Locust____ Beech____ Maple____ Pine_____	2. Racial/ethnic identity of interviewee: _____	3. Gender identity of interviewee: _____	4. Number of years that the participant has taught at the institution:
5. Coder's overall observations about/reactions to the interviewee:			
6. Information about the how the participant describes clinical social work:			
7. Information about how the participant thinks about teaching and learning:			
8. Information about how the participant thinks about issues of race and racism			
9. Information about how the participant thinks about the case of Maria			
10. Coder's thoughts about how well the interview was conducted (i.e., how well the interview protocol was followed, use of probes, level of disclosure by interviewer, etc.)			

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