

Mapping an Integrative Critical Race and Anti-Colonial Theoretical Framework in Social Work Practice

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Abstract: *The social inequities highlighted by the racial injustice protests of 2020 and the COVID-19 pandemic challenge the social work profession to respond to the past and present social consequences that disproportionately impact Black, Indigenous, and People of Color (BIPOC). We argue that social work's commitment to social justice has not taken up an explicit anti-racism mission to eradicate white supremacy, racism, and coloniality in the profession. We further argue that although social service agencies often include a commitment to cultural competence/humility, practices continue to be rooted in color-blind approaches to service and treatment. Social work's failure to address racism poses challenges for those from racialized backgrounds experiencing psychological distress due to racism and other inequities. Building upon the theoretical foundations of Critical Race Theory (CRT) and Anti-Colonialism, we provide a conceptual framework for practice and service delivery with BIPOC clients through social work praxis. This conceptual framework offers three overarching directives that include integrated critical race and anti-colonial theoretical concepts for social work practice and service delivery. We discuss the implications for application of this conceptual framework in practice and service delivery.*

Keywords: Critical race theory, anti-colonial, racism, social work, white supremacy

The social inequities highlighted by the racial injustice protests of 2020 and the COVID-19 pandemic challenge the social work profession to respond to the past and present social consequences that disproportionately impact racialized Black, Indigenous, and People of Color (BIPOC). Bailey et al. (2021) offer the following summary of the lingering social inequities that are “historically grounded,” interlocked across institutions, and continue to perpetuate racial inequities: “redlining and racialized residential segregation, mass incarceration, and police violence, and unequal medical care” (p. 768). The police murders of George Floyd, Breonna Taylor, and other unarmed Black people in the United States and the disproportionate number of COVID-19 deaths among BIPOC sparked a global response to structural racism (Haynes, 2020). By the end of 2020, there were over 10,000 protests in the United States, with over 80% related to the Black Lives Matters movement (Armed Conflict Location & Event Data Project [ACLED], 2020). According to the COVID Tracking Project (2020), a research hub gathering data on race, ethnicity, and COVID data, the pandemic has disproportionately impacted people of color; in particular, Black people have died at 1.4 times the rate of white people, accounting for 15% of deaths in the United States.

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*Authors intentionally did not capitalize the term ‘white’ throughout this paper as a symbolic way to protest the power of whiteness in discourse.

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During the pandemic crises, social work was called to fight against structural racism (Abrams & Dettlaff, 2020; Roberts, 2020). The CSWE Task Force for Anti-racism (CSWE, 2021) indicated that before the profession can respond to the structural racism undergirding the pandemic crises, social work must first examine its own house for institutionalized racism. This paper challenges the social work profession to engage in transformative anti-racism and anti-colonialism action in practice and service delivery to eradicate racism, white supremacy, and coloniality. We begin by defining racism, white supremacy, and coloniality. Next, we examine 1) social work's harms against BIPOC, 2) present examples of racism, white supremacy, and coloniality, and 3) the incongruencies of social work's commitment to social justice. The discussion concludes with recommendations for an integrated Critical Race Theory (CRT) and Anti-colonial conceptual framework, which offers three overarching directives for social work practice and service delivery.

In the following section, we offer the definitions of racism, white supremacy, coloniality, anti-racism, and anti-colonialism to establish a shared understanding for this discussion. Although race is a social construct, it is used as an ideological position in society to ascribe the dominance of one group over others enacted through racism. Racism is perpetuated and institutionalized through acts of power over marginalized racial groups through mechanisms such as white supremacy and coloniality (Omi & Winant, 1994). White supremacy refers to the positioning of whiteness as a social location and ideological viewpoint that is normalized as default, perpetuating the idea that white culture and people are inherently superior to other ethnic or racial groups (Omi & Winant, 1994). Like white supremacy, colonization of the past has also morphed into what theorists refer to as a modern form called coloniality (Maldonado-Torres, 2007). Coloniality refers to the positioning of white/Eurocentric ways of knowing, which are embedded within culture and ideology, and often seen as normative and supreme (Maldonado-Torres, 2007). Anti-racism is an ideological approach that actively seeks to identify and counter individual, societal, systemic, and institutional forms of racism (Dominelli, 2017). In comparison, anti-colonialism is a philosophical orientation that recognizes and responds to contemporary white/Eurocentric domination embedded in society, structures, and institutions (Maldonado-Torres, 2007). Together, anti-racism and anti-colonialism create a powerful approach to challenge and eradicate racism, coloniality, and white supremacy.

