Reclaiming Social Justice: Using a Metatheoretical Supervision Model To (Re)orient Clinical Practice To Social Work's Core Value

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Abstract: *A central tenet of the social work profession is its commitment to social justice. This commitment is outlined by the major governing bodies across social work education and practice, intra- and internationally. However, clinical social work has historically been influenced by the evidence-based movement and broadly adopted medicalized models of practice by focusing on treatment model adherence and symptom reduction. Consequently, clinical practitioners have been criticized for not adequately addressing systemic oppression and social injustices affecting vulnerable and historically marginalized populations. The absence of a social justice orientation to clinical practice not only lacks alignment with social work's core values but, in the current socio-political environment, may further perpetuate oppression. Clinical supervision, a staple in developing professional skills for graduate students and novice clinicians, offers an ideal pedagogical space for developing the cognitive, emotional, and behavioral skills and competencies needed to engage in social justice-focused practice. The aim of this article is to offer a supervisory framework, the Critical Relational Model (CRM), grounded in a metatheory that integrates principles from critical theory, critical pedagogy, and anti-oppressive and decolonizing frameworks, applied through a relational lens. A second aim is to demonstrate how the CRM can be immediately applied to practice with novice clinicians, graduate students, and any other clinical practitioner wishing to enhance their effectiveness and participation in creating a more equitable and just society for all.*

Keywords: *Clinical supervision, social justice, anti-oppressive practice, clinical social work*

Social justice is a core value and guiding principle of the social work profession. This is affirmed by the International Federation of Social Workers (IFSW; 2018), the Council on Social Work Education (CSWE; 2022), and the National Association of Social Workers (NASW; 2021). However, the development of clinical social work as a practice specialty has been influenced by the professional regulation movement of the 1980s (Jani et al., 2011), which promoted managerialism and treatment fidelity, and by the evidence-based movement, which centers positivism as its main episteme (Drake & Hodge, 2022; Tosone, 2013). Often adopting a medicalized model of mental health, practitioners became largely concerned with individual-level issues. As a result, clinical social work practice has drifted away from intentionally addressing social injustices, structural and systemic oppression, and their impact on the lived experiences of individuals (Apgar, 2020; Specht & Courtney, 1994), leading to what scholars and researchers refer to as the macro-micro divide.

Social work education has both contributed to and been affected by this divide. Since the 1960s and for at least 30 years, modernist thought, specifically positivism, was the dominant episteme in social work education and research (Drake & Hodge, 2022; Jani et al., 2011). Modernist theories promote normative standards, generalizations, and

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assimilative assumptions about culture and difference and "fails to capture the complexity of human experience… [and] inadvertently undermines the profession's goal to promote greater understanding of social and cultural differences" (Jani et al., 2011, p. 284). Because a commitment to challenging social injustices requires understanding them through individuals' subjective experiences and a critical analysis of the systemic and cultural influences on them, the centering of modernism in social work education was and continues to be arguably inadequate.

In a committed effort to advance the profession toward this critical analysis of the systemic and cultural influences on social injustices, the author intentionally uses throughout this paper the more inclusive and anti-racist term ‘practicum’ to refer to the community-based training that social work students receive. The term replaces the term ‘field,’ which may carry oppressive and stigmatizing connotations related to slavery, immigrant, and otherwise unpaid work that is part of U.S. history.

Social Justice and Social Work

Although a commitment to social justice is recognized as a central tenet of the social work profession (Clinical Social Work Association [CSWA], 2016; CSWE, 2022; NASW, 2021), the construct is not consistently addressed in all areas of social work education and practice. For instance, though it's been 15 years since CSWE first included specific language regarding the commitment to promoting social justice among the educational competencies in the Education Program Accreditation Standards (CSWE, 2008; Jani et al., 2011), concrete changes in social work curricula have been slow at best. Content analyses of social work syllabi and program surveys have demonstrated notable differences in if and how MSW programs incorporate social justice concepts in their implicit or explicit curricula (Mehrotra et al., 2017), and when they do, most of the focus on social justice themes is found in macro practice-oriented courses (Gatenio & Mapp, 2020; Salas et al., 2010). However, over 90% of MSW students seek practicum placement in clinical settings (McBeath, 2016, as cited in Kiesel & Abdill, 2019). Thus, graduate students and novice practitioners in clinical settings often lack the foundational skills needed to embrace the ideology of social change (Apgar, 2020; McLaughlin, 2009; Salas et al., 2010).

Several reasons exist for the challenges of centering social justice in social work education and practice. One is the lack of an agreed-upon definition of social justice by scholars, theorists, and researchers (Kiesel & Abdill, 2019; Nicotera, 2019; Rountree & Pomeroy, 2010). For example, Kiesel and Abdill (2019) found that the variability of definitions in the literature includes understandings of diversity, multiculturalism, challenging power structures, empowerment, human rights, equity, or social change. This lack of cohesion makes social justice challenging to contextualize and apply to clinical practice (Asakura & Maurer, 2018). Another possible reason for discrepancies in how social justice is addressed in education and practice is an assumed relationship between acquiring knowledge about social justice and developing practice skills necessary to engage in social change (Mehrotra et al. 2017) or knowing how to actualize social justice in practice (Hair, 2015).

