

The following is a book review on *Social Justice in Clinical Practice A Liberation health framework for social work* edited by Dawn Belkin Martinez and Ann Fleck-Henderson. The book consists of 12 chapters each written by a different author, each of whom is involved in the liberation health movement and is a member of the liberation health group in Boston, Massachusetts. Dawn Belkin is a founding member for this Boston group. At the time of writing their individual chapters the authors had recently obtained their masters and many of the clients they worked with when they were interns. Throughout the readings, readers learn how clinical social workers address the clients concerns and behaviors by diving deeper into how cultural, institutional, biopsychological and familial factors contribute to the client's plights. Each chapter covers topics from mental health, domestic violence, addiction, housing issues, immigration and others.

The first chapter presents the theory of liberation social work practice, including a summary of its historical roots in education, psychology and social work. Paulo Freire was a Brazilian educator and theorist who helped to influence the model. Freire view of education was that a teacher could learn as much as from the student as the student from the teacher. Freire viewed the education process in three steps which is seeing the problem, analyzing the problem and developing an action plan, which is used in liberation health model. Another contributor to the model is Martin-Baro, considered to be the father of liberation psychology. Martin-Baro continued from Freire's view of how personal problems and dominant worldview messaging and further noted that personal problems were connected to institutions and social practices. (Martinez & Fleck-Henderson, 2014, p.13) The chapter talks about how it needs to address the issues that are oppressing the clients and helping them to find empowerment by understanding and analyzing the root of the issue. This chapter further illustrates how the triangle formulation is

used as a visual presentation of the client's problems. The triangle formulation is constructed by placing the problem as the client sees it in the triangle and then listing personal factors, institutional factors, and cultural factors. This is a helpful formula as the client themselves are the ones identifying the factors.

Chapter 2 discusses the social worker entering the field and discusses how the author noted the obstacles that the client faced leading him to using liberation health model. The chapter discusses how the author dealt with working with a different population and coming to terms with how cultural messages and institutions interacted with each other and how this cause a systematic disempowerment of his clients. (Martinez & Fleck-Henderson, 2014, p. 36) It was interesting to see how the author was able to apply and formulate his own triangle in becoming a liberation social worker. For example, he noted that where he obtained his initial information on immigration new stories in the United States therefore, he sought out other news outlets and was able to see different point of views therefore giving him the advantage to be able to hear all sides of a story. By doing so he learned that the mainstream media highlighted how immigrants took labor but never explained how they paid back into the system in where they would never benefit. This section in chapter 2 resonated with me because I always hear people express that immigrants do not pay taxes or are not contributing into the community but there are ways for undocumented people to work and pay taxes. Such as ITIN numbers, which are given to undocumented workers to work and pay taxes, but they are not offered any benefits. Even when the stimulus checks were giving out at the start of the pandemic, undocumented workers who paid taxes were not entitled because they did not have a valid social security numbers, yet the ITIN number is enough to take money from their paychecks.

Chapter 3 discusses sexual and gender minorities, raising important questions about pronouns and the challenges faced by clinicians. Although the chapter is titled with “LLGBT” the term used throughout the chapter is “gender and sexual minority” as this term covers all gender and sexual minorities and does not bring along the negative history that LGBT does. This book was written in 2014 and presently there the term has changed to LGBTQ but even this is ever changing. The ongoing barriers that this population faces are prejudice and oppression in many different areas such as housing, healthcare, employment and even rights that others take for granted this population must fight to be recognized even when trying to get married. That is why movements such as Gay Liberation Front and other activists were important in this movement for change and obtain equality. The chapter notes how homosexuality was viewed as a mental health illness and had to be removed from the DSM twice. Therapies such as conversion therapist had to be denounced unfortunately, not all followed suit and this is an ongoing problem. The chapter discusses that for the liberation health framework model to work, it needs to address social change and mental well-being. The client is a young Asian-American man, Lucas who identifies as transgender male. Lucas went to the clinic for services as he was diagnosed with depression. The author talked about the client’s past and how his interactions with his family, school, and other entities had contributed to the current problems and how the dominant worldview affected his development. My take away from this chapter is that more clinicians who understand these communities are needed who can truly work and are aware of the challenges that the clients may face and be aware of the terminology. When it comes to liberation health model, “The first intervention you can do as a liberation health clinician is to educate yourself and to continue to educate yourself throughout your life.” (Martinez & Fleck-Henderson, 2014, p. 54)

