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Clinical Social Work Practice with Individuals

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Book Review

The liberation health model has been a great catalyst in the world of social work.

Ignacio Martín-Baró, a Latino social psychologist and Jesuit priest who was born in Spain but spent most of his adult life in El Salvador, is considered to be the father of liberation psychology (Burton and Kegan 2005). Martín-Baró was critical of the traditional theories of psychology and believed that the current views of psychology were a part of the problem and it is currently why we were not reaching the clients at one time. In my understanding of the text, psychological problems were increasing because the theories that were being practiced were not addressing “the nexus between psychological problems and structural injustice” (Martinez, 2014).

Throughout my reading I kept coming across the term liberation. As I kept seeing the term, I asked myself, “what is he trying to liberate our clients from?” Then it dawned on me that he was trying to free people from oppression. I also learned that there is various forms of oppression. In Chapter 1, Baro discusses the need to break the chains of personal oppression. Baro clarified this ideal by highlighting how the personal issues of people are directly related to the structures and social behaviors of the cultures in which they existed as well as their relevant ideologies. The text also addresses the topic of popular education, which aims to empower and organize people to generate widespread influence. He spoke of the “dominant modes of knowledge in a society that primarily embodied and educated the dominant class globally” (Martinez, 2014). It all starts with knowledge. It starts with alarming people by informing them of conversations that are happening behind the scenes. “To properly use the liberation health model, practitioners must first grapple with the dominant stories in their own lives that may be affecting their practice” (Almeida, Dolan Del-Vecchio, Parker 2007).

Found in chapter 2, I learned that before we can help anyone, we must first help ourselves. As clinicians we must first clearly process our own trauma so that we are thinking clearly and making the best judgements. In this chapter, Baro also stresses the importance of servicing the underserved communities. "Clinically, I have continued to practice with clients in underserved communities, and have had the privilege of witnessing dozens of personal transformations resulting from this self-same consciousness raising" (Martinez, 2014). I found the design of continuing education as a consistent standard in the reading. Baro shared the importance of clinicians being forever learners. I connected with this part because I was taught that leaders are readers. And in order to lead, we must always put ourselves in the posture of a student where we are always learning and developing.

Chapter 3 disclosed the oppression that is experienced by the LGBTQ community. The textbook talked about the fact that many people are marginalized due to their gender and sexual preferences. Many members of the LGBTQ community undergo discrimination in the areas of employment, healthcare, and housing. Before this group had the rights that they have now, they went through oppression. Chapter 4 highlights when transgender identities were classified as a mental illness. During those times, therapists used techniques such as conversion therapy, which were used on individuals (who we now consider trans) whom did not identify with their gender-assigned-at-birth. These individuals were "taught" to conform.

Chapter 5 explored the topic of Liberation health in domestic violence. This fraction of the liberation health model covered different types of feminism and it shared the statistics of individuals (both men and women) who are affected by abuse yearly in the US. In this chapter, Freire stressed the idea that the oppressive conditions of the victims (now called survivors) are essential for psychological liberation. "Doctor and social worker must each look to the other for the causes of the troubles he seeks to cure" (Martinez, 2014). Chapter 11 talked about the role of the social worker in a hospital setting. Martinez identified herself as a liberation health social worker. A large portion of her study was done at the Boston Children's Hospital, where she worked together with the medical team and the work that they did contributed to the advancement of the liberation movement.

Chapter 8 provided the reader with clear information on how economics and finances affect the families that live in the community. With this chapter being economically and financially driven, the author demonstrated the importance of how each class is different from the others and it also discusses the options that are made available to each class. The author defined families with household incomes between \$38,000 and \$60,000 per year being considered middle class. According to the text, upper-middle-class members are individuals who made between \$60,000 and \$100,000; and upper class, between \$100,000 and \$250,000 per year.

An exceptional segment of the reading that touched me was in chapter 9, where Liberation health in a child protection agency was discussed. From a personal standpoint, I have always admired social workers who work in child welfare. Child welfare is a scary world. I can imagine how difficult it is for therapists and CPS workers who work in this field because the decisions of the workers can positively or negatively affect the family unit. One concept that stood out to me was the art of victim blaming. Victim blaming is when a social worker is burnt out, and they subconsciously blame the client and begin to treat the client as if they deserve the situation that they are in.

