

**Social Justice in Clinical Practice Book Review**  
**SWK616: Clinical Social Work Practice I with Individuals**  
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The United States of America has prided itself as the land of the free and opportunity. While many people from other countries desire to enter the United States so they can access their slice of the American pie, the history of the United States is horrific. According to USLEGAL.com “social justice is justice that follows the principle that all individuals and groups are entitled to fair and impartial treatment. Social justice attempts to prevent human rights abuses. Social justice is based on the notions of equal opportunity in society.”

Social justice issues range from racism, poverty, ageism, classism, hate crimes against the LGBTQ community and a variety of other issues. According to the National Association of Social Workers, social work is “a profession devoted to helping people function the best they can in their environment”. There are three types of social work practice, which are micro- level practice, mezzo-level practice, and macro-level practice. Micro-level practice is working with individuals, mezzo-level is working with groups, and macro-level is working with larger groups and organizations.

The concentration of this paper will be about the liberation of social work in a social justice perspective with the different populations served in the field. A summarization of Dr. Belkin Martinez’s text, *Social Justice in Clinical Practice* will be provided, to offer an overview and understanding of social problems that social workers advocate for regarding clients that they serve, and case studies & action plans implemented. A critical analysis of the problem will be documented & whether clinical social workers are aligned in social justice or direct practice has neglected the origin of social justice in the field of social work.

## **Chapter overview**

### **Chapter one: The liberation health model: Theory and practice**

Chapter one, introduces the liberation health model, and Brazilian educator Paulo Freire and popular education. The main goal of Paulo Freire's popular education was his opposing views on knowledge. He felt that knowledge people in power determined what knowledge is, and used it to continue to remain in power. However his goal for the liberation health model, is to construct knowledge for everyone, and that with knowledge, individuals could liberate themselves from their own oppression. Another main point in the chapter is furthering the idea of the liberation health model, which are liberation psychology and radical social work. Liberation psychology identifies the forms of oppression that individuals face, and implements the individual experiencing the oppression to be able to identify the oppression that they are facing, and then implement the steps needed for them to overcome that experience.

### **Chapter two: Becoming a liberation and health social worker**

This chapter focuses on identifying how to become a liberation social worker. The main takeaway from the reading is for a social worker to actually step into the role of an activist or liberator of their clients, they must also recognize how they are in a role of privilege to begin with. For example, there are moments as a social worker, because we have our own set rules and agency protocols, we may not often recognize how we are also attempting to impose our own values or point of views onto the client, because we may believe we know what is best for that client. To truly be an advocate of liberation of the client, is also recognizing the factors that the client has experienced to put them in the current condition that they are in.

**Chapter three: Liberation health and LGBT communities**

The LGBTQ community which, stands for lesbians, gay, bisexual, transgender and queer, has become one of the most targeted groups in the world. According to the Federal Bureau of Investigation, every year there are hundreds of cases that involve hate crimes. Although individuals possessing hate for the LGBTQ community is not a crime itself, due to freedom of speech and free will, it still affects members who identify with this group. Hate impacts individuals who identify as LGBTQ because hate can often lead to violence and even death. The hypothesis as to addressing this problem is offenders exposed to hate as children are likely to commit hate crimes against the LGBTQ community. This chapter focuses on the liberation health within the LGBTQ communities. In the chapter, the case study “Lucas” dives into clinician implement anti-oppressive views in understanding the sexual orientation is not a mental health disorder. The goal of the liberation social worker in the field of the LGBT population is to assist the oppressed client in loving themselves, rather than meeting the social standards of sexuality.

**Chapter four: Working with major mental illness in the community**

There is a misconception that mental illness is only one dimensional. The takeaway of this chapter is that there are many different contributing factors that may be involved in working a person who is diagnosed with mental illness. There are usually other factors that a person may need assistance with, or that led to an individual to become diagnosed with a mental illness. The goal in working with a person who is struggling with mental illness, is to address all of the other factors in that individual’s life. There can biological, psychological and sociological factors all contributing to the current condition of the person, which is why mental health illness is not solely the individual’s responsibility. Therefore it is important to look at the bigger picture that

## Book Review

the client is actually experiencing, rather just focusing on the mental health factor, because it is usually not so black and white, there is usually a large shade of grey.