Recently, there has been increased energy within the social work literature calling for more attention to social justice in social work education (e.g., Gatenio & Mapp, 2020; Mehrotra et al., 2017; Vincent, 2012) and clinical supervision (e.g., Asakura & Maurer, 2018; Fickling et al., 2019). This reflects renewed intentionality of the profession to return to its core ideological values and mission. However, as Rountree and Pomeroy (2010) noted, straightforward methodological approaches and strategies for actualizing social justice in practice are sparse. Moreover, addressing social, economic, and environmental injustice in clinical practice can be particularly difficult (Asakura & Maurer, 2018). Nonetheless, growing racial and political tensions in the United States, the health disparities exacerbated by the Coronavirus pandemic, and recent legislative developments such as the "Don't Say Gay" bill (Johnson, 2020) have highlighted racial and economic inequities, systemic oppression, and discrimination on the basis of culture, race, gender, ability, sexual and romantic orientation experienced at the individual level. Thus, there has never been a better time for clinical social work practitioners to re-orient toward their commitment to promoting social justice by adopting a critical macro-orientation to their micro-level work. Clinical supervision offers such an opportunity, as will be discussed in the following sections.

Social Justice and Clinical Supervision

Supervision has been recognized as an essential tool in the professional development of social workers (Kadushin & Harkness, 2014; Saari, 2012). Although much of the conceptualization and discussion that follows may be relevant to all social work supervision across all levels of systemic practice, this paper focuses on the supervision of social workers in clinical settings. Clinical practitioners are especially vulnerable to bypassing social justice issues in the name of mental health treatment protocols, as noted earlier, and consequently perpetuating the medicalization of clinical practice. As both graduate students and novice practitioners are required to receive supervision during their practicum education (CSWE, 2022) and clinical practice (NASW & ASWB, 2013), clinical supervision offers the ideal pedagogical space to develop a social justice orientation in clinical practice (Asakura & Maurer, 2018; Chang et al., 2010 Hair, 2015; Hair & O'Donoghue, 2009).

A review of the recent literature has revealed a small number of supervisory models that coherently offer clinical and practicum supervisors a framework for addressing social justice themes in supervision (e.g., Dollarhide et al., 2021; Fickling et al., 2019; Lee & Kealy, 2018; Mitchell & Butler, 2021; O'Neill & Fariña, 2018). The profession has historically relied on supervisory models that follow the expert-trainee framework common to modernist developmental models (Nickson et al., 2020), are deficit-based, patriarchal (Kahn & Monk, 2017), and perpetuate Euro-Western theories and conceptualizations of clients' needs (Falender & Shafranske, 2014; Nickson et al., 2020; O'Neill & Fariña, 2018; Simpson-Southward et al., 2017). These models are typically concerned with treatment model fidelity and do not offer sufficient opportunities to critically reflect on various social, economic, environmental, and political injustices affecting clients. Arguably, these models may also serve as a form of epistemic oppression (Fricker, 2007) by subjugating and excluding the voices and experiences of supervisees while enforcing the supervisor's

epistemic power. This is particularly problematic when working with supervisees and students of marginalized, minoritized, and intersectional identities.

As such, it is imperative that social work clinical supervisors re-orient their practice to align with social work values. To help address this need, this paper seeks to contribute to the current literature promoting clinical supervision as the ideal space to develop a social justice orientation in clinical practice. The Critical Relational Model (CRM) offers an approach that can be used in clinical supervision to promote critical conceptual understanding and practical engagement with social justice issues. The following sections provide descriptions of the model's main components, its underlying theories and frameworks, and how it can be applied in clinical supervision with graduate-level students and novice practitioners. First, the epistemological and ontological assumptions undergirding the model are explained.

Critical Relational Model for Clinical Supervision: Conceptual framework

The Critical Relational Model is grounded in a social constructionism ontology. Social constructionism offers that reality is constructed socially through a relational exchange of ideas and experiences, which are culture and time-bound. That is, one's experiences (feelings, social dynamics, inner thoughts) are shaped by the cultural and social space in which they occur and through relational exchanges that legitimize or delegitimize them (Cooper, 2001; Shaw, 2016). As such, social constructionism recognizes the primacy of the relational perspective in co-creating one's reality (i.e., individual strengths, experiences, perspectives, and needs). Consequently, the relational perspective is the primary epistemology for how the CRM is used in supervision to enact a social justice orientation that is sensitive to the social, cultural, and political environments.

There is a natural alignment and preference for postmodern frameworks and epistemologies among scholars who promote a social justice orientation in clinical supervision. For example, Mitchell and Butler (2021) argued that attending to intersectional identities can facilitate engagement with culturally relevant practices. Several others have offered that a relational lens can facilitate safety, empowerment, and reflexivity in the supervisory relationship (e.g., Lee & Kealy, 2018; O'Neill & Fariña, 2018). Additionally, several scholars have cogently grounded their clinical supervision frameworks in critical theory (e.g., Gentile et al., 2010; Rankine, 2017). Despite the variability in theories and frameworks in the literature addressing social justice in supervision, these theories share a common threat of postmodern thought. They center reflexivity, recognize the importance of cultural identities in the supervisory triad, and encourage critical analysis of the interactions between individuals and the social environments, including the therapeutic and supervisory contexts.

Effective social work practice requires critical reflection on theory and practice and how they mutually inform each other (Forte, 2010). Through an analysis of the models and approaches in the salient literature and critical reflection on this author's supervisory practice, a metatheory emerged. Metatheories are higher-order theories that include different theoretical assumptions, frameworks, and bodies of ideas (American Psychological Association, 2018). The CRM is a metatheory informed by five conceptual

bodies of ideas: (1) critical theories, (2) critical pedagogy, (3) a relational approach, (4) anti-oppressive framework, and (5) decolonizing framework.