There have been many calls for social work to examine racism, white supremacy, and coloniality (Abrams & Moio, 2009; Lavalette & Penketh, 2014; Pon et al., 2016); yet the profession has been slow to adopt anti-racism and anti-colonialism in practice and service delivery. In 1992, MacMahon and Allen-Meares conducted a content analysis of social work literature, revealing very few articles addressing institutional racism and other structural inequities. Almost 30 years later, Corley and Young (2018) replicated this study demonstrating a similar result: the profession's literature still fails to substantively address racism, white supremacy, coloniality, and its impact on BIPOC. As the following discussion reveals, social work must examine and improve its practice and service delivery with BIPOC to gain legitimacy and genuine results in the struggle against racial injustice, future challenges, and opportunities.

Harms Against Racialized People

From the early formalization of social work in the 19th century, mainstream social work-practice has been embedded with racism (Carlton-Laney, 2001; Chapman & Withers, 2019; Margolin, 1997). “It is racism that has shaped the attitudes and assumptions we hold about the poor, people of color, and other marginalized populations that are the primary consumers of the health and human services” (James, 2016, p. ix). The social work profession has a long history of harms committed against BIPOC populations, both past and present. Social work's history of involvement in national tragedies such as Japanese internment camps (Park, 2008), removal of Indigenous children from their homes (Blackstock, 2009), overrepresentation of Black children in child welfare (Dettlaff et al., 2020), and the foster care to prison pipeline (Calero et al., 2017) suggest *de jure* racism may be challenged by a few. However, racism is upheld within service provision by color-blind policies and practices claiming to provide equal opportunity and to be race-neutral. These policies and practices disproportionately harm certain groups and are maintained by the silence and inaction of the majority. Reviewing the role of theory and practice in the early development of social work, Seltzer and Haldar (2015) found that social work saw Black people's suffering and poverty as individual deficits. Yet, social work addressed the needs of white immigrant children, lest white immigrant children become influenced by people from “lower cultures.” According to Varghese (2013), early social work approaches and interventions were used to “collude with, aid, or support the efforts of the [w]hite elite to pathologize and consequentially marginalize, the experiences of communities of color” (p. 4). Additionally, as social work sought professional recognition (Chapman & Withers, 2019), mainstream social welfare services excluded Black people (Carlton-LaNey, 2001; Carten, 2016; Este et al., 2017).

Present Racism, White Supremacy, and Coloniality

Social work literature reveals that the institutional practice of racism is still very present within the profession (Badwall, 2014; Craig de Silva, 2007; Dominelli, 2017; Gosine & Pon, 2011; Lavalette & Penketh, 2014; Pradia, 2013; Varghese, 2013). The National Association of Social Workers (NASW; 2021) determined that BIPOC service recipients experience over-identification in the child welfare system, under-resourcing of social support services, and over-diagnosing of certain mental illnesses. These factors contribute to present harms such as mental health clinician's over-diagnosis of disruptive behaviors and schizophrenia amongst Black male clients (Gara et al., 2019; Merino & Hall, 2018) and BIPOC children with psychological disorders (Mayes & Rafalovich, 2007; Ramirez, 1999), and the mistreatment of BIPOC families in child welfare (Clarke, 2015; Saraceno, 2012).

Although recorded social work history does not always emphasize this fact, white supremacy is a contemporary and historical feature that helps maintain racism in the profession (Gregory, 2020). Social work is built upon the professionalization of white femininity (Fellows & Razack, 1998) and consists of a white majority within education and service organizations (Salsberg et al., 2017), with most deans of the top 50 schools of

social work across the United States identifying as white (Banks et al., 2018). White supremacy ideology has become normative and embedded in social work practice (Badwall, 2014), research, and education (Corely & Young, 2018; McMahon & Allen-Meares, 1992). For example, in child welfare BIPOC child protection workers report daily encounters of racist comments by white colleagues and service users (Gosine & Pon, 2011). In field placement settings, there is evidence to show that white social work students perpetuated racist logic through damaging stereotypes (Becker & Paul, 2015) and racial stereotyping, particularly against African American people assuming this group is less intelligent than their white counterparts (Lo et al., 2016). In education little attention is paid to BIPOC social work pioneers and the under-development of interventions for people of color by people of color (Beck, 2019). Indeed, unless social work addresses the existence of white supremacy in its practice approaches and service delivery models, the profession will continue to receive indictments of complicity in health and social inequities for both BIPOC professionals and service users (CSWE, 2021).