Chapter 4 is another chapter that resonates with me as it brings to light how the lack of insurance or in Ana's case what the insurance is willing to pay can affect a person's treatment. The case presented is Ana who is a 33-year-old Puerto Rican woman. Ana was referred to a partial hospitalization program, PHP because she went off her medications and was expressing suicidal ideations. Ana is diagnosed with bi-polar II disorder and does not appear to have any support. During Ana's assessment it was noted that it was not Ana's actions that led to her current situation but by analyzing the different factors such as cultural and institutional, it shows what roles they played in Ana's current circumstances. As I read the chapter, I noted that the author was making some progress with Ana with group therapy and other interventions but then after two weeks the therapy was cut short as Ana's insurance company would not pay for her stay any longer, stating that she was stabilized. This is a major issue with providing adequate therapies. At times many clients do not have the appropriate insurance or means to continue therapy, its like taking 5 steps forward and 2 steps back. Without consistent therapy this may lead to regression and clients end up right back where they started, which leads to a never-ending cycle and no stability.

Chapter 5 talks about the cultural and institutions views of an immigrant woman of color who had been abused for many years by her husband. The chapter discusses the battered woman's movement, feminist psychology and liberation health. "What began as a liberation movement has, to a large degree, become part of health and criminal justice bureaucracies." (Martinez & Fleck-Henderson, 2014, p. 77) Domestic violence has largely become an important issue that needs to be addressed and various services have become available, such as Safe Horizons and domestic violence shelters. In working with survivors of intimate violence, one of the barriers is being dependent on their partner for financial stability and by providing services

that empower women in this area is imperative for them to take the next steps. It seems most times women stay in abusive relationships as they feel that there is no where for them to turn and are at times fearful or embarrassed to tell anyone what is happening, such as in Alyce's case. It should be noted that advocacy practice with survivors of intimate partner violence is consistent with liberation health principles to an extent, for example intimate partner violence can be seen as a cultural, political, and internalized abuse of victims. (Martinez & Fleck-Henderson, 2014, p. 91)

Chapter 6 discusses liberation health approach to working with people struggling with addictive behavior issues. This chapter talks about how incorporating liberation health helps by having the client involved and allowing them to see how the interpret things helps in the therapy as the person themselves comes to terms with what might be the catalase in the behavior. The client discussed is Sean and part of his struggles is breaking away from the culture in which one did things on their own and did not ask for help, individualism, this is a theme that is noted in other clients. It was noted by the author that this client gave him the opportunity to see how clients are quick to blame themselves, when it is due to circumstances caused by social and institutional injustices. As noted in Sean's case addictive behavior may be developed by people's personal experiences and other factors such as social structures, cultural practices, class, race, gender, and ethnicity. By using liberation therapy model, it helped for Sean to be able to identify what effects addiction had on his life. The author showed the need of having conversations around the client's experiences and how the factors listed have an impact by having these deconstructing conversations helped Sean. This section talks about how there is a need to question the dominant cultural worldview so that there can be change. If it is not addressed, then how can there truly be justice.

Chapter 7 addresses how the author works with a client who identifies as African Americans and how his work relates to working with the client and the author being of African descent. This chapter talks about how the strength of family and religion play an integral role in people's development and resiliency. Many African Americans were able to overcome the indignities of hate and racism by holding on to their faith, religious, and spiritual beliefs. By acknowledging and being aware of people's strengths and how things impact their lives it helps with interventions. I have noted that for the most part in liberation health the important thing is to analyze what the issue is and understand a person's history.

Chapter 8 talks about upper-middle and privileged-class individuals deal with problems and how at times due to their economic status, the view is what can possibly be an issue but needs to be understood that despite the economic difference there are dealing with the same cultural, institutional and personal factors that shape and contribute to how a person deals with things. In this chapter, the client discussed at length is Nancy and the previously noted factors are discussed at length and how they had shaped Nancy's life. By understanding and deconstructing Nancy's worldview it was learned that Nancy's own view that she needed to be self-reliant and was led to her holding back and delaying seeking out help such as in the case of her son, who was struggling with substance abuse in high school and this delayed her getting help.