Critical theories provide the backdrop for developing critical thought and culturally relevant awareness of the deleterious effects of structural oppression and systemic injustices, including power and racial dynamics (Gentile et al., 2010; Rankine, 2017). Freire's and bell hooks' critical pedagogies inform the gap between knowledge about social injustices and action toward social change to produce engaged practice (Davidson & Yancy, 2009; Diemer et al., 2016; Glosoff & Durham, 2010). Additionally, because a fundamental goal of the CRM is to go beyond conceptual understanding and encourage social justice-related behaviors, the model adopts anti-oppressive and anti-colonial frameworks. The application of an anti-colonial framework within the CRM is further informed by Foucauldian philosophy, which helps understand power dynamics in the supervisory relationship associated with the use of discourse (Foucault, 1972).

Integrating theory and practice with enough practical specificity can be challenging. Therefore, the CRM is intended to be flexible in integrating these frameworks and theories, allowing for a dialogical process, ongoing reflection on practice, and adaptability to the supervisee's needs. Figure 1 provides a visual representation of the model's metatheory. Each of the remaining components of the metatheory is represented in a dynamic configuration, with the arrows around the center of the diagram illustrating their non-static integration and the relational approach as the central epistemology. Specific concepts and skills from each component that help develop a social justice orientation are listed. Finally, the perforated circular line represents the flexibility of the model and its potential for further integration.

Critical Relational Model for clinical supervision: Application of the model

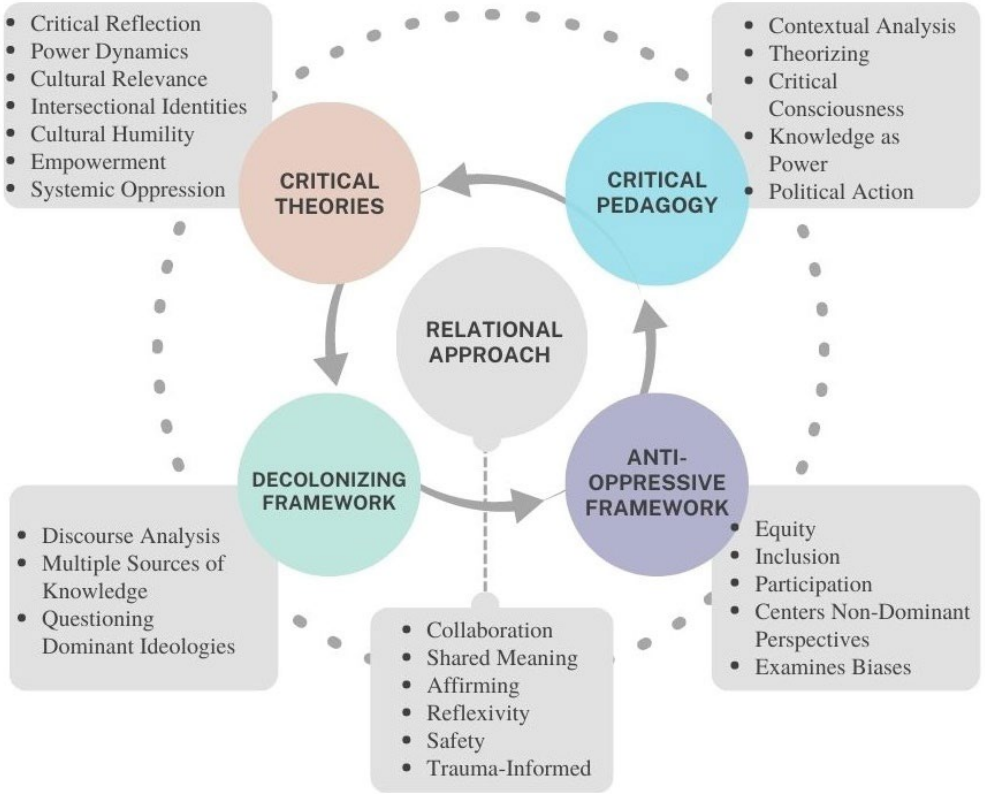
The CRM is predicated on conceptualizing supervision as a critical pedagogical process, not a developmental one; therefore, it is not structured in a way to teach skills or competencies procedurally. Instead, it focuses on facilitating meta-competence, which can be understood as higher-order cognitive, critical, and self-reflective capacities (Bogo et al., 2013). The model can enhance specific practice procedures, such as developing joining or alliance-forming skills, setting treatment goals, and forming clinical conceptualizations, as supervisors foster meta-competencies, such as critical thinking, reflexivity, and cultural humility. The following sections discuss how applying the model in clinical supervision can foster specific aptitudes to reach this goal.

Orienting Supervisees to Social Justice

The initial phase of the supervisory relationship and process focuses on the supervisory dyad engaging in alliance building, clarifying roles and expectations, and discussing the supervisee's needs and the supervision goals. Nickson et al. (2020) noted that creating a supervision agreement that includes clarification on the limits of confidentiality, fees, cancelation policy, and the responsibilities of each party in the supervisory process helps to create a safe space for both supervisors and supervisees. Supervisors utilizing the CRM are encouraged to present the supervisory relationship as a collaborative and supportive

space; one where supervisees can enrich the process by sharing their perspectives and experiences. In this orienting phase, supervisors might ask about goals for supervision and expectations of what the supervisory process should look and feel like, and discuss agency-specific concerns when applicable. Supervisors could set the tone of collaboration by inviting the supervisee to help brainstorm a list of individual and shared responsibilities and expectations.