Honestly speaking, I have done this before. I was burnt out on a job, and I began to feel no remorse for one of my clients. It wasn't about her situation; it was about how tired I was and my displeasure of the politics of my work environment. As this information is found in chapter 9, I saw a lot of information about burnout and how to avoid it. In the workplace, you can avoid burnout by positive supervisor contact, social support, (both formal and informal), constructive performance feedback, worker autonomy and organizational support. These things are important for all social workers to follow so that they can don't burnout. Chapter 10 talked about the difficulties that workers face when working in public housing. My wife works for the New York City Housing Authority. New York City Housing Authority (NYCHA) is New York's public housing sector. Affectionately called the Projects, I have always had a vested interest in what goes on in the projects. Friere suggests minorities that live in public housing are oppressed.

“While Almeida et al. (2008), develop community with the clients who seek their services, sometimes social workers have the unique opportunity to provide services to a whole ecological unit” (Martinez, 2014). Macro-level social workers are needed in the area of public housing because they service clients on a larger scale and it builds community. It is a fact, that communities where minorities are the dominant force are severely underserved and it isn't fair. The text speaks of the cultural context model (p. 158). This model was developed in New Jersey and has two contexts, The Institute for Family Services, and the Affinity Counseling group. In this construct, clients are invited for either individual or family therapy sessions. In these sessions, these individuals are educated on the concept that individual and family problems are “created and maintained by societal power structures” (Martinez, 2014). Most often, these power structures have had a negative impact on the communities that they affect.

It's a shame because these neighborhoods don't have access to good health care, the schools have low graduation rates and the grocery stores don't have fresh produce. This is a problem that starts at the head and must be addressed. The case study located in chapter 10, (Carmen's story) intrigued me. The case study in chapter 10 focused on Carmen who is a Hispanic female, who was assaulted by a group of people in her complex. She started seeing a social worker (provided by the public housing agency), and she realized that how she saw herself after the altercation had nothing to do with the actual altercation. It was mainly about the things that she went through in her past (pain, rejection, abandonment...etc). The chapter demonstrated how her social worker challenged her to see beyond her hurt and pain. In turn, the reading challenged me to see the good in public housing and to see how we, as social

workers can improve mental health, promote change, and have a greater understanding of what the residents (our clients) need. I also learned that there is a need to develop a greater knowledge social justice in our communities.

I strongly believe that this text meets a great need in clinical practice because before Martinez wrote a book about it, the topic of liberation health was nonexistent in America. However, it was started up in Hispanic countries like Latin America. There is a concept in social work that is at the heart of the liberation health movement and that concept is social justice. What people don't realize is, the socio-political and economic factors all influence how people interact in the world and it views and shapes their experience of the world. What I also realized is, people that work in social justice recognize that many clients that are from oppressed and marginalized communities, frequently suffer greater forms and degrees of physical and mental illness.

Many parts of the book were a blessing to me, but out of the entire text, chapter 7 resonated the most. Maybe it's because I am a proud African-American, but I was glad to read about my people and learn how to best service them. Chapter 7 highlighted the Liberation Model and the fact that it made an impact on how the African American culture handles the broad topic of mental health. "Through praxis, oppressed people can acquire a critical awareness of their own condition, and, with their allies, struggle for liberation" (Martinez, 2014). Another thing that stood out to me was the case study for Andrea. According to the text, Andrea is a 39-year-old black woman who is married and has children as well as grandchildren. Andrea is a well-educated woman who is employed as a high-level Administrator. However, Andrea has been diagnosed with major depression and a bipolar disorder.

As stated in the text, when treating African Americans, it is encouraged that clinicians first analyze the various factors. For Andrea, these factors include but are not limited to Personal Factors (Trauma history, maternal abandonment, mood disorder and substance abuse). Institutional factors also play a role in this treatment. These factors include: imperialism, patriarchy and poor employment options. Cultural factors also affect the client like: gender role massaging, sexism, the stigma of mental illness as well as just existing as a black person in America. By reviewing Andrea's case study, I learned how to properly service a client who looks like me. It is important for the client to feel heard. If I was Andrea's clinician, I would listen to her and allow her to take me on a trip on what it's like being an African-American woman with a mental illness in today's society. Once that happens, then I would be able to provide her with therapy at a speed that is comfortable for her. After this, the therapist should be able to assist her by exploring her family history and how that has affected her from childhood up until the present.

I would integrate this text into my practice because as a black man, I have to understand that it is my responsibility to be the light in my community. In the African-American Community, it is an unspoken understanding that when you "make it out of the hood," you go back and you impart knowledge and you help your brothers and sisters the best way that you can. In conclusion, the liberation health model is defined as a method of practice which helps individuals, families and communities understand the personal, cultural and institutional factors that contribute to their problem. Furthermore, in order for these problems to be solved, the people need to be liberated from both internal and external oppressions. After all, "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 people who are oppressed” (NASW Code of Ethics, 2002).

References

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