Coloniality is another oppressive feature embedded within the social work profession and supported and maintained by racism and white supremacy (Almeida et al., 2019; Saraceno, 2012). Coloniality occurs in social work when white Western or Eurocentric forms of knowledge are centered as universal and objective in service delivery and practice (Almeida et al., 2019; Saraceno, 2012). The primary focus of coloniality is to control and discipline minds and bodies to, “comply with the interests of the nation, the corporation, the family, or the agency... the task of forced assimilation is embedded within the dominant Euro Western paradigm of the help” (Skott-Myhre, 2004, p. 90). Coloniality is also visible in social work through the adoption of the Eurocentric idea of the primacy of the nuclear family. In addition, social work assessments are “steeped in coloniality,” through the language of the “Western psychological project,” which is highly deficit-focused and othering through the descriptions of presenting problem, diagnosis, planning of treatment, and prediction of outcomes (Almeida et al., 2019, p. 156). This becomes particularly harmful when social services or child welfare service delivery explicitly or implicitly are impacted by this idea (Gerstel, 2011; Peterson, 2013). Coloniality ultimately subjugates BIPOC's social values and lived experiences, thus normalizing racism and rendering white supremacy invisible (Almeida et al., 2019).

While the profession emphasizes educating or training social workers to become sensitive to BIPOC struggles through cultural competence and multi-cultural models, these approaches often leave racism, white supremacy, and coloniality unchallenged. Such strategies were designed to help social workers reflect on their positionality as anti-oppressive practitioners (Sakamoto & Pitner, 2005) through understanding the cultural norms of “othered” groups (Abrams & Moio, 2009) and engaging with difference through a multi-cultural umbrella (Constance-Huggins, 2019). These approaches have been widely criticized for reinforcing a color-blind paradigm, ignoring racial disparities, and limiting social work's ability to adequately address racism, white supremacy, and coloniality in practice and service delivery (Abrams & Moio, 2009; Campbell 2015; Constance-Huggins, 2019; Pon et al., 2016; Schiele, 2007; Stephens & Rock-Vanloo, 2020; Yee, 2005). According to Campbell (2015), these approaches omit “whiteness” from racial analysis and promote an “otherness” to identities among BIPOC populations. Numerous studies

examining white social work students' and practitioners' racial attitudes reveal an overrepresentation of color-blind attitudes, racial microaggressions, and complacency about the role of racism in society (Bridges, 2020; Danforth et al., 2020; Juliá, 2000; Lo et al., 2016). For example, Weng and Gray (2020) conducted a study on racial microaggressions amongst social work practitioners, which revealed an emphasis on color-blind attitudes in many of their responses, claiming the importance of seeing service users as equal regardless of BIPOC identities and inequities. The inequities that continue to thrive in the profession and society will not be resolved through social work approaches that examine another person's "culture" through a multi-cultural lens shrouded in color-blindness. Instead, this furthers a system of "othering" and ignores the systemic nature of these systems of power and oppression, doing very little to unseat white supremacy, racism, and coloniality within the profession of social work.

The Incongruity: Social Work's Expressed Values and Actions

As outlined in the preceding discussion, from social work practice to service delivery, the profession has perpetuated harm against BIPOC (Dettlaff et al., 2020; Kolivoski et al., 2014; Murray-Lichtman et al., 2022; Murray-Lichtman & Elkassem, 2021; Santiago & Ivery, 2020). Racism, white supremacy, and coloniality within the profession sets the stage for social work practice that also denies the impact of racism on BIPOC service consumers through race-neutral policies that devastate communities (Dettlaff et al., 2020) and the marginalization of voices that speak against such practices (Bryant & Kolivoski, 2021). Though blatant racial inequities compounded in 2020 and social work was being called on for solutions, Abrams and Dettlaff (2020), Roberts (2020), and the CSWE (2021) Task Force for Antiracism quickly reminded social work that the profession had internal work to do before we could be a solution to racism in other institutions.