Figure 1. *Critical-Relational Model of Social Work Clinical Supervision*



Lee and Kealy (2018) suggested that in addition to a supervisory agreement, agenda setting helps clarify supervision's focus and goals to ensure a productive process. Therefore, the orienting phase of the supervisory engagement provides opportunities to discuss what it means to orient the supervision process toward social justice concepts. This includes collaboratively considering the potential contributions from the organizational, social, and systemic contexts in which supervision takes place and attending to salient cultural differences in the dyad. For example, the supervisor might ask: “Which social work values are most important to you?”, “What do you see as your role in promoting social work’s ideals and values?”, “What particular social work concepts do you consider your strengths and which require more reflection and development?”

The CRM invites the supervisory dyad to develop clinical praxis by critically and intentionally drawing from theoretical and empirical knowledge and practice wisdom to

develop complex social-political conceptualizations of clients' experiences. This requires that supervisors continuously assess the supervisee's strengths and areas where they need to enhance their professional development. For example, the supervisor might ask the supervisee to consider the possible impact of social inequities, power dynamics, and racial or gender discrimination on a client's affective and functional presentation, what cultural identity aspects can inform the dyad's understanding of the client's experiences, and how they can inform the therapeutic engagement to as a means of validating and legitimizing the client's intersubjective reality.

In sum, the orienting phase of the supervisory process is essential to establish the supervisory process as a purposeful and collaborative endeavor, to establish expectations and roles, and to orient the supervisee toward the importance of incorporating social justice themes in supervisory discussions.

Relational Approach

Collaboration and Support

Characterized by placing the supervisory relationship at the center of the process, the relational approach emphasizes mutuality and the contextual nature of truth co-created through interpersonal interactions (Peled-Avram, 2017; Tosone, 2013). The benefits of adopting a relational epistemology in supervision include reducing the power differential, common to supervisory dynamics, through collaborative dialogues, validating the supervisee's subjective experiences, and facilitating shared understanding and meaning (Hair, 2015; Rasmussen & Mishna, 2018). This egalitarian, supportive, and culturally affirming stance is particularly important when working with supervisees with minoritized, oppressed, or disenfranchised identities, whose perspectives have likely been silenced or invalidated by dominant culture dynamics in academic and professional settings. Furthermore, a relational stance in supervision serves as a parallel process for how the therapeutic relationship is, as Tosone (2013) described, "the principal vehicle to affect change in the client's systemic functioning" (p. 256).

Reflexivity

Although there is some debate on the definitions of reflexivity in social work practice and research, within the relational-critical metatheory, reflexivity assumes the qualities of being the process of critical reflection on knowledge and practice (Taylor & White, 2001) and the product of how this process influences a practitioner's meaning-making within the practice context (Fook & Gardner, 2007). Whereas reflectivity is generally understood within relational and psychodynamic theories as an introspective practice leading to the subjective understanding of the self as the mechanism for change (McWilliams, 2021), reflexivity also involves considering the subjective other, placing the self as an object of critical study alongside the other (client/supervisee), and both self and other as agents within the sociocultural and systemic context (Rasmussen & Salhani, 2010).

Therefore, reflexivity promotes critical awareness of power dynamics, privilege, and implicit biases (O'Neill & Fariña, 2018), and provides opportunities for understanding how sociocultural positionality and values inform assumptions related to clients' issues and experiences (Lusk et al., 2017; Tarshis & Baird, 2021). As such, reflexivity may lead to uncomfortable conversations about race, privilege, and power (O'Neill & Fariña, 2018), and bring to light affective reactions, enactments, and transferences impacting the meaning-making process (Fook & Gardner, 2007; Peled-Avram, 2017; Rasmussen & Mishna, 2018). Trust and safety become essential facilitative features in difficult conversations and impasses.

Safety and a Trauma-Informed Approach

Safety and trust in the therapeutic relationship are particularly important when difficult conversations around race, culture, and social injustices arise. "Enactments of racial and social injustice, prejudice, power, and privilege… can be misunderstood or avoided in social work supervision [creating] negative consequences [that] not only impede learning for the supervisee and supervisor [but also] affect clinical understanding of client care, perpetuate social and power injustices" (O'Neal & Fariña, 2018, p. 298). Harrell (2014) noted that compassion and empathy could help mediate the exploration of emotionally charged conversations. In addition, Kadushin and Harkness (2014) indicated that the quality of the supervisory relationship, which is mediated by trust, heavily influences the supervisee's openness and receptivity to learn from the supervisor.

Additionally, given the prevalence of trauma histories in the American population (National Council for Behavioral Health, 2022), particularly among people of minoritized identities, engagement in trauma-informed practices is essential to foster safety and trust (Peled-Avram, 2017). Within the supervisory relationship, a trauma-informed approach can help to ensure that supervisees are given the opportunity to not only process trauma-related client material but also to evaluate and address if and how their personal experiences with trauma impact their work with clients. Although the supervisory relationship is not meant to be therapeutic, and the supervisory encounter should not be used to process previous trauma (Berger & Quiros, 2014; Ladany, 2014), supervisors are reminded of the critical role of basic relational safety. Clinical supervision can serve its supportive function by providing a space to share affective reactions and their effect on practice, share difficulties and ask questions without fear of criticism (Egan et al., 2017).

As noted by Miehls (2010), in the same way in which clinical work with clients who have survived trauma needs to be based on an empowering and validating relationship with the clinician, therapists also need the same qualities in their supervisory relationship as they may also play out unconscious dynamics during supervision. Thus, insofar as it intentionally is on safety and trust, trauma-informed supervision can help supervisors navigate supervisees' resistance to learning, mistrust, defenses, hostility, and prevent projective identifications (Peled-Avram, 2017). Creating safety and trust in the supervisory relationship can parallel the therapeutic relationship in that supervisors provide an authentic, welcoming, empathic, and non-judgmental supervisory space that can nurture a strong and growth-enhancing supervisory relationship (Stargell et al., 2020).