### **Chapter five: Liberation health and women survivors of violence**

Intimate partner violence is an ongoing social problem and form of oppression for women. While women are not the only gender, who experiences intimate partner violence, according to the text, 81 percent of women reported impacts of violence in their relationship. The chapter's takeaway is liberating women who are survivors of violence through liberation psychology. One way of liberating women survivors of violence is by providing them with resources, such as a support network. Another takeaway from the chapter is radical feminism and feminist therapy, which is about empowering the women & her fight for equality from the man as well as society. The empowerment of women, by speaking up about what it is that they are experiencing and what it is that they want, and doing it in collaboration with other women.

### **Chapter six: Working with addictive behavior**

The main takeaway of this chapter is understanding the client with the addictive behavior rather than stereotyping. The chapter focuses on assisting the client with recognizing their problem, and how they view the problem in the point of view & validating the client's experience by focusing on all of the external factors that contributes to the client's problems. For example, in the chapter, the case study discusses Sean, an unemployed man living in transitional housing. If you look at the person in the environment perspective, his economic issues impacts his motivation for his drinking.

### **Chapter seven: Working with African-Americans**

The Black community faces multitudes of oppression. What resonates most with this chapter, is the comprehension that long before slavery, Black people/African-Americans had

## Book Review

their own culture, their own traditions, which is stated in the beginning of the chapter. There is this narrative of telling our history with only slavery, as if we did not exist long before slavery. I like this chapter because not only is it relative to my own roots, but it discusses the resilience of African-Americans through our support system, which is our family, our spirituality, the black feminist movement, and post-colonialism.

### **Chapter eight: Working with upper-middle and privileged class families**

This chapter's main point is about working with middle class and privileged class families. To be privilege, whether it be in the class system or to have "white privilege" is to understand the value of opportunity in America as well as what that does to a person and their image. The importance of continuing the culture of being privilege, is the unfortunate supremacy over others, who are disadvantaged from being provided the same opportunity. The reading dissects something that is not discussed enough in understanding middle class or privileged people, because we do not always see them as being oppressed. However, individuals who have the opportunity to be privileged, has the excessive drive to embody "perfectionism" which disadvantages them, because it can be a contributing factor in not engaging in mental health treatment, or self-care because they are forcing themselves with "keeping up with the jones."

### **Chapter nine: Liberation health in a child protection agency**

The main takeaway of the chapter is about social workers need to continue to follow the standards of the Social Work Code of Conduct. Although everyone has their own motivation for why they join the field of social work, not everyone follows the professionalism that is required of the field. Often times, social workers are very biased and bring their own biases and worldview into the profession, and that can be observed to aspiring future social workers, as

## Book Review

discussed in the case study, with Mary, who was a social work intern, observing how the agency and their staff operated. As a social work intern, and as a full time social service employee, observation of older staff, and the work load alone cause burnout. Another important point in the reading, is understand perspectives while working in any agency. Due to the overwhelming work that social workers do, often times, social workers have a certain level of expectation for our clients, but they do not always meet them, and this often can become frustrating. Not only can this cause burnout, as mentioned above, but it can also cause blaming of the client, which is something that is important that we do not do, because whether or not the client was receptive to the assistance provided, we have to meet the client where they are at, rather than blaming them for our burnout, as their own suffering.

### **Chapter ten: Working in public housing**

The chapter focuses on social workers understanding the economic factors and personal factors that contribute the way that individuals who are living in public housing are experiencing, especially those who are of color. People living in low income communities have a disproportionate in resources, compared other neighborhood. Majority of these individuals living in these communities are in fact people of color. The experiences of individuals living in these public housings, are overcrowding, lack of education, drug use, and violence. An important takeaway from this chapter, is that there are people who are left behind by society, because of racism or oppression, and yet there is this competition that is forced upon those who are comparing themselves to people who are privileged. Although because there is an uneven race, this can have the individuals who are not provided the same resources to grow self-blame and hate, or this ideology that their life is a race, rather than a slow and steady journey, because they

## Book Review

do not feel good about themselves, their current condition, or the idea that they can never rise from it.

