

## Clinical Praxis: Applying a social-justice lens to direct practice with clients

### Resources:

- Understanding Implicit Bias. The Kirwan Institute for the Study of Race and Ethnicity at The Ohio State University. <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>
- Implicit Association Test (IAT). Project Implicit. <https://implicit.harvard.edu/implicit/takeatest.html>
- Chimamanda, A. (2009). The danger of a single story. TedGlobal. [https://www.ted.com/talks/chimamanda\\_adichie\\_the\\_danger\\_of\\_a\\_single\\_story?language=en](https://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story?language=en)

### References:

- Adams, M., Blumenfeld, W. J., Castañeda, C. R., Hackman, H. W., Peters, M. L., & Zúñiga, X. (2018). *Readings for diversity and social justice*. New York: Routledge.
- Asakura, K., Strumm, B., Todd, S., & Varghese, R. (2019). What does social justice look like when sitting with clients? A qualitative study of teaching clinical social work from a social justice perspective. *Journal for Social Work Education*. 56(3), 442-455. <https://doi.org/10.1080/10437797.2019.1656588>.
- Banaji, M.R. & Greenwald, A.G. (2013). *Blindspot: Hidden biases of good people*. New York, NY: Bantam Books.
- Bell, L., Goodman, D., & Varghese, R. (2016). Critical self-knowledge for social justice educators. In L. Bell, D. Goodman, K. Joshi & M. Adams (Eds.). *Teachings for diversity and social justice*. New York, NY: Routledge.
- Harro, B. (2013). The cycle of socialization. In M. Adams, W. Blumenfeld, R. Castaneda, H. Hackman, M. Peters & X. Zuniga (Eds), *Readings for diversity and social justice* (3rd ed, pp. 45-51). New York, NY: Routledge.
- Martinez, D.B. & Fleck-Henderson, A. (2014). *Social justice in clinical practice: A liberation health framework for social work*. New York, NY: Routledge.
- Quiros, L., Varghese, R. & Vanidestine, T. (2019). Disrupting the single story: Challenging dominant trauma narratives through a critical race lens. *Traumatology*. <https://doi.org/10.1037/trm0000223>.
- Sue, D.W. & Sue, D. (2016). *Counseling the culturally diverse: theory and practice*. Hoboken, NJ: John Wiley & Sons, Inc.
- Varghese, R. (2016). Teaching to transform?: Addressing race and racism in the teaching of clinical social work practice. *Journal for Social Work Education*. 52(sup 1), S134-S147. <https://doi.org/10.1080/10437797.2016.1174646>.
- Varghese, R. (2019). Intergroup dialogue: Frequencies of social justice. *Social work with Groups*, 43(1-2), 109-113. <https://doi.org/10.1080/01609513.2019.1639976>.
- Wood, L.L., Nadrich, T., Bustamante, D., Beauregard, M., Kestenberg, L.L. (2017, March). Keynote Address: *Honoring multi-cultural narratives with our students and our communities*. Western Suffolk Spring Conference for Long Island Counselors. Melville, New York.
- Zúñiga, X. (2014). Education 202 Curriculum Guide. University of Massachusetts Amherst.
- Zúñiga, X., Mildred, J., Varghese, R., DeJong, K., & Keehn, M. (2012). Engaged listening in race/ethnicity and gender intergroup dialogue courses. *Equity & Excellence in Education*, 45(1), 80-99. <https://doi.org/10.1080/10665684.2012.644962>.

## **Social Identity Activity**

**Social Identity** – Our identities based on our sense of belonging to, identification with, or assignment to a particular social identity group.

### **Category**

### **Social Identity Group**

<b><u>Category</u></b>	<b><u>Social Identity Group</u></b>
	For example,
Race	Asian, Native American, Black, White, Bi/Multiracial,
Ethnicity	Irish, Chinese, Puerto Rican, Italian, Jewish, African-American, Latina/o/x
Biological Sex	Male, Female, Intersex
Gender	Man, Woman, Transgender, Gender Queer
Sexual Orientation	Lesbian, Gay, Bisexual, Heterosexual.
First Language	Abenaki, Chinese, Spanish, Polish, French
Religion or Spirituality	Catholic, Jewish, Muslim, Hindu, Wiccan
Socioeconomic Class	Owning class, upper class, middle class, working class
National Affiliation	United States, Japan, Ireland, Puerto Rico
Physical/psychological/mental/learning Ability	Able bodied, living with a physical, mental or learning disability, living with a chronic illness or disease

- Pick one social identity that you think about most and one that you think about least related to your work with clients?

- What two identities did you chose and why?