Application of Critical Theories

Critical theories are a fundamental component of the CRM in promoting social justice engagement and social change within clinical social work practice. Concepts drawn from critical theories include attention to power dynamics, culture, and systemic issues.

Attention to Power Dynamics

Power is manifested in clinical supervision in various ways, including positional authority, professional expertise, and referent power, deriving from the endorsement of the practitioner's professional and relational competence (Noble et al., 2016). Supervisors attend to these interpersonal spheres of power by critically considering the manifestation of power dynamics inherent in the supervisory relationship and intentionally working to mitigate them. The collaborative nature of the relational approach can be an effective mechanism to navigate issues of power.

Power structures can also influence the supervisory process within the agencies or organizations where supervision occurs when they reflect inequities and oppressive practices. For example, hierarchical power structures may dictate how and when supervision occurs. In addition, as noted by Noble et al. (2016), supervisors may face challenges negotiating policies and priorities against their professional values or the supervisee's needs. Therefore, the CRM encourages supervisors to explicitly name and discuss with supervisees any dynamics of power that influence the supervisory process and relationship and to elicit their collaboration in identifying effective ways to mitigate their impact. For example, supervisors may empower supervisees to seek reasonable adjustments to their schedule or workload or seek needed funding or resources to support their supervisory and learning experience.

More importantly, the CRM provides a framework for actively listening to supervisees as they bring topics and issues for discussion in clinical supervision while intentionally identifying, questioning, and addressing issues of power, sexism, racism, ableism, and classism expressed consciously or unconsciously by the supervisee. As the supervisor approaches the discussion with openness and curiosity, they can ask probing and clarifying questions to engage in the supervisee's sense-making. In doing so, supervisors evaluate how biases and privileges may be embedded in the therapeutic relationship and how they impact the supervisee's understanding of the client's subjective experience. Examples of how supervisors may broach these conversations include: "Could you tell me more about how you understand the client's perspective?", "What are some differences in how you and your client interpret this issue/event?", "I am curious about specific client characteristics that can help us understand this event/dynamic/experience.", "What are some of the feelings that the interaction/dynamic arose in you?"

Awareness of Systemic Issues

Adjunctive to awareness of power dynamics in supervision, raising supervisee awareness of systemic inequities is essential to a social justice-oriented supervision

practice. Experiences with rights violations, unfair and discriminatory treatment, marginalization, and inequities are present across all systemic levels. They require practitioners to understand how their deleterious effects adversely impact the well-being of the populations they serve. In fact, Dean and Poorvu (2008) argued that practitioners should not only consider the impact of social justice and oppression on client suffering but to locate its cause. As noted by Rasmussen and Salhani (2010):

> Social workers must be willing to explore how the psyche adapts to oppressive forces and the deep, lasting effects of trauma, not to mention our own inherent capacity to oppress others, as well as the possible independent contribution of the psyche to the ways in which we interact in the social world. (p. 211)

Adopting an equity lens in the conceptualization of social justice enables supervisees to look beyond the presenting problem and recognize oppression through differences between need and historically unequal access to power and resource distribution, cultural representation, and social and political participation in a group's history (Kang, 2022). As a result of viewing social justice from an equity perspective, supervisees can immediately attend to imbalances in the therapeutic relationship caused by the epistemic power inherent to the "expert" by inviting client insight and collaboration in all phases of the clinical work, promoting self-determination, and empowerment to address needs. This process mirrors the supervisory relationship in which the supervisor seeks direct input from the supervisee on agenda items for supervision and topics of interest that can be explored and seeks to understand and integrate the supervisee's individual characteristics, temperament, skills, and preferences.

Additionally, supervision can help supervisees problematize oppressive institutional practices (ChenFeng et al., 2017) and identify avenues for advocating for institutional and systemic policy changes that enhance equitable opportunities for clients to achieve their full potential. For example, by advocating for the agency to provide a longer grace period for a client who may be late for their appointments due to chronic pain or mobility issues. Other examples of such social justice behaviors are facilitated by anti-oppressive and decolonizing approaches, which are discussed later.

Cultural Relevance and Humility

Feminist theory, critical race theory, queer theory, and intersectionality framework further inform the theoretical grounding for implementing the CMR by framing supervisory conversations within cultural-relational dynamics manifested within the larger systemic environment. The intentional application of the intersectionality framework helps the dyad to attend to the unique experiences of marginalization among clients with intersectional identities by attuning to their social positions (Catlin & Mizock, 2021; Chang et al., 2010; Dollarhide et al., 2021) and to increase supervisees' use of culturally relevant practices. For example, supervisors can ask supervisees about their client's sociocultural identities in ways that foster curiosity about how these identities intersect to create unique experiences. They also promote critical thinking about how sociocultural inequities, racism, and microaggressions may be present in the client's lived experiences and impact their well-being.

Cultural relevance in practice requires a holistic understanding of culture and its manifestations. Rather than seeking the limited and inadequate idea of cultural competence, which situates communities of color as "other" (Hair & O'Donoghue, 2009), cultural humility decenters white culture as normative. Similarly, cultural humility also decenters gender normative and heteronormative cultures and promotes participatory equity among individuals especially vulnerable to marginalization and discrimination. The CRM encourages supervisor humility by promoting flexibility and adopting a not-knowing stance. The not-knowing stance was characterized by Dean (2001, as cited in Noble et al., 2016) as the best starting point for attempting to understand another through their lived experience.