However, professional bodies and associations in the U.S. and Canada quickly issued statements of solidarity and called for change in response to acts of violence committed against BIPOC (CASW, 2020; NASW, 2021). The exposed tragedy of circumstances and pressure from BIPOC and allies within the profession pressed institutional bodies like the Council on Social Work Education (CSWE) and the Canadian Association of Social Work Educators (CASWE) to issue statements of condolences and solidarity (CASWE, 2020; CSWE, 2020). CSWE, whose vision is professed as ensuring a "...social work profession equipped to promote health, well-being, and justice for all people in a diverse society" (CSWE, n.d, para. 4), called for social work educators to move "beyond teaching an appreciation for physical or cultural diversity and empower the next generation of social work practitioners to dismantle institutional racism" (CSWE, 2020, para. 2). Similar calls for action were heard by CASWE in their motion that included substantive steps to address anti-Black racism in the profession. These statements were in line with the profession's expressed values of social justice, with explicit language that calls upon social workers to actively... "prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class" (NASW, 2017, p. 36).

Solidarity statements and calls for change reflect social work's expressed commitment to social justice; however, the historical and present harms against BIPOC populations and

ongoing commitment to multi-culturalism and cultural competency are evidence of the incongruity between the profession's expressed values and the ongoing issues of white supremacy, racism, and coloniality embedded within all levels of the profession, practice, and service delivery. Brown et al. (2019) argue that social work has “explicit and encompassing values commitment to social justice as a construct; however, in practice, the intersection of the profession's historical and current structural relationship with oppressive systems cannot be ignored” (p. 621). NASW (2021) demonstrates decades of anti-racism pledges and convenings. Yet, despite the knowledge of the disproportionality of outcomes in practice and service delivery, child welfare statistics continue to reflect that Black children are “over surveilled and over-policed” (Dettlaff et al., 2020, p. 500). In social work leadership and education of future practitioners, the acknowledgment of institutionalized white supremacy and actions to dismantle structural racism within social work education and practice are, at best, inconsistent (Bryant & Kolivoski, 2021). While social work's directives for equity and inclusion and global human rights are noble, Atteberry-Ash et al. (2019) argue that there is no consistent evidence that social work education uniformly teaches our emerging leaders and practitioners what those values look like in action. Our history of involvement in the anti-racism fight has largely been left to individual efforts. Banks et al.'s (2018) research of the low numbers of BIPOC in leadership and Brown et al.'s (2019) assessment of racism that BIPOC students and practitioners face within the profession are further evidence that individualizing efforts for anti-racism will not disrupt racism, white supremacy, and coloniality. Anti-racism and anti-colonialism must be engaged with policies that re-envision accountability and take bold actions to hold entities that continue to perpetuate racist practices accountable such as social work schools which do not interrogate and challenge anti-racism in field education curricula or which engage and rely on field practicums that perpetuate racist practices.

Social Work and the Path Forward

How do social work practice and service delivery systems come to embody anti-racism and anti-colonial action? To borrow from Ahmed (2006), how will these “speech acts” (p. 198) move beyond non-performative condolences and anti-racism talk? Park (2006, 2008) demonstrates that social work historically has not led in anti-racism efforts; instead, social work has mirrored and (co)constructed within practice the accepted conventions of society. The inaction and ineffectiveness of past anti-racism efforts lend urgency to social work's current embrace of anti-racism lest it also joins the past calls in social work and society, which amounted to little change. As Spivak (as cited by Wade, 2021) cautions us, “while 'revolutionary time' is very intense, it has no capacity to last; nor can you base a permanent political structure of change on this enhanced time” (para. 24).

Social work's “sense of urgency” created by the pandemic crises of 2020 and the subsequent speech acts will not produce permanent political change. Instead, history demonstrates that “actions” that dismantle systemic white supremacist structures and anti-racism approaches to practice are the only hope for permanent change and are needed to meet this historical moment (Abrams & Dettlaff, 2020). Years of solidarity statements and convenings (NASW, 2021) create expressions of non-racism and feelings of “goodness.” Still, the evidence articulated by scholars cited within this article demonstrates the

inadequacy or absence of anti-racism action. We submit social work's actions should include policy-driven strategies to dismantle white supremacy, racism, and colonial structures in practice and service delivery.