### **Cycle of Socialization Process Questions**

- How have we been (consciously or unconsciously) socialized by our family, friends, and institutions into these social identities and have been taught to make meaning about our own and others' identities and experiences with oppression (Harro, 2013)? Using one or two identities, reflect on the questions below.

	<b>Reflection</b>
<ul style="list-style-type: none"><li>• What system was I born into and what were the rules or the mechanics in place?</li></ul>	
<ul style="list-style-type: none"><li>• What are some of the ways I have been socialized into my social identities by family, neighborhood, etc. What were the norms, values, models of being that were ?</li></ul>	
<ul style="list-style-type: none"><li>• What ways were messages institutionally and culturally reinforced? (i.e., by schools, health care, media, neighborhood, places of worship, etc.)</li></ul>	
<ul style="list-style-type: none"><li>• How did these messages get further enforced? How did you feel about things you noticed or experienced?</li></ul>	
<ul style="list-style-type: none"><li>• What have been opportunities or actions for change (i.e., raise consciousness, take a stand/interrupt oppression)?</li></ul>	

### **Tips for Social Justice Informed Practice**

Instead of a one-size-fits-all mindset, many tips should be specific to each client's experience and honor their social identities. These are some general tips to help practitioners to be more mindful of the concepts discussed today:

1. Recognize and be authentic with your own thoughts, feelings, biases on the topics of diversity and social justice and work through them with a supervisor, mentor, and peer group BEFORE and DURING a case. Important to keep processing your strong emotions AFTER a case is terminated to review and help you learn for the next time.
2. Be willing to understand and overcome your own stereotypes, implicit/explicit biases, and assumptions about other social identity groups. Dialogue with friends, family, others and get comfortable about the conversations. Examine your own context (where you live, who you spend time with, etc.)...is it homogenous or heterogenous?
3. When starting a new case, pull apart behaviors in a client indicative of mental health concerns and those that result from oppression and survival tactics. Very important to do this in the beginning, and re-visit as needed.
4. Audio or video record yourself telling your own narrative regarding your social identities, culture and experiences. Notice when your voice gets shaky, silences, pauses. How easy or difficult is it to tell your story? Now imagine doing it at a time of high stress and vulnerability such as when our clients come to us for help.
5. The emotive nature of the content and how to keep the *balance*: When talking about competence about issues of social justice (i.e., racism and white privilege), students, supervisees, clients, and colleagues are likely to have a strong emotive reaction to the discussion and to the material. Strong reactions of grief, anger, depression, and guilt are common emotions as we all work through the content. Being attuned to social identity and oppression is not just an intellectual exercise; it involves digging through and dealing with the strong and sometimes hidden emotions and biases of the helper. The powerful feelings can't become so intense (arousing defensiveness and guilt) that they prevent self-exploration.
6. Be open to the fact that your interventions may change as you evolve as a counselor and that you might adopt alternative helping roles, such as a more active helping style, working outside the office, focus on changing the environment rather than the client, and viewing the client as encountering problems rather than having a problem.
7. Try not to personalize it if a client raises challenges to your credibility and trustworthiness. As with all clients, they are trying to gauge if you will understand them. Extra layers of trust to get through here.

8. Use journaling, music and other hands-on techniques depending on the age and the cognitive level of the client to help them open up about difficult materials. Have a toolkit ready to help facilitate difficult dialogue. Join in with the client's creative and playful side to connect with their experience.
9. Examine the practice frameworks or approaches you are using or have been taught. In what ways do the techniques you draw on in your own practice congruent with your values or approach your clinical work based on attention to diversity and social justice?
10. Give you yourself a break as well. Have an open mind. Getting too stressed out about trying to be an expert about diversity and social justice is not realistic. We are all works in progress. No single person can become completely competent, and it is a lifelong process. Find places to develop your knowledge and skills.
11. Cultural competence vs. social justice approach. Cultural competence is focused on learning the "cultural artifacts of another group" whereas a social justice approach is understanding yourself and others in addition to issues of inequality and injustice.

### **CASE STUDY REFLECTION QUESTIONS**

- How might Sapna and your own social identity/social location (i.e., gender, ethnicity/race, sexuality, cultural, educational, ethnoreligious, class, and its intersection, etc.) impact your interaction and ability to meaningfully connect and work together?
- What knowledge (i.e., info about Bhutanese refugees, your own sociocultural & historical context, developmental stages, sexual assault, trauma, systems of oppression) and skills are needed to understand and address this case?
- How might Sapna's social identities/social location serve as a strength or support?
- What models or interventions (i.e., trauma informed, anti-oppressive, psychodynamic) will you use to assist Sapna? What information from your own education/training/practice experiences can you use to address the presenting and subsequent concerns?