Additionally, supervisors seek alternatives to academic and research-based knowledge to further support cultural humility in supervision, leverage epistemic resistance, such as supervisee lived experiences, artistic, intuitive, and indigenous knowledge, and promote epistemic justice by inviting supervisees to share their perspectives and practice experiences, and feedback. When difficult conversations lead to ruptures in the supervisory relationship, supervisor humility is "preeminently pivotal in making rupture/repair possible and rendering reparative interventions" (Watkins et al., 2019, p. 284). Examples of how to engage supervisees' perspectives include asking questions such as, "What does it mean to you to be a member of xx culture/group/religion?", "Can you help me to understand how your cultural/religious/familial values play a role in your life now?"

Critical Pedagogies

Contextual Analysis and Theorizing

The concepts drawn from critical pedagogy to inform the CRM are based mainly on the work of Paulo Freire and bell hooks and help to center clinical supervision as a pedagogical process. Proponents of education as a source of political resistance, liberation, and social change, both Freire's and hook's pedagogy conceptualized the human experience as an object of critical reflection fundamental to praxis (Davidson & Yancy, 2009; Freire, 2000). Likewise, clinical supervision is a pedagogical space for supervisees' educational and professional development, and is therefore concerned with both content and process. In the context of supervision, graduate students and novice practitioners learn to reflect critically on their client's subjective experiences in the social and political contexts and develop an awareness of how immediate and larger social contexts mediate these experiences. Additionally, supervisors facilitate dialogues that help deconstruct assumptions, biases, and ideologies in theorizing about clients' needs that may be pathologizing or "othering." Through these conversations, supervisees and supervisors apply critical thinking to generate increased awareness of the intricate dynamics between individuals and their environments. Supervisors can model how to apply critical thinking by posing critical questions about the supervisee's frame of reference, theorizing about clients' needs, using analogies, probing for unstated assumptions and inferences, identifying and challenging themes and patterns in thinking, and exploring how the supervisee's lived experiences and practice wisdom can help inform their work with the client.

Critical Consciousness

Sharpening the supervisee's critical thinking and awareness of the interplay between the social context and the client's experiences are two of the goals of the CRM. To effectively align with the profession's goal of promoting equity, justice, and human rights, supervision must move beyond content and clinical competency development to promote supervisees' politicization of their learning and promote self-efficacy toward social change. The CRM offers a framework that enables critical consciousness through focused conversations and reflective interventions (Glossoff & Durham, 2010). Critical consciousness, a concept from Freire's pedagogy, comprised of critical motivation and critical action, is both a process and a product of analyzing social inequities impacting clients' lived experiences and developing motivation and action toward social change (Diemer et al., 2016). In terms of application, supervisors need not require that supervisees engage in any particular political action, such as formalized advocacy initiatives, but may encourage it.

Supervisors can engage in a dialogic process that deconstructs dominant ideologies in social work practice by critically analyzing their origin and impact on clients and help supervisees to situate difficulties and interventions holistically (within and between micro, mezzo, and macro levels). For example, discussing how educators can embody epistemic resistance in client assessments, Lee (2022) suggested encouraging students to "interrogate the everyday practice of assessment and rethink the notions of professional, institutional, ideological, and political power that have shaped their daily practice" (p. 562). As a result of critical practice analysis and politicization in learning, supervisees develop critical motivation to question structural injustices and feel empowered to engage in transformative social action in meaningful ways.

Knowledge as Power

Developing knowledge and awareness of social justice issues and modeling a justice orientation in supervision leads supervisees to spend more time discussing social justice-related themes and experiencing increased social justice advocacy attitudes and behaviors (Ceballos et al., 2012). One example of how supervisors can model and encourage a justice attitude is informed by bell hook's "back talk" as an act of social and political empowerment (Davidson & Yancy, 2009). Talking back means sharing the perspectives and voices that would otherwise remain silenced and "othered" by oppression and marginalization (Davidson & Yancy, 2009). The CRM values knowledge co-constructed by the supervisory dyad as power to challenge epistemic domination, deconstruct the hegemony in ways of knowing, and promote knowledge beyond theory or the supervisor's expertise. Armed with knowledge and provided with deliberate and intentional opportunities for back talk, supervisees experience increased perceived self-efficacy to engage in social change (Kassan et al., 2015).

Anti-Oppressive and Decolonizing Frameworks

Discourse Analysis

In supervisory conversations, supervisors and supervisees are engaged in what Foucault referred to as discourse, that is, the process by which the expression of ideologies produces knowledge and truth within a society (Foucault, 1972). Through social exchanges of ideologies, discourses become more widely accepted. Discourse produced or adopted by those who hold more social, intellectual, economic, or political power is more widely accepted and likely to become the dominant truth. In this manner, the more power one holds, the more their ideologies become accepted as truth. In traditional models of clinical supervision, the supervisor has epistemological power by virtue of their position in the supervisory dyad as "expert" (Hair & O'Donoghue, 2009; Tsui, 2017). However, according to Foucault (1972), ideological irregularities, or biases, also sometimes become part of the accepted truth in subtle ways. The supervisory dyad is not immune to this phenomenon. Thus, the CRM incorporates discourse analyses as one of its central components to help to expose conceptualizations that may intentionally or unintentionally perpetuate oppression and discrimination.