Chapter 9 talks about challenges for liberation health social workers because of the power that the social worker holds as an agent of the state. This chapter brought about an interesting point in that burnout is an increasing problem for workers in this field and there seems to be many different causes but one of the important ones and which I believe does play a big role is the bureaucratization of services, the organization does contribute to burnout in workers. It is true that at times role ambiguity plays a role, but another big factor is what is expected of the

worker in a short period of time. Most times the burnout is not due to working and trying to help clients but the paperwork itself. Another interesting section in this chapter was when discussing how liberation health can be implemented to help the workers better understand and work towards helping the client by understanding that there are other obstacles that may be impacting a client's availability to progress and that there are factors such as racism, poor education, lack of services, and other issues.

Chapter 10 talks about public housing community and how a person in certain positions can make a change. The author is in a management position and helps to advocate because although they do not initially listen to the residences with her authors help they are able to get pass this barrier. This chapter was interesting as it reflected in the individualistic culture, which means that a person feels as if they must undertake everything on their own and they must be able to work it out and asking for help was basically admitting defeat or even shameful. I agree with this view as I have culturally that is what is instilled in Hispanic families. You are expected to be able to work, maintain a family, and maintain other responsibilities without complaint. It should not be this way though because sometimes helps is needed to be able to accomplish things and even to have someone listen for guidance is helpful. As a person in an object role is manipulated and controlled by dominant, capitalistic systems, a subject influence and works towards individual and collective empowerment (Belkin-Martinez 2005). (Martinez & Fleck-Henderson, 2014, p.163) When we explore the client, Carmen we note that once she opened and spoke to other neighbors, she noted she was not alone. This chapter can demonstrate how applying liberation health model can be used to work within in a public housing community and how it brought about change not only for the client but for the community. By empowering the client and working with the client on addressing things and not just having to deal with it, there

was a positive change for the community. They were able to obtain school bus services for the children of the complex during the winter months, which was much needed.

Chapter 11 highlights how at times the problem is not just something an individual has to address but sometimes it may be viewed as an issue that needs to be addressed as a family. The client was Sarah, a 16-year-old Anglo girl who lived with her parents, Mr. and Mrs. Smith and her younger sister, Tracy. The family was considered upper-middle class, who lived in the United States. Sarah was in out of the hospital with concerns of depression and self-harming tendencies. One of the activities the therapist worked with the family as a group was writing out a list without naming any specific individual and then drawing out the problem, developing a shared vision of the problem. This activity helped to put the problem into perspective and was able to give not only Sarah but the family members a broader view of what was happening, which gave the family a chance to really be able to identify how dominant worldviews was impacting how they were feeling. For example, Sarah's understanding on how the worldviews gender roles and Mrs. Smith's feeling left out of things such as her large church community. The treatment plan was not only to work on a safety plan with Sarah but also incorporate things the family can do such as her younger sister saying one nice comment to Sarah a day instead of making fun of her.

Chapter 12 discusses life of an adolescent, Melvin who is reunited with his mother in the United States, US after being separated for about 8 years. Melvin's mother left him in El Salvador with his older siblings and maternal grandmother. Melvin's mother was seeking a better life for her children and living them to migrate to the US was her only choice at the time. This is an issue that impacts immigrant parents who have had to leave their children in the care of other family members to try travel to the US in search of a better life. However, one of the lasting

issues is when these children are reunited with their parents they feel as if they were abandoned. By using the triangle formulation, the therapist was able to give Melvin a visualization and help deconstruct the socio-political conditions, it gave Melvin another view of what happen and realized that his mother did not abandon him but did it to help her family. While reading the chapter, it was noted that the director felt that certain things were not up to the clinic to promote such as a flyer on how to deal with Immigration and Customs Enforcement, ICE but the clinician noted otherwise and was able to provide needed information to clients, which does give a good example of being proactive and working on social justice.

The book demonstrates how the liberation health model works for various clients, helps empower them and how there is a need for this practice. Despite the client's different issues, it comes down to helping the client understand the problem, exploring the client's history, cultural background and how it is impacting them. The text shows how cultural and institutional factors play a role and by addressing this it can help a client. I would integrate this text into practice as it works for different situations and the use of support groups for different problems was a good intervention.

An important skill that applies to a social worker working within a liberation health model is the importance of deconstructing worldview messages and helping a client see where the issues stem from by giving them a chance to analyze it themselves, by using a triangle formulation, which I found to be very helpful in breaking down the different factors that impact a client's view.

## References

Martinez, D. B., & Fleck-Henderson, A. (2014). *Social justice in clinical practice: A liberation health framework for social work*. Abingdon, Oxon: Routledge.