The final section of this discussion outlines an integrated critical race and anti-colonial conceptual framework that could be systematized within practice and service delivery models to advance a direct practice approach with BIPOC communities. First, we frame our discussion with an overview of Critical Race Theory (CRT) and Anti-Colonialism Theory. Next, we outline an integrated critical race and anti-colonial conceptual framework that could be systematized throughout practice and service delivery models to enhance direct practice with racialized people. This integrated critical race and anti-colonial approach provides a conceptual framework for practitioners to adopt and apply in practice and service delivery to interrogate white supremacy, racism, and coloniality. Finally, we will demonstrate how this framework can be used as an effective direct practice tool for assessments and interventions with racialized people that incorporate the lived experiences of BIPOC into practice modalities. We conclude our discussion by examining the impact of this approach on social work practice with BIPOC.

Critical Race and Anti-colonial Conceptual Framework for Social Work Practice

This section presents an overview of critical race and anti-colonial core principles. Theoretical concepts are integrated with each other to provide social workers with a critical lens in analyzing white supremacy, racism, and coloniality. We suggest this conceptual framework be systematized within practice and service delivery models to investigate the links between these systems of oppression and their impact on the wellness of BIPOC.

Critical Race Theory

Critical Race Theory (CRT) was established by American legal scholars in the 1980s (Bell, 2018; Crenshaw, 1995), with its philosophical foundations rooted in early abolitionist and civil rights movements of the 19th and 20th centuries (Douglas, 1881; Du Bois, 1903). CRT scrutinizes the hegemonic systems of white Eurocentrism and its constructs of race and racism in social structures, institutions, and discourses in society. The following CRT principles are adopted as part of the proposed conceptual framework for social work practice. *Racial realism* is a theory that claims the reality of race and racism is a normalized and endemic feature within society, maintained by the system of whiteness/white supremacy (Bell, 2018; Delgado & Stefanic, 2001). *Racialization* is a process where individuals and groups are racially essentialized by markers of identity that are positioned against whiteness as the norm. This process can occur differently at the intersections of race, gender, class, sexuality, and ability determining multiple factors of privilege and oppression (Crenshaw, 1995). *Color-blindness* is a tool that upholds ideologically rooted claims of equal opportunity and race-neutral politics in society (Delgado & Stefanic, 2001). *Lived Experience* is centralized in this approach to reveal the realities of people who are oppressed, to give “voice” to their knowledge, and to respond to these issues (Delgado, 1990). These tenets provide an analysis of the lived realities of BIPOC and can be used to challenge white supremacy as a system of power that supports the maintenance of racism.

Anti-Colonialism

Anti-colonialism is an action-oriented approach that challenges the contemporary persistence of coloniality that negatively impacts BIPOC (Kempf, 2009; Maldonado-Torres, 2007). The following anti-colonial principles are used as part of the proposed conceptual framework for social work practice. *Positional superiority* is employed to situate white western worldviews as dominant while simultaneously ascribing BIPOC worldviews as barbarity and atheoretical (Said, 1978). *Other/Othered* occurs through the process of positioning western white knowledge as superior while subordinating atheoretical ideologies, “other” and thus “othered” (Spivak, 1988). *Writing back* refers to the act of challenging dominant notions, discourse, and ideas about colonized people that were defined through positional superiority. This process is done through writings that center the lived realities of colonized people and their local knowledges as a tool to disrupt the label of subalternity ascribed to their societies through white Eurocentric writings (Ashcroft et al., 2003). For example, Baskin (2016) shares the value of Indigenous knowledges in helping professions such as social work (Chapman & Withers, 2019). By sharing their local ways of knowing and rewriting their realities, BIPOC communities can take back their histories and culture.