Concerning centering non-dominant perspectives, the CRM seeks to elevate the voices of marginalized groups that may otherwise be silenced or "othered." Supervisors who engage in discourse analyses explicitly and intentionally consider non-dominant perspectives in their understanding of the issues supervisees bring to supervision. For example, they may elicit culturally specific interpretations and processes that inform the subjective experiences of diverse clients and supervisees. They also deconstruct dominant ideologies by inviting supervisees to critically consider whether everyday clinical language, taken-for-granted practices, popular interventions, and dominant culture rituals embedded in the therapeutic encounter fit with the client's sociocultural identity or whether they perpetuate oppression and marginalization.

A practical example is the common ideology of not accepting client gifts, still taught in social work programs. This practice is mainly based on the ideologies that stem from dominant psychoanalytic and psychodynamic perspectives of gift-giving as an unconscious expression of clients' neurosis or attempts to please or bind the analyst (Knox et al., 2003). However, a critical analysis of this ideology points to the importance of awareness of the client's culture around gift-giving as an expression of gratitude and the potentially disenfranchising effect of refusing the client's gesture.

Using Anti-Oppressive and Decolonizing Language

Anti-oppressive practice requires that social workers recognize how the profession has remained complicit in cultural marginalization and epistemic injustice by adopting language that perpetuates colonial ideologies in education, policy, and practice (Lee, 2022; Noble et al., 2016). A primary way in which the CRM promotes anti-oppressive practices is by questioning the Euro-Western cultural status quo and intentionally attending to the use of normative, blaming, and disenfranchising language. When supervisors pay close

attention to the language used by supervisees (and their own), they can bring to light conscious and unconscious beliefs, biases, values, prejudices, and preconceptions about the self, the other, and the social, political, and systemic contexts with which they interact. For example, mental health-related normative discourse often relies on stigmatizing language such as "the schizophrenic client" in discourse, "the patient did not comply with treatment" in service documentation, or "the mother was an alcoholic" in client history documentation. In addition, normative discourse may perpetuate epistemological and cultural hegemony and dominance in the production of racialized knowledge and culture.

Participation and Equity

Anti-oppressive and anti-discriminatory approaches in social work practice are used in response to social divisions. They are rooted in several theories that offer conceptualizations for inequalities, power, and marginalization practices (Hodgson & Watts, 2017). In the CRM, the hypotheses about the client or system's needs are systematically formed by critically examining inequities and social divisions that contribute to the problems experienced by individuals and groups. As noted earlier, when supervisees take an equity-based perspective to clinical practice, they can better identify opportunities to advocate with and on behalf of their clients for equitable access to the resources they need to improve autonomy and capability. For example, supervisees can ensure that their clients participate in developing therapeutic goals, advocate for a reduced fee or pro bono services for clients who struggle with financial independence or conduct outreach to community partners to help secure resources such as food, housing, and transportation.

Although the implementation of the model in clinical supervision will be influenced by specific supervisor characteristics, supervisee needs, and cultural and organizational practices, the CRM provides a practical framework for how supervisors can engage in explorations of culture, positionality, race, and systemic and structural power dynamics to orient supervision toward addressing social justice issues embedded in the lives and experiences of the individuals seeking and receiving services in clinical settings.

Having discussed how the CRM is implemented as an intentional, dialogic, and reflective pathway to supervision that aids in exploring social justice issues of discrimination, colonialism, and marginality, the following section turns to some of the implications of using the CRM in the clinical supervision of novice practitioners and MSW students, along with strengths, limitations, and recommendations for future developments.

Implications for Clinical Supervisory Practice

Clinical social work supervision offers the ideal pedagogical space for developing novice practitioners and MSW students during their practicum education. The CRM was created to help reclaim social justice as a core value in clinical social work practice by supporting supervisees to develop practice skills needed to embrace social justice and change ideologies. To accomplish this goal, the CRM was designed by integrating five theories or frameworks identified in the clinical supervision literature as essential in

providing ideological grounding and conceptual understanding of the complex impact of systemic forces on individuals and groups. The resulting metatheory guides the supervisory process in developing supervisees' orientation toward equity, inclusion, justice principles, and practice behaviors.

Strengths

Critical theories are an essential part of the model to promote the capacity for critical awareness of how human rights violations, systemic inequities, structural oppression, and discrimination can negatively impact well-being and be the primary cause of human suffering (Kang, 2022; Noble et al., 2016). They offer grounding for supervisory conversations within cultural-relational dynamics (O'Neal & Fariña, 2018) and reflexivity, (Rasmussen & Salhani, 2010) and encourage cultural humility and culturally relevant practices (Hair & O'Donoghue, 2009). In order to actualize the full potential of supervision as a transformative and pedagogical space, the CRM draws from critical pedagogy to promote politicizing knowledge as a source of power against epistemic injustice and hegemony resulting from centering Euro-Western ways of knowing (Davidson & Yancy, 2009; Noble et al., 2016). Additionally, critical pedagogy informs supervisees' development of critical consciousness, which is essential in problematizing oppressive organizational practices and policies that misalign with the profession's ethos and developing motivation for social change (Diemer et al., 2016; Glossoff & Durham, 2010. The impetus of anti-oppressive and decolonizing practice frameworks supports the CRM by deconstructing dominant group ideologies through discourse analysis, centering historically "othered" perspectives, rejecting normative, blaming, disenfranchising language, and adopting equity-based attitudes in practice and advocacy (Foucault, 1972; Lee, 2022; Noble et al., 2016).