### **Chapter eleven: Liberation health in the hospital**

The overview of this chapter is understanding factors that cause hospital admissions, and how social workers can still be liberation social workers. As someone who works in a hospital with individuals who are admitted into the psychiatric units, I found the chapter extremely similar to the work that I do. As the text mention, it appears strange to think of a hospital social workers, as being a liberation social workers as well, because the goal of the actual health care system, and hospitals is to treat patients, whether medical chronic condition or mental health, however, hospital social workers, play integrative roles for patients. They do so by assessing the factors for admission in the first place. Understanding a patient's family background can also provide information in understand the living condition at home, their support network, as well as dissecting the relationships that the patient has with their network. Understanding who the patient is, and their relationships with their families, or the biological factors, and trauma can allow the client and the social worker to work on discharge goals & preventive measure the client can implement to reduce readmission. Relationships with a client is also very important dynamic between the social worker and the client, and relationships with peers can also be resourceful for the client.

### **Chapter twelve: Working with Latino/as**

The main points of this chapter is social workers working with clients who are immigrants of other countries, specifically Latin/Hispanic countries. There is a huge impact when immigrants move into the United States, that social workers must take into account when working with these clients. For one, although they migrate to the United States for new opportunity there is a lot that

## Book Review

is lost. For example they lose their social network by coming into a new country. Then there is obvious language barriers, which not only affects the adults, but the children, who have to learn a new education system. There are also this influence of assimilating and removing their culture in order to adapt in a new society. There is also a major impact in children when moving to a new country and being separated from their parents. I think the main takeaway with working with immigrant clients, is that in order for social workers to assist clients, they must assess all of the factors, such as the institutional factors and that is affecting someone who feels isolated in a new country.

### **Does the text meet a need in clinical practice?**

Based on the reading, this text, in my opinion does meet the need in clinical practice because it analyzes the presenting problems of each case, as well as implementing a person in environment assessment. In each case, there is an observation of the personal, institutional, and cultural factors to better understand the totality of the problems, which is clinical social work. Although the reading in each chapter focuses more on a range a different forms of populations served in the field of social work, and not necessarily, diagnoses, this text is relative in the field of clinical practice, because the clients we serve have different backgrounds and stories. This text assists social workers with the understanding the population that they serve, as well as liberating their clients.

### **Which chapter or topic resonated most with you and why?**

As an African-American woman, pursuing an MSW, my main drive has always been to combat the oppression that African-Americans face living in society. Therefore the topic that resonates with me the most is chapter seven: working with African Americans. I have seen a lot of racial disparities and discrimination against people of color. I have seen a lot of violence and a

## Book Review

lot of hate in the world against people who looked like me. Due to this, my focus has always been empowering the community that served faces that look like mine.

American society has their worldview of African-Americans living up to European standards but does not provide the same advantages. Not only does it not provide the same advantages as our white counterparts, but the standard alone that we must even attain their standards by removing our culture to live comfortably in America, is also a form of oppression. Rather than investing money in the black struggling communities, millions of dollars is spent on other expenditures. In fact, it would do more for the neighborhoods in which people of color populate, to have the money spent for better resources, than investing in prisons to reduce crime in those communities.

A lot of people of color or people who come from impoverished communities do not have an outlet, which is why there is such a high rate in unaddressed mental health in our communities. A lot of these people do not have education or a means to feed their families, which steers them into a strain to survive by any means, but more importantly so many people who are not from the African-American culture, and do not even remotely come close to comprehending our history of past, present and future, which is a disservice.

### **What is the likelihood you would integrate this text into your practice?**

This textbook dived into a wide array of experiences that social workers have, in the field. I think this book does a great job implementing both clinical and social justice perspective all in one. I think this book, is an actual clinical social work, and would integrate liberation psychology into my practice. For the most part, I have worked nearly all of the populations that has been discussed in the text, and found each chapter relative to my social work experiences.

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