Critical race and anti-colonial theories share similar worldviews making it possible to amalgamate concepts (Fanon, 1967; Memmi, 1965/1991). Critical race foregrounds race, racism, and white supremacy in theorizing (Bell, 2018), while anti-colonial theory challenges white Eurocentric ways of knowing and centers local knowledges of BIPOC (Maldonado-Torres, 2007). Both approaches are guided by the knowledge of BIPOC populations and interrogate systems of power and oppression embedded in culture, society, and institutions while explicitly committing to action-oriented responses (Morris, 2006).

Integrative Critical Race and Anti-Colonial Conceptual Model

In this section, critical race and anti-colonial principles will be integrated and presented as a conceptual model for social work. Regardless of the practice or service delivery modality you choose, we propose this model as a starting point and guide for working with BIPOC impacted by white supremacy, racism, and coloniality. Direct practice and service delivery can be submerged into this model to respond to social and material implications of racial inequities. The model has three overarching directives for application in practice and service delivery. Figure 1 is an illustration of this conceptual model.

In the first directive, the authors propose practitioners should interrogate systems of whiteness as dominant and normalized and the perpetuation of white supremacy as positional superiority. The second directive suggests social workers must center racial and colonial realisms and refute color-blind approaches. The third directive proposes practitioners center the lived realities and local knowledge of BIPOC populations to promote BIPOC-centered care. In adopting this model, practitioners are asked to take on these three directives in practice and service delivery with BIPOC clients. The following section outlines the implications for applying these directives in social work practice with BIPOC populations.

Figure 1. *Integrative Critical Race and Anticolonial Conceptual Model*



Directives	Theoretical Concepts
Whiteness/White supremacy must be examined	<ul style="list-style-type: none"> • White supremacy • Positional superiority
Racism and coloniality must be examined	<ul style="list-style-type: none"> • Racial realism, racialization • Coloniality, othering
Lived realities and local knowledge of racialized populations must be centered	<ul style="list-style-type: none"> • Lived experience • Counterstories

Interrogate Systems of Whiteness/White Supremacy

As best practice with BIPOC communities, we propose social workers refute color-blindness and interrogate systems of white supremacy as positional superiority in practice and service delivery. As mentioned previously, white supremacy is embedded in social work policies and practices and need to be addressed to achieve substantive change in the profession (Beck, 2019; Gregory, 2020). Color-blind approaches uphold race neutrality and are insufficient in their attempts to unseat white supremacy, thus requiring social workers to adequately examine systems of whiteness embedded in the profession. For example, in social work practice, psycho-dynamic models rein superior, maintained through the entrenchment of best practice and evidence-based approaches (EBP; Crampton, 2015; Fortier & Hon-Sing Wong, 2019; Humphries, 2003), even though their effectiveness for non-white groups remains unclear (Norcross et al., 2006; Sue & Zane, 2006). Relying solely on evidence-based models may not be effective for BIPOC populations dealing with the harms of racism, white supremacy, and coloniality. Therefore, we propose assessing interventions commonly used in mental health services for their congruence with the Integrative Critical Race and Anti-colonial conceptual model. For instance, a practitioner using Cognitive Behavioral Therapy (CBT) informed by this approach could examine how white supremacy, racism, and coloniality inform and exacerbate cognitions, feelings, and ensuing behaviors discussed in therapy with their BIPOC client. This may strengthen the outcomes for BIPOC clients who may be challenged by overwhelming negative thoughts related to their social location and harms perpetuated by society through racial micro-aggressions and overt racism. Similar to trauma-informed CBT, this model may also strengthen the efficacy of this intervention.

Adopting Racial and Colonial Realisms

Individuals, groups, and communities who are racialized and othered through markers of physical identity and social locations are the recipients of racial and colonial violence and discrimination (Khan, 2019; Knowles, 1997). Social workers should adopt racial and colonial realisms to interrogate people's experiences of race, racialization, racism, and othering within personal exchanges and systems in society. This can include interrupting deficit-focused ideology to explore how implicit and explicit forms of racism and coloniality are experienced personally and structurally. For example, although there is an over-representation of Black and Indigenous children in care in Canada, child welfare agencies continue to use the lens of cultural competency/humility, which results in the maintenance of racism, white supremacy, and coloniality in the system (Pon et al., 2011). Practice, service delivery, and assessment with BIPOC are often deficit-focused and do not include or value the family's local knowledges in planning and treatment (Crampton, 2015). This may impede parents' ability to rely on these practices in the context of racism and coloniality that has subordinated their family knowledge. For example, Adjei and Minka (2018) revealed Black parenting experiences are often shaped and hindered by negative cultural knowledge about child welfare and perceived anti-Black racism. If social workers adopt racial and colonial realism, they can interrupt harmful race and colonial-based deficit determinants heavily embedded in the institution, respond to the structural racism that has contributed to their involvement with child welfare, and center local knowledges of families with whom they are partnering to improve treatment outcomes.