The CRM centers the relational approach as the primary epistemological lens in supervision. Therefore, as suggested by Kennedy et al. (2018), the supervisory relationship is seen in the CRM as a relational encounter wherein the process of learning, growth, and change takes place through safe and affirming interpersonal connections. Moreover, the relational perspective equalizes power and builds mutuality in the supervisory relationship (Hair, 2015; Peled-Avram, 2017), allowing the supervisory process to facilitate the critical and reflexive capacities needed to engage in conversations about discrimination, colonialism, and marginality inherent to today's socio-political climate.

Because all components are interrelated, the model offers a holistic approach to deepening supervisees' skills for critically analyzing contextual, social, cultural, political, and environmental injustices affecting clients' lived experiences and well-being. Unlike developmental models, in the CRM, the role of the supervisor is not of expert (Kahn & Monk, 2017) but of facilitator of the supervisee's learning by promoting reflexivity, critical inquiry, problem-posing, cultural humility, and relational mutuality (Hair, 2015; Rankine, 2017; Stargell et al., 2020). Additionally, as the CRM is predicated on supervision being a co-constructed process, the model seeks to "meet supervisees where they are," allowing supervisors to work collaboratively with supervisees to identify practice areas requiring focus. Whilst recognizing the supervisor's relationship in upholding ethical and

professional standards, the CRM requires flexibility and adaptability to acknowledge the constant interplay between the supervisory dyad and the system in which they operate.

In addition to its value as a framework for clinical supervision, the CRM may also be used in non-clinical supervision. Although the literature clearly indicates a more robust focus on social justice themes in macro-oriented courses, it should not be assumed that explicit curriculum competencies consistently translate to practice. Students and novice social workers in macro and mezzo practice areas may also benefit from the model. School social workers, for example, would benefit from interrogations of how the social and educational systems affect the students they support and of their own biases about the youth and the educational system they are a part of.

Limitations

There are some challenges associated with the implementation of the model. The CRM requires supervisors to have a sufficient grasp of the theories undergirding the model, including the frameworks and theories deriving from critical theory, such as feminist, intersectionality, critical race, and queer theories. The CRM also requires that supervisors have a healthy understanding of the relational perspective and its underpinnings in psychodynamic theory to fully embrace its reliance on mutuality and collaboration in co-creating knowledge and truth. Supervisors interested in applying the CRM may seek continuing education in all theories and frameworks that comprise the model. Additionally, select readings on psychoanalytic supervision (e.g., McWilliams, 2021) may be particularly helpful in attuning to the relational nature of supervision.

The most significant limitation of the model is the lack of evidence regarding implementation. Although the metatheory components are supported by the contemporary literature for their alignment with a social justice orientation in clinical practice and supervision (e.g., Glosoff & Durham, 2010; Mitchell & Butler, 2021; O'Neal & Fariña, 2018), the model requires implementation as an integrated metatheory. Additionally, as Mehrotra et al. (2017) have alerted to the assumed relationship between knowing about social justice issues and developing practice skills necessary to engage in social change, research on the model's efficacy in promoting supervisee social justice behaviors is needed. Future research directions include those pertaining to social justice attitudes and behaviors due to receiving supervision utilizing the CRM. Empirical explorations could use the Social Justice Scale (Torres-Hardin et al., 2012), or similar assessments would be welcome.

There are additional potential implications for supervisor efficacy and training. Supervisors can be the receiver of a range of strong emotional reactions as they support supervisees in processing experiences that elicit conscious and unconscious feelings and thoughts (Kennedy et al., 2018). This requires that the supervisor have insight into their own internal processes and relational patterns, and have a capacity for reflexivity. Furthermore, because supervision involves the exploration of supervisees' feelings, less experienced supervisors may lose sight of the pedagogical and evaluative aspects of supervision, and have difficulty differentiating between a therapeutic and supervisory focus on supervisees' learning and growth (Kennedy et al., 2018). Supervisors are responsible for continuously assessing their supervisory dynamic's relational boundaries

and should seek professional and ethical consultation whenever there is an impasse in the supervisory dynamic. Finally, state licensing boards, who typically delineate the educational and experience requirements for providing supervision, should consider more specificity in the types of continuing education and professional development required from supervisors. Topics such as professional boundaries and self-care should be included in supervisory qualification requirements, given their recognition as essential for professional quality and longevity in social work.

Conclusion

The historic macro-micro dichotomy in social work education and practice has led some scholars to argue that the profession has failed to capture the complexities of systemic influences on human experiences (Jani et al., 2011), and has abandoned its core value of promoting equity, justice, and human rights (Specht & Courtney, 1994) in pursuit of clinical practice. However, if there has ever been a time for social workers to reclaim the notion that the personal is political, that time is now. Growing socio-political and racial tension in the US and emerging debates over the many manifestations of injustice, oppression, marginalization, discrimination, and human rights violations our communities face not only contribute to subjective suffering but may also be the cause of such suffering. To effectively recognize and attend to complex and dynamic interactions between individuals and the wider systems and their effects on the human psyche, clinical practitioners must re-orient toward a justice-informed practice.

The CRM was developed to offer a practical way to connect theory and practice, and to center the supervisory relationship in the process of learning and growth. But beyond a supervision model, the CRM is a call to action. It seeks to challenge the notion that clinical practitioners are immune from adhering to the profession's core values of promoting human rights, equity, and justice. Whereas clinical social work has failed to acknowledge macro-level issues in the therapy room, this practice application paper demonstrates how the CRM can be immediately applied to practice with novice clinicians, graduate students, and any other clinical practitioner wishing to enhance their effectiveness and participation in creating a more equitable and just society for all.

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