Centering Lived Realities and Local Knowledge

Social work requires practitioners to produce assessments and treatment plans by gathering medical, educational, and family history and presenting concerns (Harms & Pierce, 2020). Although assessment and intervention highlight the importance of understanding the context of oppression related to individuals, groups, and communities, white supremacy, racism, and coloniality in the lives of BIPOC are not explicitly taken up in treatment planning (Harms & Pierce, 2020). Across modalities and within service delivery, BIPOC's perspectives and lived realities should be the central axis around which assessment and intervention are produced. Social workers must prioritize capturing BIPOC's experiences through their own words as a practice of writing back to the positional superiority of white supremacy entrenched in institutionalized social work that is often deficit focused. Writing back can include helping a BIPOC client not only capture how their experiences with oppression across social locations contribute negatively to their health but also how their local knowledge and practices can contribute to their wellness and success. Social workers must create a space where BIPOC can express their perceptions about their lives and responses outside of the dominant psychological scripts of diagnosis and treatment to promote racialized centered care in practice (Levine & Ghezzi, 2022).

Conclusion

Social workers will reveal contemporary social, material, and discursive oppression through white supremacy, racism, and coloniality by foregrounding critical race and anti-colonial approaches in practice and service delivery. These directives should be adopted through social work practice as part of a central social work ethic and institutionalized into service delivery models as best practice with BIPOC populations. Specifically, social work's failure to actively mandate anti-racist and anti-colonial practices *and* to adopt evaluative processes to measure growth poses challenges for BIPOC experiencing psychological distress due to white supremacy, racism, and coloniality. NASW deemed that this failure to act is harmful for healthcare, mental health, and social service delivery and an enduring challenge to anti-racism practice. "Bias among social work professionals negatively influences health care, mental health and social service delivery for people of color" (NASW, 2021, p. 4). Approaches to service delivery across systems must include understanding the lived experiences of BIPOC individuals, families, groups, and communities who face marginalization and adopt practices to challenge white supremacy, racism, and coloniality. The systems include but are not limited to child welfare, education, mental health, health, and justice systems. Anti-racist and anti-colonial practice cannot be accomplished without interrogating the personal ideologies and institutionalized processes that perpetuate these inequities. Social work practice and service delivery that adopts color-blind approaches perpetuate white supremacy. They do not highlight the social and material impact of endemic racism and coloniality in the lives of BIPOC populations. There may be tensions and questions about fidelity in applying this conceptual framework; further research can respond to this dilemma. However, adopting these directives can only enhance the effectiveness of practice and service delivery with BIPOC populations who are negatively impacted by white supremacy, racism, and coloniality.

As BIPOC continue to face these forms of oppression at all levels of society and within the context of COVID-19, this will have an adverse impact on their health and psychological well-being, leaving communities at risk for racial trauma. Egede and Walker (2020) describe a meta-analysis of 293 studies that demonstrate the negative impact of racism on mental and physical health. They further explain the dangerous convergence that the pandemic creates for Black people. Indeed, both historically and contemporarily, racial trauma needs to be addressed within the social work profession. If we do not act to dismantle racism, coloniality and white supremacy in the profession, the ongoing perpetual nature of these oppressive systems and implications for psychological injury will remain unchecked (Murray-Lichtman & Elkassem, 2021).

By centering lived realities of BIPOC and writing back (Ashcroft et al., 2003) to positional superiority in social work assessments, diagnoses, and interventions, social workers enable a launching pad for a new oppositional stance and the construction of new narratives of best practice with BIPOC communities. The counter-narrative that unfolds by centralizing the lived experiences of BIPOC, adopting racial and colonial realisms, and interrogating the systemic inequities perpetuated by white supremacy can lead to a transformative social work praxis.

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